

Policy number

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Emergent Mental Health Questions

(to be completed if applying for Income Cover, Mortgage Repayment Cover, Household Expenses Cover, TPD Cover, TPD under Trauma, Premium Cover, LOR Cover, VLOR Cover or Hybrid benefits.)

1.0 Life Assured's Details

Name of life assured

Mr ☐ First Name

Mrs ☐ Middle Name(s)

Miss ☐ Surname

Other Male ☐ Female ☐ Date of Birth

D	D	M	M	Y	Y

2.0 Personal statement

Over the past eight weeks have you noticed that you have felt any of the following for more than three consecutive days or on more than five different days:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Fatigue that was unusual for you or that you couldn't explain? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Nervousness that was unusual for you or that you couldn't explain? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Restlessness or agitation that was unusual for you or that you couldn't explain? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Sadness or anger that was unusual for you or that you couldn't explain? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Insomnia or difficulty with sleep that was unusual for you or that you couldn't explain? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Unusually unmotivated? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Hopeless or worthless? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Anxious or depressed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Stressed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

3.0 Declaration

I/we declare and agree that the information provided in this Emergent Mental Health Questions declaration, is true and complete and I/we have not withheld or misstated any material fact.

Signature of life assured

Date

D	D	M	M	Y	Y

Policy owners to acknowledge the above declaration.

Name of first Policy Owner

Name of second Policy Owner

Signature of first Policy Owner

Signature of second Policy Owner

Date

D	D	M	M	Y	Y

Date

D	D	M	M	Y	Y