

QUESTIONNAIRE CHANGE OF OCCUPATION

Please answer all questions and sign and date this questionnaire. If you fail to do so we will be unable to assess and process your application. Please print.

PART A YOUR DETAILS

Surname: _____ Date of birth: _____

Policy owner: _____ Policy number: _____

PART B QUESTIONNAIRE

1. What is your current occupation?

Title: _____

Duties: _____

% manual work: _____ Hours per week: _____

Hazardous duties involved e.g. working at heights, offshore, working with explosives:

If 'yes' provide details:

☐

Yes

☐

No

2. What was your previous occupation?

3. How long have you been in your new occupation?

4. Was your change of occupation due to injury and/or illness?

If 'yes' provide details:

☐

Yes

☐

No

5. Additional information/comments:

PART C DECLARATION

I declare that the answers given are true and correct.

Your signature: _____

Date: _____

Please return completed form to IA Life via one of the following methods:



Scan and email (with your name and policy number as the subject line)
to customerservice@ialife.com.au



Mail to **PO Box 471, Seaforth NSW 2092**