

Occupation Disclosure

Application number

Name of life to be assured

Life assured

a) Please indicate your work status.

Retired ☐

Student ☐

Unemployed ☐

In work ☐

Homemaker ☐

b) What is your primary occupation?

d) What is your secondary occupation?

c) What industry is that in?

e) What industry is that in?

f) If any of your occupations involve any hazardous tasks or expose you to any hazardous environments please provide details.

g) If your primary occupation involves manual labour please provide the percentage of overall tasks that are manual and details of the nature of those manual tasks.

Task	<input type="text"/>	<input type="text"/> %
Task	<input type="text"/>	<input type="text"/> %
Task	<input type="text"/>	<input type="text"/> %

h) How many days on average do you work each week in your occupations?

Primary	<input type="text"/>	Secondary	<input type="text"/>
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j) How many weeks on average do you work each year in your occupations?

Primary	<input type="text"/>	Secondary	<input type="text"/>
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i) How many hours on average do you work each week in your occupations?

Primary	<input type="text"/>	Secondary	<input type="text"/>
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k) What percentages of your occupations are done from home?
(please enter a value between 0 and 100)

Primary % Secondary %

l) Please provide details of your current occupational duties for your primary occupation and the percentage of time spent on each.

Duty	<input type="text"/>	<input type="text"/> %
Duty	<input type="text"/>	<input type="text"/> %
Duty	<input type="text"/>	<input type="text"/> %

m) Please provide details of any formal qualifications you hold for your primary occupation.

n) If you are currently working under a casual contract or a contract with a fixed end date please provide details, including end date where applicable.

o) If you are aware of any pending liquidation of your current employer or if you have been made aware of any potential for your current role to be made redundant please provide details including date where applicable.

p) If you have ever been involved in disciplinary action or any other employment dispute with your current employer please provide details.

q) Please provide the name and address of your current employer or, if self-employed, your company name.

r) If you have been in your current occupation for less than three years please provide details of your previous occupation including dates, duties, industry and employer.

s) If you are employed and you are intending to change your current occupation or become self-employed within the next 12 months please provide details of your plans.

Questions from t. onwards are only required for self-employed applicants

t) Please provide details of your business structure.

u) What percentage of the business do you own?

Sole trader☐ Partnership☐ Company☐

Primary %

v) If you intend to change the structure of your business please give details.

w) How many employees do you have working for you?

x) If you have been adjudged bankrupt in the past seven years please give details.

Disclaimer

I declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application.

I agree that this questionnaire is part of the application on my life and I agree to notify the insurer of any changes in my circumstances or health between completing this questionnaire and commencement of the policy.

Signature of life assured

Date