



Self employed questionnaire



We note that, from details provided, you are self employed. To assist in the review of your claim, further information is required in regards to your self employment. Please complete the following questionnaire and return to AIA Australia as soon as possible.

Plan name	Policy number	Member number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Return completed documents to Colonial First State, Reply Paid 27, Sydney NSW

Section A – Your details

Surname	Given name(s)	
<input type="text"/>	<input type="text"/>	
Date of birth	Phone number	Email
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> (<input type="text"/>) <input type="text"/>	<input type="text"/>
Residential address (PO Box is not acceptable)		
<input type="text"/>		<input type="text"/>
	State	Postcode

Section B – Self employment details

- What is the industry you are currently employed within?
- How long have you worked in this industry?

<input type="text"/>	years	<input type="text"/>	months
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- Commencement date of your business
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- Provide details of how your work is generated (e.g. sub contracting, advertising etc.)?
- Do you have specific companies you regularly work for on a contract or similar basis?
 No Yes ▶ If 'Yes', please provide the name and address of those companies
- Provide details of your job description, including all tasks performed, the physical and managerial aspects and the percentage of time spent on these tasks
- Of the above duties or tasks, which ones are you currently unable to perform?
- List any machinery or special equipment regularly used in the course of your employment.

Section B – Self employment details (continued)

9. Do you have additional staff employed in the business?

No Yes ▶ If 'Yes', please provide the following details

	Role (brief job description)	Employment status (Full time, Part time or Casual)

10. Provide details of the current status of your business (e.g. still operating with work performed by employees, etc).

11. Have you claimed or are you entitled to claim from any other sources?

12. Provide the date you ceased employment and reasons for ceasing (this should reflect cessation of any supervisory or quoting function on full time or partial basis)

13. Secondary School education level attained

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14. Provide details of any higher education undertaken since leaving school e.g. TAFE or University courses, Evening college, Trade courses, etc.

Date	Qualification	Institute	Other information
/ /			
/ /			
/ /			

15. Provide details of any work related licenses or tickets, such as forklift, crane driving or welding, as well as heavy specialist vehicles.

Date	Licence or ticket	Details/experience
/ /		
/ /		
/ /		

16. Provide full details of your employment history covering last 10 years. Alternatively, attach your updated resume.

Date	Employer	Job title	Industry	Reason for leaving
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/ /				
/ /				
/ /				
/ /				
/ /				

17. Provide any further information you feel is relevant to your claim.

Section C – Declaration

I declare that the answers to all questions on this form are true and correct, including those not in my own handwriting and I have not withheld any information relevant to this claim.

I understand that if I make false or misleading statements or recklessly or intentionally fail to disclose information, AIA Australia may:

- Refuse to pay this claim.
- Recover benefits paid that were based on false or misleading information I provided.
- Be obliged to refer such cases to the relevant Authority.

I authorise and consent to AIA Australia and its authorised representatives seeking information from:

- my private health insurer or other insurers,
- my past and present employers,
- my accountant or financial institution, and
- any relevant government bodies.

I authorise the release to AIA Australia or its authorised representatives, all information with respect to any sickness or injury, medical history, consultations, prescriptions or treatments, and copies of all hospital or medical records, employment records and financial records relevant to my insurance cover or claim.

I have read and understood the “Privacy of your personal information” as detailed in my previously completed Claimant’s Initial Statement document.

I consent to the disclosure of my claim to the distributor of this product.

I agree that a photocopy or an electronically transmitted image of this authorisation shall be considered as effective and valid as the original signed authorisation.

Please sign and date below:

Name of claimant (please use block letters)

Claimant signature

Date