

# 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 IMN via one of the following methods:

-  Scan and email (with your name and policy number as the subject line) to [customerservice@insuremenow.com.au](mailto:customerservice@insuremenow.com.au)
-  Mail to PO Box 471, Seaforth NSW 2092