

Dementia / Alzheimer's Disease — For Pre-Assessment

Only enter life insured policy Initials; do NOT enter full name (for Privacy Reasons).

Initials of life insured:

Gender:

Date of Birth

/ /

Smoking Status:

Non-Smoker

Ex-Smoker

Smoker

Postcode of your life insured

Height:

cms

Weight:

kgs

Relationship Status:

Married/Defacto

Widowed

Single

QuickCalc Reference Number (if applicable):

1. What type of Dementia has the life insured been diagnosed with?

2. When was the life insured first diagnosed with this condition?

3. Does the life insured require help with any daily activities, such as driving, bathing, walking, standing, sitting, dressing, preparing meals or managing administrative and banking tasks? Yes No

If Yes, please provide details of the activities and whether partial or full assistance is needed.

4. Has the life insured needed to retire or reduce their work hours due to health reasons?

Yes

No

If Yes, please provide details and dates

5. Does the life-insured need frequent support from a carer or family member? Yes No

If yes, select one

Supported daily by a household member or partner

Regular check-ins from a family member or friend outside the household

Weekly visits from an employed carer

Full-time care required

Full-time residing in a frail care facility

6. Is there an Enduring Power of Attorney (EPOA) in place? Yes No

If Yes, when was this put in place?

7. In the last 2 years, has the life insured experienced any accidental falls?

Yes

No

If Yes, how many falls have occurred?

8. In the last 2 years, has the life insured been hospitalised or received urgent outpatient or emergency department treatment?

Yes

No

If yes, please provide details.

9. Has the life insured experienced any other conditions that may be impacting their memory, such as depression, stroke, head injury, or Parkinson's? Yes No

If Yes, please provide detail(s) of other condition(s):

10. How long has the life insured been attending their current GP/Medical Practice?

Less than 1 year

1-5 years

5-10 years

10 or more years

11. In the last 12 months, approximately how often has the life-insured seen their GP/Medical Practice?

Yearly

Half Yearly

Quarterly

Monthly

Fortnightly

Weekly

12. Please provide details of the life insured's GP / medical practice.

Name of GP

Address

Last Seen

13. Would the life insured be willing to confidentially discuss their current health with an iExtend's medical underwriter? Yes No

If Yes, please select a time range (Mon-Friday) that suits the life insured: Morning

Early Afternoon

Evening (4-6pm)