https://iextend.com.au



Suite 3, Level 30, 420 George Street, NSW 2000

Initials of life insured:		Gender:		Date of Birth	/	/
Tittais of the histired.		Gerider.		Date of Birth		,
Smoking Status:	Non-Smoker	Ex-Smo	oker	Smoker		
Postcode of your Life In	nsured	Height:	cms	Weight:		k
Relationship Status:	Married/Defacto	Widowed	Single			
QuickCalc Reference No	umber (if applicable):					
What treatment does     Diet control only	the life insured currently receive f		(oral medication)			
Tablets and insulin inject	tions	Insulin	injections			
2. Has the life insured an	ny of the following complications or		select all that apply) damage (diabetic neu	uropathy)		
Kidney complications (d	iabetic nephropathy)	Heart o	disease (e.g.irregular l	neartbeat)		
Nerve damage with redu	uced or altered sensation (diabetic	c neuropathy)				
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11. Would the life insured be willing to confidentially discuss their current health with an iExtend's medical underwriter? Yes

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

No

Evening (4-6pm)

Early Afternoon