https://iextend.com.au



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

Only enter life insured polic	cy Initials; do NOT enter full nar	me (tor Privacy Resasons).				
nitials of life insured:		Gender:	[Date of Birth	/	/
Smoking Status:	Non-Smoker	Ex-Smol	ker S	Smoker		
Postcode of your life insur	red	Height:	cms	Weight:		k
Relationship Status:	Married/Defacto	Widowed	Single			
QuickCalc Reference Num	nber (if applicable):					
1. When was the life insur	red first diagnosed with this co	ndition?				
managing administrative a	quire help with any daily activitie and banking tasks? Yes N ails of the activities and whether	0		g, dressing, pre	paring m	neals or
	eded to retire or reduce their w s, please provide details and da		easons?			
4. Does the Parkinson's co	ondition affect: One side of th	ne body Both	sides			
5. Is there an Enduring Po f Yes, when was this put in	ower of Attorney (EPOA) in pla place?	nce? Yes No				
	dergone surgery or specialised es details?	treatments including Dee	p Brain Stimulation (DM	1S)? Yes		No
f Yes, please provide date 7. In the last 2 years, has		ised or received urgent ou			atment?	
f Yes, please provide date 7. In the last 2 years, has Yes No 8. Name of all medication	es details? s the life insured been hospitali	ised or received urgent ou tails.	tpatient or emergency (department trea		
f Yes, please provide date 7. In the last 2 years, has Yes No 3. Name of all medication To fast-track pre-assessme	s the life insured been hospitali If yes, please provide det a(s) currently taking (and dosag	ised or received urgent ou tails.	tpatient or emergency of	department trea		
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13. 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