



Life Customer Service,
GPO Box 3950, Sydney
NSW, 2001
Ph: 1800 257 417
Fax: 1300 552 345

Date of Application: 14/06/2013

This document contains the responses provided in your application for Income Protection.

Please retain this document for your records.

Application Summary - Mr. Peter Kapetanos

Name	DOB	Gender	Product	Cover Amount	Premium
Peter Kapetanos	03/11/1967	Male	Income Protection	\$3,438	\$113.57
Total Monthly Premium:					\$113.57

Personal Details - Mr. Peter Kapetanos

Title	Mr
First name	Peter
Last name	Kapetanos
Date of birth	03/11/1967
Gender	Male
Have you smoked any substance in the past 2 years?	No
Residential address	130 Seaview road Henley Beach South SA Australia 5009
Preferred contact no.	0438754933
What industry do you work in?	Building, Architecture & Construction Services
What is your primary occupation?	Builder/Carpenter/Joiner/Painter - Manual
Choose your benefit period	1 Year
What is your total pre-tax income over the past 12 months including superannuation, regular bonuses and/or commissions?	55000
Application number :	39876688
Your Free Gift :	BONUS \$50 Eftpos Card

About You - Mr. Peter Kapetanos

- | | | |
|---|---|-----|
| 1 | Are you a citizen or permanent resident of Australia? | Yes |
| 2 | Over the past 3 months, have you worked an average of 20 or more hours per week in your primary occupation? | Yes |

About Your Health - Mr. Peter Kapetanos

- | | | |
|---|---|-------------------------|
| 1 | What is your height? | 1 Metres 80 Centimeters |
| 2 | What is your weight? | 95 Kilograms |
| 3 | In the last 5 years have you had, been diagnosed with or sought medical advice or treatment for (please tick all that apply): | |
| | - High blood pressure | No |
| | - High cholesterol | No |
| | - Diabetes or impaired glucose tolerance | No |
| | - None of the above | Yes |
| 4 | In the last 5 years have you had, been diagnosed with or sought medical advice or treatment for (please tick all that apply): | |
| | - Headaches or migraines | No |
| | - Chronic fatigue syndrome/fibromyalgia | No |
| | - Lung or breathing conditions | No |
| | - Eye conditions | No |
| | - Ear or hearing conditions | No |
| | - Psychological or emotional conditions | No |
| | - Trapped nerves and repetitive use conditions | No |
| | - Infectious diseases | No |
| | - Muscle, ligament or tendon conditions | No |
| | - None of the above | Yes |
| 5 | Have you ever had, been diagnosed with or sought medical advice or treatment for (please tick all that apply): | |
| | - Bone, joint or limb conditions | No |
| | - Back and/or neck pain | No |
| | - Digestive and/or bowel conditions | No |