



VIPA LOSS OF LICENCE FUND LIMITED 2018-2019 Health Questionnaire

Please read this document carefully and complete all sections. Each section in this form is relevant to our consideration of your application for Membership.

Membership of VIPA Loss of Licence Fund Limited ACN 163 594 269 (VLF) is available to '*eligible members*', namely commercial pilots employed by the Virgin Australia Group who are VIPA members, commercial pilots who hold current VIPA Membership, **under the age of 65 years at the commencement of the Protection Year**.

All pilots wanting to join VLF and receive LoL Protection are required to complete this health questionnaire.

If your application is accepted, you will receive written confirmation of your VLF Membership. Once your contribution is paid by Virgin Australia, your Employer or by you, a Schedule of Protection will be issued.

It is important for all applicants and members to truthfully, accurately and fully answer the questions in this questionnaire as failure to do may result in removal or expulsion from membership of VLF, or a decision by VLF not to offer protection, or not to pay a claim made by the member.

How we protect your privacy

We are committed to protecting your privacy. We use the information you provide to assist with handling membership applications and claims for protection. The information we collect on any application forms, including your personal details will be given to KJ Risk Group Pty Ltd and VLF so they can decide whether to accept your application for membership and protection. Personal information is also shared between us, when you make a claim for protection. If you decide not to give us personal information we may not be able to process your membership application or your claim for protection. Your personal information may be used to offer other products and services. If you do not wish to receive those offers, you can unsubscribe by contacting VIPA Financial Services (see below).

For more information about how you can access the personal information we hold and seek correction of it or make a complaint, please review our Privacy Policy. You can ask us for a copy or visit our website at www.vipa.asn.au.

How can you contact us?

If you have any question about this Health Questionnaire, we can be contacted at:

VIPA Financial Services Pty Ltd
ACN: 168 177 893
AR No: 455 638
Unit 303, 115 Military Road
Neutral Bay NSW 2089
Ph: 1800 116 460 (Option 5)
Email: vfs@vipa.asn.au



Applicant

Given Name(s)

Last Name

Rank

Fleet

Base

Salary (excl. Superannuation)

\$

Employee Number

Gender

Date of Birth

dd/mm/yyyy

Telephone

Employer

Health Declaration (Please answer every question)

What is your current

Height

Weight

In the past 12 months have you smoked tobacco or any other substance?

If YES, please provide an explanation as to the substance smoked and the volume per day

Have you ever had cancer or tumours of any type?

If YES, please provide details including when this occurred:

Are you aware of any medical condition or issue that may require you to undergo surgery in the future?

If YES, please provide details:



Are you currently covered by a Loss of Licence or Income Protection Policy?

If YES, please provide details:

Have you ever claimed under *any* Loss of Licence or Income Protection cover?

If YES, please provide details:

Have you ever suffered from high blood pressure, cholesterol, stroke or paralysis of any description?

If YES, please provide details including when this occurred:

Have you ever had any cardiovascular complaint?

If YES, please provide details including when this occurred:

Have you ever suffered from diabetes, kidney or bladder problems?

If YES, please provide details including when this occurred:

Do you drink alcohol?

If YES, how many drinks per week do you drink on average?:



Have you ever been diagnosed with or received treatment for any mental health condition?

If YES, please provide details including when this occurred:

Do you now have or have you ever had any disease of, or injury to, the neck or spine including back strain, disc disorder, sciatica or other non-specific back pain?

If YES, please provide details including when this occurred:

During the last 5 years, have you taken or are you taking prescribed medication of any kind?

If YES, please provide details:

Have you ever had more than 15 days absent from work in a 12 month period due to injury or illness?

If YES, please provide details including when this occurred and the circumstances:

APPLICANT'S SIGNATURE

I _____ declare that I am not aware of any past or present injury or illness that may give rise to a claim for Loss of Licence benefits that has not been disclosed above, and that the above information I have disclosed is true, accurate, full and complete. I understand that if I have misrepresented or not properly disclosed any information which is requested in this form, it may affect my entitlement to hold membership of VLF, to seek protection from VLF and/or claim for Loss of Licence benefits:

Signature

Date