

Supplementary Personal Statement

Declaration of good health and circumstances

June 2019

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

GPO Box 4129, Sydney NSW 2001

Group Risk Administration

Phone 1800 199 414

Email group.riskuw@onepath.com.au

Website onepath.com.au

Details of life insured

Plan name

Member number

Title Mr Mrs Ms Miss Dr Other

Surname

First name(s)

Date of birth (dd/mm/yyyy) Date of application(s) (dd/mm/yyyy)

Phone Home Work

Mobile

Email

Gender Male Female Smoker Yes No

Marital status Single De facto Married Widow/Widower

Please answer the following questions

Since the date of your Application have you had any of the following:

1. Any symptoms of ill health, illness or injury?..... Yes No
2. Consulted or received medical advice from any doctor, undergone any medical examination, tests or treatment, been in hospital or suffered any physical disability? Yes No
3. Any intention to seek any medical advice, treatment, test or surgery in the future?..... Yes No
4. A change, or intention to change your occupation, duties performed, working hours, employment situation, or financial situation (including income)?..... Yes No
5. A change in smoking status? Yes No
6. A change, or intention to change your participation in any hazardous activity or pursuit or travel plans? Yes No
7. Any insurance declined, withdrawn or modified in any way?..... Yes No
8. I have reviewed my previous Application and declare that apart from the information included in this supplementary personal statement, there are no changes to any of the answers I provided in my original Application (which includes any accompanying forms or related documentation) that I previously submitted to OnePath Life..... I agree (please tick to confirm)

Give details of all **yes** answers and if medical in nature include date, names and addresses of any doctors consulted, details of treatment and outcome. Show question number when giving details:

Question number:

Doctor's authorisation

To be completed and signed by the Life Insured.

Please sign Authorisation

To Doctor

I hereby authorise you to release details of my personal medical history to OnePath Life or any organisation duly appointed by OnePath Life. A photostat (or similar) of this authorisation shall be held as valid as the original.

Name of life insured	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/>	
Address	<input type="text"/>			
Suburb/Town	<input type="text"/>	State	<input type="text"/>	
		Postcode	<input type="text"/>	
Signature	<input type="text" value="X"/>		Date (dd/mm/yyyy)	<input type="text"/>

Doctor's authorisation

To be completed and signed by the Life Insured.

Please sign Authorisation

To Doctor

I hereby authorise you to release details of my personal medical history to OnePath Life or any organisation duly appointed by OnePath Life. A photostat (or similar) of this authorisation shall be held valid as the original.

Name of life insured	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/>	
Address	<input type="text"/>			
Suburb/Town	<input type="text"/>	State	<input type="text"/>	
		Postcode	<input type="text"/>	
Signature	<input type="text" value="X"/>		Date (dd/mm/yyyy)	<input type="text"/>

Declaration

I, the life to be insured, declare that the answers to the questions on this Supplementary Personal Statement are true and complete to the best of my knowledge. I understand that the information I provide on this form in conjunction with any other statements made in connection with this application for life insurance will be used by OnePath Life, to decide whether to extend life insurance cover to the policy owner in respect of my life.

Your duty of disclosure continues until the contract of life insurance has been accepted by the insurer and confirmation is issued in writing. Please ensure all changes in health and circumstances since completion of the original Application Form and Personal Statement are fully advised. I acknowledge and consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Product Disclosure Statement and OnePath Life's Privacy Policy, which is available at OnePath Life's website onepath.com.au/insurance/privacy-policy or by calling us on 133 667.

Name of life insured	<input type="text"/>	
Signature	<input type="text" value="X"/>	
	Date (dd/mm/yyyy)	<input type="text"/>