

# Medical Authorisation

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

## 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  Date of birth (dd/mm/yyyy)  /  /

Address

Suburb/Town  State  Postcode

Signature  Date (dd/mm/yyyy)  /  /

### Please sign authorisation

To Doctor:  Date of birth (dd/mm/yyyy)  /  /

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

Address

Suburb/Town  State  Postcode

Signature  Date (dd/mm/yyyy)  /  /

**Head office**

**Office located at**  
347 Kent Street,  
Sydney NSW 2000

**Postal address**  
OnePath Life  
GPO Box 4129  
Sydney NSW 2001