

# Short Form Personal Statement

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

### Instructions

- Print in black or blue ink.
- All questions must be completed by the insured member. Please attach a separate page if you require more space for an answer.
- Please return the completed form to: **OnePath Life Limited**, GPO Box 4129, Sydney NSW 2001

### Important notice

OnePath Life Limited (OnePath Life) is the insurer in respect of a group insurance arrangement. It is important that you have read and understood the current Product Disclosure Statement for the cover for which you are applying.

OnePath Life requires this Short Form Personal Statement, and may require other health information, to assist us in making a decision on your proposed insurance cover. This Short Form Personal Statement is confidential. Please refer to the Privacy Statement at the end of this form.

### Policy owner's duty of disclosure

The policy owner enters into a life insurance contract in respect of your life and has a duty, before entering into the contract, to tell OnePath Life anything that it knows, or could reasonably be expected to know, may affect OnePath Life's decision to provide the insurance and on what terms.

The policy owner has this duty until OnePath Life agrees to provide the insurance.

The policy owner entering into the contract has the same duty before they extend, vary or reinstate the contract.

The policy owner entering into the contract does not need to tell OnePath Life anything that:

- reduces the risk OnePath Life insures you for
- is of common knowledge
- OnePath Life knows or should know as an insurer, or
- OnePath Life waives your duty to tell it about.

If you do not tell OnePath Life something that you know, or could reasonably be expected to know, may affect OnePath Life's decision to provide the insurance and on what terms, this may be treated as a failure by the policy owner to tell OnePath Life something that it must tell OnePath Life.

### If the policy owner does not tell OnePath Life something

In exercising the following rights, OnePath Life may consider whether different types of cover can constitute separate contracts of life insurance. If it does, OnePath Life may apply the following rights separately to each type of cover.

If the policy owner entering into the contract does not tell OnePath Life anything the policy owner is required to, and OnePath Life would not have provided the insurance or entered into the same contract with the policy owner if they had told OnePath Life, OnePath Life may avoid the contract within 3 years of entering into it.

If OnePath Life chooses not to avoid the contract, it may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the policy owner had told OnePath Life everything they should have. However, if the contract provides cover on death, OnePath Life may only exercise this right within 3 years of entering into the contract.

If OnePath Life chooses not to avoid the contract or reduce the amount of insurance provided, it may, at any time vary the contract in a way that places it in the same position it would have been in if the policy owner had told OnePath Life everything they should have. However this right does not apply if the contract provides cover on death.

If the failure to tell OnePath Life is fraudulent, OnePath Life may refuse to pay a claim and treat the contract as if it never existed.

## 1 Details of insurance

Policy Number (if known)

Fund/Plan name

a. Type of cover you are applying for

- Death Only
- Death and Total and Permanent Disablement (TPD)
- Group Salary Continuance (monthly benefit)

Amount of benefit/Cover

\$

\$

\$

b. Details of Group Salary Continuance Cover

Waiting period

- 30 days
- 60 days
- 90 days
- 180 days
- 365 days

Benefit period

Age-based terms (if applicable):

- to age 65
- to age 67
- to age 70

Fixed term periods (if applicable):

- 1 year
- 2 years
- 5 years
- 7 years
- 10 years

2 Details of insured member

Title  Mr  Mrs  Ms  Miss  Dr  Other

Surname

Given names(s)

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

Residential address (this cannot be a PO Box)

Street

Suburb  State  Postcode

Country

Phone Home  Business

Mobile

Email

I authorise one of OnePath Life's underwriting staff or an authorised service provider to contact me by phone if further information is required.

I can be contacted during the following times:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Any business day

Between  am/pm and  am/pm

Please tick your preferred contact method:

- home phone
- work phone
- mobile phone

3 Personal details

Height and weight

a. What is your current height?  cm

b. What is your current weight?  kg

Smoking

c. Have you smoked tobacco, or any other substance within the past 12 months, or used a nicotine replacement treatment within the past three months? .....

Yes  No

If **yes**, please state the type and quantity consumed per day:

d. Have you ever been advised to stop smoking due to a medical condition? .....

Yes  No

**If yes, please complete the Group Risk Personal Statement available from onepath.com.au**

Alcohol

e. Do you consume alcohol? .....

Yes  No

If **yes**, please state the type and quantity consumed per day:

f. Have you ever been advised to stop or reduce your alcohol intake due to a medical condition? .....

Yes  No

**If yes, please complete the Group Risk Personal Statement available from onepath.com.au**

#### 4 Residency

a. Are you currently residing in Australia? .....  Yes  No

If **no**, please advise where you are currently residing and how long you intend to reside there.

b. Are you an Australian citizen or do you hold a visa that entitles you to reside permanently in Australia? .....  Yes  No

If **yes**, please proceed to question 4c.

If **no**, please advise what type of visa you hold.

c. Do you have any intention of travelling outside Australia within the next two years? .....  Yes  No

If **yes**, please complete the following:

Date of departure (dd/mm/yyyy)

Duration of stay

Destination(s)

Purpose of stay:

Holiday

Business

Residing

Other

Please specify if other

#### 5 Occupation

a. What is your usual occupation?

b. What are your normal duties of this occupation?

c. What is your current employment status?

Permanent Full time

Permanent Part Time

Casual

Self Employed

Contractor

Homemaker or on Parental Leave

Unemployed

d. How many hours (on average) do you work per week?

e. What is your current annual income earned through personal exertion, before tax, including superannuation contributions, but after deduction of business expenses?

f. Do you have more than one occupation? .....  Yes  No

If **yes**, please specify the occupation(s), your normal duties and the average hours you work per week in each of your other occupation(s):

#### 6 Medical history

a. Are you, at the date of this application, off work due to injury or illness or restricted from performing any of the usual duties of your occupation due to injury or illness (other than for colds or flu)? .....  Yes  No

b. Are you currently receiving any form of medical treatment or taking any form of medication (other than for cold or flu)? .....  Yes  No

c. Have you taken more than a total of seven consecutive days off work in the past 12 months due to illness or injury (other than for cold or flu)? .....  Yes  No

**Have you ever received medical advice, consulted a doctor, undergone medical treatment, investigations or operations for, or suffered from any of the following:**

d. High blood pressure, high cholesterol, heart complaint, murmur, palpitations or chest pain, stroke, diabetes, thyroid or glandular disorder, cancer, tumour or growth including breast lumps or skin lesions/moles (even if you have not seen a doctor)? .....  Yes  No

e. Back or neck pain/disorder, musculo-skeletal symptoms or any joint disorder, gout, arthritis, repetitive strain syndrome, paralysis of any kind or chronic fatigue syndrome, epilepsy or neurological disorder, mental/nervous disorder including stress, anxiety or depression? .....  Yes  No

f. Kidney, bowel, bladder, gall bladder, liver disease or disorder, hepatitis, hernia, blood disorder, sleep apnoea, asthma, persistent cough or any lung complaint, any abnormality of hearing, speech or eyesight (excluding glasses or contact lenses)? .....  Yes  No

g. Have you ever tested positive for HIV (Human Immunodeficiency Virus), which causes AIDS (Acquired Immune Deficiency Syndrome), or are you suffering from AIDS or any AIDS related conditions? .....  Yes  No

**If you answered yes to any of the questions in Section 6, you will need to apply for cover by completing the Group Risk Personal Statement, available online from [onepath.com.au](http://onepath.com.au)**

## 7 Declaration by the insured member

- I have read and understood the questions in this Short Form Personal Statement.
- I have read and understood the Product Disclosure Statement for the cover for which I am applying.
- All the answers provided in this Short Form Personal Statement are true and correct (including those not in my own handwriting).
- I am fit to perform all of the duties of my usual occupation, without any limitation due to illness or injury, and working my usual hours per week.
- I have told OnePath Life everything I know that could affect its decision to accept my application.
- I understand my duty of disclosure and the remedies available to OnePath Life if I fail to comply with my duty of disclosure under the Insurance Contracts Act 1984. I understand that my duty of disclosure continues after I have completed this application until I am notified in writing that my application for insurance has been accepted.
- I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by OnePath Life.
- I consent to the collection, use and disclosure of my personal information (including health and other sensitive information) as described in the OnePath Life Privacy Policy which is available from [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy) or by calling 133 667. I acknowledge that OnePath Life needs to collect my personal information in order to manage and administer my claim/policy and that OnePath Life will be unable to process my claim or administer my policy without this consent.

Signature of insured member

X

Date (dd/mm/yyyy)

/ /

## 8 Privacy Statement

In this section 'we', 'us' and 'our' refers to OnePath Life Limited. 'You' and 'your' refers to policy owners and life insured's.

We collect your personal information (including health and other sensitive information) from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from [onepath.com.au/privacy-policy](http://onepath.com.au/privacy-policy)

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

### Providing your information to others

The parties to whom we may routinely disclose your personal information (including health and other sensitive information) include:

- an organisation that assists us to detect and protect against consumer fraud;
- our related companies (members of the Zurich Insurance Group Ltd group), including for carrying out any group business functions;
- organisations, including those in an alliance with us or our related companies, to distribute, manage and administer our products and services, carry out business functions and analytics activities
- organisations performing administration and/or compliance functions in relation to the products and services we provide;
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers);
- our solicitors or legal representatives;
- organisations maintaining our information technology systems;
- organisations providing mailing and printing services;
- persons who act on your behalf (such as your agent or financial adviser);
- the policy owner (or parties acting on behalf of the policy owner);
- regulatory bodies, government agencies, law enforcement bodies and courts.

We will also disclose your personal information (including health and other sensitive information) in circumstances where we are required by law to do so. Examples of such laws are:

- *The Family Law Act 1975 (Cth) enables certain persons to request information about your interest in a superannuation fund;*
- *There are disclosure obligations to third parties under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.*

## Information required by law

We may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at [onepath.com.au/privacy-policy](https://onepath.com.au/privacy-policy)

## Privacy consent

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions please notify us in writing.

If you give us personal information about someone else, you must show them a copy of this document or our Privacy Policy available at [onepath.com.au/insurance/privacy-policy](https://onepath.com.au/insurance/privacy-policy) so that they may understand the manner in which their personal information may be used or disclosed by us in connection with your dealings with us.

## Privacy Policy

Our Privacy Policy contains information about:

- when we may collect information from a third party;
- how you may access and seek correction of the personal information we hold about you; and
- how you can raise concerns that we have breached the Privacy Act or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing:

GPO Box 75

Sydney NSW 2001

Email: [insuranceprivacy@onepath.com.au](mailto:insuranceprivacy@onepath.com.au)

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 133 667.

More information can be found in our Privacy Policy which can be obtained from our website at [onepath.com.au/privacy-policy](https://onepath.com.au/privacy-policy)

## Overseas recipients

We may disclose your personal information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in OnePath Life's Privacy Policy at [onepath.com.au/insurance/privacy-policy](https://onepath.com.au/insurance/privacy-policy)