

Application to Reinstate Lapsed Group Policies

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

About this Application Form

You can apply to reinstate your policy by completing this Application Form if cover lapsed in the last 12 months. We will advise you in writing of our decision to accept or decline your application and where relevant, the terms to apply. If acceptance of your application is subject to underwriting terms that differ from the original terms of your policy, we will advise you of this and any additional requirements. Please be aware you have no cover under the policy in question until OnePath Life:

- receives all outstanding requirements
- confirms acceptance of your application in writing.

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.

A Policy details

Plan name	<input type="text"/>																					
Member number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	Other	<input type="text"/>															
Surname	<input type="text"/>																					
First name	<input type="text"/>												Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>				
No. and street (home)	<input type="text"/>																					
Suburb/Town	<input type="text"/>												State	<input type="text"/>			Postcode	<input type="text"/>				
Phone	Home	<input type="text"/>					Business	<input type="text"/>					Mobile	<input type="text"/>								
Email	<input type="text"/>																					

May one of our underwriting staff or OnePath authorised service providers contact you by phone if we require more information? Yes No

If **yes**, when is the most convenient time and on which phone number? (Monday to Friday between 8am to 6pm)

Days Time From : to : Phone (h) (w) (m)

B General Underwriting Questions

1. Since the date your insurance cover commenced have you had a change, or do you have any intention to change your occupation, duties performed, working hours, employment situation, or financial situation including income? Yes No
2. Since the date your insurance cover commenced have you had a change, or do you have any intention to change your participation in any hazardous activity or pursuit? Yes No
3. Do you have any intention of travelling outside Australia within the next two years? Yes No

If you have answered **yes** to any item in Questions 1–3, please provide details in the following table.

Question number:

C Medical Questions

1. What is your current height and weight? Height (cm) Weight (kg)
2. Have you smoked tobacco or any other substance in the last 12 months or used nicotine replacement therapy in the last 3 months? Yes No
If **yes**, please state what type? (e.g. cigarettes, gum, patch) Daily quantity
3. Since the date your insurance cover commenced have you:
 - a. consulted any medical practitioner or had any medical treatment or advice or been hospitalised? Yes No
 - b. taken or been prescribed drugs, stimulants, sedatives or medication? Yes No
 - c. undergone, or been advised to undergo surgery, X-ray or scan, ECG or special investigation? Yes No
 - d. suffered any illness, disease, accident or injury or any adverse change in your health? Yes No
 - e. do you intend to seek any medical advice, treatment, test or surgery in the future? Yes No
 - f. had any consultation with any doctor for a condition you have not already answered (other than for colds or the flu)? Yes No

If you have answered **yes** to any item in Question 3, please provide details in the following table to include date, names and addresses of any doctors consulted, details of treatment and outcome and question number.

Question number:

D Privacy Statement

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

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 (including health and other sensitive information). Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from onepath.com.au/insurance/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 (including health and other sensitive information) to certain third parties as outlined below.

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;
- any related company of OnePath Life Limited which will use the information for the same purposes as OnePath Life Limited and will act under OnePath Life's Privacy Policy;
- 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;
- our related companies (members of the Zurich Insurance Group Ltd group), including for carrying out any group business functions;
- organisations, including those in alliance with us or our related companies, to distribute, manage and administer our products and services, carry out business functions and analytics activities.

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

OnePath Life Limited 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/insurance/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 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 (including health and other sensitive 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

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 at onepath.com.au/insurance/privacy-policy

Overseas recipients

We may disclose your personal information (including health and other sensitive 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 our Privacy Policy at onepath.com.au/insurance/privacy-policy

E Declarations

- I/We accept that OnePath may send me/us information about its other products or services from time to time. If you do not wish to I/We declare that the answers provided on this application are true and correct to the best of our knowledge. I/We understand that the information provided on this form will be used by OnePath Life to decide whether to reinstate the policy and, if so, the terms on which the policy is to be reinstated.
- I/We acknowledge the terms set out in the reinstatement application including my/our duty of disclosure.
- I/We acknowledge any exclusion periods*/waiting periods# will apply from the date the policy is reinstated.
- I/We understand that OnePath Life's liability in respect of this application will be subject to OnePath Life accepting the information contained on this form and providing written acceptance of the application to the policy owner.
- I/We acknowledge and consent to the collection, use, storage and disclosure of my/our personal information (including health and other sensitive information) as described in the Privacy Statement in section D of this form, and OnePath Life's Privacy Policy, which is available at onepath.com.au/insurance/privacy-policy or by calling Customer Services.
- I/We authorise my/our adviser to receive and access my/our personal information including financial, medical and other matters, whether disclosed in this application or obtained from third parties (e.g. doctors, accountants), for the purposes of management and administration of my/our application, policy and any claims. Where there is any change to this authority, or to my/our adviser, I/we will notify you of the change.
- I/We authorise my/our medical practitioner, or other medical professional, to release details of my personal medical history to OnePath Life, or any other organisation duly appointed, where such information may be required for the purpose of further assessing this application.
- I/We understand that the insurance I/we have applied to reinstate will not become effective until my/our application is accepted by the insurer in writing.
- Where the proposed owner of this policy is a trust/company, I/we confirm that I/we have the capacity and authority to sign this application as authorised by the governing rules of the trust/company.

* For life cover policies, the 13 month suicide exclusion will recommence from the date of reinstatement.

For trauma cover the qualifying period for certain conditions noted in the policy will recommence from the date the reinstatement application is received.

This includes the Income Secure Trauma Recovery Benefit and Child Cover.

For income protection, business expense and living expense policies, any waiting period for benefits can only commence after the policy has been reinstated.

Signature of member

X

Date (dd/mm/yyyy)

/ /

Head office

Office located at
347 Kent Street
Sydney NSW 2000

Postal address
OnePath Life
GPO Box 4148
Sydney NSW 2001