

# **Supplementary Personal Statement**

## Mental health questionnaire

August 2022

**Zurich Australia Limited (Zurich, OnePath)** 

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## Duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation is explained in the PDS and the Life Insured's Personal Statement and it applies each time you provide us with information before we issue a policy.

Not meeting your legal duty can have serious impacts on your insurance. Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Details of life insured						
Application/Policy						
number(s) if known						
Title	Mr L	Mrs Ms	Miss	Dr	Other	
Surname						
Given name(s)						
Date of birth (dd/mm/yyyy)	/ /					
Please answer the foll	owing quest	ions				
1. Please tick the conditions y	ou have had (or o	currently have), or recei	ved treatment f	or:		
Anxiety including genera	ilised anxiety, par	ic or phobia disorder				
Eating disorder including		-				
Depression including ma	jor depression, dy	/sthymia				
Manic depressive illness,	bi-polar disorder					
Alcohol or other substan	ce abuse or addic	tion				
Post traumatic stress						
Schizophrenia or any oth	er psychotic diso	rder				
Stress, sleeplessness, chro	onic tiredness					
Other (if <b>other</b> please de	scribe)					
2. Please complete the table I	oelow for all desc	ribed conditions:				
Condition		Describe your sympto	oms		Date diagnosed	Date condition
					dd/mm/yyyy)	ceased (if applicable)
					/ /	
					/ /	
					/ /	/ /
					/ /	/ /

3. Have you ever had any recurrence of the symptoms	5?		Yes N
If <b>yes</b> , please provide details including dates:			
4. Are you currently symptom free?			Yes N
5. Date of last symptoms (dd/mm/yyyy) / /			
<b>6.</b> Have you ever attempted suicide or self harm?			Yes
If <b>yes</b> , please provide details including when, name ar	nd address of treating doctor, clinic	or hospital:	
7. Are you aware of the cause or reason for your condi	tion(s)?		Yes L N
If <b>yes</b> , please provide details:			
O Harrison and a state of the s	u distana		
8. Have you ever had any time off work due to this co	naition?		Yes
If <b>yes</b> , please provide the dates and duration:			
9. Are you currently or have you ever been on treatme	ent, including medication?		Yes L N
If <b>yes</b> , please provide details:		11	
Treatment (e.g. tranquilisers, sedatives, ECT, counselling, etc.)	Date commenced (dd/mm/yyyy)	Date ceased (if applicable) (dd/mm/yyyy)	Reason ceased
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
10. Do you feel that this condition has had any impact			
at work or on your social life?  If <b>yes</b> , please provide details:			Yes N
n <b>yes</b> , piease provide details.			
11. Have you been referred for consultation with a psy	vchiatrist or psychologist?		Yes
If <b>yes</b> , please provide details:	,		
Date of last	7		
consultation (dd/mm/yyyy) 7 / / / / / / / / / / / / / / / / / /			
Address Subjust (Tours		State	Doctordo
Suburb/Town	rava facility?	State	☐ Postcode ☐ Vos ☐ N
12. Have you been admitted to hospital or any other of If yes, please provide details:	are racility?		Yes I N
	7		
Date admitted (dd/mm/yyyy) / /			
Name of institution			
Address			
Suburb/Town		State	Postcode
Doctor consulted			

### Declaration

I, the life to be insured, declare that I have read and understood my duty to take reasonable care not to make a misrepresentation and that the statements and answers provided in this questionnaire are true, accurate and complete. 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, to decide whether to extend life insurance cover to the policy owner in respect of my life.

I consent to the collection, use, storage and disclosure of my personal information as described in the Privacy Policy and the Privacy Statement contained in the PDS (including discussing any information obtained from me and any doctors or accountants with the financial adviser associated with this application). OnePath's Privacy Policy is available at onepath.com.au/about-us/privacy-policy

If I have provided personal information about any identified person, I declare that I have their permission to do so and I have informed them of the Privacy Policy and the Privacy Statement.

Name of life insured						
	v					
Signature (sign clearly within the box)	^	Date (dd/mm/yyyy)	/	/		

#### **Postal address**

OnePath Locked Bag 994 North Sydney NSW 2059

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