

# Non-smoker declaration form

November 2021

**OnePath Life Limited**  
 ABN 33 009 657 176 AFSL 238341

Customer Services  
 Phone 133 667  
 Email [client.onepath@zurich.com.au](mailto:client.onepath@zurich.com.au)  
 Website [onepathinsurance.com.au](http://onepathinsurance.com.au)

**Please note:** The request to alter a policy to non-smoker rates is subject to underwriting. OnePath Life will advise you, in writing, of our decision with respect to this request and whether non-smoker rates can be offered.

## 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.

## Your Details

Policy number

Title  Mr  Ms  Miss  Dr  Other

Surname

Given names(s)

Mobile

Email

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

## Please answer the following questions

### Section A

In the 12 months before purchasing your policy did you smoke tobacco, any other substance or any form of electronic cigarette?

Yes  No

If **yes**, but you have given up smoking since purchasing your policy, please fill in Section B

If **no**, you are eligible for a refund. How would you like to receive this payment:

Cheque  
 Direct credit to bank account

Name of financial institution

Name of account holder

BSB    -    Account number

You do not need to fill in Section B

**Section B**

1. During the last 12 months, have you smoked tobacco or any other substance, or used any form of electronic cigarette?  Yes  No

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


2. During the last three months, have you used nicotine replacement therapy (e.g. nicotine gum, patches, etc) or anti-smoking medication (e.g. Zyban, Chantix, etc.)?  Yes  No

If **yes**, please state the **type(s)** used and **length of time** you have been using this.

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3. Have you any intention to resume smoking in the future?  Yes  No

4. Have you been advised by a medical practitioner or physician to give up smoking on specific medical grounds?  Yes  No

If **yes**, give full details:


5. Do you have, or has a medical practitioner told you, that you have a medical condition associated with smoking?  Yes  No

If **yes**, give full details:


**Declaration**

I have read and understood my duty to take reasonable care not to make a misrepresentation and declare that the statements and answers provided in this application are true, accurate and complete. I understand my duty to take reasonable care to not make a misrepresentation and that the information I provide on this form in conjunction with any other statements made in connection with the original application will be used by OnePath Life, to decide whether to vary my policy to use non-smoker premium rates, and on what terms.

I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in OnePath Life's Privacy Policy available at [onepathinsurance.com.au/about-us/privacy-policy](http://onepathinsurance.com.au/about-us/privacy-policy)

Name of life insured

Signature

Date (dd/mm/yyyy)

**Postal address**

OnePath Life  
Locked Bag 994  
North Sydney NSW 2059