

# Supplementary Personal Statement

## TPD Business Questionnaire

November 2021

**OnePath Life Limited (OnePath Life)**

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)

### 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  Mrs  Ms  Miss  Dr  Other

Surname

Given name(s)

Date of birth (dd/mm/yyyy)

### Occupation details

1. Occupation

2. Industry

3. When did your present duties commence? (dd/mm/yyyy)

4. If employed by an independent employer, when did you commence with that employer? (dd/mm/yyyy)

5. Describe all present duties of a **typical** working month in the table below.

Type of work	% of time (sum to total 100%)	Specific duties Please provide a description of the specific duty and location where typically performed
Desk work (e.g. Computer work, phone calls, paper work, reviewing documents)		
Meetings at your own offices (e.g. meetings, consultations, presentations, internal staff management)		
External meetings (e.g. external training, seminars, client meetings)		
Work performed at home (other than captured above)		
Travel (e.g. working away from home/office, driving, flights)		
Extended standing (e.g. in operating theatre, lecturing)		

Type of work	% of time (sum to total 100%)	Specific duties Please provide a description of the specific duty and location where typically performed
Field Supervision /Surveying (e.g. at building or mine site)		
Lifting (greater than 5kg)		
Any other duties (please specify)		
Total	100%	

## Declaration – Life to be insured

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 Life, to decide whether to extend life insurance cover to the policy owner in respect of my life.

Name of Life Insured

Signature  Date (dd/mm/yyyy)

## Declaration – policy owner

I acknowledge that the Business TPD benefit amount will be reduced by 'any other TPD cover' held in respect of the life insured so that the combined total of all TPD cover held in respect of the life insured at the date of disablement does not exceed \$10,000,000. I understand that 'any other TPD cover' includes any TPD cover issued by OnePath Life and any other insurer including TPD cover that is issued through ordinary policies (non-superannuation) and any TPD cover issued through any superannuation fund, group plan or employer plan that commences after the policy commencement date. I also understand that in the event that the Business TPD cover payment is reduced, premiums paid in respect of the reduced portion of cover from the date of the last policy anniversary prior to the date of disablement will be refunded.

I acknowledge that Business TPD Cover is issued taking into consideration the life insured's occupation disclosed in this questionnaire and application for cover, and that if the life insured subsequently changes their occupation, I must notify OnePath Life within 30 days of a) the change in occupation; or b) the policy anniversary immediately following the change.

I consent to the collection, use, storage and disclosure of my/our personal information (including health and other sensitive information) as described in the Product Disclosure Statement and OnePath Life's Privacy Policy, which is available at [onepathinsurance.com.au/about-us/privacy-policy](http://onepathinsurance.com.au/about-us/privacy-policy) or by calling Customer Services on 133 667.

If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. If I give OnePath Life personal information about someone else, I understand that OnePath Life requires me to show them a copy of the Product Disclosure Statement and OnePath Life's Privacy Policy so that they may understand the manner in which their personal information may be used or disclosed by OnePath Life and their related entities.

Name of policy owner

Signature  Date (dd/mm/yyyy)

### Postal address

OnePath Life  
Locked Bag 994  
North Sydney NSW 2059