

2a. Who do you live with?

How long have you lived with them?.....

b. Has there been any change in your marital status or residential status in the past two years? Yes No

If **yes**, please provide dates and details:

c. Has there been any change in the health of your spouse, partner or house-mate in the past two years?..... Yes No

If **yes**, please provide dates and details:

3. Are you currently employed on any basis, including any volunteer work? Yes No

If **yes**, please provide details and number of hours worked weekly and monthly:

4. Have you taken any educational or general interest courses in the last two years? Yes No

If **yes**, please provide dates and details:

5a. Do you participate in any social or sporting activities, or engage in any hobbies? Yes No

If **yes**, please provide details including frequency:

b. If no, did you ever participate in any of the above?..... Yes No

If **yes**, please indicate the activity, date and reason for stopping:

6. Do you travel on a yearly basis? Yes No

If **yes**, please provide dates and details:

7. Do you drink alcohol?..... Yes No

If **yes**, how many standard drinks per day?

8a. Do you use tobacco in any form? Yes No

If **yes**, please provide type(s) of tobacco use and frequency on a daily and weekly basis:

b. If no, did you ever use tobacco in any form?..... Yes No

If **yes**, provide type(s) of past tobacco use and frequency:

How long did you use tobacco?

When and why did you stop?

9. State any prescription or over-the-counter medication used in the past year (exclude cold and flu medicines) e.g. any painkillers such as Voltaren, Panadeine Forte or medication to assist sleep such as Temazepam, Valium.

Medication	Amount taken	Frequency	Duration	Date ceased (if applicable) (dd/mm/yyyy)
				/ /
				/ /
				/ /
				/ /
				/ /
				/ /

10. Do you share household responsibilities with anyone? Yes No

If **yes**, please provide details:

11. Are you able to perform all of the usual daily tasks such as housekeeping, food preparation, medication administration, shopping, transportation, financial administration, answering the telephone, looking after your basic needs, etc..... Yes No

If **no**, please provide details:

12. In the last 12 months have you suffered from dizziness, fainting or had any falls requiring medical attention?..... Yes No

If **yes**, please provide dates and details:

13. Do you require any form of in-home care?..... Yes No

If **yes**, please provide details and frequency:

14. Do you have any physical or mental disability not mentioned in the application form?..... Yes No

If **yes**, please provide details:

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 Life, to decide whether to extend life insurance cover to the policy owner in respect of my life. I have read and understood my duty to take reasonable care not to make a misrepresentation and the consequences of not meeting the legal duty and answering all questions truthfully and completely.

I acknowledge and consent to the collection, use, storage and disclosure of my 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 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 life insured	<input type="text"/>	
Surname	<input type="text"/>	
Given name(s)	<input type="text"/>	
Signature	<input type="text" value="X"/>	Date (dd/mm/yyyy) <input type="text" value="/ /"/>

Please ensure all changes in health and circumstances since completion of the original Application Form and Personal Statement are fully advised.

Postal address

OnePath Life
Locked Bag 994
North Sydney NSW 2059

Memory recall exercise

To be conducted by a paramedic in conjunction with the Seniors Assessment form.

Paramedical provider to explain that they are required to put the applicant through some memory/recall exercises.

Outline to the applicant that you will list four objects, and following a series of questions you will ask them to recall the objects:

Example:

Red ball

The number 127

The island of Fiji

Ayers Rock or the Aboriginal name Uluru

Question

1. Who is the current Prime Minister of Australia?

2. Which political party is he/she the leader of?

3. What is today's date including the year?

4. What is your full name and address including postcode?

5. Do you know the name of the President of the United States of America?

6a. Ask the applicant to recall the four objects listed earlier.

b. Number of objects remembered correctly.

c. Conclude by asking the applicant

"Oh, and did I ask who the Prime Minister of Australia is?"

Confirm if answered correctly Yes No

7. Any comments you feel may be useful in the assessment of this application:

Paramedic name

Paramedic Signature

Date (dd/mm/yyyy)