

# Supplementary Personal Statement

## Asthma questionnaire

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

**Instructions**

- Print in black or blue ink.
- All questions must be completed by the life insured. Please attach a separate page if you require more space for an answer.

**Details of life insured**

Title  Mr  Mrs  Ms  Miss  Dr Other

Surname  First name

Maiden name (if applicable)  Date of birth (dd/mm/yyyy)  /  /

Plan name

Member number

No. and street (home)

Suburb/Town  State  Postcode

Phone Home  Work

Mobile

Email

Gender  Male  Female

Marital status  Single  De facto  Married  Widow/Widower

Smoker  Yes  No

1. When did you have your first episode of asthma? .....(dd/mm/yyyy)  /  /
2. When was your most recent episode of asthma? .....(dd/mm/yyyy)  /  /
3. Have you had any time off work due to this condition? .....  Yes  No

If **yes**, please provide the dates and duration:

4. Have you ever suffered from nocturnal asthma attacks?.....  Yes  No

If **yes**, please provide the frequency of these attacks and approximate date of last attack:

Date (dd/mm/yyyy)  /  /

5. Are the symptoms/attacks typically precipitated by anything in particular (e.g. seasonal, exercise induced, a cold or bronchitis)?.....  Yes  No

If **yes**, please provide details:

## Details of life insured – continued

6. Have you sought medical treatment or advice for asthma? .....  Yes  No

If **yes**, please provide the details of your doctor below:

Name of doctor/  
health professional

Address

Suburb/town  State  Postcode

Date of last consultation ..... (dd/mm/yyyy)  /  /

7. How has your doctor described your asthma? .....  Mild  Moderate  Severe

8. Have you ever used any medication, including steroids? .....  Yes  No

If **yes**, please provide details:

Type	Date commenced (dd/mm/yyyy)	Frequency (e.g. daily, weekly)	Dosage	Date ceased (if applicable) (dd/mm/yyyy)	Reason for cessation
<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"/>
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9. Have you ever been hospitalised due to asthma? .....  Yes  No

If **yes**, please provide details ..... Date from (dd/mm/yyyy)  /  /  Date to (dd/mm/yyyy)  /  /

Name and address of hospital

10. Have you ever had lung function tests performed? .....  Yes  No

If **yes**, please provide details:

Date (dd/mm/yyyy)	Test results
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

## Declaration

The duty of disclosure was set out in your original application to us. The duty of disclosure provides that you need to tell us anything that is relevant to our decision to insure you. Your duty of disclosure continues until the contract of life insurance has been accepted and the policy issued by OnePath Life. Please make sure you answer all applicable questions completely and truthfully.

I, the life insured, declare that the answers to the questions on this Supplementary Personal Statement are true and complete to the best of my knowledge. 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 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's Privacy Policy, which is available at OnePath's website [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy) or by calling Customer Services on 133 667.

Name of life insured

Signature  Date (dd/mm/yyyy)  /  /

### Head office

**Office located at**  
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Sydney NSW 2000

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