

Supplementary Personal Statement

Cholesterol questionnaire

June 2019

OnePath Life Limited (OnePath Life)

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GPO Box 4129, Sydney NSW 2001

Group Risk Administration

Phone 1800 199 414

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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 was your high cholesterol first diagnosed? (dd/mm/yyyy) / /

2. What were your cholesterol readings at that time? Cholesterol Triglycerides

HDL Cholesterol LDL Cholesterol

3. Did you undergo any tests or investigations? Yes No

If **yes**, please provide details.

Test performed	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"/> / <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"/> / <input type="text"/>	<input type="text"/>

Details of life insured – continued

4a. Have you ever been treated by medication? 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
	/ /			/ /	
	/ /			/ /	
	/ /			/ /	
	/ /			/ /	

b. Has this treatment ever changed (e.g. has the type or dosage of your medication been changed)? Yes No

If **yes**, please provide date of when treatment changed and the reason(s) for change.

5. Is the treating doctor different to your usual doctor? Yes No

If **yes**, please provide details.

Name

Address

Suburb/town State Postcode

Date of last consultation (dd/mm/yyyy)

6. What was the date of your last cholesterol check? (dd/mm/yyyy)

7. What were your cholesterol readings at that time? Cholesterol Triglycerides

HDL Cholesterol LDL Cholesterol

8. How has your doctor described your cholesterol control? Excellent Good Poor Other

If **other**, please provide details.

9. What is the date of your next cholesterol check-up? Date (dd/mm/yyyy)

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 or by calling Customer Services on 133 667.

Name of life insured

Signature

Date (dd/mm/yyyy)

Head office

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Sydney NSW 2000

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Sydney NSW 2001