

# Supplementary Personal Statement

## Diabetes 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 was your diabetes first diagnosed? ..... (dd/mm/yyyy)  /  /

2. How is your diabetes controlled?

Insulin – go to question 3  Diet only – go to question 4  Oral – list medications below and then go to question 4

3. How many times a day do you administer insulin?

I'm on an insulin pump  One or two times daily  Three or more times daily

4. How often do you monitor your sugar levels?  One or two times daily  Three or more times daily  Other

If **other**, please provide details.

## Details of life insured – continued

5. Have you ever had insulin reactions, diabetic coma, heart, kidney, peripheral vascular disease or eye problems (not already mentioned in the Personal Statement), or protein in the urine?.....  Yes  No

If **yes**, please provide details.

Condition	Treatment	Date
		/ /
		/ /

6. Have you had a glycosylated haemoglobin (HbA1c) test in the last six months?.....  Yes  No

If **yes**, please provide details.

Test results	Date
	/ /
	/ /

Is this result consistent with others taken over the last 12 months?.....  Yes  No

If **no**, please provide details.

Test results	Date
	/ /
	/ /

7. 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)

## 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  X

Date (dd/mm/yyyy)

### Head office

**Office located at**  
347 Kent Street  
Sydney NSW 2000

**Postal address**  
OnePath Life  
GPO Box 4129  
Sydney NSW 2001