

Supplementary Personal Statement

Back/neck questionnaire

June 2019

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

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 your back/neck condition first occur?(dd/mm/yyyy) / /

2. Which area(s) of your back/neck was affected (e.g. middle back)?

3. What was the cause or reason for the condition?

4. Please describe the exact nature of the condition, including the symptoms and doctor's diagnosis if known (e.g. sciatica, prolapsed disc, whiplash).

5. Was an X-ray, CT scan or any other type of investigation performed? Yes No

If **yes**, please provide details.

Tests	Results	Date of tests (dd/mm/yyyy)
<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

6. Have you had recurrent or multiple episodes of the back/neck condition? Yes No

If **yes**, please provide details including the number of episodes and the date of the most recent episode including duration.

7. Please provide details of all people you have consulted for this condition in the table below.

Name and address of doctor/ health professional	Type (e.g. doctor, chiropractor, physiotherapist)	Date last consulted (dd/mm/yyyy)	Treatment prescribed (e.g. analgesics, anti-inflammatory drugs, immobilisation) (dd/mm/yyyy)
		/ /	/ /
		/ /	/ /
		/ /	/ /

8. Have you had any time off work due to this condition? Yes No

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

9. Are your work duties or activities limited/affected by the condition?..... Yes No

If **yes**, please provide details.

10. Are you still undergoing treatment or do you have any residual pain,
limitation of movement or restriction of any kind?..... Yes No

If **yes**, please provide details.

11. Overall do you feel that your back/neck condition is:..... Resolved Improving Stable Deteriorating

12. What was the date of your last symptoms? (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)

Postal address

OnePath Life
GPO Box 4148
Sydney NSW 2001