

Details of life insured – continued

6. 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, surgery, acupuncture)
		/ /	
		/ /	
		/ /	

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

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

8. Do you have any residual pain, limitation of movement or restriction
of any kind? Yes No

If **yes**, please provide details.

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? Yes No

If **yes**, please provide details.

11. Overall do you feel that your 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