

Supplementary Personal Statement

Cyst/Mole/Skin lesion 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. Please provide details in the table below.

Site (e.g. back, left leg)	Date diagnosed (dd/mm/yyyy)	Type (e.g. basal cell carcinoma, melanoma, cyst, mole)	Pathology results (e.g. malignant, benign, unknown)
<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"/>

2. Was the cyst/mole/skin lesion(s) removed? Yes No

If **yes**, please provide details for each Date of removal (dd/mm/yyyy) / /

By what method (e.g. surgically, frozen or burnt off)?

If **no**, please provide details including date set for removal, if applicable.

Details of life insured – continued

3. Have you been or are you required to attend any further treatment or regular follow up since the original removal?..... Yes No

If **yes**, please provide details and advise how often follow up is required.

4. Have you had any other tests, investigations or treatments not mentioned above? Yes No

If **yes**, please provide details.

Tests/Treatments/Investigations	Date (dd/mm/yyyy)	Results
	/ /	
	/ /	
	/ /	

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

If **yes**, please provide details.

Name	<input type="text"/>		
Address	<input type="text"/>		
Suburb/town	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Date of last consultation	(dd/mm/yyyy)		<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 or by calling Customer Services on 133 667.

Name of life insured	<input type="text"/>	
Signature	<input type="text" value="X"/>	Date (dd/mm/yyyy) <input type="text"/>

Postal address

OnePath Life
GPO Box 4148
Sydney NSW 2001