

Supplementary Personal Statement

Ulcer/Indigestion/Oesophagitis Reflux 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

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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. What was the date of onset of symptoms? (dd/mm/yyyy) / /

2. How often do they occur?

3. How often do they last?

4. What were the symptoms?

5. Did you suffer any pain or discomfort?..... Yes No

If **yes**, what was the position of the pain or discomfort?

6. Was there any loss of weight during your illness? Yes No

If **yes**, how much?

Details of life insured – continued

7. Have all the symptoms disappeared?..... Yes No

8. How long is it since they have disappeared?

9. Did you seek medical treatment?..... Yes No

If **yes**, please provide details

Name of doctor/professional

Address

Suburb/Town State Postcode

10. What did the doctor say you were suffering from?

11. Give details of the treatment prescribed

12. When was the treatment stopped? (dd/mm/yyyy) / /

13. Did you have an X-ray examination or a gastroscopy?..... Yes No

14. Please give details of any surgery undergone or contemplated including type of operation and date:

15. Are you now perfectly fit and well, able to do your usual work and consume normal foods without any distress or discomfort?..... Yes No

16. Additional information

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 Life's Privacy Policy, which is available at OnePath Life'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