

Supplementary Personal Statement

General 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. What are your conditions or symptoms?

2. What is the severity of the condition?..... Mild Moderate Severe

3. What date did your symptoms start?(dd/mm/yyyy) / /

4. What date did your symptoms cease (please state if ongoing)(dd/mm/yyyy) / /

5. How often did/do the symptoms occur? Daily Weekly Monthly

6. Have you ever had an x-ray, scan, blood test or any other type of investigation for this condition? Yes No

If **yes**, please provide details, date and results.

Results: Date from (dd/mm/yyyy) / / Date to (dd/mm/yyyy) / /

7. Did/Do you take medication or have any other treatment (e.g. physiotherapy, operation) for this condition? Yes No

If **yes**, please provide details.

Details of life insured – continued

8. Please provide the name of your medication/treatment:

9. Are you still receiving medication/treatment?..... Yes No

If **no**, when did treatment cease?

10. Have you ever been off work as a result of this condition? Yes No

If **yes**, please provide details.

Total time off work (e.g. days, months, years):

Degree of recovery %

11. Has a doctor given you a referral or recommended any further treatment, tests or investigations for this condition?..... Yes No

If **yes**, please complete a and b.

a. Doctor/Specialist to whom you were referred:

b. Recommendation:

12. Was/Is your treating doctor different to your usual doctor?..... Yes No

If **yes**, please provide details:

Name of doctor

Address

Suburb/town

State

Postcode

Phone

Fax

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

Office located at
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Sydney NSW 2000

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GPO Box 4129
Sydney NSW 2001