

# Supplementary Personal Statement

## Epilepsy questionnaire

June 2019

**OnePath Life Limited (OnePath Life)**

ABN 33 009 657 176 AFSL 238341

**Group Risk Administration**

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### 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 you have your first fit? ..... (dd/mm/yyyy)  /  /

2. How many fits have you had? .....

3. How many fits do you have in a year? Please state the number in each category

a) Grand Mal.....

b) Petit Mal.....

4. When was the last fit? ..... (dd/mm/yyyy)  /  /

5. When do the fits usually occur (day, night, after excitement, alcohol or when tired)?

6. During an attack:

a) Do you become unconscious? .....  Yes  No

If **yes**, for how long?

b) Have you ever passed urine? .....  Yes  No

c) Have you ever bitten your tongue? .....  Yes  No

## Details of life insured – continued

7. Apart from when you are having a fit (see question 6), have you ever suffered from attacks of momentary unconsciousness?.....  Yes  No

8. Are you at present under treatment?.....  Yes  No

a) If **yes**, please give names of current medication:

b) If **no**, when did this cease?

9. Please provide the details of all doctors consulted for treatment of epilepsy.

Name of doctor/  
health professional

Address

Suburb/Town  State  Postcode

Date of last consultation .....(dd/mm/yyyy)  /  /

10. Are you able to do your work and/or carry out your normal activities without discomfort or distress?

11. Have you ever had an EEG (Electroencephalogram)?.....  Yes  No

If **yes**, please provide dates and results.

12. If you do not know the results, please give the name and address of your doctor who will have the results.

Name of doctor/  
health professional

Address

Suburb/Town  State  Postcode

## 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](http://onepath.com.au/insurance/privacy-policy) or by calling Customer Services on 133 667.

Name of life insured

Signature

X

Date (dd/mm/yyyy)

 /  / 

### Postal address

OnePath Life  
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Sydney NSW 2001