

# Supplementary Personal Statement

## Lifestyle questionnaire

1 September 2011

### OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

GPO Box 4129, Sydney NSW 2001

### Group Risk Insurance 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.

Life to be insured

Date of birth (dd/mm/yyyy)

 /  / 

Types(s) of cover

Sum(s) insured

\$   ,   ,

Date of application (dd/mm/yyyy)

 /  / 

Application number

           

As a result of a **yes** answer in the Statement regarding AIDS which formed part of the Personal Statement you recently completed, it is necessary to ask you for additional information.

The Life Insurance Industry's Code of Practice identifies the risk of existing and future HIV infection is largely determined by an individual's behaviour and that this risk is a composite risk and is determined by:

- the risk of the passage of bodily fluids
- the risk that those bodily fluids are infected with HIV
- the frequency of high risk activities
- measures taken to reduce the risk.

We must ensure that our final underwriting decision is based on information that is known to be relevant with regard to the above and therefore ask you to complete the following questions.

Please answer yes or no to the following questions and provide details where requested

1. Have you ever used intravenous drugs? ..... ☐ Yes ☐ No

If **yes**, please provide details. If prescribed by a medical practitioner, give the name and address of the doctor/clinic:

  
  


2. Have you ever shared needles or syringes? ..... ☐ Yes ☐ No

If **yes**, please provide details:

## Please answer yes or no to the following questions and provide details where requested

3. Have you ever had a sexually transmitted disease? ..... ☐ Yes ☐ No

If **yes**, please provide details, including the name and address of the doctor/clinic:


4. Have you participated in anal sexual intercourse? ..... ☐ Yes ☐ No

If **yes**, please indicate the gender of your partner(s) ie. male, female or both: ..... ☐ Male ☐ Female ☐ Both

5. Do you practice safe sex? i.e. no transmission of bodily fluids takes place between you and your partner during sexual activity..... ☐ Yes ☐ No

6. Have you participated in sexual intercourse or exchanged body fluids with a person known to be HIV positive or at a high risk of HIV infection? ..... ☐ Yes ☐ No

If **yes**, please provide details:


7. Have you ever worked as a prostitute or had sexual intercourse with a prostitute? ..... ☐ Yes ☐ No

If **yes**, please provide details:


8. How many sexual partners have you had in the:

a) Past 12 months? ..... ☐ Male ☐ Female

b) Past 5 years? ..... ☐ Male ☐ Female

9. Have you ever received a blood transfusion, blood products, organ transplantation (including skin grafts) or artificial inseminations? ..... ☐ Yes ☐ No

If **yes**, please provide details including the name and address of the doctor/clinic and the date:


10. Do you participate in any other activity that may place you at higher risk of contracting the HIV infection? ..... ☐ Yes ☐ No

If **yes**, please provide details and list any factors that may reduce your risk of HIV infection:


## Declaration

I, the Life to be insured, declare that the answers to the questions on this 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 statement 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.

Signed at

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Signature of  
life to be insured

X
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Name of life  
to be insured

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Date (dd/mm/yyyy)

/	/
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