

# Supplementary Personal Statement

## Back/neck questionnaire

1 September 2011

### OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

### OnePath Custodians Pty Limited (OnePath Custodians)

ABN 12 008 508 496 AFSL 238346 RSE L0000673

### OnePath MasterFund

ABN 53 789 980 697 RSE R1001525

GPO Box 4129, Sydney NSW 2001

### Group Risk Administration

**Phone** 1800 199 414

**Fax** 02 9234 8072

**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	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	Other	<input type="text"/>
Surname	<input type="text"/>			First name	<input type="text"/>		
Maiden name (if applicable)	<input type="text"/>			Date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plan name	<input type="text"/>						
Member number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. and street (home)	<input type="text"/>						
Suburb/Town	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>
Phone	Home	<input type="text"/>			Work	<input type="text"/>	
	Mobile	<input type="text"/>					
Email	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female					
Marital status	<input type="checkbox"/> Single	<input type="checkbox"/> De facto	<input type="checkbox"/> Married	<input type="checkbox"/> Widow/Widower			
Smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No					

1. When did your back/neck condition first occur? (dd/mm/yyyy) .....

2. Which area(s) of your back/neck was affected (e.g. middle back)?

3. What was the cause or reason for the condition?

4. Please describe the exact nature of the condition, including the symptoms and doctor's diagnosis if known (e.g. sciatica, prolapsed disc, whiplash).

## Details of life insured – continued

5. Was an X-ray, CT scan or any other type of investigation performed? ..... ☐ Yes ☐ No

If **yes**, please provide details.

Tests	Results	Date of tests (dd/mm/yyyy)
		/ /
		/ /

6. Have you had recurrent or multiple episodes of the back/neck condition? ..... ☐ Yes ☐ No

If **yes**, please provide details including the number of episodes and the date of the most recent episode including duration.

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7. Please provide details of all people you have consulted for this condition in the table below.

Name and address of doctor/ health professional	Type (e.g. doctor, chiropractor, physiotherapist)	Date last consulted (dd/mm/yyyy)	Treatment prescribed (e.g. analgesics, anti-inflammatory drugs, immobilisation) (dd/mm/yyyy)
		/ /	/ /
		/ /	/ /
		/ /	/ /

8. Have you had any time off work due to this condition? ..... ☐ Yes ☐ No

If **yes**, please provide the dates and duration.


9. Are your work duties or activities limited/affected by the condition?..... ☐ Yes ☐ No

If **yes**, please provide details.


10. Are you still undergoing treatment or do you have any residual pain,  
limitation of movement or restriction of any kind?..... ☐ Yes ☐ No

If **yes**, please provide details.


11. Overall do you feel that your back/neck condition is:..... ☐ Resolved ☐ Improving ☐ Stable ☐ Deteriorating

12. What was the date of your last symptoms? (dd/mm/yyyy) .....

## 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.

Name of Life Insured

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Signature

X
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Date (dd/mm/yyyy)

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