Supplementary Personal Statement

Arthritis/Joint 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
Web 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. Which joint is/was affected (please tick relevant box/es)? If more than one box is ticked, please copy this questionnaire and complete for each condition.

	Left	Right		Left	Right
Ankle	☐	☐	Knee	☐	☐
Elbow	☐	☐	Wrist	☐	☐
Shoulder	☐	☐	Hip	☐	☐
Other	☐	☐			

If **other**, state which joint

2. When did this condition first occur? (dd/mm/yyyy) ..... / /

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

4. Please describe the exact nature of the condition, including symptoms and doctor's diagnosis if known.

Details of life insured – continued

5. Have you had recurrent or multiple episodes of the condition? ☐ Yes ☐ No

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

6. 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, surgery, acupuncture)
		/ /	
		/ /	
		/ /	

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

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

8. Do you have any residual pain, limitation of movement or restriction of any kind? ☐ Yes ☐ No

If **yes**, please provide details.

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? ☐ Yes ☐ No

If **yes**, please provide details.

11. Overall do you feel that your 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

Signature ✗

Date (dd/mm/yyyy) / /

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