

Supplementary Personal Statement

Cyst/Mole/Skin lesion 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

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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	<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. Please provide details in the table below.

Site (e.g. back, left leg)	Date diagnosed (dd/mm/yyyy)	Type (e.g. basal cell carcinoma, melanoma, cyst, mole)	Pathology results (e.g. malignant, benign, unknown)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Was the cyst/mole/skin lesion(s) removed? ☐ Yes ☐ No

If **yes**, please provide details for each Date of removal (dd/mm/yyyy)

By what method (e.g. surgically, frozen or burnt off)?

<input type="text"/>
<input type="text"/>
<input type="text"/>

Details of life insured – continued

If **no**, please provide details including date set for removal, if applicable.

3. Have you been or are you required to attend any further treatment or regular follow up since the original removal? ☐ Yes ☐ No

If **yes**, please provide details and advise how often follow up is required.

4. Have you had any other tests, investigations or treatments not mentioned above? ☐ Yes ☐ No

If **yes**, please provide details.

Tests/Treatments/Investigations	Date (dd/mm/yyyy)	Results
	/ /	
	/ /	
	/ /	

5. Is the treating doctor different to your usual doctor? ☐ Yes ☐ No

If **yes**, please provide details.

Name			
Address			
Suburb/town		State	
Date of last consultation (dd/mm/yyyy)		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.

Name of Life Insured		
Signature	<div>X</div>	Date (dd/mm/yyyy) / /