

# Supplementary Personal Statement

## Ulcer/Indigestion/Oesophagitis Reflux 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

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**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"/>
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
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. What was the date of onset of symptoms? (dd/mm/yyyy) .....

2. How often do they occur?

3. How often do they last?

4. What were the symptoms?

5. Did you suffer any pain or discomfort?..... ☐ Yes ☐ No

If **yes**, what was the position of the pain or discomfort?

6. Was there any loss of weight during your illness? ..... ☐ Yes ☐ No

If **yes**, how much?

## Details of life insured – continued

7. Have all the symptoms disappeared? ..... ☐ Yes ☐ No

8. How long is it since they have disappeared?

  

9. Did you seek medical treatment? ..... ☐ Yes ☐ No

If **yes**, please provide details

Name of doctor/professional

Address

Suburb/Town  State  Postcode

10. What did the doctor say you were suffering from?

  

11. Give details of the treatment prescribed

  

12. When was the treatment stopped? (dd/mm/yyyy) .....  /  /

13. Did you have an X-ray examination or a gastroscopy? ..... ☐ Yes ☐ No

14. Please give details of any surgery undergone or contemplated including type of operation and date:

  
  

15. Are you now perfectly fit and well, able to do your usual work  
and consume normal foods without any distress or discomfort? ..... ☐ Yes ☐ No

16. Additional information

  
  

## 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)  /  /