

## Supplementary Personal Statement

## General 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](http://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

Details of the 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. What are your conditions or symptoms?**

\_\_\_\_\_

2. What is the severity of the condition? ..... ☐ Mild ☐ Moderate ☐ Severe

3. What date did your symptoms start? (dd/mm/yyyy) ..... / /

4. What date did your symptoms cease (please state if ongoing) (dd/mm/yyyy) ..... / /

5. How often did/do the symptoms occur? ..... ☐ Daily ☐ Weekly ☐ Monthly

6. Have you ever had an x-ray, scan, blood test or any other type of investigation for this condition? ..... ☐ Yes ☐ No

If **yes**, please provide details, date and results.

Results: Date from (dd/mm/yyyy)  Date to (dd/mm/yyyy)

## Details of life insured – continued

7. Did/Do you take medication or have any other treatment (e.g. physiotherapy, operation) for this condition? ..... ☐ Yes ☐ No

If **yes**, please provide details.

8. Please provide the name of your medication/treatment:

9. Are you still receiving medication/treatment? ..... ☐ Yes ☐ No

If **no**, when did treatment cease?

10. Have you ever been off work as a result of this condition? ..... ☐ Yes ☐ No

If **yes**, please provide details.

Total time off work (e.g. days, months, years):

Degree of recovery ..... ☐ ☐ ☐ %

11. Has a doctor given you a referral or recommended any further treatment, tests or investigations for this condition? ..... ☐ Yes ☐ No

If **yes**, please complete a and b.

a. Doctor/Specialist to whom you were referred:

b. Recommendation:

12. Was/Is your treating doctor different to your usual doctor? ..... ☐ Yes ☐ No

If **yes**, please provide details:

Name of doctor

Address

Suburb/town

State

Postcode

Phone

Fax

## 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

X

Date (dd/mm/yyyy)

/ /