



## Details of life insured – continued

**4a.** Have you ever been treated by medication? ..... ☐ Yes ☐ No

If **yes**, please provide details.

| Type | Date commenced<br>(dd/mm/yyyy) | Frequency<br>(e.g. daily, weekly) | Dosage | Date ceased<br>(if applicable)<br>(dd/mm/yyyy) | Reason for cessation |
|------|--------------------------------|-----------------------------------|--------|--|----------------------|
|      | / /                            |                                   |        | / /  |                      |
|      | / /                            |                                   |        | / /  |                      |
|      | / /                            |                                   |        | / /  |                      |
|      | / /                            |                                   |        | / /  |                      |

**b.** Has this treatment ever changed (e.g. has the type or dosage of your medication been changed)? ..... ☐ Yes ☐ No

If **yes**, please provide date of when treatment changed and the reason(s) for change.

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

If **yes**, please provide details.

Name

Address

Suburb/town  State  Postcode

Date of last consultation (dd/mm/yyyy) .....

**6.** What was the date of your last cholesterol check? (dd/mm/yyyy) .....

**7.** What were your cholesterol readings at that time? Cholesterol  Triglycerides

HDL Cholesterol  LDL Cholesterol

**8.** How has your doctor described your cholesterol control? ☐ Excellent ☐ Good ☐ Poor ☐ Other

If **other**, please provide details.

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**9.** What is the date of your next cholesterol check-up? ..... Date (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

X

Date (dd/mm/yyyy)