

# Supplementary Personal Statement

## Diabetes 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

**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. When was your diabetes first diagnosed? (dd/mm/yyyy) .....

2. How is your diabetes controlled?

☐ Insulin – go to question 3      ☐ Diet only – go to question 4      ☐ Oral – list medications below and then go to question 4


3. How many times a day do you administer insulin?

☐ I'm on an insulin pump      ☐ One or two times daily      ☐ Three or more times daily

4. How often do you monitor your sugar levels?      ☐ One or two times daily      ☐ Three or more times daily      ☐ Other

If **other**, please provide details.


## Details of life insured – continued

5. Have you ever had insulin reactions, diabetic coma, heart, kidney, peripheral vascular disease or eye problems (not already mentioned in the Personal Statement), or protein in the urine? ..... ☐ Yes ☐ No

If **yes**, please provide details.

Condition	Treatment	Date
		/ /
		/ /

6. Have you had a glycosylated haemoglobin (HbA1c) test in the last six months? ..... ☐ Yes ☐ No

If **yes**, please provide details.

Test results	Date
	/ /
	/ /

Is this result consistent with others taken over the last 12 months? ..... ☐ Yes ☐ No

If **no**, please provide details.

Test results	Date
	/ /
	/ /

7. 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) .....			/ /

## 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)

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