Supplementary Personal Statement

Drug 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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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 ☐ 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. Are you now using or have you in the past used the following drugs: (Please underline as appropriate)

a) Opium derivatives (e.g. heroin, morphine demerol, methadone)

b) Barbiturates (e.g. amytal, phenobarbital, seconal, nembutal, pentobarbital)

c) Marijuana (e.g. hashish, cannabis)

d) Amphetamines (e.g. benzedrine, dexedrine, methedrine, speed, uppers, ecstasy)

e) Hallucinogens (e.g. LSD, DMT, mescaline, peyote, psilocybin/magic mushrooms)

f) Cocaine

g) Others (e.g. sedatives, solvents). Please state:

2. If **yes**, please give full details of the following:

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

Details of life insured – continued

3. Have you ever had, or do you have, any condition related to the use of drugs e.g. Hepatitis, HIV infection (AIDS), mental illness, etc.? ☐ Yes ☐ No

If **yes**, please provide full details

4. Have you ever sought medical treatment because of drug usage or detoxification? ☐ Yes ☐ No

If **yes**, please provide the details of your doctor below.

Name of doctor/health professional

Address

Suburb/Town State Postcode

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

5. Have you ever been treated on a methadone programme? ☐ Yes ☐ No

If **yes**, please provide dates, and do you still participate?

6. Have you ceased taking drugs? ☐ Yes ☐ No

If **yes**, date ceased taking drugs (dd/mm/yyyy) / /

7. Please state any further relevant particulars which may have a bearing on any past or present use of drugs.

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) / /

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