

Supplementary Personal Statement

Chest pain 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

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Group Risk Administration

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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	<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"/> / <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"/>	
No. and street (home)	<input type="text"/>						
Suburb/Town	<input type="text"/>					State <input type="text"/> Postcode <input type="text"/>	
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 the date of the first attack of chest pain? (dd/mm/yyyy)

2. Have any attacks occurred subsequently? ☐ Yes ☐ No

If **yes**, please provide the dates and duration.

[illegible]

3. Have you required any time off work due to chest pain? ☐ Yes ☐ No

If **yes**, please provide the dates and duration.

4. What was the location of the chest pain? (e.g. central, left or right side of the chest, across the front of the chest or elsewhere.)

Details of life insured – continued

5. What was the nature and severity of the pain? (e.g. very severe, crushing, vice-like, sharp stabbing, dull ache, vague discomfort.)

6. Did the pain radiate outside the chest? (e.g. to the shoulders, arms, jaw, abdomen.)

7. What was the mode of onset? (e.g. sudden, gradual, at rest, only on exertion ceasing with rest, only with certain postures, worsened by deep inhalation.)

8. What was the duration of the pain?

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9. Please provide the details of your doctor or hospital consulted.

Name of doctor/health professional

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Address

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Suburb/Town

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State

--

Postcode

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10. Was any treatment given? ☐ Yes ☐ No

If **yes**, please provide details.

11. Is the treatment ongoing? ☐ Yes ☐ No

12. What was the diagnosis made and the underlying cause?

13. Were any investigations or tests performed? ☐ Yes ☐ No

If **yes**, please advise type of tests and results.

Date (dd/mm/yyyy)	Type of tests results
/ /	
/ /	

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

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Signature

X

Date (dd/mm/yyyy)

/ /
