

Details of life insured – continued

7. Apart from when you are having a fit (see question 6), have you ever suffered from attacks of momentary unconsciousness?..... ☐ Yes ☐ No

8. Are you at present under treatment? ☐ Yes ☐ No

a) If **yes**, please give names of current medication:

b) If **no**, when did this cease?

9. Please provide the details of all doctors consulted for treatment of epilepsy.

Name of doctor/
health professional

Address

Suburb/Town

State

Postcode

Date of last consultation (dd/mm/yyyy)

10. Are you able to do your work and/or carry out your normal activities without discomfort or distress?

11. Have you ever had an EEG (Electroencephalogram)?..... ☐ Yes ☐ No

If **yes**, please provide dates and results.

12. If you do not know the results, please give the name and address of your doctor who will have the results.

Name of doctor/
health professional

Address

Suburb/Town

State

Postcode

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)