

Supplementary Personal Statement

Ulcer/indigestion/oesophagitis reflux questionnaire

August 2022

Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

Customer Care

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Duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation is explained in the PDS and the Life Insured's Personal Statement and it applies each time you provide us with information before we issue a policy.

Not meeting your legal duty can have serious impacts on your insurance. Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Details of life insured

Application/Policy number(s) if known

Title

 Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

Date of birth (dd/mm/yyyy)

 / /

Please answer the following questions

1. What was the date of onset of symptoms?(dd/mm/yyyy) / /

a. How often do they occur?

b. How often do they last?

2. What are the symptoms?

3. Do you suffer any pain or discomfort? Yes No

If **yes**, what was the position of the pain or discomfort?

4. Was there any loss of weight during your illness? Yes No

If **yes**, how much?

5. Have all the symptoms disappeared? Yes No

6. How long is it since they have disappeared?

7. Did you seek medical treatment? Yes No

If **yes**, please give details:

Name of doctor/
health professional

Address

Suburb/Town

State

Postcode

a. What did the doctor say you were suffering from?

b. Give details of the treatment prescribed:

c. When was the treatment stopped?(dd/mm/yyyy)

d. Did you have an X-ray examination or a gastroscopy? Yes No

8. Please give details of any surgery undergone or contemplated including type of operation and date:

9. Are you now perfectly fit and well, able to do your usual work and consume normal foods
without any distress or discomfort? Yes No

10. Additional information:

Declaration

I, the life to be insured, declare that I have read and understood my duty to take reasonable care not to make a misrepresentation and that the statements and answers provided in this questionnaire are true, accurate and complete. 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, to decide whether to extend life insurance cover to the policy owner in respect of my life.

I consent to the collection, use, storage and disclosure of my personal information as described in the Privacy Policy and the Privacy Statement contained in the PDS (including discussing any information obtained from me and any doctors or accountants with the financial adviser associated with this application). OnePath's Privacy Policy is available at onepath.com.au/about-us/privacy-policy

If I have provided personal information about any identified person, I declare that I have their permission to do so and I have informed them of the Privacy Policy and the Privacy Statement.

Name of insured

Signature
(sign clearly within the box)

Date (dd/mm/yyyy)

Postal address

OnePath
Locked Bag 994
North Sydney NSW 2059