

Supplementary Personal Statement

Cyst/mole/skin lesion questionnaire

August 2022

Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

Customer Care
Phone 133 667
Email client on

Email client.onepath@zurich.com.au

Website onepath.com.au

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 foll	lowing questions		
1. Please provide details in the	e table below:		
Site (e.g. back, left leg, etc.)	Date diagnosed (dd/mm/yyyy)	Type (e.g. basal cell carcinoma, melanoma, cyst, mole, etc.)	Pathology results (e.g. malignant, benign, unknown, etc.)
	/ /		
	/ /		
	/ /		
	/ /		
2. Was the cyst/mole/skin lesi	on(s) removed?		Yes
If yes , please provide details f	or each.		
Date of removal			(dd/mm/yyyy) / /
By what method (e.g. surgical	lly, frozen or burnt off)?		
If no , please provide details in	ncluding date set for removal,	, if applicable:	
		treatment or regular follow up since the	he original removal? Yes No
If yes , please provide details a	and advise how often follow u	up is required:	

yes, please provide details:			
Tests/treatments/investigations	Date (dd/mm/yyyy)	Results	
	/ /		
	/ /		
	/ /		
	/ /		
Is the treating doctor different to you	r usual doctor?		Yes
yes , please provide details:			
ame			
ddress			
uburb/town		State	Postcode
rate of last consultation d/mm/yyyy)	/	State	
Declaration the life to be insured, declare that I had a life to be insured, declare that I had a life to be insured, declare that I had a life insurance cover the life insurance cover a life insurance cover	s questionnaire are true, accurate a ements made in connection with the	and complete. I understand that his application for life insurance	the information I provide on this
consent to the collection, use, storage ontained in the PDS (including discuss ssociated with this application). OnePa	ng any information obtained from	me and any doctors or account	ants with the financial adviser
I have provided personal information ne Privacy Policy and the Privacy State		are that I have their permission t	o do so and I have informed them o
ame of Life Insured			
	v		
ignature (sign clearly within the box)	<u>X</u>	Da	ite (dd/mm/yyyy) / /

Postal address

OnePath Locked Bag 994 North Sydney NSW 2059