Request to Review Underwriting Assessment

October 2026

Zurich Australia Limited (Zurich, OnePath)
ABN 92 000 010 195 AFSL 232510

Underwriting
For use by advisers only
Phone 1800 244 306
Email risk.underwriting@onepath.com.au

Customer Care
Phone 133 667
Email client.onepath@zurich.com.au
Website onepath.com.au

My OnePath Life Customer Portal: Simply go to onepath.com.au/myonepathlife to register or log in for the easiest and most secure way to update your details

About this application form:

A life insured can use this form to request a review of assessments on current OneCare or World of Protection policies where loadings, exclusions or restrictions in waiting/benefit periods have applied.

It cannot be used to consider terms on policies which are out of force or which never commenced.

Please note: The review of a medical exclusion or loading is subject to underwriting and is based on the health of the insured at the time of the review. Variation of policy terms is not guaranteed and where OnePath declines the application to vary your policy, the original acceptance terms will continue to apply.

OnePath will advise the policyholder, or the life insured under OneCare Super in writing of our decision in respect of this application to review and, where relevant, whether alternative terms may need to apply.

Details of life insured

Policy number(s) ☐☐☐☐☐☐☐☐☐☐

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr Other ☐

Surname ☐

First name(s) ☐

Date of birth (dd/mm/yyyy) ☐ / /

Duty to take reasonable care not to make a misrepresentation

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into. To meet this duty, each person whose life is to be insured must also take reasonable care not to make such a misrepresentation.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

Not meeting your legal duty can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can provide cover, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about personal circumstances, such as health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance of each life to be insured. The information given to us in response to our questions is vital to our decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, the fund trustee passes on your personal information to us. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the fund trustee.

Guidance for answering our questions

You are responsible for the information provided to us. Each person answering our questions should:

- think carefully about each question before answering. If you are unsure of the meaning of any question, please ask us before you respond
- answer every question
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it
- review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

Information about genetic testing

In answering the questions, you do not need to include or mention any 'protected genetic information' as defined under relevant laws and regulations. This includes information such as whether a life insured (or any genetic relative) has undergone genetic testing, intends or has been recommended by any person to undergo genetic testing, or any results of such test. Subject to certain conditions, including specific written consent, we are not permitted to use such information.

Changes before your cover starts

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.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

Telephone contact

After you submit your application, we may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into also applies during any phone contact with us.

If you need help

It's important that you and every person answering our questions understands this information and the questions we ask. Ask us or your adviser for help if you have difficulty answering our questions or understanding the application process.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. You can have a support person you trust with you.

What can we do if the duty is not met?

If a person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). They are intended to put us in the position we would have been in if the duty had been met.

For example we may do one of the following:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including all of the following:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

Please indicate the underwriting assessment to which the review relates:

Before proceeding, can you please tick the appropriate response:

☐ I am in contact with my financial adviser ☐ I am **not** in contact with my financial adviser

Medical*

☐	**Loading**	**Go to:** • Supplementary Personal Statement (overleaf)
☐	**Exclusion**	**Go to:** • Supplementary Personal Statement (overleaf); **and** • Illustrator to complete the relevant medical questionnaire(s)

Non-Medical (Occupation or Pastime only)

☐ **Loading or Exclusion**

Please provide:
- Letter from life insured confirming that they have not participated in the hazardous occupation or pastime for the past 12 months and have no intention of doing so in the future

Travel/Residency

☐ **Loading or Exclusion**

For a <u>permanent resident of Australia</u> at the time of policy commencement
Please provide:
- Letter from life insured confirming that they have returned to Australia and have no intention of future overseas travel

<u>OR</u>

For a <u>non-permanent resident of Australia</u> at the time of policy commencement
Please provide:
- Letter from life insured confirming they now have permanent residency status in Australia; and
- Proof of life insured's permanent residency status

Other (Review of benefit period, waiting period etc.)

☐ **Review of (please specify)**

_____
_____
_____
_____

Where due to medical history*:
Go to:
- Supplementary Personal Statement (overleaf)

<u>OR</u>

Where due to occupation or pastime: ☐
Please provide:
- Letter from life insured confirming that they have not participated in the hazardous occupation or pastime for the past 12 months and have no intention of doing so in the future.

* In addition, medical evidence relevant to the risk being reviewed or for conditions that have become apparent since policy commencement may be necessary.

Supplementary Personal Statement (To be completed by the life insured)

Please answer the following questions

1. What is your current height? _____ cm What is your current weight? _____ kg

Since the start date of your Current Policy have you had any of the following (not including any form of genetic testing):

2. Any symptoms of ill health, illness or injury? ☐ Yes ☐ No
3. Consulted or received medical advice from any doctor, undergone any medical examination, tests or treatment, been in hospital or suffered any physical disability? ☐ Yes ☐ No
4. Any intention to seek any medical advice, treatment, test or surgery in the future? ☐ Yes ☐ No
5. A change, or intention to change your occupation, duties performed, working hours, employment situation, or financial situation (including income)? ☐ Yes ☐ No
6. A change in smoking status? ☐ Yes ☐ No
7. A change, or intention to change your participation in any hazardous activity or pursuit or travel plans? ☐ Yes ☐ No
8. Any insurance declined, withdrawn or modified in any way? ☐ Yes ☐ No

Give details of all **yes** answers to Questions 2 – 8 and if medical in nature, please include the dates, names and addresses of any doctors consulted, details of treatment and outcome. Please also include details of your usual doctor or medical centre here.

Usual doctor or medical centre details

Name of regular doctor

Phone

Address

Suburb State Postcode

How long have you been a patient of this doctor? ..... yrs mths

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

Reason for and outcome of last consultation

9. Have any first-degree relatives (i.e. father, mother, brother or sister only) been diagnosed with any form of hereditary or familial illness, including (but not limited to) breast or bowel cancer, Huntington's disease, multiple sclerosis, heart disease or diabetes? ☐ Yes ☐ No

For a **yes** answer to Question 9, please give details of the relative(s), the condition(s) and the age of the relative at diagnosis. When giving details below, please ensure that you indicate the relevant question number(s)

Question Number	Answer

Contact Information

If required, OnePath or an authorised service representative may contact you to assist with the assessment of your application. Please specify the best contact times (Monday to Friday between 8am and 6pm, Sydney time) and telephone contact number.

Best day(s) and time(s) _____ Best telephone number _____

Doctor's authorisation

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, Zurich Australia Limited (Zurich, OnePath) ABN 92 000 010 195, collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Please read each Authority carefully and the explanatory notes below.

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to OnePath, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form OnePath asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- OnePath can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while OnePath is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature ✗

Date (dd/mm/yyyy) / /

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to OnePath, or to third parties they engage, only if OnePath has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- OnePath can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while OnePath is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature ✗

Date (dd/mm/yyyy) / /

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 application 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 to review this life insurance will be used by OnePath to decide the terms on which my Current Policy is to be varied in respect of my life.

I have read and understood my duty to take reasonable care not to make a misrepresentation and the consequences of not meeting the legal duty and answering all questions truthfully and completely. I understand that OnePath will rely on that information unless I notify OnePath otherwise.

I consent to the collection, use, storage and disclosure of my personal information as described in the Privacy Policies and the Privacy Statement(s) 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 Policies and the Privacy Statement(s).

Name of life insured

Signature ✗

Date (dd/mm/yyyy) / /

Postal address
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Locked Bag 994
North Sydney NSW 2059

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