OnePath

Supplementary Personal Statement

Asthma questionnaire

August 2022

Zurich Australia Limited (Zurich, OnePath)
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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) / / Date of application(s) (dd/mm/yyyy) / /

Please answer the following questions

1. When did you have your first episode of asthma? (dd/mm/yyyy) / /

2. When was your most recent episode of asthma? (dd/mm/yyyy) / /

3. Approximately how many episodes have occurred in the last 12 months?

4. Have you ever suffered from nocturnal asthma attacks? ☐ Yes ☐ No

If **yes**, please provide the frequency of these attacks and approximate date of last attack:

Date (dd/mm/yyyy) / /

5. Have you had any time off work due to this condition? ☐ Yes ☐ No

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

6. Are the symptoms/attacks typically precipitated by anything in particular (e.g. seasonal, exercise induced, a cold or bronchitis)? ☐ Yes ☐ No

If **yes**, please provide details:

7. Have you sought medical treatment or advice for asthma? ☐ Yes ☐ No

If **yes**, please provide details:

Name of doctor/ health professional

Address

Suburb/Town State Postcode

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

8. How has your doctor described your asthma? ☐ Mild ☐ Moderate ☐ Severe

9. Have you ever used any medication, including steroids? ☐ Yes ☐ No

If **yes**, please provide details:

Type	Date commenced (dd/mm/yyyy)	Frequency (e.g. daily, weekly, etc.)	Dosage	Date ceased (if applicable) (dd/mm/yyyy)	Reason for cessation
	/ /			/ /	
	/ /			/ /	
	/ /			/ /	
	/ /			/ /	

10. Have you ever been hospitalised due to asthma? ☐ Yes ☐ No

If **yes**, please provide details. Date from (dd/mm/yyyy) / / Date to (dd/mm/yyyy) / /

Name and address of hospital:

11. Have you ever had lung function tests performed? ☐ Yes ☐ No

If **yes**, please provide details:

Date (dd/mm/yyyy)	Test results
/ /	
/ /	

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 Life Insured

Signature (sign clearly within the box) ✗ Date (dd/mm/yyyy) / /

Postal address
OnePath
Locked Bag 994
North Sydney NSW 2059

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