

Supplementary Personal Statement

Chest pain questionnaire

August 2022

Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

Customer Care

Phone 133 667

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 following questions

1. When was the date of the first attack of chest pain?.....(dd/mm/yyyy) / /

2. Have any attacks occurred subsequently?..... ☐ Yes ☐ No

If **yes**, when?

3. Have you required any time off work due to chest pain?..... ☐ Yes ☐ No

If **yes**, please give dates:

4. What was the location of the chest pain?..... ☐ Yes ☐ No

(e.g. central, left or right side of the chest, across the front of the chest or elsewhere.)

5. What was the nature and severity of the pain? ☐ Yes ☐ No

(e.g. very severe, crushing, vice-like, sharp stabbing, dull ache, vague discomfort.)

6. Did the pain radiate outside the chest?..... ☐ Yes ☐ No

(e.g. to the shoulders, arms, jaw, abdomen.)

7. What was the mode of onset?..... ☐ Yes ☐ No

(e.g. sudden, gradual, at rest, on exertion, certain postures, worsened by deep inhalation.)

8. What was the duration of the pain?.....

9. Please give the names, addresses and dates of all doctors and hospitals consulted:

Name of Dr/health professional Date consulted (dd/mm/yyyy) / /

Name of Hospital

Address

Suburb/Town State Postcode

Name of Dr/health professional Date consulted (dd/mm/yyyy) / /

Name of Hospital

Address

Suburb/Town State Postcode

10. Was any treatment given?..... ☐ Yes ☐ No

If **yes**, please give details:

11. Is the treatment ongoing? ☐ Yes ☐ No

12. What was the diagnosis made and the underlying cause?

13. Were any investigations or tests performed?

If **yes**, please advise type of tests and results:

Tests Results

Tests 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)

X

Date (dd/mm/yyyy) / /

Postal address

OnePath
Locked Bag 994
North Sydney NSW 2059