

Supplementary Personal Statement

Diabetes 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)

 / /

Please answer the following questions

1. When was your diabetes first diagnosed?Date (dd/mm/yyyy) / /

2. How is your diabetes controlled?

- ☐ Insulin – go to question 3
- ☐ Diet only – go to question 4
- ☐ Oral – list medications below and then go to question 4

3. How many times a day do you administer insulin?

- ☐ I'm on an insulin pump
- ☐ One or two times daily
- ☐ Three or more times daily

4. How often do you monitor your sugar levels?

- ☐ One or two times daily
- ☐ Three or more times daily
- ☐ Other

If **other**, please provide details:

5. Have you ever had insulin reactions, diabetic coma, heart, kidney, peripheral vascular disease or eye problems (not already mentioned in the Personal Statement), or protein in the urine? ☐ Yes ☐ No

If **yes**, please provide details:

Condition	Date (dd/mm/yyyy)	Treatment
	/ /	
	/ /	

6. Have you had a glycosylated haemoglobin (HbA1c) test in the last six months? ☐ Yes ☐ No

If **yes**, please provide details:

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

Is this result consistent with others taken over the last 12 months? ☐ Yes ☐ No

If **no**, please provide details:

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

7. Is the treating doctor different to your usual doctor? ☐ Yes ☐ No

If **yes**, please provide details:

Name			
Address			
Suburb/Town		State	Postcode
Date of last consultation (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 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
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