OnePath

Supplementary Personal Statement

Mental health 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. Please tick the conditions you have had (or currently have), or received treatment for:

☐ Anxiety including generalised anxiety, panic or phobia disorder

☐ Eating disorder including anorexia nervosa, bulimia

☐ Depression including major depression, dysthymia

☐ Manic depressive illness, bi-polar disorder

☐ Alcohol or other substance abuse or addiction

☐ Post traumatic stress

☐ Schizophrenia or any other psychotic disorder

☐ Stress, sleeplessness, chronic tiredness

☐ Other (if **other** please describe)

2. Please complete the table below for all described conditions:

Condition	Describe your symptoms	Date diagnosed (dd/mm/yyyy)	Date condition ceased (if applicable) (dd/mm/yyyy)
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

3. Have you ever had any recurrence of the symptoms? ☐ Yes ☐ No

If **yes**, please provide details including dates:

4. Are you currently symptom free? ☐ Yes ☐ No

5. Date of last symptoms (dd/mm/yyyy) / /

6. Have you ever attempted suicide or self harm? ☐ Yes ☐ No

If **yes**, please provide details including when, name and address of treating doctor, clinic or hospital:

7. Are you aware of the cause or reason for your condition(s)? ☐ Yes ☐ No

If **yes**, please provide details:

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

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

9. Are you currently or have you ever been on treatment, including medication? ☐ Yes ☐ No

If **yes**, please provide details:

Treatment (e.g. tranquilisers, sedatives, ECT, counselling, etc.)	Date commenced (dd/mm/yyyy)	Date ceased (if applicable) (dd/mm/yyyy)	Reason ceased
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

10. Do you feel that this condition has had any impact on your ability to perform your job at work or on your social life? ☐ Yes ☐ No

If **yes**, please provide details:

11. Have you been referred for consultation with a psychiatrist or psychologist? ☐ Yes ☐ No

If **yes**, please provide details:

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

Name of consultant

Address

Suburb/Town State Postcode

12. Have you been admitted to hospital or any other care facility? ☐ Yes ☐ No

If **yes**, please provide details:

Date admitted (dd/mm/yyyy) / /

Name of institution

Address

Suburb/Town State Postcode

Doctor consulted

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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