

Express Examination Form

Underwriting

March 2025

Zurich Australia Limited (Zurich, OnePath)

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Customer Care

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Underwriting

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This form is to be completed only on request by OnePath Underwriting. To avoid delays, please check that all questions have been answered fully. Please use BLOCK LETTERS.

Policy number/s

Section 1 is to be completed by the life insured and Sections 2 and 3 by the medical examiner.

1. Life insured details

Title	Mr ☐	Mrs ☐	Ms ☐	Miss ☐	Dr ☐	Other
Surname						
Given names(s)						
Date of birth	/ /					
Address						
				State		Postcode
Occupation					Sex: Male ☐	Female ☐
Adviser name						
Adviser number						

The medical examiner is required to complete this section.

2. Measurements

(a) Height (without shoes)	cm	Weight	kg	Abdomen	cm
Hip	cm	Chest expiration	cm	Chest inspiration	cm
(b) Pulse rate	per minute				

(c) What is the blood pressure – (Auscultatory method)? The Diastolic level is to be taken at the cessation of all sound. If the first systolic reading is above 135 or below 100, or the Diastolic above 85 or below 60, two further readings at 5 to 10 minute intervals are required. The recumbent position should be used where possible.

Systolic	(mm Hg)	(mm Hg)	(mm Hg)
Diastolic	(mm Hg)	(mm Hg)	(mm Hg)

(d) Urine examination – the urine should be passed at the time of the examination. If not, please state circumstances.

Examination of the urine by dipstick test:

Does the urine contain

(i) Albumin..... ☐ Yes ☐ No

If 'Yes', please provide details

(ii) Glucose..... ☐ Yes ☐ No

If 'Yes', please provide details

(iii) Blood.....☐ Yes ☐ No

If 'Yes', please provide details

3. Medical examiner details

Summary – please comment on any unfavourable features observed during examination

Name of medical examiner

Qualifications

Address

State

Postcode

**Signature of
medical examiner**

X

Date

/ /

Privacy

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.

Postal address

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