OnePath

Supplementary Personal Statement

Drug questionnaire

August 2022

Zurich Australia Limited (Zurich, OnePath)
ABN 92 000 010 195 AFSL 232510
Locked Bag 994, North Sydney NSW 2059

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. Are you now using or have you in the past used the following drugs: (Please tick as appropriate)

☐ Opium derivatives (e.g. heroin, morphine, demerol, methadone)

☐ Barbiturates (e.g. amytal, phenobarbital, seconal, nembutal, pentobarbital)

☐ Marijuana (e.g. hashish, cannabis)

☐ Amphetamines (e.g. benzedrine, dexedrine, methedrine, speed, uppers, ecstasy)

☐ Hallucinogens (e.g. LSD, DMT, mescaline, peyote, psilocybin/magic mushrooms)

☐ Cocaine

☐ Others (e.g. sedatives, solvents) Please state:

2. If **yes**, please give full details of the following:

Type	Frequency	Usual quantity	Date from (dd/mm/yyyy)	Date to (dd/mm/yyyy)
			/ /	/ /
			/ /	/ /
			/ /	/ /

3. Have you ever had, or do you have, any condition related to the use of drugs e.g. Hepatitis, HIV infection (AIDS), mental illness, etc.? ☐ Yes ☐ No

If **yes** please provide full details:

4. Have you ever sought medical treatment because of drug usage or detoxification? ☐ Yes ☐ No

If **yes**, please state dates, names and addresses of doctors and institutions consulted:

Name of Dr. | Date consulted (dd/mm/yyyy) / /

Address

Suburb/Town | State | Postcode

Name of Dr. | Date consulted (dd/mm/yyyy) / /

Address

Suburb/Town | State | Postcode

5. Have you ever been treated on a methadone programme? ☐ Yes ☐ No

If **yes**, please provide dates, and do you still participate?

6. Have you ceased taking drugs? ☐ Yes ☐ No

If **yes**, date ceased taking drugs (dd/mm/yyyy) / /

7. Please state any further relevant particulars which may have bearing on any past or present use of drugs:

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 ✗ Date (dd/mm/yyyy) / /

Postal address
OnePath
Locked Bag 994
North Sydney NSW 2059

RHEN-018675.2022 574132_OPL8878/0822