OnePath

Supplementary Personal Statement

Declaration of good health and circumstances

August 2026

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

Customer Services
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

First name(s)

Date of birth (dd/mm/yyyy) / /

Please answer the following questions

Since the date of your Application have you had any of the following (not including any form of genetic testing):

1. Any symptoms of ill health, illness or injury? ☐ Yes ☐ No

2. Consulted or received medical advice from any doctor, undergone any medical examination, tests or treatment, been in hospital or suffered any physical disability? ☐ Yes ☐ No

3. Any intention to seek any medical advice, treatment, test or surgery in the future? ☐ Yes ☐ No

4. A change, or intention to change your occupation, duties performed, working hours, employment situation, or financial situation (including income)? ☐ Yes ☐ No

5. A change in smoking status? ☐ Yes ☐ No

6. A change, or intention to change your participation in any hazardous activity or pursuit or travel plans? ☐ Yes ☐ No

7. Any insurance declined, withdrawn or modified in any way? ☐ Yes ☐ No

8. I have reviewed the original Application and declare that apart from the information included in this supplementary personal statement, there are no changes to any of the answers I provided in the original Application (which includes any accompanying forms or related documentation) that I previously submitted to OnePath ☐ I agree (please tick to confirm)

Give details of all **yes** answers and if medical in nature include date, names and addresses of any doctors consulted, details of treatment and outcome. Show question number when giving details:

Question number:

Details of life insured – continued

Details for Child Cover – Only to be completed if you have Child Cover under your policy

Since the date of your original Application has any child covered under this policy had any of the following (not including any form of genetic testing):

1. Any symptoms of ill health, illness or injury? ☐ Yes ☐ No

2. Consulted or received medical advice from any doctor, undergone any medical examination, tests or treatment, been in hospital or suffered any physical disability? ☐ Yes ☐ No

3. Any intention to seek any medical advice, treatment, test or surgery in the future? ☐ Yes ☐ No

4. I have reviewed the previous Application and declare that apart from the information included in this supplementary personal statement, there are no changes to any of the answers I provided in the original Application (which includes any accompanying forms or related documentation) that I previously submitted to OnePath ☐ I agree (please tick to confirm)

Give details of all **yes** answers for each child and if medical in nature include date, names and addresses of any doctors consulted, details of treatment and outcome. Show question number when giving details:

Name of child 1:

Question number:

Name of child 2:

Question number:

Name of child 3:
Question number:

Doctor's authorisation

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, Zurich Australia Limited (Zurich, OnePath) ABN 92 000 010 195 AFSL 232510, collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Please read each Authority carefully and the explanatory notes below.

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to OnePath, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form OnePath asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- OnePath can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while OnePath is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature ✗

Date (dd/mm/yyyy) / /

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to OnePath, or to third parties they engage, only if OnePath has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- OnePath can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while OnePath is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature ✗

Date (dd/mm/yyyy) / /

Declaration

I, the life to be insured/the parent or guardian of the child insured under Child Cover, 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 or vary life insurance cover to the policy owner in respect of my life/the child.

I have reviewed the previous Application and declare that apart from the information included in this supplementary personal statement, there are no changes to any of the answers I provided in the original Application (which includes any accompanying forms or related documentation) that I previously submitted to OnePath.

I acknowledge and consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Product Disclosure Statement and OnePath's Privacy Policy, which is available at onepath.com.au/about-us/privacy-policy or by calling Customer Services on 133 667.

If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. If I give OnePath personal information about someone else, I understand that OnePath requires me to show them a copy of the Product Disclosure Statement and OnePath's Privacy Policy so that they may understand the manner in which their personal information may be used or disclosed by OnePath and their related entities.

Name of life insured/ parent or guardian

Signature ✗

Date (dd/mm/yyyy) / /

Postal address

OnePath
Locked Bag 994
North Sydney NSW 2059

FHOT-024783-2026 701998-1 OPL2000171 0826