Standard Medical Examination Form

April 2022

OnePath Life Limited (OnePath Life)
ABN 33 009 657 176 AFSL 238341

Customer Services
Phone 133 667
Email client.onepath@zurich.com.au

Complete Part 1 and Sections A, B, C and D of the Personal Statement below in your own words prior to the examination. The medical examiner will discuss your answers with you and add in any details considered appropriate. **Sign the declaration in the examiner's presence.**

Reference

☐ Application No.

Financial adviser name

Adviser number

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.

Part 1– Personal Statement by Life to be Insured

Made in connection with an application for

Full name

Address

Suburb State Postcode

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

Industry in which you work

The Medical Examiner is requested to ensure a clear and complete answer is given to each of the following questions.

A Habits

A1 **a.** Do you consume alcohol? ☐ Yes ☐ No

b. If **yes**, please state how many standard drinks you consume per day. (A standard drink is 125ml wine, 250ml beer or 30ml spirits)?

A2 **a.** Do you smoke? ☐ Yes ☐ No

b. If **yes**, please state the type and quantity per day.

A3 **a.** Have you ever been advised to stop or reduce your alcohol intake or stop smoking due to a medical condition? ☐ Yes ☐ No

b. If **yes**, please give details.

B Medical History

B1 Have you ever had any of the following:

1. Any heart trouble, murmur, palpitations, stroke or vascular disorder? ☐ Yes ☐ No

2. High cholesterol? ☐ Yes ☐ No

3. High blood pressure? ☐ Yes ☐ No

4. Pain in the chest? ☐ Yes ☐ No

5. Rheumatic fever? ☐ Yes ☐ No

6. Asthma, bronchitis, persistent cough or any other chest or lung condition? ☐ Yes ☐ No

7. Sleep Apnoea ☐ Yes ☐ No

8. Thyroid or glandular trouble? ☐ Yes ☐ No

9. Recurring indigestion, gastric or duodenal ulcer? ☐ Yes ☐ No

10. Bowel disease? ☐ Yes ☐ No

11. Hepatitis, or any liver or gall bladder disease? ☐ Yes ☐ No

12. Anaemia, leukaemia, haemophilia or any other blood disorder? ☐ Yes ☐ No

13. Epilepsy, fits, hydrocephalus, dizziness, fainting or any kind of persistent headaches? ☐ Yes ☐ No

14. Alzheimer's disease or dementia? ☐ Yes ☐ No

15. Stress, anxiety, depression or any other mental condition? ☐ Yes ☐ No

16. Kidney, prostate or bladder problems (including renal colic or stones, nephritis, lupus nephritis, pyelitis or cystitis)? ☐ Yes ☐ No

17. Diabetes mellitus? ☐ Yes ☐ No

18. Cancer (including carcinoma in situ of any organ), tumour, growth of any kind or breast lumps (even if you have not seen a doctor)? ☐ Yes ☐ No

19. Coughing of blood or passage of blood from the bowel or in the urine? ☐ Yes ☐ No

20. Any disease of, or injury to, the neck or spine including back strain, disc disorder, lumbago, fibrositis, sciatica, neuritis, etc.? ☐ Yes ☐ No

21. Arthritis or any other disease or deformity, or any pain, strain or disorder of any joint or limb? ☐ Yes ☐ No

22. Gout, fibromyalgia, tendonitis, tenosynovitis, 'RSI' or any regional pain syndrome or chronic fatigue syndrome (myalgic encephalitis)? ☐ Yes ☐ No

23. Broken bones, osteoporosis or any pain, strain or disorder of any muscles, ligaments, cartilage or limbs? ☐ Yes ☐ No

24. Any abnormality affecting eye sight, hearing or speech? ☐ Yes ☐ No

25. Any disorder of the skin, including but not limited to cysts, moles, skin lesions, varicose veins, scleroderma or systemic sclerosis? ☐ Yes ☐ No

26. Hernia? ☐ Yes ☐ No

27. Any abnormality affecting physical mobility or muscular power (e.g. multiple sclerosis) or any diagnosed intellectual disability or cognitive impairment? ☐ Yes ☐ No

28. Have you within the last five years had any other illness, injury, operation, X-ray, electrocardiogram, blood transfusion, any other special tests or been advised to have a blood test for any reason? ☐ Yes ☐ No

29. Have you within the past five years suffered a needle stick injury? ☐ Yes ☐ No

30. Due to injury or illness have you ever been off work for more than seven consecutive days (if not already mentioned)? ☐ Yes ☐ No

31. Do you now have any symptoms of ill health or disability? ☐ Yes ☐ No

32. Are you contemplating surgery, intending to consult a doctor or have you been advised to have an operation or other medical investigation or test in the future? (e.g. x-ray, blood test, etc.) ☐ Yes ☐ No

33. Do you take, or have you ever taken drugs or any medication on a regular or ongoing basis? ☐ Yes ☐ No

34. Have you ever used or injected any drugs not prescribed for you by a medical attendant or have you ever received advice, counselling or treatment for drug dependence? ☐ Yes ☐ No

35a. Is the combined total of your existing insurance(s), and any new insurance you are applying for with OnePath Life, more than any one of the following: $500,000 Life; $500,000 TPD; $200,000 Trauma; $4,000 per month in total of any combination of Income Protection/Business expense/Living expense/salary continuance cover? ☐ Yes ☐ No

If you answered **yes** to question 35a, please proceed to 35b, otherwise continue to question 36.

35b. Have you ever had, or have you scheduled an appointment to have, a genetic test where you received (or are currently awaiting) an individual result? (Please do not include any test conducted solely for the purpose of a medical research study where the result of the test has not been or will not be, provided to you) ☐ Yes ☐ No

36. Females only:

a. Are you currently pregnant? ☐ Yes ☐ No

If **yes**, please advise due date here: (dd/mm/yyyy) / /

b. Have you ever had any complications with pregnancy or childbirth? (e.g. gestational diabetes) ☐ Yes ☐ No

c. Have you ever had an abnormal cervical smear test (pap), breast ultrasound or mammogram? ☐ Yes ☐ No

d. Have you ever had any symptom(s) of, or sought advice or treatment for any condition of the cervix, ovary, uterus, breast or endometrium? ☐ Yes ☐ No

37. Are you suffering from unintentional weight loss, persistent night sweats, persistent fever, diarrhoea or swollen glands? ☐ Yes ☐ No

38. Have you ever tested positive for HIV (Human Immunodeficiency Virus), which causes AIDS (Acquired Immune Deficiency Syndrome), or are you suffering from AIDS or any AIDS related condition? ☐ Yes ☐ No

39. Have you received or are you expected to receive treatment, or undergo a medical consultation for a sexually transmitted infection including but not limited to HIV (AIDS), gonorrhoea or syphilis? ☐ Yes ☐ No

40. In the past 5 years have you:

- had sex without using a condom with a person you know or suspect to be either HIV positive or who uses non prescribed drugs intravenously
- had sex without using a condom with a sex worker or as a sex worker
- had anal intercourse without using a condom (except with someone whom you have been in a monogamous relationship for five years or more)? ☐ Yes ☐ No

Note: If you answered **yes** to question 40 a private and confidential questionnaire will be sent to you.

If you answered **yes** to any questions 1–39, please complete the following table. If there is not enough space here, please provide details on page 8.

	Question number	Question number	Question number
Disability, illness, injury, or condition			
Investigation type(s) and result(s)			
Date of first symptoms	/ / (dd/mm/yyyy)	/ / (dd/mm/yyyy)	/ / (dd/mm/yyyy)
Frequency of symptoms			
Type of treatment (and date provided and ceased)	/ / (dd/mm/yyyy)	/ / (dd/mm/yyyy)	/ / (dd/mm/yyyy)
Has further treatment, referral or investigation(s) been recommended?	☐ Yes ☐ No Details:	☐ Yes ☐ No Details:	☐ Yes ☐ No Details:
Time off work	☐ Yes ☐ No Details:	☐ Yes ☐ No Details:	☐ Yes ☐ No Details:
Have you completely recovered?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Date of last symptoms	/ / (dd/mm/yyyy)	/ / (dd/mm/yyyy)	/ / (dd/mm/yyyy)
Name and address of medical facility and attending doctor			

C Family History

To be completed in relation to your blood relatives only (if adopted and family history unknown, please say so).

C1 Have any of your parents, brothers or sisters (alive or deceased) suffered from Huntington's disease, muscular dystrophy, diabetes mellitus, breast cancer, bowel cancer, multiple sclerosis, cystic fibrosis, familial adenomatous polyposis of the bowel, polycystic kidney disease, Alzheimer's disease, dementia or any other hereditary or familial disorder? ☐ Yes ☐ No

C2 Have any of your parents, brothers or sisters (alive or deceased) been diagnosed before age 60 with any of the following conditions: heart disease, stroke, mental illness, haemochromatosis, ovarian cancer, cervical cancer, prostate cancer, melanoma or any other cancer (please specify type)? ☐ Yes ☐ No

If you answered **yes** to either C1 or C2, please complete the following:

Relation	Condition/disorder	Age diagnosed
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Note: You are only required to disclose family history information pertaining to first degree blood related family members – living or deceased (mother, father, brothers, sisters).

D Usual doctor or medical centre details

Name of regular doctor

Phone

Address

Suburb State Postcode

D1 How long have you been a patient of this doctor? ..... yrs mths

D2 Date of last consultation (dd/mm/yyyy) ..... / /

D3 Reason for and outcome of last consultation

Declaration and consent

I have read and understood my duty to take reasonable care not to make a misrepresentation and declare that the statements and answers provided in this application are true, accurate and complete.

I have read and understood my duty to take reasonable care not to make a misrepresentation and the consequences of not meeting the legal duty and answering all questions truthfully and completely.

I acknowledge and consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) in this form in accordance with the Privacy Statement attached.

Signature of Life to be Insured ✗ Date (dd/mm/yyyy) / /

The above was signed in my presence and discussed where I considered it appropriate.

Signature of Medical Examiner ✗ Date (dd/mm/yyyy) / /

Part 2 – Confidential Medical Report to OnePath Life

On the medical condition of
(Name of examinee) _____

Note: Information regarding your findings should NOT be given to any other person. Exception may be made, subject to the examinee's consent, if in your opinion there is medical information which should be conveyed to his/her medical attendant. The Company's decision concerning the proposal for insurance will be based on a careful consideration of the medical evidence and other factors including the type of insurance sought. The EXAMINER is therefore requested NOT to express to the examinee any opinion concerning the examinee's insurability.

E Introduction

E1 Are you acquainted with the examinee

a. professionally? ☐ Yes ☐ No

b. personally? ☐ Yes ☐ No

If **yes**, If so, how long? a. _____ b. _____

E2 Is there anything abnormal in appearance, development or behaviour? ☐ Yes ☐ No

If **yes**, _____

E3 Is there any indication of past or present abuse of alcohol or of the misuse of drugs? ☐ Yes ☐ No

If **yes**, _____

F Measurements

F1 Give the following measurements:

Height (without shoes) ☐☐☐ cm

Weight (clothed) ☐☐☐ kg

F2 Chest and Abdomen at umbilicus (next to skin)

Chest Expiration ☐☐☐ cm

Chest Inspiration ☐☐☐ cm

Abdomen ☐☐☐ cm

F3 If chest expansion is less than 5cm, comment as to apparent cause or provide F.E.V.1. meter reading if available.

G Respiratory System

G1 Is there any abnormality of the respiratory system to palpation percussion or auscultation? ☐ Yes ☐ No

If **yes**, _____

G2 Is there any sign of past or present respiratory disease? ☐ Yes ☐ No

If **yes**, _____

H Circulatory System

H1 What is the rate and character of pulse?

Pulse rate ☐☐☐ per minute.

Character _____

H2 What is the position of the apex beat of the heart?

In the _____ interspace, ☐☐☐ cm from the mid sternal line.

H3 Is there any evidence of cardiac enlargement? ☐ Yes ☐ No

If **yes**, _____

H4 Is there any abnormality in the heart sounds or rhythm? ☐ Yes ☐ No

If **yes**, _____

H5 Is any murmur present? ☐ Yes ☐ No

If **yes**, _____

Describe fully, including site, timing, intensity and transmission. Also indicate any effect of posture or respiration on the murmur.

_____

_____

_____

H6 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 _____ Diastolic _____ mm Hg _____

Systolic _____ Diastolic _____ mm Hg _____

Systolic _____ Diastolic _____ mm Hg _____

H7 Is there any abnormality of the peripheral arterial or venous circulations? ☐ Yes ☐ No

If **yes**, _____

H8 Is there any abnormality of the heart and vascular system? ☐ Yes ☐ No

If **yes**, _____

H9 Is the examinee now on treatment for hypertension?
If known, please state:

Pre-treatment blood pressure level including date(s) (dd/mm/yyyy):
_____ / / _____ / /

Duration of treatment _____

Nature of treatment _____

I Digestive and Lymphatic Systems

I1 Is there any abnormality of tongue, mouth or throat? ☐ Yes ☐ No

If **yes**, _____

I2 Is there any abnormality or evidence of disease of any abdominal organ, including liver and spleen? ☐ Yes ☐ No

If **yes**, _____

I3. Is there any abnormality of lymph nodes in the neck, axillae or inguinal regions? ☐ Yes ☐ No

If **yes**, _____

I4. Is a hernia present? ☐ Yes ☐ No

If **yes**, _____

J Genito-Urinary System

J1 Examination of the urine. The urine should be passed at the time of examination. If not, please state circumstances:

_____

If albumin is found, an early morning specimen should be examined and findings recorded before completing report.

Albumin _____ Glucose _____ Blood _____

J2 Is there any evidence of abnormality of the genito-urinary system? ☐ Yes ☐ No

If **yes**, _____

J3 **Females only** – is the examinee pregnant? ☐ Yes ☐ No

If so, give expected date of confinement (dd/mm/yyyy) / /

K Nervous System

K1 Is there any defect of vision or abnormality of the eyes? ☐ Yes ☐ No

If **yes**, _____

K2 **a.** Is there any defect in hearing or speech? In case of present or past ear discharge or deafness, state result or auriscopic examination. ☐ Yes ☐ No

If **yes**, _____

b. Is there any evidence of mental abnormality? ☐ Yes ☐ No

If **yes**, _____

c. Is there any evidence of any disorder of the central or peripheral nervous system? ☐ Yes ☐ No

If **yes**, _____

L Musculo-Skeletal System and Skin

L1 **a.** Is there any abnormality of the form or function of the joints? ☐ Yes ☐ No

If **yes**, _____

b. Is there any abnormality of the form or function of the muscles or connective tissues? ☐ Yes ☐ No

If **yes**, _____

c. Is there any abnormality of the form or function of the back or neck including the cervical and lumbar spine? ☐ Yes ☐ No

If **yes**, _____

L2 Is there evidence of any disorder of the skin? ☐ Yes ☐ No

If **yes**, please give details _____

M Summary

Do you consider any medical attendant's reports or any special tests are required? ☐ Yes ☐ No

No special tests are to be carried out in connection with this application for insurance without OnePath's approval.

If **yes**, _____

Do you consider the person examined to be likely to require any surgical operation? ☐ Yes ☐ No

If **yes**, _____

Comment fully on any unfavourable features (either physical or mental) which could either **reduce life expectancy** or **cause disablement** of the person examined.

a. as disclosed in Sections A, B and C of this form

_____

b. disclosed by your medical examination

_____

Important: This Medical Examination is a matter of importance to the person you have just examined and it would be appreciated if you would please forward the report without delay to OnePath Life. Please forward the report to the OnePath Life postal address which can be found on page 8.

Signature of Medical Examiner ✗ Date (dd/mm/yyyy) / /

Qualifications (BLOCK LETTERS)

Payment of Fee

Name

Address

Suburb State Postcode

Phone Business Mobile

Home

Privacy Statement

In this section 'we', 'us' and 'our' refers to OnePath Life Limited. 'You' and 'your' refers to policy owners and life insured's.

We collect your personal information (including health and other sensitive information) from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application/contributions or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information (including health and other sensitive information). Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from onepath.com.au/about-us/privacy-policy

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information (including health and other sensitive information) to certain third parties as outlined below.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

Providing your information to others

The parties to whom we may routinely disclose your personal information (including health and other sensitive information) include:

- an organisation that assists us to detect and protect against consumer fraud;
- any related company of OnePath Life Limited which will use the information for the same purposes as OnePath Life Limited and will act under OnePath Life's Privacy Policy;
- organisations, including those in alliance with us or our related companies, to distribute, manage and administer our products and services, carry out business functions and analytics activities;
- organisations performing administration and/or compliance functions in relation to the products and services we provide;
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers);
- our solicitors or legal representatives;
- organisations maintaining our information technology systems;
- organisations providing mailing and printing services;
- persons who act on your behalf (such as your agent or financial adviser);
- the policy owner (where you are a life insured who is not the policy owner);
- regulatory bodies, government agencies, law enforcement bodies and courts;
- our related companies (members of the Zurich Insurance Group Ltd), including for carrying out any group business functions.

We will also disclose your personal information in circumstances where we are required by law to do so. Examples of such laws are:

- The *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund;
- There are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Information required by law

OnePath Life Limited may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at onepath.com.au/about-us/privacy-policy

Marketing and privacy

We and our related entities may use your personal information (including health and other sensitive information) to send you information about our financial products and services from time to time. We may also disclose your personal information (including health and other sensitive information) to our related companies and organisations in an arrangement or alliance with us and/or our related companies to share information for marketing purposes. This is to enable them to tell you about a product or service offered by them or a third party with whom they have an arrangement.

If you do not want us to use and disclose your information as set out above, phone Customer Services on 133 667 to withdraw your consent.

Where you wish to authorise any other parties to act on your behalf, to receive information and/ or undertake transactions please notify us in writing.

If you give us personal information (including health and other sensitive information) about someone else, you must show them a copy of this document or OnePath Life's Privacy Policy available at onepath.com.au/about-us/privacy-policy so that they may understand the manner in which their personal information (including health and other sensitive information) may be used or disclosed by us in connection with your dealings with us.

Privacy Policy

Our Privacy Policy contains information about:

- when we may collect information from a third party;
- how you may access and seek correction of the personal information (including health and other sensitive information) we hold about you; and
- how you can raise concerns that we have breached the Privacy Act or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing:

Locked Bag 994
North Sydney NSW 2059

Email: OPLinsuranceprivacy@zurich.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 133 667.
More information can be found in our Privacy Policy which can be obtained from our website at
onepath.com.au/about-us/privacy-policy

Overseas recipients

We may disclose your personal information (including health and other sensitive information) to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in OnePath Life's Privacy Policy at onepath.com.au/about-us/privacy-policy

Additional information/comments

Postal address

OnePath Life
Locked Bag 994
North Sydney NSW 2059

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