

# Group Risk

## Request for Membership Form

1 June 2019

**OnePath Life Limited (OnePath Life)**

ABN 33 009 657 176 AFSL 238341

GPO Box 4129, Sydney NSW 2001

**Group Risk Insurance Administration**

**Phone** 1800 648 921

**Email** group.risk@onepath.com.au

**Website** onepath.com.au

Important notice: OnePath Life is the insurer in respect of a group insurance arrangement. This form is to be completed by the policy owner in respect of proposed members of any Group Risk policy.

Name of Plan

Policy number

Benefit category	Member surname	Initials	Sex M or F	Annual salary \$	Group Life sum insured	State, Territory or country of residence	Date of birth (dd/mm/yyyy)	Date joined company (dd/mm/yyyy)	Date joined plan (dd/mm/yyyy)	Occupation
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If more space is required, attach an additional page, or download another copy of the form from onepath.com.au

The above information can be emailed to group.risk@onepath.com.au, however you will also need to submit a signed copy of the At Work Certificate.