

Group Risk

At Work Certificate

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

It is hereby certified that each of the members of the Plan named in the Group Risk Request for Membership Form:

- a. was present on the last normal business day before the policy start date
- b. was eligible to become a member of the Plan
- c. was actively engaged in the performance of his/her usual duties or was on leave for reasons other than sickness or injury on the last normal business day before the policy start date, and I am not aware that the proposed member is suffering from illness or injury
- d. is not in receipt of benefits from another insurer.

With the following exceptions:

Name	Date when first absent (dd/mm/yyyy)	Length of absence	Cause of absence
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	/ /		
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(If there are no exceptions, please write 'NIL' in the space above and initial.)

If more space is required, attach an additional page, or download another copy of the form from onepath.com.au

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's website onepath.com.au/insurance/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.

Official position

Signature(s) of authorised officer of the policy owner(s)

Date (dd/mm/yyyy)