

MediQuick Form

September 2021

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

Group Risk Administration

Phone 1800 199 414

Email group.riskuw@onepath.com.au

Website onepath.com.au

Duty to take reasonable care not to make a misrepresentation

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer. To meet this duty, you must also take reasonable care not to make such a misrepresentation.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

Not meeting your legal duty can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can provide cover, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information given to us in response to our questions is vital to our decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, the fund trustee may pass on to us personal information you provide to them. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the fund trustee.

Guidance for answering our questions

You are responsible for the information you provide to us. When answering our questions, you should:

- think carefully about each question before answering. If you are unsure of the meaning of any question, please ask us before you respond
- answer every question
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it. Please don't assume we will ask others such as your doctor.
- review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

Changes before your cover starts

Before your cover starts, please tell us about any changes that mean you would now answer our questions 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.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please tell us immediately and we'll let you know whether it has any impact on the cover.

Telephone contact

After you submit your application, we may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into also applies during any phone contact with us.

If you need help

It's important that you understand this information and the questions we ask. Ask us for help if you have difficulty answering our questions or understanding the application process.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. You can have a support person you trust with you.

What can we do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth). They are intended to put us in the position we would have been in if the duty had been met.

For example, we may do one of the following:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including all of the following:

- whether you took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

Plan name	<input type="text"/>																			
Member number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>																			
First name	<input type="text"/>																			
Date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Occupation	<input type="text"/>										Date of application(s) (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Address	<input type="text"/>																			
Suburb	<input type="text"/>						State	<input type="text"/>	Postcode	<input type="text"/>										

Type of insurance applying for (please tick):

- Group salary continuance insurance
 Group life/TPD insurance

Name of adviser authorising MediQuick

The examiner is required to obtain a clear and complete answer for each of the following questions:

Name of regular doctor	<input type="text"/>																		
Phone	<input type="text"/>																		
Address	<input type="text"/>																		
Suburb	<input type="text"/>						State	<input type="text"/>	Postcode	<input type="text"/>									
How long have you been a patient of this doctor?	<input type="text"/>	yrs	<input type="text"/>	mths	Date of last consultation (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>											
Reason for and outcome of last consultation	<input type="text"/>																		

Are you considering consulting or receiving advice or treatment from any doctor, psychologist, chiropractor, physiotherapist, natural therapist or any other health care professional, or seeking a medical examination (other than this MediQuick), tests or an operation? If **yes**, please provide details:

<input type="text"/>
<input type="text"/>

Do you take any prescribed medication on a regular basis? If **yes**, please provide details:

<input type="text"/>
<input type="text"/>

Blood pressure reading

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 if the diastolic is above 85 or below 60, two further readings at 5 to 10 minute intervals are required:

Reading	Systolic	Diastolic
First		
Second		
Third		

Urinalysis

Urine should be passed at the time of examination. State if positive or negative.

Blood Positive Negative

Protein Positive Negative

Glucose Positive Negative

Bilirubin Positive Negative

If positive, please arrange MSU.

Measurements

Chest inspiration (cm)

Chest expiration (cm)

Abdomen (cm)

Height and weight

To be taken without shoes and clothed. If client is over the weight measured by the scales then provide last known weight.

Height (cm)

Weight (kg)

Over the past 12 months, have you had considerable weight loss or weight gain? Weight loss Yes No Weight gain Yes No

If **yes**, advise amount in kilograms and reason for change:

The examiner is required to complete this section

Name of examiner

Phone

Qualification

Address

Suburb State Postcode

Declaration and consent

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 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 application are true, accurate and complete, and understand that these will be used (together with my original application) by OnePath Life to decide whether to provide or amend my insurance.

I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) in accordance with the Privacy Statement disclosed on the original application and the OnePath Privacy policy which is available at OnePath's website onpath.com.au/insurance/privacy-policy or by calling Customer Services.

Signature of examiner

Date (dd/mm/yyyy)

Signature of life to be insured

Date (dd/mm/yyyy)

Postal address

OnePath Life
GPO Box 4129
Sydney NSW 2001