

Application Form to Add or Increase Child Cover Non Super

OneCare

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

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Risk Adviser Services

For use by advisers only

Phone 1800 222 066

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Before you sign this Application Form, be aware that OnePath Life or your adviser is obliged to have provided you with a Product Disclosure Statement (PDS) containing a summary of the important information about the product(s) you are applying for. This information will help you to understand the product(s) and decide whether the product(s) is appropriate for your needs.

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 before the contract of insurance is entered into. To meet this duty, each person whose life is to be insured 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 health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance of each life to be insured. 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 passes on your personal information to us. 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 provided to us. Each person answering our questions 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
- 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 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.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact 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 and every person answering our questions understands this information and the questions we ask. Ask us or your adviser 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 a person who answers our questions does 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 the person who answered our questions 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.

Policy number	<input type="text"/>																					
Name of policy owner	<input type="text"/>																					
Address of policy owner	<input type="text"/>																					
Suburb/Town	<input type="text"/>										State	<input type="text"/>			Postcode	<input type="text"/>						
Phone	Home <input type="text"/>										Work <input type="text"/>											
Mobile	<input type="text"/>																					
Email	<input type="text"/>																					

1. Name of child

New Policy Increase to OnePath policy

First name/surname	Male/ Female	Date of birth (dd/mm/yyyy)	Amount insured/sum insured increasing to	Relationship to life insured
1.		/ /	\$ <input type="text"/>	
2.		/ /	\$ <input type="text"/>	
3.		/ /	\$ <input type="text"/>	

Child Cover

2. Do any of the children have any Life, TPD or Trauma Cover with OnePath Life or any other Insurance company?..... Yes No

If **yes**, please provide details.

Name of child	Name of company	Type of cover	Amount insured	Date commenced (dd/mm/yyyy)	Will this policy be discontinued/ replaced?
1.			\$ <input type="text"/>	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			\$ <input type="text"/>	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			\$ <input type="text"/>	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child 1 Name	Child 2 Name	Child 3 Name
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3. Has this child ever had:

- high blood pressure? Yes No Yes No Yes No
- rheumatic fever or any heart complaint? Yes No Yes No Yes No
- asthma, tuberculosis or any other lung disease? Yes No Yes No Yes No
- cancer, cyst, lesion or tumour of any kind? Yes No Yes No Yes No
- diabetes? Yes No Yes No Yes No
- indigestion, or gastric or duodenal ulcer? Yes No Yes No Yes No
- epilepsy, fainting attacks or fits of any kind? Yes No Yes No Yes No
- a physical or neurological defect, impaired sight or hearing? Yes No Yes No Yes No
- anaemia, leukaemia, haemophilia or any other blood disorder? Yes No Yes No Yes No
- kidney, liver or gall bladder problems, including hepatitis of any kind? Yes No Yes No Yes No
- or been diagnosed with, investigated for or displayed symptoms of any form of mental underdevelopment, incapacity or retardation? Yes No Yes No Yes No

4. Has this child ever:

- been advised to have an operation or surgery in the future? Yes No Yes No Yes No
- been infected with the virus which causes AIDS (the Human Immunodeficiency Virus) or are they carrying antibodies to that virus? Yes No Yes No Yes No
- been injected with or used any drug not prescribed by a medical practitioner? Yes No Yes No Yes No
- received a blood transfusion or treatment with human blood products? Yes No Yes No Yes No

5. Has the child's mother, father, brother or sister:

- suffered from diabetes, heart disease, cancer, stroke, mental disorder or breakdown, kidney disorder, Huntington's disease, multiple sclerosis, muscular dystrophy, motor neurone disease or any other hereditary disease? Yes No Yes No Yes No

For any **yes** answer for questions 3, 4, or 5, please advise the name of condition, dates of treatment, name and address of doctors or hospitals consulted and the relationship of the person who had the condition to the child.

Child 1

Child 2

Child 3

Declarations

Information about OnePath's other products and services

I/We consent to OnePath Life using my/our personal information (including health and other sensitive information) to send me/us information about their financial products and services from time to time. I/We also consent to OnePath Life disclosing my/our personal information (including health and other sensitive information) to their related bodies corporate and organisations with whom they have an arrangement or alliance to share information for marketing purposes. I/We understand this is to enable those organisations to send me/us information on their products or services. I/We also understand that if I/we do not want OnePath Life to use and disclose my/our information in this way I/we must phone 133 667 to withdraw my/our consent.

- I/We have received the OneCare Product Disclosure Statement (PDS) which accompanies this Application Form and have read and understood the duty to take reasonable care not to make a misrepresentation on page 1 of this Application Form.
- I/We authorise my/our adviser, who will submit this personal statement on my/our behalf, to receive and access my/our personal information (including financial, health and other sensitive information), whether disclosed in this application or obtained from third parties (e.g. doctors, accountants), for the purposes of management and administration of my/our application, policy/policies and any claims. Where there is any change to this authority, or to my/our adviser, I/we will notify OnePath Life of the change.
- I/We understand that if OnePath Life is notified of a change in my/our personal information, OnePath Life will make this change on other life risk policies where I am/we are a policy owner, life insured, nominated beneficiary or nominated medical practitioner.
- I/We, whose signature(s) appears below, have read and understood the 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.
- As policy owner(s) I/we have read and understood my/our 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/We understand that if this application is to replace another life insurance policy (the 'other policy'), that I/we must cancel the other policy upon acceptance of this life insurance policy. In any event, if I/we do not cancel the other policy, the benefits paid under this policy will be offset or reduced to the extent of any of the benefits the policy owner is entitled to under the other policy.
- I/We understand that the insurance I/we have applied for will not become effective until my/our application is accepted by the insurer in writing.
- I/We consent to the collection, use, storage and disclosure of my/our personal information (including health and other sensitive information) as described in OnePath Life's Privacy Policy which is available at onepath.com.au/about-us/privacy-policy
- If I/we have provided personal information (including health and other sensitive information) about another person in this application (for example a beneficiary or life insured), I/we declare that I/we have the consent of that person to do so. I/We understand that OnePath Life requires me/us to inform the person concerned that I/we have done so and direct them to the Privacy Policy.

Signature(s) of policy owner(s)	<input type="text" value="X"/>	Date (dd/mm/yyyy)	<input type="text" value="/ /"/>
Signature(s) of policy owner(s)	<input type="text" value="X"/>	Date (dd/mm/yyyy)	<input type="text" value="/ /"/>

Postal address

OnePath Life
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North Sydney NSW 2059