

8. How has your doctor described your asthma? Mild Moderate Severe

9. Have you ever used any medication, including steroids? Yes No

If **yes**, please provide details:

Type	Date commenced (dd/mm/yyyy)	Frequency (e.g. daily, weekly, etc.)	Dosage	Date ceased (if applicable) (dd/mm/yyyy)	Reason for cessation
	/ /			/ /	
	/ /			/ /	
	/ /			/ /	
	/ /			/ /	

10. Have you ever been hospitalised due to asthma? Yes No

If **yes**, please provide details. Date from (dd/mm/yyyy) / / Date to (dd/mm/yyyy) / /

Name and address of hospital:

11. Have you ever had lung function tests performed? Yes No

If **yes**, please provide details:

Date (dd/mm/yyyy)	Test results
/ /	
/ /	

Declaration

I, the life to be insured, 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 questionnaire are true, accurate and complete. I understand that the information I provide on this form in conjunction with any other statements made in connection with this application for life insurance will be used by OnePath Life, to decide whether to extend life insurance cover to the policy owner in respect of my life.

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 onepathinsurance.com.au/about-us/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.

Name of Life Insured

Signature (sign clearly within the box)

Date (dd/mm/yyyy)

 / /

Postal address

OnePath Life
Locked Bag 994
North Sydney NSW 2059