



7. What was the mode of onset?.....  Yes  No  
(e.g. sudden, gradual, at rest, on exertion, certain postures, worsened by deep inhalation.)

  

8. What was the duration of the pain?.....

9. Please give the names, addresses and dates of all doctors and hospitals consulted:

Name of Dr/ health professional  Date consulted (dd/mm/yyyy)  /  /

Name of Hospital

Address

Suburb/Town  State  Postcode

Name of Dr/ health professional  Date consulted (dd/mm/yyyy)  /  /

Name of Hospital

Address

Suburb/Town  State  Postcode

10. Was any treatment given?.....  Yes  No

If **yes**, please give details:

  

11. Is the treatment ongoing? .....  Yes  No

12. What was the diagnosis made and the underlying cause?

  

13. Were any investigations or tests performed?

If **yes**, please advise type of tests and results:

Tests  Results

Tests  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 Life's Privacy Policy, which is available at [onepathinsurance.com.au/about-us/privacy-policy](http://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 Life personal information about someone else, I understand that OnePath Life requires me to show them a copy of the Product Disclosure Statement and OnePath Life's Privacy Policy so that they may understand the manner in which their personal information may be used or disclosed by OnePath Life and their related entities.

Name of Life Insured

Signature (sign clearly within the box)  X Date (dd/mm/yyyy)  /  /

### Postal address

OnePath Life  
Locked Bag 994  
North Sydney NSW 2059