

Supplementary Personal Statement

Diabetes questionnaire

November 2021

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

Customer Services

Phone 133 667

Email client.onepath@zurich.com.au

Website onepathinsurance.com.au

Duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation is explained in the PDS and the Life Insured's Personal Statement and it applies each time you provide us with information before we issue a policy.

Not meeting your legal duty can have serious impacts on your insurance. 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.

Details of life insured

Application/Policy number(s) if known

Title

 Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

Date of birth (dd/mm/yyyy)

 / /

Please answer the following questions

1. When was your diabetes first diagnosed?Date (dd/mm/yyyy) / /

2. How is your diabetes controlled?

Insulin – go to question 3

Diet only – go to question 4

Oral – list medications below and then go to question 4

3. How many times a day do you administer insulin?

I'm on an insulin pump

One or two times daily

Three or more times daily

4. How often do you monitor your sugar levels?

One or two times daily

Three or more times daily

Other

If **other**, please provide details:

5. Have you ever had insulin reactions, diabetic coma, heart, kidney, peripheral vascular disease or eye problems (not already mentioned in the Personal Statement), or protein in the urine? Yes No

If **yes**, please provide details:

| Condition | Date (dd/mm/yyyy) | Treatment |
|-----------|-------------------|-----------|
| | / / | |
| | / / | |

6. Have you had a glycosylated haemoglobin (HbA1c) test in the last six months? Yes No

If **yes**, please provide details:

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

Is this result consistent with others taken over the last 12 months? Yes No

If **no**, please provide details:

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

7. Is the treating doctor different to your usual doctor? Yes No

If **yes**, please provide details:

Name

Address

Suburb/Town State Postcode

Date of last consultation (dd/mm/yyyy)

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 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