

Supplementary Personal Statement

Epilepsy 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

First name(s)

Date of birth (dd/mm/yyyy)

 / /

Please answer the following questions

1. When did you have your first fit? (dd/mm/yyyy) / /

2. How many fits do you have in a year? Please state the number in each category.

a) Grand Mal

b) Petit Mal

c) Unknown/Other

3. When was the last fit? (dd/mm/yyyy) / /

4. When do the fits usually occur (day, night, after excitement, after consuming alcohol, when tired)?

5. Have you ever been rendered unconscious as a result of an attack? Yes No

6. Are you currently receiving treatment? Yes No

a. If **yes**, what medications are you currently taking?

b. If **no**, when did this cease?

7. Are you able to perform your normal activities, including work, without discomfort or distress?

8. Are you permitted to drive a vehicle? Yes No

9. Have you ever had an EEG (Electroencephalogram)? Yes No

If **yes**, please advise dates and results:

Four empty rectangular boxes for providing dates and results.

10. Please state names, addresses and approximate dates of all doctors consulted for treatment of epilepsy:

Form fields for doctor information: Name of Dr/clinic, Address, Suburb/Town, State, Postcode, and Date of last consultation with this doctor (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.

Form fields for signature and date: Name of life insured, Signature (sign clearly within the box), and Date (dd/mm/yyyy).

Postal address
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