

Supplementary Personal Statement

Seniors Assessment

August 2022

Zurich Australia Limited (Zurich, OnePath)
ABN 92 000 010 195 AFSL 232510

Customer Care
Phone 133 667
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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) / / Male Female

1a. Do you drive a car?..... Yes No

If **no**, go to question 1d.

If **yes**, please provide licence number and the date of issue:

Did you undergo a medical assessment for licence renewal?..... Yes No

If **yes**, please provide name of physician and date:

Was any restriction applied to your licence? Yes No

If **yes**, please provide dates and details:

b. How many kilometres do you drive on a monthly basis?.....

c. Have you had any driving accidents or been charged in relation to any driving offences, or traffic offences (e.g. speeding, driving under the influence, etc.) in the past three years? Yes No

If **yes**, please provide dates and details:

d. If you were licensed in the past was your licence not renewed due to any condition?..... Yes No

If **yes**, please provide dates and details:

2a. Who do you live with?

How long have you lived with them?.....

b. Has there been any change in your marital status or residential status in the past two years? Yes No

If **yes**, please provide dates and details:

c. Has there been any change in the health of your spouse, partner or house-mate in the past two years?..... Yes No

If **yes**, please provide dates and details:

3. Are you currently employed on any basis, including any volunteer work? Yes No

If **yes**, please provide details and number of hours worked weekly and monthly:

4. Have you taken any educational or general interest courses in the last two years? Yes No

If **yes**, please provide dates and details:

5a. Do you participate in any social or sporting activities, or engage in any hobbies? Yes No

If **yes**, please provide details including frequency:

b. If no, did you ever participate in any of the above?..... Yes No

If **yes**, please indicate the activity, date and reason for stopping:

6. Do you travel on a yearly basis? Yes No

If **yes**, please provide dates and details:

7. Do you drink alcohol?..... Yes No

If **yes**, how many standard drinks per day?

8a. Do you use tobacco in any form? Yes No

If **yes**, please provide type(s) of tobacco use and frequency on a daily and weekly basis:

b. If no, did you ever use tobacco in any form?..... Yes No

If **yes**, provide type(s) of past tobacco use and frequency:

How long did you use tobacco?

When and why did you stop?

9. State any prescription or over-the-counter medication used in the past year (exclude cold and flu medicines) e.g. any painkillers such as Voltaren, Panadeine Forte or medication to assist sleep such as Temazepam, Valium.

Medication	Amount taken	Frequency	Duration	Date ceased (if applicable) (dd/mm/yyyy)
				/ /
				/ /
				/ /
				/ /
				/ /
				/ /

10. Do you share household responsibilities with anyone? Yes No

If **yes**, please provide details:

11. Are you able to perform all of the usual daily tasks such as housekeeping, food preparation, medication administration, shopping, transportation, financial administration, answering the telephone, looking after your basic needs, etc..... Yes No

If **no**, please provide details:

12. In the last 12 months have you suffered from dizziness, fainting or had any falls requiring medical attention?..... Yes No

If **yes**, please provide dates and details:

13. Do you require any form of in-home care?..... Yes No

If **yes**, please provide details and frequency:

14. Do you have any physical or mental disability not mentioned in the application form?..... Yes No

If **yes**, please provide details:

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, to decide whether to extend life insurance cover to the policy owner in respect of my life. I have read and understood my 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 consent to the collection, use, storage and disclosure of my personal information as described in the Privacy Policy and the Privacy Statement contained in the PDS (including discussing any information obtained from me and any doctors or accountants with the financial adviser associated with this application). OnePath's Privacy Policy is available at onepath.com.au/about-us/privacy-policy

If I have provided personal information about any identified person, I declare that I have their permission to do so and I have informed them of the Privacy Policy and the Privacy Statement.

Name of life insured

Surname

Given name(s)

Signature

Date (dd/mm/yyyy)

Please ensure all changes in health and circumstances since completion of the original Application Form and Personal Statement are fully advised.

Postal address

OnePath
Locked Bag 994
North Sydney NSW 2059

Paramedic use only

Application/Policy number(s) if known

Surname

Given name(s)

Date of birth (dd/mm/yyyy) / /

1. Are there any visible disability modifications to the home? For example, wheelchair access.

2. Describe the appearance of the applicant, e.g. clean shaven, groomed, dressed appropriately.

3. Blood pressure readings. If the first systolic reading is above 135 or below 100, or the diastolic is above 85, or below 60, two further readings at 5 to 10 minute intervals are required. The recumbent position will be used where possible.	Systolic	Diastolic
Sitting	<input type="text"/>	<input type="text"/>
Standing	<input type="text"/>	<input type="text"/>
Lying	<input type="text"/>	<input type="text"/>

Urinalysis	Blood
<input type="text"/>	Sugar
<input type="text"/>	Protein

4. Other comments (e.g. was there any evidence of postural hypotension when blood pressure was taken?)

Cognitive testing questions and memory recall exercise also to be completed on page 6.

Memory recall exercise

To be conducted by a paramedic in conjunction with the Seniors Assessment form.

Paramedical provider to explain that they are required to put the applicant through some memory/recall exercises.

Outline to the applicant that you will list four objects, and following a series of questions you will ask them to recall the objects:

Example:

Red ball

The number 127

The island of Fiji

Ayers Rock or the Aboriginal name Uluru

Question

1. Who is the current Prime Minister of Australia?

2. Which political party is he/she the leader of?

3. What is today's date including the year?

4. What is your full name and address including postcode?

5. Do you know the name of the President of the United States of America?

6a. Ask the applicant to recall the four objects listed earlier.

b. Number of objects remembered correctly.

c. Conclude by asking the applicant

"Oh, and did I ask who the Prime Minister of Australia is?"

Confirm if answered correctly Yes No

7. Any comments you feel may be useful in the assessment of this application:

Paramedic name

Paramedic signature

Date (dd/mm/yyyy)