



4. Have you ever sought medical treatment because of drug usage or detoxification? .....  Yes  No

If **yes**, please state dates, names and addresses of doctors and institutions consulted:

Name of Dr.	<input type="text"/>	Date consulted (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>				
Suburb/Town	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Name of Dr.	<input type="text"/>	Date consulted (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>				
Suburb/Town	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

5. Have you ever been treated on a methadone programme? .....  Yes  No

If **yes**, please provide dates, and do you still participate?

<input type="text"/>
<input type="text"/>
<input type="text"/>

6. Have you ceased taking drugs? .....  Yes  No

If **yes**, date ceased taking drugs ..... (dd/mm/yyyy)

7. Please state any further relevant particulars which may have bearing on any past or present use of drugs:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

## 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

Date (dd/mm/yyyy)

### Postal address

OnePath Life  
Locked Bag 994  
North Sydney NSW 2059