

# Supplementary Personal Statement

## Back/neck questionnaire

September 2021

**OnePath Life Limited (OnePath Life)**

ABN 33 009 657 176 AFSL 238341

**Group Risk Administration**

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### Instructions

- Print in black or blue ink.
- All questions must be completed by the life insured. Please attach a separate page if you require more space for an answer.

### Duty to take reasonable care not to make a misrepresentation

**When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into. To meet this duty, each person whose life is to be insured must also take reasonable care not to make such a misrepresentation.**

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

#### If you do not meet your duty

Not meeting your legal duty can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

#### About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can provide cover, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about personal circumstances, such as health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance of each life to be insured. The information given to us in response to our questions is vital to our decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, the fund trustee passes on your personal information to us. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the fund trustee.

#### Guidance for answering our questions

You are responsible for the information provided to us. Each person answering our questions should:

- think carefully about each question before answering. If you are unsure of the meaning of any question, please ask us before you respond
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it
- review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

#### Changes before your cover starts

Before your cover starts, please tell us about any changes that mean you would now answer our questions 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.

#### Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

#### If you need help

It's important that you and every person answering our questions understands this information and the questions we ask. Ask us or your adviser for help if you have difficulty answering our questions or understanding the application process.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. You can have a support person you trust with you.

## Details of life insured

Title  Mr  Mrs  Ms  Miss  Dr Other

Surname  First name

Maiden name (if applicable)  Date of birth (dd/mm/yyyy)  /  /

Plan name

Member number

No. and street (home)

Suburb/Town  State  Postcode

Phone Home  Work

Mobile

Email

Gender  Male  Female

Marital status  Single  De facto  Married  Widow/Widower

Smoker  Yes  No

1. When did your back/neck condition first occur? .....(dd/mm/yyyy)  /  /

2. Which area(s) of your back/neck was affected (e.g. middle back)?

3. What was the cause or reason for the condition?

4. Please describe the exact nature of the condition, including the symptoms and doctor's diagnosis if known (e.g. sciatica, prolapsed disc, whiplash).

5. Was an X-ray, CT scan or any other type of investigation performed? .....  Yes  No

If **yes**, please provide details.

Tests	Results	Date of tests (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

6. Have you had recurrent or multiple episodes of the back/neck condition? .....  Yes  No

If **yes**, please provide details including the number of episodes and the date of the most recent episode including duration.

7. Please provide details of all people you have consulted for this condition in the table below.

Name and address of doctor/ health professional	Type (e.g. doctor, chiropractor, physiotherapist)	Date last consulted (dd/mm/yyyy)	Treatment prescribed (e.g. analgesics, anti-inflammatory drugs, immobilisation) (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

8. Have you had any time off work due to this condition? .....  Yes  No

If **yes**, please provide the dates and duration.

  

9. Are your work duties or activities limited/affected by the condition?.....  Yes  No

If **yes**, please provide details.

  

10. Are you still undergoing treatment or do you have any residual pain, limitation of movement or restriction of any kind?.....  Yes  No

If **yes**, please provide details.

  

11. Overall do you feel that your back/neck condition is:.....  Resolved  Improving  Stable  Deteriorating

12. What was the date of your last symptoms? ..... (dd/mm/yyyy)  /  /

## Declaration

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 have read and understood my duty to take reasonable care not to make a misrepresentation and declare that the statements and answers provided in this application are true, accurate and complete.

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's Privacy Policy, which is available at OnePath's website [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy) or by calling Customer Services on 133 667.

Name of life insured

Signature

Date (dd/mm/yyyy)

 /  / 

### Postal address

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