

## **Supplementary Personal Statement**

## Back/neck questionnaire

August 2022

**Zurich Australia Limited (Zurich, OnePath)** 

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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 Dr Other
Surname	
Given name(s)	
Date of birth (dd/mm/yyyy)	
Please answer the following	lowing questions
1. When did your back/neck of	condition first occur?
2. Which area(s) of your back	/neck was affected (e.g. middle back)?
3. What was the cause or reas	son for the condition?
<b>4.</b> Please describe the exact n whiplash etc.):	nature of the condition, including the symptoms and doctor's diagnosis if known (e.g. sciatica, prolapsed disc,
5. Was an X-ray, CT scan or an	ny other type of investigation performed?Yes No
If <b>yes</b> , please provide details:	
Tests	Results Date of tests (dd/mm/yyyy)
<b>6.</b> Have you had recurrent or	multiple episodes of the back/neck condition?
If <b>yes</b> , please provide details i	including the number of episodes and the date of the most recent episode including duration:

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	n)
		/ /		
		/ /		
		/ /		
				7
, Have you had any time off work du yes, please provide the dates and d			Yes L	No
				_
Are your work duties or activities lin yes, please provide details:	mited/affected by the co	ondition?	Yes	_ No
<b>0.</b> Are you still undergoing treatmen	t or do you have any res	sidual pain, limitat	ion of movement or restriction of any kind? Yes	$\square_{N}$
<b>yes</b> , please provide details:				
. Overall do you feel that your back				atin
2. What was the date of your last syr	nptoms?		Date (dd/mm/yyyy) / /	
eclaration				
atements and answers provided in t	his questionnaire are tru atements made in conn	ue, accurate and c ection with this ap	e reasonable care not to make a misrepresentation and that omplete. I understand that the information I provide on this oplication for life insurance will be used by OnePath, to decide	
	ssing any information of	otained from me a	on as described in the Privacy Policy and the Privacy Statement and any doctors or accountants with the financial adviser a.com.au/about-us/privacy-policy	ent
	n about any identified p	•	at I have their permission to do so and I have informed them	of
ame of Life Insured				
signature (sign clearly within the box	×		Date (dd/mm/yyyy) / /	
ignature (sign clearly within the box)			Date (dd///////yyyy)	
Postal address				
OnePath				