

Supplementary Personal Statement

Blood pressure questionnaire

August 2022

Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

Customer Care

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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)

Please answer the following questions

- When was your high blood pressure first diagnosed? Date (dd/mm/yyyy)
- What was your blood pressure reading at that time? Systolic Diastolic
- Have you ever been treated by medication? Yes No

If **yes**, please provide details:

Type	Date commenced (dd/mm/yyyy)	Frequency (e.g. daily, weekly)	Dosage	Date ceased (if applicable) (dd/mm/yyyy)	Reason for cessation
<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"/>

- Did you undergo any tests or investigations? Yes No

If **yes**, please provide details:

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

- Is the treating doctor different to your usual doctor? Yes No

If **yes**, please provide details:

Name

Address

Suburb/Town State Postcode

Date of last consultation (dd/mm/yyyy)

6. What was the date of your last blood pressure check? (dd/mm/yyyy) / /
7. What was your blood pressure reading at that time? Systolic [] Diastolic []
8. How has your doctor described your blood pressure control? Excellent Good Poor Other
- If **other**, please provide details:
 []
9. What is the date of your next blood pressure check-up? (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, to decide whether to extend life insurance cover to the policy owner in respect of my life.

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 []

Signature [X] Date (dd/mm/yyyy) [] / [] / []

Postal address
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