

## **Supplementary Personal Statement**

## Cholesterol questionnaire

August 2022

Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

Customer Care Phone 133 667

Email client.onepath@zurich.com.au

Website onepath.com.au

## 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 In	isured									
Application/Policy						1				
number(s) if known										
Title	Mr I	Mrs	Ms	N	Aiss	Dr	Oth	ner		
Surname										
Given name(s)										
Date of birth (dd/mm/yy	/yy) /									
	he following questic								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1. When was your hig	h cholesterol first diagnose	:d?					Date diagno	$\neg$	уууу) ∟	
2. What were your cho	olesterol readings at that ti	me?		Cholesterol				Triglycer		
				HDL C	. Cholesterol			LDL Cho	LDL Cholesterol	
3. Did you undergo a	ny tests or investigations?								Yes	
If <b>yes</b> , please provide	details:									
Test performed			Date (dd/mm/yyyy	)	Results					
			/ /							
			/ /							
			/ /							
<b>4a.</b> Have you ever use	ed any medication?								Yes	
If <b>yes</b> , please provide										
Туре	7	Frequ	uency	Do	sage		Date cease	d (if	Reason for cessation	
(dd,	(dd/mm/yyyy)	(e.g. (	daily, weekly, etc				applicable) (dd/mm/yyyy)			
	/ /						/	/		
	/ /						/	/		
	/ /						/	/		
									]	
							/	/		
<b>b.</b> Has this treatment	ever changed (e.g. has the	type	or dosage of you	ır medi	cation beer	n char	nged)?	Yes	s No	

If <b>yes</b> , please provide date of when trea	itment changed and the rea	ason(s) for change:			
<b>5.</b> Is the treating doctor different to you	ur usual doctor?	Yes No			
f <b>yes</b> , please provide details:					
Name					
Address					
Suburb/Town		State	Postcode		
Date of last consultation //dd/mm/yyyy)	/				
<b>6</b> . What was the date of your last choles	sterol check?		Date (dd/mm/yyyy) / /		
7. What were your cholesterol readings	at that time?	Cholesterol	Triglycerides		
		LDL Cholesterol	HDL Cholesterol		
Excellent Good  f other, please provide details  9. When is your next cholesterol check to the characters  Declaration  the life to be insured, declare that I have			Date (dd/mm/yyyy) / / o make a misrepresentation and that the		
statements and answers provided in the form in conjunction with any other stat whether to extend life insurance cover	ements made in connectio	n with this application for life insura	that the information I provide on this nce will be used by OnePath, to decide		
consent to the collection, use, storage contained in the PDS (including discuss associated with this application). OnePa	sing any information obtain	ed from me and any doctors or acco			
f I have provided personal information the Privacy Policy and the Privacy State		n, I declare that I have their permiss	ion to do so and I have informed them o		
Name of life to be insured					
Signature (sign clearly within the box)	×		Date (dd/mm/yyyy) / /		

## **Postal address**

OnePath Locked Bag 994 North Sydney NSW 2059