OnePath

Supplementary Personal Statement

Epilepsy questionnaire

August 2022

Zurich Australia Limited (Zurich, OnePath)
ABN 92 000 010 195 AFSL 232510

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	_____
First name(s)	_____
Date of birth (dd/mm/yyyy)	__ / __ / ____

Please answer the following questions

1. When did you have your first fit? .... (dd/mm/yyyy) __ / __ / ____

2. How many fits do you have in a year? Please state the number in each category.

a) Grand Mal .... _____

b) Petit Mal .... _____

c) Unknown/Other .... _____

3. When was the last fit? .... (dd/mm/yyyy) __ / __ / ____

4. When do the fits usually occur (day, night, after excitement, after consuming alcohol, when tired)?

_____

5. Have you ever been rendered unconscious as a result of an attack? .... ☐ Yes   ☐ No

6. Are you currently receiving treatment? .... ☐ Yes   ☐ No

a. If **yes**, what medications are you currently taking?

_____

b. If **no**, when did this cease?

_____

7. Are you able to perform your normal activities, including work, without discomfort or distress?

_____

_____

_____

_____

8. Are you permitted to drive a vehicle? .... ☐ Yes   ☐ No

9. Have you ever had an EEG (Electroencephalogram)? .... ☐ Yes ☐ No

If **yes**, please advise dates and results:

| |
| |
| |
| |

10. Please state names, addresses and approximate dates of all doctors consulted for treatment of epilepsy:

Name of Dr/clinic

Address

Suburb/Town   State   Postcode

Date of last consultation
with this doctor (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 (sign clearly within the box)   ✗   Date (dd/mm/yyyy)   /   /