

# Short Form Personal Statement Risk

July 2019

**Emplus, a division of AMG Super**  
ABN 300 993 205 83  
PO Box 3528, Tingalpa DC QLD 4173

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**Email:** [info@emplus.com.au](mailto:info@emplus.com.au)  
**Web:** [emplus.com.au](http://emplus.com.au)

**OnePath Life Limited (OnePath Life)**  
ABN 33 009 657 176 AFSL 238341  
GPO Box 4129, Sydney NSW 2001

Please complete this form if you wish to apply for Death only or Death and TPD cover of up to \$1,000,000 and/or Group Salary Continuance cover of no more than \$4,000 per month with a 2 or 5 year waiting period.

If you wish to apply for more than \$1,000,000 of Death only or Death and TPD cover and/or Group Salary Continuance cover with benefit period longer than 5 years or amount of cover more than \$4,000, you will need to apply for cover by completing the Group Risk Personal Statement, available online from [www.emplus.com.au](http://www.emplus.com.au)

## Instructions

Print in black or blue ink.

- All questions must be completed by the insured member. Please attach a separate page if you require more space for an answer. Please return the completed form to: **Emplus**, PO Box 3528, Tingalpa DC QLD 4173

## Important notice

OnePath Life Limited (OnePath Life) is the insurer in respect of a group insurance arrangement. It is important that you have read and understood the current Product Disclosure Statement for the cover for which you are applying.

OnePath Life requires this Short Form Personal Statement, and may require other health information, to assist us in making a decision on your proposed insurance cover. This Short Form Personal Statement is confidential. Please refer to the Privacy Statement at the end of this form.

## The Trustee's Duty of disclosure

The Trustee, who enters into a life insurance contract in respect of your life, has a duty, before entering into the contract, to tell the Insurer anything that it knows, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms. The Trustee has this duty until the Insurer agrees to provide the insurance.

The Trustee has the same duty before it extends, varies or reinstates the contract.

The Trustee does not need to tell the Insurer anything that:

- reduces the risk the Insurer insures you for; or
- is of common knowledge; or
- the Insurer knows or should know as an insurer, or
- the Insurer waives your duty to tell the Insurer about.

## You must disclose relevant information

You must tell the Insurer anything you know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms. If you do not do so, this may be treated as a failure by the Trustee to tell the Insurer something that the Trustee must tell the Insurer.

If you provide relevant information to the Trustee rather than the Insurer, The Trustee will provide the information you give the Trustee to the Insurer. The Trustee will do this so that you comply with your obligation to provide relevant information to the Insurer.

## If the Trustee does not tell the Insurer something

In exercising the following rights, the Insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the Insurer may apply the following rights separately to each type of cover.

If the Trustee does not tell the Insurer anything the Trustee is required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if the Trustee had told the Insurer, the Insurer may avoid the contract within 3 years of entering into it.

If the Insurer chooses not to avoid the contract, the Insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the Trustee had told the Insurer everything it should have. However, if the contract provides cover on death, the Insurer may only exercise this right within 3 years of entering into the contract.

If the Insurer chooses not to avoid the contract or reduce the amount of insurance provided, the Insurer may, at any time vary the contract in a way that places the Insurer in the same position it would have been in if the Trustee had told the Insurer everything it should have. However this right does not apply if the contract provides cover on death.

If the failure to tell the Insurer is fraudulent, the Insurer may refuse to pay a claim and treat the contract as if it never existed.

## 1. INSURANCE DETAILS

Policy number (if known)

Name of Fund/Plan

a. Type of Cover

Amount of required benefit/cover

<input type="checkbox"/> Death Only	\$ <input type="text"/>
<input type="checkbox"/> Death and Total and Permanent Disablement (TPD)	\$ <input type="text"/>
<input type="checkbox"/> Group Salary Continuance (monthly benefit)	\$ <input type="text"/>

b. Details of Group Salary Continuance Cover:

Waiting period  30 days  60 days  90 days

c. Fixed term periods (if applicable)

2 years  5 years

If you wish to apply for Group Salary Continuance cover with benefit period longer than 5 years, you will need to apply for cover by completing the Group Risk Personal Statement, available online from [emplus.com.au](http://emplus.com.au)

## 2. DETAILS OF INSURED MEMBER

Title  Mr  Mrs  Ms  Miss  Dr  Other:

Surname

Given name(s)

Date of birth (dd/mm/yyyy)  /  /  Gender  Male  Female

Residential address (cannot be a PO Box)

Street

Suburb  State  Postcode

Country

Home Phone  Work Phone  Mobile Phone

Email

I authorise one of OnePath Life's underwriting staff or an authorised service provider to contact me by phone if further information is required.

I can be contacted during the following times:

Monday  Tuesday  Wednesday  Thursday  Friday  Any business day

Between  am/pm and  am/pm

Please tick your preferred contact method:

home phone  work phone  mobile phone

## 3. PERSONAL DETAILS

**Height and weight**

a. What is your current height?  cm      b. What is your current weight?  kg

**Smoking**

c. Have you smoked tobacco, or any other substance within the past 12 months, or used a nicotine replacement treatment within the past three months? .....  Yes  No

If **yes**, please state the type and quantity consumed per day.

d. Have you ever been advised to stop smoking due to a medical condition? .....  Yes  No

If **yes**, please complete the **Group Risk Personal Statement** available from [emplus.com.au](http://emplus.com.au)

**Alcohol**

e. Do you consume alcohol? .....  Yes  No

If **yes**, please state the type and quantity consumed per day.

f. Have you ever been advised to stop or reduce your alcohol intake due to a medical condition? .....  Yes  No

If **yes**, please complete the **Group Risk Personal Statement** available from [emplus.com.au](http://emplus.com.au)

**4. RESIDENCY**

a. Are you currently residing in Australia? .....  Yes  No

If **no**, please advise where you are currently residing and how long you intend to reside there.

b. Are you an Australian citizen or do you hold a visa that entitles you to reside permanently in Australia? .....  Yes  No

If **yes**, please proceed to question 4c.

If **no**, please advise what type of visa you hold.

c. Do you have any intention of travelling outside Australia within the next two years? .....  Yes  No

If **yes**, please complete the following:

Date of departure (dd/mm/yyyy)  /  /  Duration of stay

Destinations

Purpose of stay

Holiday  Business  Residing  Other Please specify other

**5. OCCUPATION**

a. What is your usual occupation?

b. What are your normal duties of this occupation?

c. What is your current employment status?

Permanent Full Time  Permanent Part Time  Casual  Self Employed  Contractor  
 Homemaker or on Parental Leave  Unemployed

d. How many hours (on average) do you work per week?

e. What is your current annual income earned through personal exertion, before tax, including superannuation contributions, but after deduction of business expenses?

f. Do you have more than one occupation? .....  Yes  No

If **yes**, please specify the occupation(s), your normal duties and the average hours you work per week in each of your other occupation(s):

## 6. SHORT HEALTH QUESTIONNAIRE

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| 1. Are you, at the date of this application, off work due to injury or illness or restricted from performing any of the usual duties of your occupation due to injury or illness (other than for colds or flu)? .....   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Are you currently receiving any form of medical treatment or taking any form of medication (other than for cold or flu)? .....   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Have you taken more than a total of seven consecutive days off work in the past 12 months due to illness or injury (other than for cold or flu)? .....   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Have you ever had an application for life, disability, trauma, accident or sickness insurance on your life declined, deferred, accepted with a higher than normal premium or issued with restrictions or exclusions? .....   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Have you ever made a claim for or received any type of sickness, TPD, accident or disability benefit(s) from any source, Veterans' Affairs benefits, workers' compensation or any other form of compensation (including Centrelink payments) due to illness or injury? ..... | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
- Have you ever received medical advice, consulted a doctor, undergone medical treatment, investigations or operations for, or suffered from any of the following:
- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| 6. High blood pressure, high cholesterol, heart complaint, murmur, palpitations or chest pain, stroke, diabetes, thyroid or glandular disorder, cancer, tumour or growth including breast lumps or skin lesions/moles (even if you have not seen a doctor)? .....                                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Back or neck pain/disorder, musculo-skeletal symptoms or any joint disorder, gout, arthritis, repetitive strain syndrome, paralysis of any kind or chronic fatigue syndrome, fibromyalgia, epilepsy or neurological disorder, mental/nervous disorder including stress, anxiety or depression? ..... | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Kidney, bowel, bladder, gall bladder, liver disease or disorder, hepatitis, hernia, blood disorder, sleep apnoea, asthma, persistent cough or any lung complaint, any abnormality of hearing, speech or eyesight (excluding glasses or contact lenses)? .....  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Have you ever tested positive for HIV (Human Immunodeficiency Virus), which causes AIDS (Acquired Immune Deficiency Syndrome), or are you suffering from AIDS or any AIDS related conditions? .....  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10. Are you contemplating surgery, intending to consult a doctor, or have you been advised to have an operation or other medical investigation or test in the future? (e.g. x-ray, ECG, blood test, etc. ....)  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

**If you answered yes to any of the questions in Section 6, you will need to apply for cover by completing the Group Risk Personal Statement, available online from [emplus.com.au](http://emplus.com.au)**

## 7. DECLARATION BY THE INSURED MEMBER

- I have read and understood the questions in this Short Form Personal Statement.
- I have read and understood the Product Disclosure Statement for the cover for which I am applying.
- All the answers provided in this Short Form Personal Statement are true and correct (including those not in my own handwriting).
- I am fit to perform all of the duties of my usual occupation, without any limitation due to illness or injury, and working my usual hours per week.
- I have told OnePath Life everything I know that could affect its decision to accept my application.
- I understand my duty of disclosure and the remedies available to OnePath Life if I fail to comply with my duty of disclosure under the Insurance Contracts Act 1984. I understand that my duty of disclosure continues after I have completed this application until I am notified in writing that my application for insurance has been accepted.
- I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by OnePath Life.
- I consent to the collection, use and disclosure of my personal information (including health and other sensitive information) as described in 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. I acknowledge that OnePath Life needs to collect my personal information in order to manage and administer my claim/policy and that OnePath Life will be unable to process my claim or administer my policy without this consent.

Signature of life  
insured member

Date  
(dd/mm/yyyy)

## 8. PRIVACY STATEMENT

### Privacy

In this section 'we', 'us' and 'our' refers to OnePath Life Limited. 'You' and 'your' refers to policy owners and life insureds.

Any reference to your personal information includes any health or other sensitive information we may hold about you.

We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy)

We may disclose your personal information to certain third parties as outlined below.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

### Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us to detect and protect against consumer fraud
- organisations performing administration and/or compliance functions in relation to the products and services we provide
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers)
- our solicitors or legal representatives
- organisations maintaining our information technology systems
- organisations providing mailing and printing services
- persons who act on your behalf (such as your agent or financial advisor)
- the policy owner (or parties acting on behalf of the policy owner)
- regulatory bodies, government agencies, law enforcement bodies and courts
- our related companies (members of Zurich Insurance Group Ltd group), including for carrying out any group business functions
- organisations, including those in an alliance with us or our related companies, to distribute, manage and administer our products and services, carry our business functions, enhance customer service and undertake analytics activities.

We will also disclose your personal information in circumstances where we are required by law to do so.

Examples of such laws are:

- the *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund
- the disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

### Information required by law

We may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy)

### Privacy consent

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions please notify us in writing.

If you give us personal information about someone else, you must show them a copy of this document or our Privacy Policy available at [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy) so that they may understand the manner in which their personal information may be used or disclosed by us in connection with your dealings with us.

### Privacy Policy

Our Privacy Policy contains information about:

- when we may collect information from a third party
- how you may access and seek correction of the personal information we hold about you and
- how you can raise concerns that we have breached the Privacy Act or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing: GPO Box 75, Sydney NSW 2001  
Email: [insuranceprivacy@onepath.com.au](mailto:insuranceprivacy@onepath.com.au)

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 13 36 67.

More information can be found in our Privacy Policy at [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy)

### Overseas recipients

We may disclose your personal information to recipients (including service providers and related companies) which are (1) located outside Australia and/ or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in OnePath Life's Privacy Policy at [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy)