

# Personal Health Statement

## Instructions for completing this form

- You must complete each section of this form
- Please attach a separate page if you require more space for an answer
- Please return the completed form along with the attachments.

Please use **BLOCK** letters and **BLACK** ink when completing this form.

Return this completed form to:

legalsuper  
 Locked Bag 5081  
 Parramatta NSW 2124  
 Phone: 1800 060 312  
 Fax: 1800 614 431

Email: mail@legalsuper.com.au

## When to use this form

Please complete this form if you are an existing member of legalsuper and you wish to apply for, or change, your:

- Salary Continuance cover; and/or
- Death only cover; or
- Death and Total and Permanent Disablement (TPD) cover.

This form must be completed in addition to the *Superannuation change details* form (available in the PDS CD or online at [legalsuper.com.au](http://legalsuper.com.au)).

If you wish to apply for, or change, your Death only or Death and TPD cover, you must be:

- aged less than 70 years; and
- an Australian citizen, permanent resident of Australia or an eligible visa holder residing in Australia.

If you wish to apply for, or amend, your Salary Continuance cover, you must be:

- aged less than 65 years; and
- an Australian citizen, permanent resident of Australia or an eligible visa holder residing in Australia; and
- working at least 15 hours per week on a regular basis; and
- \* not engaged in casual work; and
- \* not be engaged in an Excluded Occupation (for Personal Division members only).

## Important notice

Your application for cover will be assessed by the insurer, OnePath Life Ltd (ABN 33 009 657 176 AFSL 238341) (OnePath Life), and we will notify you of the outcome. OnePath Life requires this Personal Health Statement, and may require other health information to determine your application.

This Personal Health Statement is confidential. Please refer to OnePath's Privacy Statement at the end of this form.

Please refer to the legalsuper Product Disclosure Statement (PDS) (available online at [legalsuper.com.au](http://legalsuper.com.au)) in respect to the Personal Division or Employer Sponsored Division (as applicable to you) for full terms and conditions that apply to your cover.

## Your duty of disclosure

You have a duty under the *Insurance Contracts Act 1984* (Cth) to disclose to the insurer every matter that you know or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate your insurance cover or apply for new cover. Your duty, however, does not require disclosure of a matter that:

- reduces the risk to be undertaken by the insurer
- is common knowledge
- the insurer knows or, in the ordinary course of the insurer's business, ought to know
- in which compliance with your duty of disclosure is waived by the insurer.

## Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Your duty of disclosure continues until your application has been accepted by the insurer and confirmation is issued in writing.

## 1. Member details

legalsuper Membership Number (if known)

Mr  Mrs  Ms  Miss  Dr  Justice

Gender

Male  Female

Surname

Given Names



Date of birth (dd/mm/yyyy)

Address (this cannot be a PO Box)



Town or Suburb

State

Postcode

Country

Work telephone number

Home telephone number

Mobile number

Email

I authorise OnePath Life's underwriting service representative 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

## 2. Personal details

### a. Height and weight

- i) What is your current height?  cm
- ii) What is your current weight?  kg

### b. Smoking

- i) Have you smoked tobacco, cigars or a pipe 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:

- ii) Have you been advised by a medical practitioner to give up or reduce the amount of smoking on specific medical grounds, or have you been informed that you have or may have a medical condition as a result of your smoking?  Yes  No

If 'Yes', please complete Section 6: Personal Statement - Part B.

### c. Alcohol

- i) Do you consume alcohol?  Yes  No
- If 'Yes', please state the type and quantity per week:

- ii) Have you been advised by a medical practitioner to give up or reduce the amount of alcohol consumed on specific medical grounds, or have you been informed that you have or may have a medical condition as a result of your alcohol consumption?  Yes  No

If 'Yes', please complete Section 6: Personal Statement - Part B.

## 3. Residency

- i) Are you a permanent resident of Australia?  Yes  No
- If 'No', in which country do you permanently reside?

- ii) What type of visa do you hold?

## 4. Occupation

- i) What is your usual occupation?
- ii) What are your normal duties of this occupation?

- iii) What is your current employment status?

- iv) How many hours (on average) do you work per week?

If you work less than 15 hours per week on a regular basis, you are not eligible to apply for Salary Continuance cover.

- v) What is your annual income (net of business expenses, but before tax and superannuation contribution)?

\$

- vi) Do you have more than one occupation?  Yes  No

If 'Yes', please specify your normal duties and the average hours your work per week in your other occupation(s):

## 5. Personal Statement - Part A

OnePath Life will assess most applications using the information in Section 5 or Section 6 (if applicable). In some cases, OnePath Life may require additional details from you such as financial information, medical reports, blood test results, and may also require you to attend a medical examination. legalsuper will advise you if OnePath Life requires additional information to assess your application.

### This section must be completed in all circumstances.

Please answer the following questions by inserting a cross [X] in the relevant box:

- a) 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?  Yes  No
- b) Are you currently receiving any form of medical treatment or taking any form of medication (other than for cold or flu)?  Yes  No
- c) 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)?  Yes  No
- d) Have you ever received a Total and Permanent Disability (TPD) Benefit from any source?  Yes  No

Have you ever received medical advice, consulted a doctor, undergone medical treatment, investigations or operations for, or suffered from any of the following:

- e) 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)?  Yes  No
- f) 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, epilepsy or neurological disorder, mental/nervous disorder including stress, anxiety or depression?  Yes  No
- g) 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)?  Yes  No
- h) To the best of your knowledge, are you suffering from Acquired Immune Deficiency Syndrome (AIDS), infected with Human Immunodeficiency Virus (HIV) or carrying antibodies to HIV?  Yes  No

If you answered 'Yes' to any of the questions in Section 5, please complete Section 6: Personal Statement - Part B.

### 6. Personal Statement – Part B

Please complete all questions in this Part B ONLY if you have answered 'Yes' to any questions in Section 2 or Section 5 and/or you are applying for:

- a total amount of Death only or Death and TPD cover (including any existing cover) exceeding \$1,000,000 – if you are aged less than 55 years; or
- a total amount of Death only or Death and TPD cover exceeding \$750,000 – if you are aged between 55 and 69 (both inclusive); or
- a Salary Continuance monthly benefit exceeding \$10,000 per month.

Otherwise, please proceed to complete Sections 7 & 8.

#### a. Residence and travel details

i) How long have you lived in Australia?

years  months

ii) 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

Duration of stay

Destination(s) (country/cities)

Purpose of stay  
 Holiday  Business  Residing  Other (please specify)

#### b. Insurance details

i) Do you have, or have you previously applied for any life, TPD, trauma, income protection (or Salary Continuance), business expense or living expense cover with OnePath Life or any other company? (Note, this includes insurance through your superannuation fund and insurance your employer may have arranged for you.)  Yes  No

ii) Do you intend to replace all or part of an existing insurance policy or insurance policy cancelled within the past two months?  Yes  No

If 'Yes' to question (i) or (ii), please indicate which insurance(s) and provide details of the date the policy was last fully underwritten in the table below:

1. Name of company

Type of cover

Amount insured  
 \$

Date commenced

Will this policy be discontinued/replaced?  Yes  No

Date last fully underwritten (replacement policies only)

2. Name of company

Type of cover

Amount insured

\$

Date commenced

Will this policy be discontinued/replaced?  Yes  No

Date last fully underwritten (replacement policies only)

iii) Have you ever had an application for insurance on your life declined, deferred, accepted with a higher than normal premium or issued with restrictions or exclusions?  Yes  No

If 'Yes', please provide name of company, alteration, date and reason (if known).

iv) Have you ever made a claim for or received sickness, accident or disability benefits, Veterans Affairs benefits, Workers' Compensation, unemployment benefits or any other form of compensation?  Yes  No

If 'Yes', please provide details i.e. when, amount, period paid, type of disability suffered, date claim finalised etc.

#### c. Occupation details

Please identify the income producing duties of your usual occupation (stated in Section 4[i]) and the approximate percentage of time spent on each duty per week. The list below represents the physical nature of duties only.

##### Type of work: Sedentary/administration

% of time  %

Please describe your specific duties and where they are performed. (e.g. filing, computer work, answering telephone, reception duties, etc.)

##### Type of work: Manual work - light

% of time  %

Please describe your specific duties and where they are performed. (e.g. driving, warehousing, surveying, lifting under 5kgs, etc.)

##### Type of work: Manual work - heavy

% of time  %

Please describe your specific duties and where they are performed. (e.g. bricklaying, lifting over 5kgs, painting, carpentry, mechanic, etc.)

**d. Pastimes**

Have you any intention of engaging in:

- motorcycle/motor racing other than as a means of transportation to and from work?  Yes  No
- any hazardous activities or sports, e.g. motor or water sports (such as canoeing), football, parachuting, recreations involving heights, underwater sports, caving, body contact sports, gliding, hang gliding etc?  Yes  No
- aviation/flying, other than as a fare-paying passenger?  Yes  No

If you answered 'Yes' to any of questions above, please continue completing this section below for the relevant activity.

**Motorcycle/motor racing**

Vehicle type

Races p.a.

Engine size

Max. speed (km/h)

Class

Recreational  Amateur  Professional

**Scuba/skin diving**

Average depth (m)

Maximum depth (m)

Dives per annum

Do you use explosives?  Yes  No

Do you dive in caves or potholes?  Yes  No

If 'Yes', give details.

**Football/Soccer/Aussie Rules, etc.**

Code played

Grade

Games p.a.

Recreational  Amateur  Professional

Do you receive any income participating in Football/Soccer/Aussie Rules etc.?  Yes  No

If 'Yes', provide amount and details.

**Other or pastimes**

Please provide details and frequency of any other hazardous activities or sports you participate in (e.g. boxing, competitive riding, mountain climbing, body contact sports, caving, etc.).

If 'Yes', provide frequency and details.

On what basis do you partake in this activity?

Recreational  Amateur  Professional

**Aviation/flying**

Do you hold a Civil Aviation Safety Authority (CASA) licence?  Yes  No

If 'Yes', state type and period held.

Do you intend to change the scope of your present licence?  Yes  No

Have you ever had an accident or been charged with violating CASA regulations?  Yes  No

Do you always use authorised landing areas?  Yes  No

Please complete the table below.

No. of hours flown	Past 12 months		Future annual average	
	Crew	Passenger	Crew	Passenger
Crew/Passenger				
Commercial airline				
Charter				
Private				
Aero club/flying school				
Agriculture				
Helicopter				

Do you intend to engage in any form of aviation other than the above categories (e.g. ballooning, aerobatics, parachuting, paragliding)?  Yes  No

If 'Yes', please provide frequency and details.

**e. Personal Statement**

Has your weight varied by more than 10kg during the last 12 months?  Yes  No

i) If 'Yes', please provide details.

ii) Non-smokers – have you ever smoked regularly in the past?  Yes  No

If 'Yes', please state *type, quantity* per day, and date ceased.

iii) Have you ever been advised to stop smoking or drinking alcohol on medical grounds?  Yes  No

If 'Yes', please provide full details.

iv) Have you ever engaged in sexual activity with, or worked as, a prostitute; or engaged in anal sexual activity?  Yes  No

If 'Yes', a confidential questionnaire will be sent to you to complete and return to OnePath's underwriting department.

**f. Family history**

To be completed for your blood relatives only (if adopted and family history unknown, please state so).

i) Have any of your parents, brothers or sisters (alive or deceased) suffered from Huntington's disease, muscular dystrophy, cystic fibrosis, familial polyposis, polycystic kidney disease, Alzheimer's disease, dementia or any other hereditary or familial disorder?  Yes  No  Unknown

ii) Have any of your parents, brothers or sisters (alive or deceased) prior to age 60 been diagnosed with diabetes, heart disease, mental illness, haemophilia, haemochromatosis, high blood pressure, high cholesterol, breast cancer, cervical cancer, bowel cancer or any other cancer (please specify type), stroke or kidney disease?  Yes  No  Unknown

If you answered 'Yes' to either question f(i) or f(ii), please complete the following table.

Relation	Condition/Disorder	Age diagnosed

**g. Medical history**

To the best of your knowledge, have you ever had any of the following:

Please tick the appropriate box and circle the specific conditions that are applicable.

- 1. Asthma?  Yes  No
- 2. High blood pressure?  Yes  No
- 3. High cholesterol  Yes  No
- 4. Diabetes?  Yes  No
- 5. Stress, anxiety, depression or any other mental health condition?  Yes  No
- 6. Back or neck pain, sciatica or any disorder of the spine or neck?  Yes  No
- 7. Arthritis, shoulder or knee pain or any other disorder of the joints?  Yes  No
- 8. Cyst, mole or skin lesion?  Yes  No

If you answered 'Yes' to any of the conditions above, a questionnaire will be sent to you to complete.

- 9. Sleep apnoea, bronchitis, persistent cough or any other chest or lung condition?  Yes  No
- 10. Heart condition, murmur, chest pain, rheumatic fever, palpitations, stroke or vascular disorder?  Yes  No
- 11. Thyroid or glandular trouble?  Yes  No
- 12. Ulcers, bowel trouble or recurring indigestion?  Yes  No
- 13. Epilepsy, fits or dizziness of any kind or persistent headaches?  Yes  No
- 14. Alzheimer's disease or dementia?  Yes  No

15. Kidney, liver or bladder problems, renal colic or stones, nephritis, lupus nephritis, pyelitis or cystitis?  Yes  No

16. Broken bones or osteoporosis or any pain, strain or disorder of any muscles, ligaments, cartilage or limbs?  Yes  No

17. Gout, fibromyalgia, tendonitis, tenosynovitis, RSI, or any regional pain syndrome, chronic fatigue syndrome (myalgic encephalomyelitis)?  Yes  No

18. Cancer, tumour, growths of any kind or breast lumps (even if you have not seen a doctor)?  Yes  No

19. Varicose veins, hernia or skin trouble?  Yes  No

20. Any abnormality affecting eyesight, hearing or speech?  Yes  No

21. Any abnormality affecting physical mobility or muscular power (e.g. multiple sclerosis)?  Yes  No

22. Anaemia, haemophilia or any other disease of the blood?  Yes  No

23. Bowel, liver or gall bladder disease or hepatitis?  Yes  No

24. Coughing of blood or passing of blood from the bowel or in the urine?  Yes  No

25. Any sexually transmittable disease including but not limited to AIDS or its positive antibodies, gonorrhoea or syphilis?  Yes  No

26. Have you within the last five years had any other illness, injury, operation, X-ray, electrocardiogram, blood transfusion, any other special tests or been advised to have a blood test for any reason?  Yes  No

27. Due to injury or illness, have you ever been off work for more than seven consecutive days (if not already mentioned)?  Yes  No

28. Do you now have any symptoms of ill health or disability?  Yes  No

29. Are you contemplating surgery, intending to consult a doctor, or have you been advised to have an operation in the future?  Yes  No

30. Do you take, or have you ever taken drugs or any medications on a regular or ongoing basis?  Yes  No

31. Have you ever used or injected any drugs not prescribed for you by a medical attendant?  Yes  No

32. Are you suffering from unintentional weight loss, persistent night sweats, persistent fever, diarrhoea or swollen glands?  Yes  No

**33. Females only**

a. Have you ever had any complications with pregnancy or childbirth?  Yes  No

b. Are you now pregnant?  Yes  No

If 'Yes', please advise due date

c. Have you ever had an abnormal cervical smear test (pap), breast ultrasound or mammogram?  Yes  No

d. Have you ever had any symptom(s) of, or sought advice or treatment for any condition of the cervix, ovary, uterus, breast, or endometrium?  Yes  No

If you answered 'Yes' to any questions from 9-33, please complete the table on the following page. If there is not enough space here, please provide details on a separate page and attach to this application form.



## 8. Doctor's authorisation

To be completed and signed by the member.

### Please sign authorisation

To doctor

I hereby authorise you to release details of my personal medical history to OnePath Life Limited ABN 33 009 657 176 AFSL 238341, or any organisation duly appointed by OnePath Life. A photocopy (or similar) of this authorisation shall be as valid as the original.

Name of member

Date of birth

Member's signature

Date (dd/mm/yyyy)

Address of member

Town or Suburb

State

Postcode

## 9. Privacy Statement

In this section 'we', 'us' and 'our' refers to OnePath Life and other members of the ANZ Group. 'You' and 'your' refers to policy owners and insured members.

We are committed to ensuring the confidentiality, security and privacy of your personal information. The OnePath Life Privacy Policy details how we manage your personal information and is available on request or may be downloaded from onepath.com.au.

We collect your personal information (including health information) to provide you with the products and services you request. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

In order to manage and administer the products and services requested by you, we may need to disclose your personal information to certain third parties, including:

- other members of the ANZ Group, to the extent necessary to service our relationship with you and carry on business as a group
- doctors, medical services or other organisations providing services in the collection, collation or assessment of personal information (including health information) for the purpose of underwriting or assessing your application or assessing any claims
- reinsurance organisations for the purpose of underwriting your application and assessing claims
- organisations performing administration or compliance functions in relation to the products and services
- organisations maintaining our information technology systems and providing information technology services
- authorised financial institutions such as banks, credit unions and building societies, providing account details as a mechanism for providing payments or receipt of payments
- organisations undertaking compliance reviews of our financial advisers or reviews of the accuracy and completeness of our information
- organisations providing services such as mailing, printing or data verification
- a person who acts on your behalf (such as your financial adviser or your agent)
- the policy owner (where you are an insured member who is not the policy owner).

We will only disclose your personal information to these organisations to enable them to undertake specified management and administration services.

For life risk products, we collect health information with your consent. Your health information will only be disclosed to service providers, reinsurers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim. Your health information will not be disclosed by OnePath Life for any other purpose.

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

The *Family Law Act 1975* enables certain persons to request information about your interest in a superannuation fund. We may, if requested, be required to provide information about your interest in a superannuation fund to your spouse or a person who intends to enter into an agreement with you about splitting your superannuation interests in the event of separation of marriage. The request must be in a form prescribed by law. The law prevents us from telling you about any such request for information and from providing your address to a person requesting the information.

We will provide information relating to your financial product or investment to your financial adviser where you authorise them to receive such information on your behalf. You may change your financial adviser, appoint a financial adviser or decide that you do not want your financial adviser to access your information by notifying us in writing. Where you wish to authorise any other parties to receive information and/or undertake transactions, please notify us in writing.