

Declaration of Continued Good Health

Proposal number Date of application

Life to be Assured

New policy ☐ Increase/addition ☐ Replacement* ☐ Other

1 Life

(a) Have you suffered from any illness, injury or infirmity, either physical or mental, since applying for insurance with OnePath? If **yes** please complete Section 3. Yes ☐ No ☐

(b) Have you been advised to undergo any operation, treatment or special tests in the future? If **yes** please provide details and complete Section 3. Yes ☐ No ☐

(c) Have you consulted with any Medical Practitioner or Health Services Provider since applying for insurance with OnePath? If **yes** please provide details and complete Section 3. Yes ☐ No ☐

(d) Has your occupation or work changed since applying for insurance with OnePath? If **yes** please provide details. Yes ☐ No ☐

(e) Have you taken up any hazardous pastime or pursuit since applying for insurance with OnePath? If **yes** please provide details. Yes ☐ No ☐

(f) Have you had any other application for insurance declined, postponed, or accepted on sub-standard terms or otherwise than as submitted since applying for insurance with OnePath? If **yes** please provide details, including name of company concerned. Yes ☐ No ☐

(g) Has there been any change in your family history or any other circumstance that could affect the risk on your health since applying for insurance with OnePath? If **yes** please provide details. Yes ☐ No ☐

(h) Have you smoked tobacco or any other substance within the last 12 months? If **yes** please state type and quantity smoked. Yes ☐ No ☐

Type	Quantity
<input type="text"/>	<input type="text"/>

(i) Are you being treated for AIDS, AIDS related condition, HIV, Sexually Transmitted Disease or had any blood test in connection with these? If **yes** please provide details. Yes ☐ No ☐



2 Disability Covers & Trauma Cover including TPD

(a) Has your income reduced or varied substantially, or have you changed employment or Employer since applying for Trauma Cover including TPD, Complete Disablement Cover, Income Cover, Mortgage Repayment Cover and/or Premium Cover Insurance with OnePath? If **yes** please provide details.

Yes ☐

No ☐

(b) Are you aware of any pending redundancy or liquidation at your place of permanent employment or have you been advised that you may be made redundant? If **yes** please provide details.

Yes ☐

No ☐

(c) Have you or your spouse or living partner made a claim on any other disability policy or required full or part-time care since applying for Trauma Cover including TPD, Complete Disablement Cover, Income Cover, Mortgage Repayment Cover and/or Premium Cover Insurance with OnePath? If **yes** please provide details.

Yes ☐

No ☐

3 Medical questionnaire

(Please complete the following questions if you have ticked yes to questions (a), (b), or (c) in Section 1.)

(a) Please describe your medical condition.

Condition 1
Condition 2
Condition 3

(b) Please provide the date when you first experienced symptoms.

Condition 1

Condition 2

Condition 3

(c) Please describe the symptoms.

Condition 1
Condition 2
Condition 3

(d) When did you last experience any symptoms?

Condition 1

Condition 2

Condition 3

(e) Are these symptoms completely resolved? If **no** please provide details.

Yes ☐

No ☐

Condition 1
Condition 2
Condition 3

(f) How frequent and severe are the occurrences or attacks of the condition?

Condition 1
Condition 2
Condition 3

(g) What type of treatment are you currently taking and dosage amount?

Condition 1
Condition 2
Condition 3

(h) Has the treatment changed during the last 18 months? If yes please provide details.

Yes ☐

No ☐

Condition 1
Condition 2
Condition 3

(i) Have you ever had any surgery as a result of your condition or illness?

If **yes** please provide details including dates.

Yes ☐

No ☐

Condition 1
Condition 2
Condition 3

(j) Have you ever been hospitalised as a result of your condition or illness?

If **yes** please advise when, where and duration.

Yes ☐

No ☐

Condition 1
Condition 2
Condition 3

(k) How much time have you lost from work as a result of your condition or illness?

Condition 1
Condition 2
Condition 3

(l) Were you referred to a specialist for the condition? If yes please provide details.

Yes ☐

No ☐

Condition 1
Condition 2
Condition 3

(m) Name and address of health professional who has full details.

Condition 1
Condition 2
Condition 3

4 Declaration and privacy information

- a. The above named Life to be Assured declares and understands that:
- (i) This Declaration of Continued Good Health ("Declaration") will form part of the Personal Statement I have made to OnePath Life (NZ) Limited ("OnePath") in the above numbered Application ("Application").
 - (ii) I am in good health.
 - (iii) It is my duty to disclose to OnePath every matter that I know, or could reasonably be expected to know, is relevant to its decision to accept the insurance risks under the Policy ("Policy"). To the best of my knowledge no information has been withheld by me relevant to the insured risk and all statements made in this Declaration are true and complete.
- (iv) This Declaration collects personal information about me and OnePath will hold such information at OnePath – 205 Wairau Road, Glenfield 0627, Auckland. I am able to access and correct such information on request, subject to the provisions of the Privacy Act 1993.
- b. The above named Life to be Assured consents to the use of the personal information provided in this application by OnePath, its subsidiaries, its officers, its advisers and reinsurers for the purposes of processing this Declaration, maintenance and administration of the Policy and for the promotion of insurance and other financial services to me.

Full name of Life to be Assured

Signature of Life to be Assured

Date

OnePath Life (NZ) Limited

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