

Personal Health Statement

Return this completed form to:

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.

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

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

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 online at legalsuper.com.au or by calling **1800 060 312** (8am to 8pm [AEST] Monday to Friday).

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). Please contact us for information on Excluded Occupations.

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 and Employer Sponsored Super & Personal Super Additional Information* document (available online at 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.

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, OnePath Life Limited (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.

In order for the Trustee to comply with the duty of disclosure, we require you, to tell us (the Trustee and the Insurer), anything you know, or could reasonably be expected to know, that may affect the Insurer's decision to insure you and on what terms.

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

If you do 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 you do not tell the Insurer and the Trustee anything you are required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if you 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 you had told the Insurer and the Trustee everything you 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 you had told the Insurer and the Trustee everything you 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. 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)

Postal Address

Town or Suburb

State

Postcode

Country

Work telephone number

Home telephone number

Mobile number

Email

Please note:

Please answer all Yes/No questions in this form by inserting a cross {X} in the relevant box.

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 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:

- ii) Have you been advised to stop smoking due to a medical condition? 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 consumed per day:
- ii) Have you been advised to stop or reduce your alcohol intake due to a medical condition? 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 current annual income earned through personal exertion (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.

- 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 (other than for colds or flu)? Yes No
- b) Are you currently receiving any form of medical treatment or taking any form of medication (other than for colds 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 colds or flu)? 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:
- d) 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
- e) 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
- f) 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
- g) 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? 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) 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 a(iii).

If 'No', please advise what type of visa you hold:

iii) 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) Are you covered by, or are you applying for, any other life, TPD, trauma, income protection, salary continuance or living expense cover with any company, including OnePath Life (other than this application), including benefits under superannuation or insurance benefits by your employer? 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
Commercial airline				
Charter				
Private				
Aero club/flying school				
Agriculture				
Helicopter				
Ultralight aircraft				

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 (excluding pregnancy)? 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) Are you suffering from unintentional weight loss, persistent night sweats, persistent fever, diarrhoea or swollen glands? Yes No

iv) 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 condition? Yes No

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, diabetes mellitus, breast cancer, bowel cancer, ovarian cancer, multiple sclerosis, motor neurone disease, familial adenomatous polyposis of the bowel, 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) been diagnosed before the age of 60 with any of the following conditions: heart disease, stroke, mental illness, haemochromatosis, cervical cancer, prostate cancer, melanoma or any other cancer (please specify type)? 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, scleroderma, systemic sclerosis or skin disorders? 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) or any diagnosed intellectual disability or cognitive impairment? 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. 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
- 26. Due to injury or illness, have you ever been off work for more than seven consecutive days (if not already mentioned)? Yes No
- 27. Do you now have any symptoms of ill health or disability? Yes No
- 28. 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)? Yes No
- 29. Do you take, or have you ever taken drugs or any medications on a regular or ongoing basis? Yes No
- 30. Have you ever used or injected any drugs not prescribed for you by a medical attendant or have you ever received advice counselling or treatment for drug dependence? Yes No
- 31. **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 9-31 above, 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 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

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

The Group Life Insurance Policy and Group Income Protection Policy are issued by OnePath Life Limited (OnePath Life) (ABN 33 009 657 176, AFSL 238 341), to Legal Super Pty Ltd as policy owner.

- 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

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 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

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

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