

Group Risk

Request for membership form

Important notice

OnePath Life is the insurer in respect of a group insurance arrangement. This form is to be completed by the policy owner in respect of proposed members of any Group Risk policy.

Name of Plan

Policy number

Benefit category	Member surname	Initials	Sex M or F	Annual salary \$	Group Life sum insured	State, Territory or country of residence	Date of birth (dd/mm/yyyy)	Date joined company (dd/mm/yyyy)	Date joined plan (dd/mm/yyyy)	Occupation
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