

# Supplementary Personal Statement Mining/Oil and Gas Questionnaire

OneCare

August 2022

**Zurich Australia Limited (Zurich, OnePath)**

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## Duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation is explained in the PDS and the Life Insured's Personal Statement and it applies each time you provide us with information before we issue a policy.

Not meeting your legal duty can have serious impacts on your insurance. Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

## Details of life insured

Application/Policy number(s) if known

Title

 Mr  Mrs  Ms  Miss  Dr  Other 

Surname

Given name(s)

Date (dd/mm/yyyy)

 /  / 

Date of application (dd/mm/yyyy)

 /  / 

## Please answer the following questions

### Section A – General questions

1. Please advise the name and location of the mine/plant/platform you are employed at?

  


2. How long have you worked at your current location?.....  Years  Months

3. How many other sites/plants/locations have you worked at in the past 5 years? .....

4. How long have you been working in the mining/oil & gas industry?.....  Years  Months

### Section B – Remuneration

1. What was your total annual remuneration over the previous two financial years?

|               |   |   |
|---------------|---|---|
| Period ending | (dd/mm/yyyy) <input type="text"/> 30/06/ <input type="text"/>   | (dd/mm/yyyy) <input type="text"/> 30/06/ <input type="text"/>   |
| Annual income | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> |

2. Provide a detailed breakdown of your package in the below table:

|   | Currently               | Last Financial Year     |
|---|-------------------------|-------------------------|
| Salary                                    | \$ <input type="text"/> | \$ <input type="text"/> |
| Super                                     | \$ <input type="text"/> | \$ <input type="text"/> |
| Function/Skill allowance                  | \$ <input type="text"/> | \$ <input type="text"/> |
| Variable start/breakdown allowance        | \$ <input type="text"/> | \$ <input type="text"/> |
| Commute/'Living away from home' allowance | \$ <input type="text"/> | \$ <input type="text"/> |

**Details of life insured – continued**

2. Provide a detailed breakdown of your package in the below table – continued:

|                         |                             |                     |
|-------------------------|-----------------------------|---------------------|
|                         | Currently                   | Last Financial Year |
| Bonuses                 | Please see question 3 below |                     |
| Other (please describe) | \$                          | \$                  |
|                         |                             |                     |
|                         |                             |                     |
|                         |                             |                     |

3. Provide further detail around bonuses paid and payable as set out below:

Anticipated bonuses for current Financial Year

Bonus received last Financial Year

Bonus received for the Financial Year prior

**Section C – Inclusion of commute, site or living away from home allowances**

- Do you have a living away from home, site, travel or commute allowance included in your remuneration or does your remuneration include any element of compensation for not working near your home?  Yes  No  
If **yes**, please make sure you have indicated in Section B – question 2 above what part of your total remuneration such allowances represent.
- Do you work offshore, live in a mine camp or fly-in-fly-out to your work location?  Yes  No
- Do you commute from your family or home residence to work on a daily basis?  Yes  No
- Do you work and live within 100 km of any of the following regional centres?  Yes  No  
**WA** - Kalgoorlie, Port Headland    **NSW** - Hunter Valley    **QLD** - Townsville, Gladstone, Rockhampton, Toowoomba, Mackay, Mt Isa

**Declaration**

I, the life to be insured, declare that I have read and understood my duty to take reasonable care not to make a misrepresentation and that the statements and answers provided in this questionnaire are true, accurate and complete. I understand that the information I provide on this form in conjunction with any other statements made in connection with this application for life insurance will be used by OnePath to decide whether to extend life insurance cover to the policy owner in respect of my life. I have read and understood my duty to take reasonable care not to make a misrepresentation and the consequences of not meeting the legal duty and answering all questions truthfully and completely.

I consent to the collection, use, storage and disclosure of my personal information as described in the Privacy Policy and the Privacy Statement contained in the PDS (including discussing any information obtained from me and any doctors or accountants with the financial adviser associated with this application). OnePath’s Privacy Policy is available at [onepath.com.au/about-us/privacy-policy](http://onepath.com.au/about-us/privacy-policy)

If I have provided personal information about any identified person, I declare that I have their permission to do so and I have informed them of the Privacy Policy and the Privacy Statement.

Name of Life Insured

Life Insured’s signature   
(sign clearly within box)

Date (dd/mm/yyyy)

Please ensure all changes in health and circumstances since completion of the original Application Form and Personal Statement are fully advised.

**Postal address**  
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