

Express Examination Form

Underwriting

March 2025

Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

Customer Care

UnderwritingFor use by advisers only

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			by OnePath Underwriting	g. To avoid delays, plea	se check that all quo	estions have been				
	wered fully. Please use E cy number/s	SLOCK LETTERS.								
Sec	tion 1 is to be completed	d by the life insur	ed and Sections 2 and 3 b	y the medical examine	r.					
1. L	ife insured details									
Title		Mr Mrs Ms Miss Dr Other								
Surname										
Given names(s)										
Date of birth										
Address										
				State	F	Postcode				
Occ	upation				Sex:	Male Female				
Adv	iser name									
Adv	iser number									
The	medical examiner is rec	quired to complet	e this section.							
2. 1	Measurements									
(a)	Height (without shoes)		cm Weight	kg	Abdomen	cm				
	Hip		cm Chest expiration	cm	Chest inspiration	cm				
(b)	Pulse rate	per minute								
(c)	What is the blood pressure – (Auscultatory method)? The Diastolic level is to be taken at the cessation of all sound. If the first systolic reading is above 135 or below 100, or the Diastolic above 85 or below 60, two further readings at 5 to 10 minute intervals are required. The recumbent position should be used where possible.									
	Systolic	(mm Hg)	(mm Hg)	(mm Hg)					
	Diastolic	(mm Hg)	(mm Hg)	(mm Hg)					
(d)	Urine examination – the urine should be passed at the time of the examination. If not, please state circumstances.									
	Examination of the urine by dipstick test:									
	Does the urine contain									
	(i) Albumin									
	If 'Yes', please provide details									
	(ii) Glucose					Yes No				
	If 'Yes', please provide de	etails								

(iii) Blood					Yes L No
If 'Yes', please provide det					
3. Medical examiner de	etails				
Summary – please comment of	on any unfavourable f	features observed dur	ing examination		
	<u> </u>				
Name of medical examiner					
Qualifications					
Address					
				State	Postcode
Signature of	X				D : 1
medical examiner					Date//

Privacy

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

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.

Postal address

OnePath Locked Bag 994 North Sydney NSW 2059