

Initial Medical Questionnaire

The below Life Assured is claiming a disability benefit from OnePath and we require the following information from you, as the Registered Medical Practitioner for the Life Assured, in order to assess the claim. The more information you are able to provide, the more accurately we will be able to assess the claim. Thank you for your assistance. Please note that this form is to be completed at the expense of the Life Assured.

1 Policy details

Policy number

Life Assured

Date of birth

2 Claim details

(a) What is the primary diagnosis that has caused the current disability?

(b) When did the Life Assured first consult you for the condition they are claiming for?

(c) When did the Life Assured first experience symptoms of the condition?

(d) Has the Life Assured suffered from this condition in the past? If so, please provide details. Yes No

(e) Are there any other illnesses or injuries that the Life Assured is suffering from? Yes No

(f) What treatment plan have you recommended for the current condition(s)?

(g) Is the Life Assured compliant with the treatment you have recommended? Yes No

(h) Are you aware of any rehabilitation plan that is in place for the Life Assured? Yes No

(i) When did the Life Assured last consult you for the condition they are claiming for?

4 Contact

If you would like an OnePath Claims Consultant or our Chief Medical Officer to contact you with respect to this claim please provide your phone number and the best time to call. Please note that you are able to invoice OnePath for this discussion.

Phone number Contact time

5 Details of Registered Medical Practitioner

How long has the Life Assured been a patient of yours?

If less than 3 years do you hold the Life Assured's full medical records? Yes No

Name

Address

Phone () Fax ()

Email

MCNZ number

Date DD / MM / YYYY

Signature Date DD / MM / YYYY

Declaration

- I declare that the above information, and other information supplied by me in relation to this form, is true and correct and that no information relevant to the Life Assured has been omitted from this form.
- I declare that I am registered as a medical practitioner with the Medical Council of New Zealand and am not the Patient, the Policy Owner or either of their respective partners or relatives.
- I consent and authorise OnePath Life (NZ) Limited to disclose to its associated companies, advisers, reinsurers or any other party authorised by the Life Assured, any information provided by me in connection with this form for any of the purposes authorised by the Life Assured.

OnePath Life (NZ) Limited (OnePath)

Private Bag 92131, Victoria Street West, Auckland 1142

Toll Free T 0508 464 999 F 0508 464 666

E insurance@onepath.co.nz