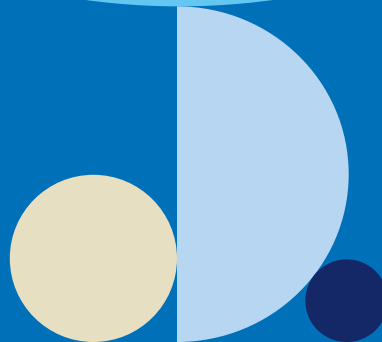




Underwriting Quick Reference Guide



Group Life Insurance
Group Salary Continuance Insurance
February 2022



This Underwriting Guide is designed to provide information to members wishing to apply for cover or additional cover. It outlines the mandatory medical and financial requirements, Forward Underwriting Limits (FUL) and provides a general guide as to how we treat common medical conditions. For further information on Group Life Insurance and Group Salary Continuance Insurance, please refer to the relevant Product Disclosure Statement. Furthermore, this product has been designed to meet certain objectives, financial situations and needs, which are described in our Target Market Determination available at onepathinsurance.com.au/tmd

Mandatory Medical and Financial Requirements – Group

Our Forward Underwriting Limits (FUL) and automatic requirements are detailed below.

Medical Requirements

Group Life			
Insured benefit	Automatic requirement	Benefit range	Forward Underwriting Limit
\$0 – \$1,500,000	<ul style="list-style-type: none"> Personal Statement 	\$0 – \$1,300,000	\$1,500,000
		>\$1,300,000 – \$1,500,000	\$2,000,000 (based on automatic requirements for \$1,500,001 – \$2,000,000)
\$1,500,001 – \$2,000,000	<ul style="list-style-type: none"> Personal Statement Bloods screen (Fasting MBA20, HIV, Hepatitis B and C serology) 	\$1,500,001 – \$1,800,000	\$2,000,000
		>\$1,800,000 – \$2,000,000	\$3,000,000* (based on automatic requirements for \$2,000,001 – \$3,000,000)
\$2,000,001 – \$3,000,000	<ul style="list-style-type: none"> Personal Statement Bloods screen (Fasting MBA20, HIV, Hepatitis B and C serology) MediQuick 		\$3,000,000'
\$3,000,001 – \$5,000,000	<ul style="list-style-type: none"> Personal Statement Bloods screen (Fasting MBA20, HIV, Hepatitis B and C serology) GP Medical Examination PMAR by usual doctor 		NA
\$5,000,001+	<ul style="list-style-type: none"> Personal Statement Bloods screen (Fasting MBA20, HIV, Hepatitis B and C serology) PMAR by usual doctor Specialist Medical Exam Microurinalysis (MSU), Full Blood Count (FBC), Exercise ECG 		NA

*If the applicant does not provide and/or undertake the new set of requirements, they will only be forward underwritten to \$2,000,000.

†Subject to the plan's maximum benefit limit not being exceeded.

Forward underwriting: This will only apply to members who have been individually underwritten and does not apply to unitised cover. Once a member's insured benefit is underwritten and accepted no further evidence will be required, provided the rate of increase is no greater than 25% in any one year, until the insured benefit exceeds the next FUL. When a member is accepted the next FUL to which they have been underwritten will be advised.

Note: If cover is voluntary or a requested increase is voluntary then forward underwriting will not be available.

Group Salary Continuance			
Monthly benefit	Automatic requirement	Monthly benefit	Forward Underwriting Limit
\$0 – \$10,000	<ul style="list-style-type: none"> Personal Statement 	\$0 – \$8,500	\$10,000
		>\$8,500 – \$10,000	\$15,000* (based on automatic requirements for \$10,001 – \$15,000)
\$10,001 – \$15,000	<ul style="list-style-type: none"> Personal Statement PMAR by usual doctor 	\$10,001 – \$14,000	\$15,000
		>\$14,000 – \$15,000	\$20,000' (based on automatic requirements for \$15,001 – \$20,000)
\$15,001 – \$20,000	<ul style="list-style-type: none"> Personal Statement Bloods screen (Fasting MBA20, HIV, Hepatitis B and C serology) PMAR by usual doctor 	\$15,001 – \$19,000	\$20,000'
		>\$19,000 – \$20,000	(based on automatic requirements for \$20,001 – \$30,000)**
\$20,001 – \$30,000	<ul style="list-style-type: none"> Personal Statement Bloods screen (Fasting MBA20, HIV, Hepatitis B and C serology) PMAR by usual doctor MediQuick 		\$30,000**
\$30,001+	<ul style="list-style-type: none"> Personal Statement Bloods screen (Fasting MBA20, HIV, Hepatitis B and C serology) PMAR by usual doctor Specialist Medical Examination Microurinalysis (MSU), Full Blood Count, Exercise ECG Mammogram for females > age 50 Prostate Specific Antigen (PSA) for males > age 50 		

*If the applicant does not provide and/or undertake the new set of requirements, they will only be forward underwritten to \$10,000 per month.

'If the applicant does not provide and/or undertake the new set of requirements, they will only be forward underwritten to \$15,000 per month.

^Subject to the plan's maximum monthly benefit limit not being exceeded.

^If the applicant does not provide and/or undertake the new set of requirements, they will only be forward underwritten to \$20,000 per month.

Forward underwriting: This will only apply to members who have been individually underwritten and does not apply to unitised cover. Once a member's insured benefit is underwritten and accepted no further evidence will be required, provided the rate of increase is no greater than 25% in any one year, until the insured benefit exceeds the next FUL. When a member is accepted the next FUL to which they have been underwritten will be advised.

Note: If cover is voluntary or a requested increase is voluntary then forward underwriting will not be available.

Financial Requirements (applies to personal division members and voluntary cover only)

Group Life	
Insured benefit	Automatic requirement
\$0 – \$1,500,000	<ul style="list-style-type: none"> Salary (as per personal statement)
\$1,500,001 – \$2,000,000	<ul style="list-style-type: none"> Salary (as per personal statement)
\$2,000,001 – \$3,000,000	<ul style="list-style-type: none"> Salary (as per personal statement)
\$3,000,001 – \$5,000,000	<ul style="list-style-type: none"> Financial Questionnaire
\$5,000,001+	<ul style="list-style-type: none"> Financial Questionnaire Life insured's personal Income Tax Returns and Notices of Assessment for the two most recent financial years Business financial statements (including detailed Profit and Loss Statements and Balance Sheets) and business income tax returns for the two most recent financial years for all associated business entities in the group

Group Salary Continuance	
Insured benefit	Automatic requirement
\$0 – \$10,000	<ul style="list-style-type: none"> Salary (as per personal statement)
\$10,001 – \$15,000	<ul style="list-style-type: none"> Salary (as per personal statement)
\$15,001 – \$20,000	<ul style="list-style-type: none"> Salary (as per personal statement)
\$20,001 – \$30,000	<ul style="list-style-type: none"> Financial Questionnaire
\$30,001+	<p>For All:</p> <ul style="list-style-type: none"> Financial Questionnaire <p>For employed individuals with no ownership interest in the business any one of the following can be supplied as proof of income:</p> <ul style="list-style-type: none"> Details of salary package on employer letterhead Insured's personal Income Tax Return and Notice of Assessment PAYG payment summary (group certificate) Copy of employment contract if employed under a contract Payslips in limited circumstances (please contact your underwriter for more information) <p>For self-employed individuals, partners in a partnership or employees of their own company:</p> <ul style="list-style-type: none"> Insured's personal Income Tax Return and Notice of Assessment Business financial statements (including detailed Profit and Loss Statements and Balance Sheets) and business income tax returns for the two most recent financial years for all associated business entities in the group

Guide to common medical conditions

Important note: The following is a general guide as to when OnePath will accept, reject or load applications for cover, or additional cover. This document is a guide only and each application for cover or an increase in cover will be assessed individually. OnePath reserves the right to fully underwrite each application depending on the information declared in the application form and accompanying documentation.

Condition	Possible underwriting decision		
	Death	TPD	GSC
Asthma (non smoker)	Mild = D Moderate – severe = A	Mild = D Moderate – severe = A	Mild = D Moderate – severe = A
Asthma (smoker)	Mild = A Moderate – severe = A or C	Mild = A Moderate – severe = A or C	Mild = A Moderate – severe = A or C
BMI 36 e.g. 166cm & 100kg	A	A	A
BMI 47 e.g. 166cm & 130kg	A	C	C
Cancer	Low grade/in remission/ not recent = A High grade/recent = C	C	C
Cholesterol	Well controlled = D	Well controlled = D	Well controlled = D
Deafness (no underlying disease)	D	B	B
Diabetes	A	A or C	A or C
Emphysema or COAD (lung disease)	Non-smoking = A Smoking = C	A or C	A or C
Family history of cancer, heart problems, diabetes	2 relatives or more = A	2 relatives or more = A	2 relatives or more = A
Family history of Huntingtons	A or C	C	C
Sleep apnoea	Mild/well controlled = D	A or C	A or C
Gout	Mild = D Recurrent = A	B	B
Heart condition	A or C	A or C	A or C
High BP	Well controlled = D	Well controlled = D	Well controlled = D
Kidney problems	A or C	A or C	A or C
Kidney stones	Mild/not recent = D Recurrent = A	B	B
Mental illness	Mild = D Severe = A or C	Mild = B Poor control/severe = C	Mild = B Poor control/severe = C
Multiple sclerosis	A	C	C
Osteo-arthritis	D	Single joint = B Multiple joints = C	Single joint = B Multiple joints = C
Psoriatic or rheumatoid arthritis	A	C	C
Stroke	A or C	C	C
Thyroid	Mild/well controlled = D	A	A

Legend	A Apply loading	B Apply exclusion	C Decline	D Accept – no loading
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Group Life Insurance and Group Salary Continuance Insurance are issued by OnePath Life Limited
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