

Group Risk Insurance Medical Examination



Underwriting

Questions 1, 2 and 3 of Section 1 are to be completed by the life insured prior to the examination. The medical examiner will discuss the answers with you and add any details considered appropriate.

Section 2 is to be completed by the medical examiner.

Please avoid delays by checking that all questions have been answered fully and where appropriate use BLOCK LETTERS.

Policy name

Policy number

Zurich Australia Limited ABN 92 000 010 095 / AFSL 232510 ('Zurich') is the insurer of the policy which provides cover in respect of this application.

Section 1

Life Insured's duty of disclosure

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell us anything that he or she knows, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

The person entering into the contract has this duty until we agree to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something that you know, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell us something that he or she must tell us.

If the person entering the contract does not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell us anything he or she is required to, and we would not have provided the insurance if he or she had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if he or she had told us everything he or she should have. However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount of insurance provided, we may, at any time vary the contract in a way that places us in the same position we would have been in if he or she had told us everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.



Privacy

Privacy – Use and Disclosure of Information

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information ('Information'), you should know the following information. We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you in order to comply with our legal obligations, to assess your application for insurance cover, to administer the insurance cover provided, to enhance customer service or products and to manage claims ('purposes'). If you do not agree to provide us with the Information, we may not be able to process your application, administer your cover or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information which includes us disclosing your Information where relevant for the purposes, to the Policy Owner, your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners or as required by law within Australia or overseas. These laws include the Australian Securities and Investment Commissions Act 2001, Corporations Act 2001, Insurance Contracts Act 1984, Life Insurance Act 1995, Superannuation Industry (Supervision) Act 1993, Anti Money Laundering and Counter Terrorism Financing Act 2006, Income Tax Assessment Act 1997, Taxation Administration Act 1953, Superannuation (Resolution of Complaints) Act 1993, Superannuation (Government Co-contribution for low income earners) Act 2003 and Family Law Act 1975 (Part VIII B), as those acts are amended and any associated regulations. From time to time other acts may require, or authorise us to collect your personal information.

Zurich may obtain Information about you from government offices and third parties to assess a claim. We may use Personal Information (but not Sensitive Information) collected about you to notify you of other products and services we offer. If you do not want your Personal Information to be used in this way, please contact us.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone on 132 687 or email us at privacy.officer@zurich.com.au

1 Insured details

Title	Surname			
Given name(s)		Date of birth	/	/
Address		State		Postcode
Contact details	Work		Home	
	Mobile		Email	
Present occupation			Industry in which you work	

The medical Examiner is requested to ensure that a clear and complete answer is given to each of the following questions.

2 Personal habits

- (a) Have you smoked tobacco or any other substance within the last 12 months? Yes No
If 'Yes', please provide type and quantity per day
- (b) Do you now or have you ever consumed alcohol? Yes No
If 'Yes', how many standard drinks do you consume on average per week
- (c) Have you ever reduced or been advised to reduce your tobacco or alcohol consumption? Yes No
Type, previous amount, duration
Reason for reduction, cessation
- (d) (i) Have you used or injected yourself with any drug not prescribed by a doctor? Yes No If 'Yes', please provide details
- (ii) Have you ever had an alcohol dependency? Yes No If 'Yes', please provide details
- (e) Do you take any medication, drugs, stimulants, sedatives or tranquillisers or have you done so within the last 5 years? Yes No
If 'Yes', please provide details

3 Medical history

If you answer 'Yes', to any of the following questions, please provide full details including **question number**, date, condition, name and address of doctors/hospitals, treatment, results, length of time off work. Do you have or have you ever had any of the following medical conditions.

- (a) Any heart or vascular disorder, high blood pressure, raised cholesterol, chest pain, rheumatic fever? Yes No If 'Yes', please provide details
- (b) Indigestion, hernia, gastric or duodenal ulcer? Yes No If 'Yes', please provide details
- (c) Bowel disease? Yes No If 'Yes', please provide details
- (d) Coughing of blood or passage of blood from the bowel or in the urine? Yes No If 'Yes', please provide details
- (e) Hepatitis, haemochromatosis, any liver disease, gall bladder disease or abnormal liver function tests? Yes No If 'Yes', please provide details
- (f) Anaemia, leukaemia, haemophilia, or other blood disorder? Yes No If 'Yes', please provide details
- (g) Kidney or bladder disorder (including renal colic, calculi, nephritis, pyelitis or cystitis)? Yes No If 'Yes', please provide details
- (h) Cancer, tumour, cyst or growth of any kind? Yes No If 'Yes', please provide details
- (i) Thyroid or prostate disorder? Yes No If 'Yes', please provide details
- (j) Arthritis, gout? Yes No If 'Yes', please provide details
- (k) Tendonitis, tenosynovitis, "RSI" or regional pain syndrome? Yes No If 'Yes', please provide details
- (l) Any impairment of sight, hearing or speech? Yes No If 'Yes', please provide details
- (m) Any skin disorder? Yes No If 'Yes', please provide details
- (n) Any congenital abnormality? Yes No If 'Yes', please provide details
- (o) Any sexually transmitted disease or hepatitis? Yes No If 'Yes', please provide details
- (p) Any positive antibody test for HIV? Yes No If 'Yes', please provide details
- (q) Any other disability, illness or injury? Yes No If 'Yes', please provide details
- (r) Any blood test, urine test or bowel screening? Yes No If 'Yes', please provide details
- (s) An ECG, X-ray, CT or MRI scan? Yes No If 'Yes', please provide details
- (t) Any other test? Yes No If 'Yes', please provide details
- (u) Asthma, bronchitis or other lung complaint? Yes No If 'Yes', please provide details
- (v) Epilepsy, fainting attacks or fits of any kind? Yes No If 'Yes', please provide details
- (w) Paralysis or stroke? Yes No If 'Yes', please provide details

3 Medical history (continued)

If you answer 'Yes', to any of the following questions, please provide full details including **question number**, date, condition, name and address of doctors/hospitals, treatment, results, length of time off work Do you have or have you ever had any of the following medical conditions.

(x) Depression, stress, anxiety, panic attacks, behavioural disorder or other mental or nervous condition? Yes No If 'Yes', please provide details

(y) Lethargy, chronic fatigue, chronic pain syndrome, glandular fever or fibromyalgia? Yes No If 'Yes', please provide details

(z) Diabetes? Yes No If 'Yes', please provide details

(a1) Any disease of, or injury to, the neck or spine including back strain, disc disorder, lumbago, fibrositis, sciatica, neuritis or other non-specific back pain? Yes No If 'Yes', please provide details

(b1) Any injury, deformity or disease involving any joint or limb? Yes No If 'Yes', please provide details

(c1) Do you contemplate seeking any examination, advice or treatment (including medical or surgical) in the near future? Yes No If 'Yes', please provide details

4 Family medical history – all to complete

Please indicate if any parent, brother or sister, living or deceased, has had any of the following:

- Diabetes Cancer Cystic fibrosis Heart disease Polycystic kidneys
 Mental disorder Stroke Muscular dystrophy Huntington's chorea or any hereditary disease

Yes No If 'Yes', please complete the following schedule of family history

Living			Deceased	
	Age	State of Health (if not good, state reason)	Age	Cause of Death (to be stated fully and exactly)
Father				
Mother				
Brothers				
Sisters				

5 Declaration

The proposed Life Insured states as follows:

1. I have read and understood all of the statements, questions and answers in the form. In particular, I acknowledge my duty of disclosure to Zurich as described on page 1.
2. Each statement that I have made to Zurich or any other person in relation to my application for insurance and in this form is true and correct.
3. I acknowledge that Zurich will rely on statements in this form in deciding whether to issue an insurance policy and what terms and premium to offer.
4. I authorise Zurich to disclose any information in relation to my application for insurance to any person for the purpose of assisting Zurich to make a decision in relation to my application for insurance.
5. I understand that the insurance applied for shall not become effective until Zurich accepts my application.
6. I authorise my medical practitioner or other professional (ie accountant) to disclose any information that they may possess about me to Zurich in relation to my application for insurance or any claim under it.
7. I authorise Zurich to approach any person named in this form to verify any aspect of it. In the same way, I authorise any person named in this form to disclose any information they may possess about me to Zurich.

Life Insured signature

X

Date

/ /

The above was signed in my presence and discussed where I considered it appropriate.

Medical Examiner's signature

X

Date

/ /

If you have any queries please contact your financial adviser, call Zurich on 1800 139910 or email: grouprisk.admin@zurich.com.au

Group Risk Insurance Medical examination



Underwriting

The information regarding your findings should NOT be given to any other person. Exception may be made subject to the examinee's consent, if in your opinion there is medical information which should be conveyed to his/her medical attendant.

Zurich's decision concerning the proposal for insurance will be based on a careful consideration of the medical evidence and other factors including the type of insurance sought. The examiner is therefore requested NOT to express to the examinee any opinion concerning the examinee's insurability. This form must be posted direct to Zurich immediately on completion of examination.

Please avoid delays by checking that all questions have been answered fully and where appropriate use block letters.

Section 2

1 Introduction

(a) Are you acquainted with the examinee Yes No Professionally Personally
If 'Yes', please give details

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(b) Is there anything unfavourable in appearance, development or behaviour? Yes No If 'Yes', please provide details

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(c) Is there any indication of past or present abuse of alcohol or of the misuse of drugs Yes No If 'Yes', please provide details

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2 Measurement

Please fill in the following particulars. Measurements must be actual wherever possible

(a) Height without shoes? cm Weight (clothed) kg

Chest expiration (next to skin) cm Inspiration cm

Abdomen at umbilicus (next to skin) cm

(b) If chest expansion is less than 5cm comment as to apparent cause or provide peak flow meter reading if available

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3 Respiratory system

Is there any abnormality of the respiratory system to palpation, percussion or auscultation? Yes No If 'Yes', please provide details

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Is there any sign of past or present respiratory disease? Yes No If 'Yes', please provide details

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4 Circulatory system

- (a) What is the rate and character of the pulse? Pulse rate Character
- (b) What is the position of the apex beat of the heart? In the intercostal space from mid-sternal line cm
- (c) Is there any evidence of cardiac enlargement? Yes No If 'Yes', please provide details

- (d) Is there any abnormality in the heart sounds or rhythm? Yes No If 'Yes', please provide details

- (e) Is there any murmur present? Yes No
 If 'Yes', describe fully including site, timing, intensity and transmission. Also indicate any effect of posture or respiration on the murmur.

- (f) 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	Diastolic	mm Hg

- (g) Is there any abnormality of the peripheral arterial or venous circulation? Yes No If 'Yes', please provide details

- (h) Is there any abnormality of the heart and vascular system? Yes No If 'Yes', please provide details

- (i) Is the examinee now on treatment for hypertension? Yes No If 'Yes', please provide details

Pre-treatment blood pressure level including dates (if known)

Duration of treatment

Nature of treatment

5 Digestive and lymphatic system

- (a) Is there any abnormality of the tongue, mouth or throat? Yes No If 'Yes', please provide details

- (b) Is there any abnormality or evidence of disease of any abdominal organ, including liver and spleen? Yes No If 'Yes', please provide detail

- (c) Is there any abnormality of lymph nodes in the neck, axillae or inguinal regions? Yes No If 'Yes', please provide details

- (d) Is a hernia present? Yes No If 'Yes', please provide details

6 Genito-urinary system

(a) (i) Urine Examination (the urine should be passed at the time of examination if not, please state circumstances)

Does the urine contain: (i) Albumin Yes No If 'Yes', please provide details

(ii) Glucose Yes No If 'Yes', please provide details

(iii) Blood Yes No If 'Yes', please provide details

ii) If albumin is found, an early morning specimen should be examined and findings recorded here before completing the report

(b) Is there any evidence of abnormality of the genito-urinary systems? Yes No If 'Yes', please provide details

(c) FEMALES – Is the examinee pregnant? Yes No

If 'Yes', please advise expected date of confinement / /

7 Nervous system

(a) Is there any defect or abnormality of the eyes? Yes No If 'Yes', please provide details

(b) Is there any defect in hearing or speech (in cases of present or past ear discharge or deafness, state result of auriscope examination)? Yes No If 'Yes', please provide details

(c) (i) Is there any evidence of mental abnormality? Yes No If 'Yes', please provide details

(ii) Is there any evidence of disorder of the central or peripheral nervous system? Yes No If 'Yes', please provide details

8 Musculo – skeletal system and skin

(a) Is there any abnormality of the form or function of

(i) the joints? Yes No If 'Yes', please provide details

(ii) the muscles or connective tissues? Yes No If 'Yes', please provide details

(iii) the back or neck including the cervical and lumbar spine? Yes No If 'Yes', please provide details

(b) Is there any evidence of any disorder of the skin? Yes No If 'Yes', please provide details

9 Summary

(a) Do you consider any medical attendant's reports or any special tests are required? *(No special tests are to be carried out in connection with the proposal for insurance without the Company's authority.)*

Yes No If 'Yes', please provide details

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(b) Do you consider the person examined to be likely to require any surgical operation or future medical treatment?

Yes No If 'Yes', please provide details

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(c) Comment fully on any unfavourable features (eith physical or mental) which could either reduce life expectancy or cause disablement.

(i) In the personal or family medical history

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(ii) Disclosed by your medical examination

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10 Declarations

To my knowledge I declare that the information provided is true and correct.

Name	Qualifications		
Address		State	Postcode
Contact number	Your fee \$		

Medical Examiner's signature	Date
X	/ /

Any questions?

Call 1800 139910 or email: grouprisk.admin@zurich.com.au

Please return completed form or invoice to:

Zurich Australia Limited
Group Risk Insurance
Locked Bag 994
North Sydney NSW 2059