

Group Insurance Tele-Underwriting Application



Life insured

Mr Mrs Ms Miss Other: _____

last name

given names

male female

date of birth

/ /

residential address

state

postcode

country of residency

work phone number ()

home phone number ()

mobile number

email

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.

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.

YOUR 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

INTERVIEW PROCESS

As part of your application for this cover, Zurich will contact you by telephone to conduct an interview to collect personal information regarding your health, medical history, occupation, activities and other details (ie. to collect the information required in the Zurich Group Risk Insurance Personal Statement).

Interviews can start between 8.00am and 7.00pm EST. A Zurich representative will contact you at the time and date nominated on this page.

In the phone interview you will be required to answer a number of questions. You may need to refer to personal documents in order to answer these questions. You should have the following information on hand for your phone interview:

- occupational details
- doctor's details
- height and weight details
- medical background
- family medical history
- insurance history
- details of travel plans

Interviews can take between 15 minutes and 1 hour. We guarantee a shorter interview if you are prepared with documentation. We will send you a document checklist when we make your interview appointment.

Your duty of disclosure as described on the previous page will apply to you during the course of this telephone interview.

All of the information collected during the interview is sent back to you as a completed 'Group Risk Insurance Personal Statement' for you to check and confirm.

You must check this written copy of the information we recorded for any errors or omissions. Your duty of disclosure will also continue to apply after the telephone interview has been completed.

If any information we recorded is incorrect, incomplete or omitted, you must inform us about the correction, omission or additional information within 5 days of your receiving the written copy of the information. If you fail to inform us about the correction, omission or additional information within this time, you may have failed to comply with your duty of disclosure. The consequences of you failing to comply with your duty of disclosure are detailed on the previous page.

TO ARRANGE YOUR INTERVIEW

Please indicate preferred times for your telephone interview or advise a time you are not available:

Telephone number	()
Alternative telephone number	()
Preferred day	Time <input type="checkbox"/> morning <input type="checkbox"/> afternoon
Unavailable	

DECLARATIONS

I acknowledge my Duty of Disclosure as detailed on page 1 of this form and understand that this duty also applies until formal notification of acceptance. I understand that Zurich will rely on the answers I give in my application for insurance in deciding whether to accept my application and that the insurance applied for shall not become effective until Zurich accepts my application.

I acknowledge that to the best of my knowledge and belief all answers provided in my Zurich Group Risk Personal Statement are true and correct and no information material to the assessment of my application for insurance has been withheld.

I authorise and direct any medical practitioner or other professional to disclose at any time information they possess in relation to my insurance, including my state of health and medical history, to Zurich or any organisation duly appointed by Zurich or to any lawfully constituted tribunal. To this extent, all professional confidence and privilege is waived. A photocopy of this authority is valid and may be treated as if it was the original.

I authorise Zurich or any organisation duly appointed by Zurich to disclose my personal information (including health and sensitive information) in relation to my application for insurance to any person for the purpose of assisting Zurich to assess and verify the information provided and make a decision in relation to my application for insurance.

I have read and understood the Privacy Statement on page 1 of this form and I agree to the collection and use of personal information about me in the manner described.

I confirm that I will disclose all medical or surgical attention or treatment that I am now receiving or considering, in my Tele-underwriting interview with Zurich. I understand that the Policy applied for will not become effective until my application is approved by Zurich.

name of applicant
signature of applicant
date / /

Please return completed form to:

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