

# Sleep disorder questionnaire

**This form is to be completed only on request by Zurich Underwriting. To be completed by the life insured. To avoid delays, please check that all questions have been answered fully. Please use BLOCK LETTERS.**

Policy number/s



Policy type:  Wealth Protection  Active  Sumo  FutureWise

## Your duty of disclosure

Before entering into a life insurance contract, we must be told anything that each of you as the proposed policy owner and the life to be insured (if a different person to the proposed policy owner) knows, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

The duty applies until we agree to provide the insurance. It also applies before the insurance contract is extended, varied or reinstated.

We do not need to be told anything that:

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

If you are the life to be insured (but not also the proposed policy owner), you not telling us something that you know, or could reasonably be expected to know, that may affect our decision to provide the insurance and on what terms, may be treated as a failure by the proposed policy owner to tell us something that they must tell us with the following consequences for the proposed policy owner.

### If we are not told 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 we are not told anything that we are required to be told, and we would not have provided the insurance if we had been told, 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 we had been told everything we should have been told. However, if the insurance 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 insurance 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 we had been told everything we should have been told. 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

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at [www.zurich.com.au](http://www.zurich.com.au) or contact the Zurich Privacy Officer on 132 687 or email us at [privacy.officer@zurich.com.au](mailto:privacy.officer@zurich.com.au).

## 1 Life insured details

Title	Surname		
Given names	Date of birth	/	/
Address	State		Postcode
Contact details	Work ( )	Home ( )	
	Mobile	Email	

## 2 Sleep disorder details

(a) What is the condition/diagnosis? \_\_\_\_\_ Date diagnosed / /

(b) Have you ever undertaken a sleep study?  
 Yes → when was this last completed? / /  
what was the reported severity?  Mild  Moderate  Severe  Unsure  
 No → Have you been advised to undertake a sleep study?  
 Yes → confirm if and/or when this will take place / /  
 No → clarify on what basis were you diagnosed with sleep apnoea (such as symptoms, etc.)

(c) What symptoms did you experience? (common symptoms may include choking or gasping on waking from sleep, daytime fatigue and tiredness, morning headaches, falling asleep during the day, heavy snoring, or choking/breathing cessation during sleep)

(d) Do you still experience these symptoms?  
 Yes  
 No → when did you last experience these symptoms? / /

(e) Are you currently receiving treatment for this condition?  
 Yes → what treatment are you receiving?  CPAP  Mandibular splint/Mouthguard  Other  
have you been advised that this treatment is effective in treating your condition?  
 Yes  
 No  
 No → have you ever been treated, or been recommended to receive treatment?  
 No  
 Yes → provide details, including date ceased if appropriate

(f) Have you ever required time off work, or been restricted in your work duties and/or lifestyle due to this condition?  
 No  
 Yes → provide details

(g) Who was, or is your current treating doctor for this condition?  
Doctor's/Clinic's name \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone number \_\_\_\_\_  
Dates consulted From / / Most recent / /

(h) Have you consulted any other health professions for the condition/s? Yes  No   
If 'Yes', provide details below  
Doctor's/Clinic's name \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone number \_\_\_\_\_  
Dates consulted From / / Most recent / /

### 3 Declaration

The proposed life insured states as follows:

1. I have read and understood all of the statements, questions and answers in the questionnaire. In particular, I acknowledge my duty of disclosure to Zurich as described at the beginning of this form.
2. Each statement that I have made to Zurich or any other person in relation to my application for insurance and in this questionnaire is true and correct.
3. I acknowledge that Zurich will rely on statements in this questionnaire 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 (i.e. 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 questionnaire to verify any aspect. In the same way, I authorise any person named in my questionnaire to disclose any information they may possess about me to Zurich.

Name of life insured

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**Signature of life insured**

Date

X

/ /

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Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited, Underwriting Department, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to **life.newbusiness@zurich.com.au**

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Print Form