

Group Risk Insurance Personal Statement



To be completed by the applicant. Please avoid delays by checking that all questions have been answered fully and where appropriate use BLOCK LETTERS.

Policy Name

Policy Number

Applicant's Name

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

1. applicant's details

Mr Mrs Ms Miss Other: _____

last name

given names

male female

date of birth / /

May we contact you directly to clarify or gather further information in relation to this application?

No
 Yes → provide daytime contact number

phone number ()

best time of day to call

am pm

2. occupation details

2.01 Occupation

occupation

employer

industry

2.02 Describe all present duties, including the percentage of time spent in manual work/supervision of manual work

2.3 What is your current annual income (including packaged items but excluding bonuses/commissions)?

\$

3. general details

3.01 Are you a permanent resident of Australia?

Yes
 No

How many years have you lived in Australia?

3.02 Have you any intention to travel or reside overseas?

No
 Yes → provide details including when, where, reason for travel and duration of stay

3.03 Are you in receipt of or have you ever made a claim for injury or sickness benefits, disablement insurance or such benefits as Workers' Compensation, Veteran Affairs, Social Security or Motor Vehicle Third Party Scheme?

No
 Yes → provide details

4. insurance details

4.01 Do you have or have you recently applied for any life, disability and/or trauma insurance with any company, including Zurich?

No
 Yes → provide details

policy 1

company

type of policy

date commenced / /

issued amount \$

to be replaced by this application

Yes No

policy 2 (if applicable)

company

type of policy

date commenced / /

issued amount \$

to be replaced by this application

Yes No

policy 3 (if applicable)

company

type of policy

date commenced / /

issued amount \$

to be replaced by this application

Yes No

4.02 Have you ever had an application for life, trauma or disability insurance on your life declined, postponed, accepted with a loading or modification or had a current policy cancelled or renewal refused?

No
 Yes → provide name of company, alteration, date and reason, if known

5. personal health statement

Please ensure FULL completion of doctor details to prevent unnecessary delays

name of usual doctor or the last doctor attended if no usual doctor

 address of doctor

 state postcode
 How long have you known this doctor? years months
 date of last consultation / /
 reason for last consult

 results of last consult

 degree of recovery %

5.01 What is your current height and weight

height cm or ft/in
 weight kg or lb

5.02 Have you smoked tobacco or any other substance within the last 12 months?

No
 Yes → provide type and quantity per day

If you answered yes to any of questions 5.04 to 5.08 please provide full details (if additional space required please attach a separate page).

Question no.	Illness, injury or tests	Date commenced	Time off work	Degree of recovery %	Full details of treatment including date of last symptoms	Full name and address of doctor or hospitals consulted

5.03 Do you now or have you ever drunk alcohol?

No
 Yes → how many standard drinks do you or did you consume on average per week?

5.04 Have you ever received medical advice, consulted a doctor, undergone any medical treatment, investigations or operation for, suffered from or had any symptoms of high blood pressure or cholesterol; any heart or vascular complaint; stroke; kidney, bowel, intestinal, bladder or liver disease; any blood disorder; cancer or tumour of any type; mole or cyst; diabetes, epilepsy, asthma or any lung complaint; paralysis of any description; alcohol or drug abuse?

Yes
 No

5.05 During the last 5 years, have you taken or are you taking prescribed medication of any kind or have you suffered from, or do you intend to seek advice or treatment for, any symptoms of ill health or disability not mentioned above?

Yes
 No

5.06 Do you now have or have you ever had any disease of, or injury to, the neck or spine including back strain, disc disorder, fibrositis, sciatica, neuritis or other non-specific back pain?

Yes
 No

5.07 Do you now have or have you ever had any injury, deformity or disease involving any joint or limb?

Yes
 No

5.08 Do you now have or have you ever suffered from any mental or nervous disorder including but not limited to depression, anxiety, stress, chronic fatigue, panic attacks, schizophrenia or psychosis?

Yes
 No

