

Application for Needlestick cover option

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 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 or contact the Zurich Privacy Officer on 132 687 or email us at 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 Occupation

(a) What is your occupation? If more than one, state ALL occupations and the number of hours worked in each

(b) Provide a brief description of the nature of work performed

(c) Do you now or do you intend to in the future, practice your occupation outside of Australia or New Zealand?
If 'Yes', provide details

Yes No

3 Needlestick cover option

Needlestick cover option required: \$

Needlestick cover is available in units of \$50,000. The maximum benefit available with Zurich is \$1,000,000. The total amount of cover for occupationally acquired HIV and occupationally acquired hepatitis B or C with Zurich and other insurers cannot exceed \$2,000,000.

4 Life insured to answer

(a) Have you used, shared needles, or injected yourself with any drug not prescribed by a medical practitioner?
If 'Yes', provide details

Yes No

(b) Have you ever had a needlestick injury?

Yes No

If Yes, provide details of the date of the injury, cause of injury, date and results of initial blood tests done, date and results of follow up tests done

(c) Have you been infected with the Human Immunodeficiency Virus (HIV), Hepatitis B or C, or suffer from AIDS?
If 'Yes', provide details

Yes No

5 Declaration

I understand that my duty of disclosure applies and I am obliged to advise Zurich of any changes to any information included in this form until Zurich has informed me in writing as to whether my application has been accepted or declined.

I confirm that the answers to the questions set out in this form are true and complete.

Name of life insured

Signature of life insured

Date

X

/ /

Name of policy owner insured

Signature of policy owner

Date

X

/ /

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**