

Application for non-smoker rates

This application should only be completed if you (the life insured) have not:

- smoked cigarettes, cigars, tobacco, e-cigarettes or any other substances, or used nicotine replacement products in the last 12 consecutive months.

Please use **BLOCK LETTERS**.

Policy number/s



Policy type: Wealth Protection Active Sumo FutureWise Other_____

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 Smoking history – to be completed by the life insured

Which of the following applies to you? (Note: You can select one or both options)

(a) It was my own choice to give up smoking to improve my health/lifestyle and/or spending

AND/OR

(b) I have had a medical event or diagnosis that could have been contributed to by smoking (such as heart disease, stroke or cancer) and/or received Doctor's advice to give up smoking based on health reasons (eg. due to emphysema, asthma, any other respiratory disorder or any other medical condition).

If you selected option (b) please provide details in the following table:

Condition, sickness, injury or test		
Test results		
Date commenced	/ /	/ /
Time off work	days	days
Degree of recovery	%	%
Date of last symptoms	/ /	/ /
Treatment received		
Name and address of doctor		
Name and address of hospital		

3 Declaration of the life insured and policy owner

I/We:

1. **confirm that I (the life insured) have not smoked cigarettes, cigars, tobacco, e-cigarettes or any other substances, or used nicotine replacement products in the last 12 consecutive months;**
2. acknowledge the duty of disclosure as described at the beginning of this form, and declare that each statement made to Zurich in relation to this application, is true and accurate;
3. authorise Zurich to disclose any information in relation to this application to any person for the purpose of assisting Zurich to make a decision in relation to this application;
4. understand that the variation applied for shall not become effective until Zurich accepts this application;
5. authorise any medical practitioner or other professional to disclose any information that they may possess about me (the life insured) to Zurich (or its agents) in relation to this application.

Name of life insured

Signature of life insured

Date

X

/ /

Name of policy owner 1

Signature of policy owner 1

Date

X

/ /

Name of policy owner 2

Signature of policy owner 2

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**

Save File

Print Form