



Application to add policy options

This form allows you to add certain options to an existing policy. To avoid delays, check that all questions have been answered fully. Please use BLOCK LETTERS.

Policy number/s



Instructions

This form should be completed by the life insured and policy owner.

Before completing or signing this application form, please read the Zurich Product Disclosure Statement (PDS) for your policy. The PDS must be provided to you with this Application form. It will help you understand the optional extra benefits being applied for and decide if they are appropriate to your needs.

Additional options can only be requested if the appropriate type of cover is already held under the policy.

The addition of optional extra benefits will result in an increase to the premium amount payable. If your policy commenced after 15 May 2017, contact your financial adviser for a quote, otherwise contact Zurich Customer Care on 131 551 for a quote.

DO NOT complete this form if you wish to apply for any optional extra benefits not listed below.

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 Policy/Option details

Select from below the policy which you hold, as well as the option you wish to apply for:

For full details of each optional benefit, refer to the relevant Product Disclosure Statement (PDS)

Zurich Protection Plus or Superannuation Term Life Plus

Available on all policies	Available on policies applied for on or after 15 May 2017	Available on policies applied for before 15 May 2017
<input type="checkbox"/> Buy back TPD option <input type="checkbox"/> Double TPD option <input type="checkbox"/> Double trauma option <input type="checkbox"/> Premium waiver option <input type="checkbox"/> Trauma reinstatement option	<input type="checkbox"/> Buy back death option (Trauma) <input type="checkbox"/> Buy back death option (TPD) <input type="checkbox"/> Platinum trauma (from Extended trauma) <input type="checkbox"/> Platinum TPD (from Essential TPD)	<input type="checkbox"/> Accelerated buy back death option <input type="checkbox"/> Accidental death option <input type="checkbox"/> Top-up option

Zurich Income Protector/Plus or Zurich Superannuation Income Protector/Plus

- Income Protector Plus (i.e. upgrade from Income Protector. Not available if your occupation class is "SR")
- Increasing claims option
- Family care option*
- Future insurability option (not available if your occupation class is "SR")
- Lump sum accident option* (not available if your occupation class is "SR")
- Trauma advancement option* (only available on policies applied for on or after 15 May 2017. Not available if your occupation class is "SR")
- Trauma option (only available on policies applied for before 15 May 2017)

Zurich Income Replacement or Zurich Superannuation Income Replacement

- Income Replacement comprehensive (from standard)
- Income Replacement premier (from standard or comprehensive)
- Booster option
- Family care option
- Future Insurability option
- Increasing claims option
- Lump sum accident option
- Severe disability option
- Trauma option

Zurich Business Expenses

- Day 4 accident option/Accident option (not available if your occupation class is "SR" or "4")

Zurich Active Cover

- Extended care option

Zurich Active Income Cover

- Booster option
- Claims Escalation option
- Accident option
- Extra Benefits option
- Income Cover Plus (from Standard)

Zurich FutureWise

- Double TPD option
- Double Trauma option
- Premium waiver option
- TPD Platinum (from Plus)
- Trauma Plus (from Standard)
- Trauma Platinum (from Standard or Plus)
- Trauma reinstatement option

Zurich FutureWise Disability Income

- Booster option*
- Claims Escalation option
- Accident option (not available if your occupation class is "4")
- Extra Benefits option*
- Disability Income Plus (from Standard, only available to occupation classes "1E", "1P", "1L" and "1M")
- TPD Computation option*

* These optional benefits are not available in superannuation, but can be accessed via tailored super structuring or superannuation optimiser.

3 Declaration of health

(a) Please provide your current: Height cm Weight kg

Since the date of the original application for insurance on your life:

(b) Have you had any illness or injury (other than a cold or flu) or consulted any doctor or health professional? Yes No

If 'Yes', provide details including dates, condition, any treatment or test results, and name and address of doctors and/or hospitals.

(c) Have you undergone any medical tests such as a blood test, x-ray or ECG (other than regular annual check-ups or blood tests where the results have been normal)? Yes No

If 'Yes', provide details including dates, type and result of test, reason for test and any diagnosis made or treatment required, and name and address of doctors and/or hospitals.

(d) Have you commenced or been advised to commence any medication or treatment, or have you been advised to undergo any investigation, test, medical treatment or operation? Yes No

If 'Yes', provide details including type of treatment or investigation, when they will be performed and the reason that this has been advised.

(e) Have you had any symptoms for which you intend to seek medical advice, or are you waiting for medical treatment or consultation or the results from medical tests or investigations? Yes No

If 'Yes', provide details of the specific symptoms, pending treatment, advice or test result, and the date when this is expected to be completed.

(f) Has there been any change in your occupation (including duties or hours), or financial situation? Yes No

If 'Yes', describe your new occupation, duties and income details.

(g) Has there been a change in your participation or do you intend to participate in any potentially dangerous physical activities (e.g. aviation (other than as a fare-paying passenger), diving, hang gliding, parachuting, motor racing, rock or mountain climbing, football, martial arts and bungee jumping)? Yes No

If 'Yes', provide details including type of activity, degree of participation (such as amateur or professional), and frequency of participation.

(h) Have you taken up or applied to any other company for insurance? Yes No

If 'Yes', confirm the company, type and amount of cover applied for, and if cover is in force.

(i) Has an application for insurance for which you have applied, been declined or accepted on modified terms (e.g. exclusion, higher premium or other alteration)? Yes No

If 'Yes', provide details.

(j) Have you smoked tobacco or any other substance or used e-cigarettes or any nicotine replacement therapies within the last 12 months? Yes No

If 'Yes', advise type and quantity per day.

(k) Do you drink alcohol? Yes No

If 'Yes', advise average number of drinks per day.

(l) Do you intend to travel or live overseas in the next two years? Yes No

If 'Yes', confirm the country and region you will travel to, the date and reason for your travel, and how long you will travel for.

4 Declaration

- I/We declare that upon completing this application to add policy options form I/we have reviewed all disclosures in my original Life Insured's Statement and/or Personal Statement (relating to the policy to which an increase is requested) and can confirm that these disclosures were true and correct. I/we further understand this forms part of my application to increase my insurance cover. (Please refer to your Zurich records or contact Zurich to confirm the date of your original application).
- I/We have read and understood all of the statements, questions and answers in the questionnaire. In particular, I/we acknowledge my/our duty of disclosure to Zurich as described at the beginning of this form.
- Each statement that I/we have made to Zurich or any other person in relation to my/our application for insurance and in this questionnaire is true and correct.
- I/We acknowledge that Zurich will rely on statements in this questionnaire in deciding whether to issue the requested policy option and what terms and premium to offer.
- I/We authorise Zurich to disclose any information in relation to my/our application to add policy options to any person for the purpose of assisting Zurich to make a decision in relation to my/our application for insurance.
- I/We have read and understood the PDS for my/our policy including the sections relating to the optional extra benefits.
- I/We agree that this application will form the basis of the alteration to this policy and understand the premiums will increase to reflect the change to cover.
- I/We understand and agree that any optional extra benefits added after policy commencement using this application cannot be exercised if an insured event occurs within 90 days after the benefit is added.
- I/We understand that any optional extra benefits applied for will not be added to the policy until this application is accepted by Zurich in writing.

Name of life insured

Signature of life insured

Date

X

/ /

Name of policy owner 1 (if different to above)

Signature of policy owner 1

Date

X

/ /

Name of policy owner 2 (if applicable)

Signature of policy owner 2 (if applicable)

Date

X

/ /

Save File

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