

# Application to upgrade occupation category

**This Application should only be completed if you (the life insured) have been in your current occupation for the last 12 consecutive months.**

Policy number/s



## 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 What is your occupation and industry?

(a) Occupation

Business/Employer name and physical address		
	State	Postcode
Website	Email	
Industry		

(b) Do you have a degree, trade or other professional qualification?

Yes  No

If 'Yes', provide details

(c) What duties do you perform? (include % of time for each, as applicable)

Duty	% of time
Administrative/sedentary	
Supervision of manual labour	
Manual duties usual to qualification/trade	
Other manual duties (specify)	
Other duties (specify)	
	<b>100%</b>

**If your role is 100% administrative/sedentary, go to question (e).**

(d) Does your occupation require you to perform any of the following hazardous duties?

- using or handling explosives, chemicals, dangerous substances or asbestos
- working underground, offshore, underwater or at heights over 10m
- agricultural flying (eg. mustering)
- any other hazardous duties not listed above?

Yes  No

Yes  No

Yes  No

Yes  No

If 'Yes', provide details of the duties, including the amount of time spend undertaking each duty

(e) What is your employment status?

Self-Employed    Permanent Employed (full time or part-time)    Casual Contractor    Fixed Term Contractor

If Casual or Fixed Term Contractor please provide full details including the contract term/expiration date and your plans following the contract expiry

(f) On average, how many hours per week do you work in your principal occupation?

(g) Do you have a second job?   Yes    No    If 'Yes', confirm duties and how many hours per week you work in this role.

(h) Do you intend to change your current occupation (including a change of duties, hours or employment status) or take a leave of absence?

Yes  No

If 'Yes', please provide details

**Please complete this question for income protection policies only**

(i) What is the current annual income from your principal occupation (this can include superannuation and other benefits and exclude any business expenses incurred to earn this income)?

\$

(j) Since your last application with Zurich have you had any changes in health or circumstances that have contributed to in any way your change in occupation and/or duties? If 'Yes', please provide details

Yes  No

### 3 Declaration of the life insured and policy owner

I/We:

1. 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;
2. 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;
3. understand that the variation applied for shall not become effective until Zurich accepts this application;
4. authorise any medical practitioner or other professional to disclose any information that they may possess about me/us to Zurich (or its agents) in relation to this application;
5. confirm that I (the life insured) have been in my current occupation for the last 12 consecutive months.

Name of life insured

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**Signature of life insured**

Date

**X**

/ /

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Name of policy owner 1

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**Signature of policy owner 1**

Date

**X**

/ /

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Name of policy owner 2

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**Signature of policy owner 2**

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**