

Back/neck pain questionnaire

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 Sumo 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 Back/neck pain details

(a) Which part of your back/neck is, or was affected? Please select all that apply

Neck (Cervical spine) Upper/Middle (Thoracic spine) Lower (Lumbar-sacral spine)

(b) When did you first experience back/neck symptoms?

(c) What is, or was the cause of your back/neck disorder?

(d) What is, or was the diagnosis or nature of the disorder, including symptoms, e.g. muscular, soft tissue, a disc injury or other?

(e) Have you ever experienced any symptoms of sciatica, numbness or pins and needles? Yes No

If 'Yes', provide details including dates

(f) Do you continue to experience symptoms?

Yes → What was the date of your most recent symptoms? / /

How many episodes of back/neck symptoms do you experience per year?

How long do the symptoms normally last for?

No → When did you last experience any symptoms of this condition?

How many episodes of back/neck symptoms have you experienced, and how long did the symptoms last for?

(g) Have you made a complete recovery? Yes No

If 'Yes', How long have you been free of all symptoms?

(h) Are you currently undertaking treatment/therapy for this condition?

Yes → provide details of type of treatment/therapy below

No → have you ever undertaken treatment/therapy for this condition?

Yes → provide details

No → go to (i)

Type of treatment	Date commenced	Date ceased (if applicable)
<input type="checkbox"/> Medication	/ /	/ /
Name		
Dosage		
<input type="checkbox"/> Physiotherapy	/ /	/ /
<input type="checkbox"/> Chiropractor/Osteopath	/ /	/ /
<input type="checkbox"/> Surgery	/ /	/ /
Details		
<input type="checkbox"/> Other - please advise	/ /	/ /

(i) Have you undertaken any investigations, e.g. X-ray, CT scans or MRI? Yes No

If 'Yes', provide details

Test	Date	Result
	/ /	
	/ /	
	/ /	

2 Back/neck pain details (continued)

(j) Does this condition interfere with, or restrict your lifestyle activities or normal occupational duties?

Yes No

If 'Yes', provide details

(k) Have you ever taken time off work as a result of your back/neck condition?

Yes No

If 'Yes', advise when and for how long

(l). Who was, or is your current treating doctor for this condition?

Doctor's/Clinic's name

Address

State

Postcode

Phone number

Dates consulted

From / / Most recent / /

(m) Have you consulted any other health professions for the condition/s?

Yes No

If 'Yes', provide details below

Doctor's/Clinic's name

Address

State

Postcode

Phone number

Dates consulted

From / / Most recent / /

If you need more space to provide your answers a separate sheet signed and dated by you.

3 Declaration

The proposed life insured states as follows:

1. I have read and understood all of the statements, questions and answers in the questionnaire. In particular, I acknowledge my duty of disclosure to Zurich as described at the beginning of this form.
2. Each statement that I have made to Zurich or any other person in relation to my application for insurance and in this questionnaire is true and correct.
3. I acknowledge that Zurich will rely on statements in this questionnaire in deciding whether to issue an insurance policy and what terms and premium to offer.
4. I authorise Zurich to disclose any information in relation to my application for insurance to any person for the purpose of assisting Zurich to make a decision in relation to my application for insurance.
5. I understand that the insurance applied for shall not become effective until Zurich accepts my application.
6. I authorise my medical practitioner or other professional (i.e. accountant) to disclose any information that they may possess about me to Zurich in relation to my application for insurance or any claim under it.
7. I authorise Zurich to approach any person named in this questionnaire to verify any aspect. In the same way, I authorise any person named in my questionnaire to disclose any information they may possess about me to Zurich.

Name of life insured

Signature of life insured

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**

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Print Form