



# Declaration of health

This declaration attaches to and forms part of your application for cover with Zurich. 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](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

Declaration for insurance cover on the life of

Date of birth	/	/		
Postal address			State	Postcode
Contact details	Work ( )		Home ( )	
	Mobile		Email	

## 2 Declaration of health

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

- (a) 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.
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- (b) Have you undergone any medical tests such as a blood test, x-ray or ECG? Yes  No   
Do not include regular annual check-ups or blood tests where the results have been normal.  
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.
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- (c) 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.
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- (d) 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.
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- (e) 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
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- (f) Has there been a change in your participation or do you intend to participate in any potentially dangerous physical activities? Examples include 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.
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- (g) 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
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- (h) 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
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- (i) Do you have any new intention or changed any previous intention to travel or live overseas in the next 2 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
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### 3 Declaration

The proposed life insured states as follows:

1. I acknowledge my duty of disclosure to Zurich as described at the beginning of this form.
2. I have read and understood this questionnaire and declare each statement that I have made to Zurich in my application for insurance and in this questionnaire is true and correct and complete.
3. I acknowledge that Zurich will rely on statements in my application form and this questionnaire in deciding whether to issue an insurance policy and what terms and premium to offer.
4. I understand that the insurance applied for shall not become effective until Zurich accepts my application, and that my duty of disclosure continues until my application is accepted, declined or withdrawn
5. If requested by Zurich, I authorise any person named in my questionnaire (including medical practitioners or other professionals eg. my accountant) to disclose any information that they may possess about me to Zurich.

Name of life insured

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**Signature of life insured**

Date

X

/ /

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Name of policy owner

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**Signature of policy owner**

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**