

Diabetes 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 Diabetes details

(a) Please state the diagnosis relevant to you, e.g. Type I or Type II Diabetes Mellitus, Gestational Diabetes, Impaired Glucose Tolerance or Impaired Fasting Glucose, etc.

(b) When were you diagnosed with this condition? / /

(c) How often do you consult with your usual doctor/clinic for monitoring?

(d) What was the date of your most recent consult with this doctor/clinic? / /

(e) Are you currently undertaking treatment for this condition?

No → go to question (f)

Yes → what type of treatment are you undertaking?

Diet Insulin → number of daily units

Oral drug treatment → medication name and dosage

Other → specify

(f) Has your doctor changed your treatment within the last 2 years?

Yes No

If 'Yes', provide details of previous treatment including type, dosage and frequency (if applicable)

(g) Since your treatment commenced (if applicable), have you ever had a diabetic or insulin coma?

Not applicable – no treatment required Yes No

provide details of previous treatment including type, dosage and frequency (if applicable)

(h) Have you ever suffered from the following complications of diabetes:

Yes No

- Problems with your eyes? • High Blood Pressure or other heart/circulatory problems?
- Kidney problems including albumin or protein in the urine? • Numbness or tingling in your feet or legs?

If 'Yes', provide details including complication(s), severity, treatment and date

(i) Do you know your most recent blood glucose result?

Yes No

If 'Yes', Blood Glucose result Date of reading / /

(j) Do you know your most recent HbA1C (glycosylated haemoglobin) result?

Yes No

If 'Yes', HbA1C result Date of reading / /

(k) Please provide details of your treating doctor for diabetes

Doctor's/Clinic's name

Address State Postcode

Phone number

(l) Have you consulted any other health professionals for the condition/s?

No → continue Yes → provide details below

Doctor's/Clinic's name

Address State Postcode

Phone number

Dates consulted from / / to / /

Doctor's/Clinic's name

Address State Postcode

Phone number

Dates consulted from / / to / /

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**

Save File

Print Form