

Epilepsy and seizure disorder 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 Epilepsy details

- (a) Are you aware of an exact diagnosis of your epilepsy (such as petit mal, grand mal, simple partial seizure, complex partial seizure, generalised seizures etc.)?

Yes No

If 'Yes', confirm the exact diagnosis

- (b) When did you first experience a seizure? / /
-

- (c) How many seizures do you have each year (on average)?
-

- (d) What was the date of your last seizure? / /
-

- (e) Is the frequency of seizures becoming: more frequent less frequent unchanged
-

- (f) Are you being treated at present for this condition?

Yes No

If 'Yes', provide details of medication, dosage and frequency

- (g) Other than already stated above, have you taken any other medications or had any other treatment in the past for this condition?

Yes No

If 'Yes', provide details

Name of medication or treatment	Dose	Frequency	Date last taken
			/ /
			/ /
			/ /

- (h) Have you been advised that your seizures were due to any other medical condition (e.g. a brain condition, such as stroke or a tumour)?

Yes No

If 'Yes', provide full details including cause, if the cause has resolved and date of resolution (if applicable)

- (i) Have you ever had any tests or investigations carried out, e.g. electroencephalogram (EEG), CT scan, MRI scan, etc.?

Yes No

If 'Yes', provide details including dates, procedures, locations and results

Name of test or investigation	Location	Date	Result
		/ /	
		/ /	
		/ /	

- (j) Have you taken time off work or are your duties or lifestyle affected or restricted due to this condition (including driving or other licence limitations)?

Yes No

If 'Yes', provide details

- (k) Have you been advised to receive any other type of treatment, or have any further tests or investigations completed for this condition?

Yes No

If 'Yes', provide dates and durations

2 Epilepsy details (continued)

(l) Provide details of your treating doctor for this condition

Doctor's/Clinic's name

Address

State

Postcode

Phone number

(m) Have you consulted any other health professional for the condition?

Yes No

If 'Yes', provide details

Doctor's/Clinic's name

Address

State

Postcode

Phone number

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