

Express Life Insured's Statement



Important information

This form can be used to apply for an increase or alteration to an existing Zurich Wealth Protection, Active or FutureWise policy which has been fully underwritten by Zurich within the last three years. You cannot use this form to increase a Zurich Sumo policy.

Complete this form and return it to Zurich along with

- a Zurich premium quote
- the completed Zurich Insurance Application form

In assessing this application, we are relying on the disclosures made by you in the Life Insured's Statement and/or Personal Statement in the application for the existing cover. As part of this application, you are required to review and reconfirm the previous Statement. Furthermore, the duty of disclosure will apply to both your review of the previous Statement and to completion of this form. If you do not have a copy of the previous Statement you can obtain a copy by contacting Zurich Customer Care on 131 551.

Where your circumstances have changed, certain sections of a newly completed Life Insured's Statement or additional forms may be required to assess these changes. Instructions are provided for when to complete these sections. All forms are available on the Zurich website, www.zurich.com.au, or by contacting Zurich Customer Care on 131 551.

Please use black pen, BLOCK LETTERS and tick ✓ where applicable

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

Mr Mrs Ms Miss Other

Surname _____ Given names _____

Male Female Date of birth / /

Original application declaration

Please check that you understand and agree to the following.

I declare that upon completing this Express Life Insured's Statement I have reviewed all disclosures in my original Life Insured's Statement and/or Personal Statement (relating to the policy to which an increase is requested) and can confirm that these disclosures were true and correct. I further understand this forms part of my application to increase my insurance cover.

Signature of life insured _____

Date _____

X / /

2. Increase details

I am applying to increase my existing:

Cover type	Policy number	Total sum insured	Waiting period	Benefit period
<input type="checkbox"/> Income protection		\$ _____ per month		
<input type="checkbox"/> Business expenses		\$ _____ per month		N/A
<input type="checkbox"/> Life		\$ _____	N/A	N/A
<input type="checkbox"/> Trauma		\$ _____	N/A	N/A
<input type="checkbox"/> TPD		\$ _____	N/A	N/A
<input type="checkbox"/> Active Health Events		\$ _____	N/A	N/A

Mandatory requirements will be based on the total cover including the increase.

3. Residence and travel

Cover is only available to Australian residents.

(a) Do you currently live in Australia and have you been living here for 12 months or more?

Yes

No → provide details

(b) Do you intend to travel or live overseas in the next 2 years?

No

Yes → provide details

Country _____

City/Area _____

Date travelling / / Length of stay _____

Reason: Holiday Business Study Other → provide details

4. Occupation

Since the date of your original application have any aspects of your occupation changed (including your role, duties, hours worked or employment status)?

No

Yes → provide full details including your current job, hours worked, employment status (employed or self-employed), length of time in current job and your work duties (including % for each)

5. Current income

What is your current annual income from your principal occupation?

For employees, your income means your full annual remuneration package, including any salary or wages, superannuation contributions, fringe benefits (for example a company car), or any regular commissions or bonuses.

For a self-employed person, your income means your share of any profits of the business generated by the work you perform, after deducting business expenses. You can also include any salary, wages or superannuation contributions paid by the business to you.

In all cases you should not include any income from interest or investments (for example rental income).

\$

6. Cover details

(a) Are you applying for

- Life cover in excess of \$3,000,000 (or \$1,500,000 for domestic duties)
- TPD cover in excess of \$3,000,000 (or \$1,500,000 for domestic duties)
- Trauma cover in excess of \$1,500,000 or
- Active Health Events cover in excess of \$3,000,000 (or \$1,500,000 for domestic duties)

No → go to 6 (b)

Yes → complete and attach a Confidential Financial questionnaire or tick the following box if you wish to provide a copy of the SOA instead (make sure the Statement of Advice ('SOA') answers all the questions in the Financial questionnaire)

SOA will be provided

(b) Are you applying for:

- Income protection cover in excess of \$20,000 per month, or
- Business expenses cover in excess of \$20,000 per month?

No → go to 7

Yes → Do you:

- have net assets (excluding the family home or superannuation) exceeding \$5m (including assets that are owned by you, your spouse or any other related entities), or
- receive or expect to receive net income from other sources (such as rental income, dividends etc.) in excess of \$250,000 per annum?

No → go to 7

Yes → complete and attach a Confidential Financial questionnaire (available online), or tick the following box if you wish to provide a copy of the SOA instead (make sure the SOA answers all the questions in the Confidential Financial questionnaire)

SOA will be provided

7. Financials

(a) Are you applying for income protection cover or business expenses cover?

No → go to 9

Yes → go to 7 (b)

(b) Since your original application, have you transitioned between being an employee only and being self-employed?

Yes → provide full details to include how long you have been self-employed, your ownership share in the business, if you have any employees (and how many are income producing), if an additional resource would be required to replace you if unable to work and in the event of disablement would your income continue for more than 90 days?

No → proceed either to employee only question 7 (c), or self employed persons question 7 (e) (as applicable)

Employees only

(c) Since your original application have you changed your employer, or changed the basis of your employment (such as from full-time to part-time)?

- No → go to 9
 Yes → provide details

Employer

Business address

State

Postcode

Current basis of employment: Permanent (full or part-time) Casual contractor* Fixed term contractor*

*If casual or fixed term contractor is selected, provide full details, including the date you commenced your contract term/expiration date, and your plans following the contract expiry.

(d) Do you have any sick leave entitlements?

- No → go to 9
 Yes → provide details

How many accrued sick leave days do you have?

Go to 8

Self-employed persons

(e) Since your original application, have any of the following details of your business changed:

- your ownership interest, or any change in business partners
- the number of total employees, or employees in income producing roles, or
- the ability of the business to continue to generate income in your absence?

- No → go to 7 (f)
 Yes → please provide full details

(f) Advise the following income details as per your Profit and Loss account for the last 2 years

Year ending	30/06/	30/06/
Gross business income (turnover)		
Business expenses		
= Net income		
Your share of net income		

+

If any of the following are included in the above business expense figure, please complete the table to allow us to add-back to the income figure

+ Personal salary		
+ Director's fees (paid to manage this business only) Business expenses		
+ Salary paid to a non-working spouse or other family members not working in this business		
+ Superannuation payments to yourself, a non-working spouse or other family members not working in this business		
+ Other addbacks (e.g. depreciation, donations or personal use of motor vehicles)		
TOTAL		

8. Business expenses

Are you applying for business expenses cover (Ongoing fixed expenses or Key person replacement)?

- No
 Yes → complete and attach the Business Expenses questionnaire

9. Insurance history

Since the date of your original application, have you taken up, or applied for any other insurance on your life, with Zurich or any other company?

- No
 Yes → provide details

Insurance company

Type of cover

Date commenced/applied / /

Insured amount \$

Waiting/Benefit period

Is this cover being replaced by this application?

- Yes
 No

Is or was this cover:

- accepted as standard
 currently under assessment, or
 declined, deferred, accepted with a higher than normal premium or issued with restrictions or exclusions?

Provide details

If you need more space, attach a separate sheet signed and dated by you.

10. Habits

(a) Since the date of your original application, have you changed your smoking status and/or consumption (including the use of e-cigarettes, nicotine replacement therapies or other substances)?

- No
 Yes → provide details

Current consumption per day

Type

Date of change / /

Reason for change

(b) Since the date of your original application, have you changed your alcohol consumption?

- No
 Yes → provide details

How many standard drinks do you consume in a typical week?

Reason for change

(c) Since the date of your original application, have you used or injected yourself with any drugs not prescribed for you by a doctor?

- No
 Yes → provide details
-
-

11. Doctor's details

Are you still attending the doctor listed as your usual doctor on your original application?

Yes → provide details of the most recent consultation

Date of last visit / /

Reason for visit

Result/Outcome

No → provide details of the most recent doctor/medical centre consulted

Doctor's name

Medical centre name

Address

State

Postcode

Date of last consult / /

Reason for visit

Results/Outcome

12. Your height and weight

(a) How tall are you? cm OR Feet inches

(b) How much do you weigh? kg OR lb

13. Your medical history

Since the date of your original application for insurance with Zurich, have you:

(a) had any illness or injury (other than a cold or flu) or consulted any doctor or health professional?

No

Yes → provide details including dates, condition, any treatment or test results, and name and address of doctors and/or hospitals

(b) undergone any medical tests such as a blood test, X-ray or ECG?

Do not include regular annual check-ups or blood tests where results have been normal.

No

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

(c) commenced or been advised to commence any medication or treatment, or have you been advised to undergo any investigation, test, medical treatment or operation?

No

Yes → provide details including type of treatment or investigation, when they will be performed and the reason that this has been advised.

(d) 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?

No

Yes → provide details of the specific symptoms, pending treatment, advice or test result, and the date when this is expected to be completed.

14. Family medical history

(a) Since your original application, have any of your natural parents, brothers or sisters had any of the following conditions before the age of 65?

- Heart disease, heart attack, angina or stroke
- Diabetes
- Cancer of the breast, ovaries, bowel or melanoma
- Any other cancer
- Muscular dystrophy, Huntington's disease or Motor neurone disease
- Polycystic kidney disease
- Cardiomyopathy
- Multiple sclerosis, Parkinson's disease or Alzheimer's disease
- Mental health condition
- Any other hereditary condition which runs in your family

No

Yes → provide details

Father

Mother

Brother

Sister

Condition

Age diagnosed

Age at death (if applicable)

(b) Combined with this application, does the total amount of your existing insurance(s) exceed the following; \$500,000 Life; \$500,000 TPD; \$200,000 Trauma and Active; \$4,000 per month Income Protection and Business Expenses?

No → go to 15

Yes → go to 14 (c)

(c) Have you ever had or are you considering having a genetic test?

No → go to 15

Yes → provide details

You do not need to disclose to us any genetic test that was conducted for the purpose of a medical research study conducted by an accredited university or medical research institution where;

- the test results are not known by you and will not be provided to you, or
- you have specifically requested not to receive the test results

You also do not need to disclose to us any genetic test that was conducted for fertility or paternity testing, for fitness or for nutrition.

15. Hazardous activities/sports

Since the date of your original application, have you:

(a) ceased participating in any previously disclosed activities?

No

Yes → provide details

Activity

Date ceased / /

(b) taken up or have any intention of participating in any potentially hazardous sport or pastime?

Examples include aviation (other than as a fare-paying passenger), diving, hang gliding, skydiving, motor sports, rock or mountain climbing, football, boxing, martial arts and bungee jumping.

No

Yes → please complete and attach the Activity questionnaire

16. 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.

Signature of life insured

Date

X

/ /

Any questions? Call 131 551

Please send the completed form to:

By post, to **Zurich Australia Limited, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to **client.service@zurich.com.au**