

Mental health 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 Personal details

(a) Select the condition(s) that you have had symptoms of, been diagnosed with or received treatment for:

- anxiety including generalised anxiety, panic or phobic disorder
- depression including major depression, dysthymia
- alcohol or other substance abuse or addiction
- schizophrenia or other psychotic disorder
- eating disorder including anorexia nervosa, bulimia
- manic depressive illness, bipolar disorder
- Post Traumatic Stress Disorder (PTSD)
- stress, sleeplessness, chronic tiredness
- Attention Deficit or Hyperactivity Disorder (ADD/ADHD)
- other – please advise

(b) When did you first experience symptoms?
(c) Do you continue to experience symptoms? Yes No
If 'No', when did you last experience any symptoms of this condition?

(d) Has the cause of this condition been identified? Yes No
If 'Yes', provide details

(e) When was your condition first diagnosed by a health professional?
(f) Are you currently undertaking treatment for this condition?
Yes → Provide details of treatment below
No → Have you ever undertaken treatment for this condition?
Yes → provide details below
No → go to (g)

Type of treatment	Date commenced	Date ceased (if applicable)
<input type="checkbox"/> Medication		
Name Dosage	/ /	/ /
Name Dosage	/ /	/ /
<input type="checkbox"/> Counselling	/ /	/ /
<input type="checkbox"/> Cognitive Behaviour Therapy (CBT)	/ /	/ /
<input type="checkbox"/> Other - please advise		
	/ /	/ /
	/ /	/ /
	/ /	/ /

2 Personal details (continued)

- (g) Have you ever had any recurrences of this condition or suffered from or had symptoms of a similar condition? Yes No
If 'Yes', provide details and approximate dates

- (h) Have you ever been hospitalised as a result of this condition, or any other mental or nervous disorder or condition? Yes No
If 'Yes', provide dates and lengths of admission

- (i) Have you ever had suicidal thoughts, and/or attempted suicide? Yes No
If 'Yes', provide details

- (j) Have you ever had time off work, or are you limited in your ability to work or perform your daily activities as a result of this condition? Yes No
If 'Yes', provide details

- (k) Provide details of your treating doctor for this condition

Doctor's/Clinic's name

Address

State

Postcode

Phone number

Dates consulted

From / /

Most recent / /

- (l) Have you consulted any other health professionals for the condition? Yes No If 'Yes', provide details

Doctor's/Clinic's name

Address

State

Postcode

Phone number

Dates consulted

From / /

Most recent / /

Doctor's/Clinic's name

Address

State

Postcode

Phone number

Dates consulted

From / /

Most recent / /

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**