

Zurich Child Cover policy or Insured child option application form



This Application Form, dated 15 May 2017, is for a new Zurich Child Cover policy, or for adding the Insured child option to an existing Zurich Protection Plus policy applied for before 15 May 2017. Zurich Protection Plus and Zurich Active are issued by Zurich Australia Limited (Zurich).

Before completing or signing this Application Form, please read the Zurich Product Disclosure Statement (PDS) for your policy. The PDS must be provided to you with this Application Form. It will help you to understand the policy and decide if it is appropriate to your needs.

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.

Telephone contact

After you submit your application for this product, we may contact you by telephone to collect personal information regarding health and medical history, occupation, (as part of a Tele-underwriting application or to collect any information missing from your Application Form).

The information provided by you will be recorded and used in the assessment of this application for insurance cover.

The duty of disclosure also applies to you during the course of any telephone contact with us.

Your 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

Sections 1 and 2 of this form (information about the child) is to be completed by the life insured (parent) on behalf of the child to be insured. If you are applying for more than two children to be insured, please copy and complete this page. Only a child who lives at the same address as the adult life insured at the time of this application may be covered.

Parent surname _____ Parent given names _____

Parent date of birth / / _____

If you are adding this option to an existing policy, you must attach a Zurich premium quote to your Application.

Policy owner/s name/s _____

Existing policy number (if known) _____

Policy type: Wealth protection Active

Note the following if you are applying for a new Child Cover policy:

The policy owner of the new cover will be the life insured (parent) of the policy number listed above.

The payment method and direct debit details (if applicable) for the new cover will be those nominated for the policy number listed above.

1. Child 1

Details

Surname _____ Given names _____

Male Female

Date of birth / / _____ Place of birth _____

Primary residential address _____ State _____ Postcode _____

Country of residence _____

Relationship details

1. What is your relationship to the child? _____

2. Does the child live with you? Yes No

If 'No', provide details of living situation _____

3. Have you cared for this child continually from birth? Yes No

If 'No', provide details _____

4. Does the child have any existing Death or Trauma cover? Yes No

If 'Yes', complete below:

Insurer	Cover type	Sum insured	Being replaced by this application?
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical history

Has this child

1. Ever been admitted to hospital for any reason, had any surgical procedures or blood transfusions? Yes No

If 'Yes', provide details _____

2. Ever had abnormal blood tests or abnormal investigation results? Yes No

If 'Yes', provide details _____

3. Been advised to undergo an operation, surgery or investigations in the future? Yes No

If 'Yes', provide details _____

4. Ever had or is currently being treated for any medical condition, medical disorder or disability? Yes No
If 'Yes', provide details

5. Been infected with or tested positive for AIDS or HIV virus or been infected with or used any drug not prescribed by a medical practitioner? Yes No
If 'Yes', provide details

6. Has this child's mother, father, brother or sister suffered from diabetes, heart disease, cancer, stroke, mental disorder, multiple sclerosis, blood disorder, kidney disorder, Huntington's disease, muscular dystrophy or any other hereditary disease? Yes No
If 'Yes', provide details

Relationship to child	Condition suffered	Age at diagnosis

2. Child 2

Details

Surname Given names

Male Female

Date of birth / / Place of birth

Primary residential address State Postcode

Country of residence

Relationship details

1. What is your relationship to the child?

2. Does the child live with you? Yes No
If 'No', provide details of living situation

3. Have you cared for this child continually from birth? Yes No
If 'No', provide details

4. Does the child have any existing Death or Trauma cover? Yes No
If 'Yes', complete below:

Insurer	Cover type	Sum insured	Being replaced by this application?
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical history

Has this child

1. Ever been admitted to hospital for any reason, had any surgical procedures or blood transfusions? Yes No
If 'Yes', provide details
-

2. Ever had abnormal blood tests or abnormal investigation results? Yes No
If 'Yes', provide details
-

3. Been advised to undergo an operation, surgery or investigations in the future? Yes No
If 'Yes', provide details
-

4. Ever had or is currently being treated for any medical condition, medical disorder or disability? Yes No
If 'Yes', provide details
-

5. Been infected with or tested positive for AIDS or HIV virus or been infected with or used any drug not prescribed by a medical practitioner? Yes No
If 'Yes', provide details
-

6. Has this child's mother, father, brother or sister suffered from diabetes, heart disease, cancer, stroke, mental disorder, multiple sclerosis, blood disorder, kidney disorder, Huntington's disease, muscular dystrophy or any other hereditary disease? Yes No
If 'Yes', provide details

Relationship to child	Condition suffered	Age at diagnosis

Declaration of the life insured and policy/owner

I/we declare that I/we:

- have read the Zurich PDS of which this Application form is part, and apply to Zurich Australia Limited (Zurich) for the insurance set out in this Application;
- the answers to the questions set out in the Application and any annexures attached to the Application (including the Zurich premium quote) are true and complete;
- understand that the policy/policies applied for will become effective when this Application is approved by Zurich;
- will inform Zurich of any relevant changes which occur before my/our policy is received;
- have read and understood my/our Duty of disclosure as detailed on page 1, and understand that this duty continues until written notice has been given that the cover has been accepted or declined;
- agree that any policies issued are conditional on the life insured (parent) disclosing all matters known to him/her that are relevant to the insurance cover applied for (before the Application is accepted) and that the policy/policies and/or benefits may be cancelled, altered or not paid if this condition is not met;
- have read and understood the Privacy Statement under the Privacy section of the PDS and consent to the collection and use of personal information and sensitive personal information about me/us in the manner described (including discussing any information obtained from me/us and any doctors or accountants with my/our financial adviser);
- have obtained consents from any identified person I/we have provided (sensitive) personal information about and informed them of the Privacy Statement.

Additional declaration of the life insured (parent)

I confirm that any child to be insured is not now receiving or considering any medical or surgical attention or treatment other than that shown in this Application. I understand that the Policy applied for will not become effective until this Application is approved by Zurich.

Life insured (parent) – Signature

Date

X

/ /

Policy owner 1 – Signature

Date

X

/ /

Policy owner 2 – Signature

Date

X

/ /

Parent/guardian – Signature of the policy owners 10-16 years old

Date

X

/ /

Relationship to the life insured

Important notes

If the policy owner is a company: this form is to be signed by two directors, a director and company secretary, or the sole director/company secretary. Please make a copy of this page if more signatures are required.

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**