

Group Risk Insurance Personal Statement



To be completed by the applicant. Please avoid delays by checking that all questions have been answered fully and where appropriate use BLOCK LETTERS.

Policy Name
Policy Number
Applicant's Name

Zurich Australia Limited ABN 92 000 010 095 / AFSL 232510 ("Zurich") is the insurer of the policy which provides cover in respect of this application.

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could be reasonably expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose these matters to the insurer before you extend, vary or reinstate a contract of life insurance.

Your duty, however, does not require disclosure of a matter

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or in the ordinary course of business ought to know; or
- if compliance with your duty in relation to that matter is waived by the insurer.

Your Duty of Disclosure continues until the insurer has informed you as to whether the insurer accepts or declines your application. This means that you must advise the insurer of any changes to the information included in this form up until the date that the insurer confirms in writing that the application has been accepted or declined. In particular, you should advise Zurich of any changes in medical or physical conditions, and of any visits to medical service providers.

NON-DISCLOSURE

If you fail to comply with your Duty of Disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum insured in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

YOUR PRIVACY

Privacy – Use and Disclosure of Information

Zurich Australia Limited is bound by the National Privacy Principles. Before providing us with any Personal Information or Sensitive Personal Information, you should know that:

- Zurich needs to collect Personal Information and Sensitive Personal Information about you in order to assess your insurance application and to administer the policy ('Purposes');
- where relevant for these Purposes, we will disclose the Personal Information and/or Sensitive Personal Information to the Policy Owner/s, your adviser (and the licensed dealer or broker they represent) and to our agents, contractors, service providers, medical practitioners, health professionals, other insurers and reinsurers in connection with the Purposes.
- a list of the type of agents, contractors and service providers we commonly use is available on request, or from our website, www.zurich.com.au, by clicking on the Privacy link on our home page;
- Zurich may also disclose Personal Information or Sensitive Personal Information about you where we are required or permitted to do so by law;
- if you do not provide the requested information or withhold your consent for us to disclose your Personal Information or Sensitive Personal Information, we may not be able to assess your insurance application, administer the policy or respond to an enquiry raised by you;
- in most cases, on receiving a written request, Zurich will give you access to the personal information we hold about you. However, we may charge a fee for this service; and
- for further information, or a copy of Zurich's Privacy Policy, you can contact us by telephone on 132 687, email us at privacy.officer@zurich.com.au or by writing to The Privacy Officer, Zurich Financial Services Australia Limited, PO Box 677, North Sydney NSW 2059.

1. applicant's details

Mr Mrs Ms Miss Other:

last name

given names

male female

date of birth / /

May we contact you directly to clarify or gather further information in relation to this application?

No
 Yes → provide daytime contact number

phone number ()

best time of day to call am pm

2. occupation details

2.01 Occupation

occupation

employer

industry

2.02 Describe all present duties, including the percentage of time spent in manual work/supervision of manual work

2.3 What is your current annual income (including packaged items but excluding bonuses/commissions)?

\$

3. general details

3.01 Are you a permanent resident of Australia?

Yes
 No

How many years have you lived in Australia?

3.02 Have you any intention to travel or reside overseas?

No
 Yes → provide details including when, where, reason for travel and duration of stay

3.03 Are you in receipt of or have you ever made a claim for injury or sickness benefits, disablement insurance or such benefits as Workers' Compensation, Veteran Affairs, Social Security or Motor Vehicle Third Party Scheme?

No
 Yes → provide details

4. insurance details

4.01 Do you have or have you recently applied for any life, disability and/or trauma insurance with any company, including Zurich?

No
 Yes → provide details

policy 1

company

type of policy

date commenced / /

issued amount \$

to be replaced by this application Yes No

policy 2 (if applicable)

company

type of policy

date commenced / /

issued amount \$

to be replaced by this application Yes No

policy 3 (if applicable)

company

type of policy

date commenced / /

issued amount \$

to be replaced by this application Yes No

4.02 Have you ever had an application for life, trauma or disability insurance on your life declined, postponed, accepted with a loading or modification or had a current policy cancelled or renewal refused?

No
 Yes → provide name of company, alteration, date and reason, if known

6. family history

Have any of your immediate family ie. mother, father, any sister or brother suffered from or been diagnosed as having cancer, heart disease, stroke, kidney disease or failure, diabetes, mental disorder or breakdown, haemophilia, Huntington's Chorea or any hereditary disorder?

- No
 Yes → provide details

Mother Father Sister Brother

condition	
.....	
age diagnosed	age at death (if applicable)

Mother Father Sister Brother

condition	
.....	
age diagnosed	age at death (if applicable)

Mother Father Sister Brother

condition	
.....	
age diagnosed	age at death (if applicable)

Mother Father Sister Brother

condition	
.....	
age diagnosed	age at death (if applicable)

7. Aids declaration

To the best of your knowledge, is there any possibility that you have ever been infected with, or have you ever tested positive for AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus), or are you in a high-risk category for contracting HIV (eg. had a blood transfusion, injected drugs other than as prescribed by a medical practitioner, shared needles, engaged in male to male sexual intercourse, worked as or engaged the services of a sex worker)?

- No
 Yes → provide details (NB: you may be required to complete an additional questionnaire)

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8. sports and pastimes

Have you within the last 12 months, or do you have any intention of engaging in aviation (other than as a fare-paying passenger on a licensed public air service), diving, hang gliding, parachuting, motor car/cycle racing, rock/mountain climbing, football, boxing, martial arts, or other hazardous pursuits?

- No
 Yes → provide full details (if additional space required please attach a separate page)

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9. declarations

I acknowledge my Duty of Disclosure as detailed on page 1 of this form and understand that this duty also applies until formal notification of acceptance. I understand that Zurich will rely on my answers in this statement in deciding whether to accept my application and that the insurance applied for shall not become effective until Zurich accepts my application.

I have read and checked all answers in this statement, including those not completed in my handwriting, and to the best of my knowledge and belief all answers in this statement are true and correct and no information material to the assessment of this insurance has been withheld.

I authorise and direct any medical practitioner or other professional to disclose at any time information they possess in relation to my insurance, including my state of health and medical history, to Zurich or any organisation duly appointed by Zurich or to any lawfully constituted tribunal. To this extent, all professional confidence and privilege is waived. A photocopy of this authority is valid and may be treated as if it was the original.

I authorise Zurich or any organisation duly appointed by Zurich to disclose my personal information (including health and sensitive information) in relation to my application for insurance to any person for the purpose of assisting Zurich to assess and verify the information provided and make a decision in relation to my application for insurance.

I have read and understood the Privacy Statement on page 1 and I agree to the collection and use of personal information about me in the manner described.

I confirm that I am not now receiving or considering any medical or surgical attention or treatment other than that shown in this statement.

name of applicant
.....
signature of applicant
.....
date
..... /



Please return completed form to:

Zurich Australia Limited
Group Life Insurance
Locked Bag 994, North Sydney NSW 2059