



Underwriting

Short form personal statement

This form is to be completed only on request by Zurich Underwriting.

This form is to be used if the Life Insured has completed a full application in the last 6 months, is now applying for an increase or different cover, review of a medical loading or exclusion.

To be completed by the Life Insured.

Please avoid delays by checking that all questions have been answered fully and where appropriate use BLOCK LETTERS.

Policy Number



Disclosure

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 within your knowledge that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. The Duty of disclosure also applies before you extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is common knowledge
- that your insurer knows or, in the ordinary course of its business, ought to know
- as to which compliance with your duty 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 do not tell us everything that you have a duty to tell us, and we would not have entered into the contract on any terms if the failure had not occurred:

- we may avoid the contract within three years of entering into it or
- reduce the sum you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed to us all the relevant matters.
- if your disclosure is fraudulent, we may be able to treat the contract as though it never existed.

Your privacy

Zurich is bound by the National Privacy Principles. Before we collect personal information you should know that we need personal information about you to assess your application for life insurance and if your application is successful, to administer your policy.

Where relevant for this purpose, we will disclose this information to your adviser (and the licensed dealer or broker he or she represents), to our agents, contractors, service providers and to insurers, reinsurers, administrators and doctors for this purpose. This may involve disclosure of sensitive information such as health information to those organisations. By submitting your application, you consent to us collecting and disclosing, and those organisations mentioned collecting that sensitive information. A list of the type of agents, contractors and service providers we commonly use is available on request, or from our website, by clicking on the privacy link on our home page.

We may use personal information (but not sensitive information) collected about you to notify you of other products and services, or we may pass it to other companies in the Zurich Financial Services Australia Group to allow them to notify you of their products and services. We may also pass it to organisations to which we outsource functions for that purpose. If you do not want your personal information used in this way please contact us.

We may also disclose personal information about you where we are required or permitted to by law. If you do not provide the requested information, we may not be able to accept your application or administer your policy.

In most cases, on request, we will give you access to any personal information we hold about you. We may charge you for reasonable administrative costs associated with providing you with this information. You may contact us by telephone on 132 687, email us at privacy.officer@zurich.com.au or write to 'The Privacy Officer' at Zurich Financial Services Australia Limited, Locked Bag 677, North Sydney, 2059.

1 Life Insured details

Title		Surname	
Given names		Date of birth / /	
Address			
State		Postcode	
Contact numbers			

2 Occupation details

(a) Occupation _____ Industry _____ Number of years _____

When did your present employment situation commence / /

What is your current income \$

Income earned in last 12 months (after deduction of business expenses) \$

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

(c) Do you contemplate any change in occupation? Yes No If 'Yes', please provide details

3 General details

(a) Are you a permanent resident of Australia? Yes No How many years have you lived in Australia?

(b) Have you any intention to travel or reside overseas? Yes No If 'Yes', please provide details

(c) Are you in receipt of, or have you made a claim for, injury or sickness benefits, Workers' Compensation or Social Security?
Yes No If 'Yes', please provide details

4 Insurance details

(a) Do you have, or have you recently applied for, any life, disability and/or trauma insurance with any company, including Zurich, or from current employment?

Yes No If 'Yes', please complete the table below

Company	Type of Policy	Date Commenced	Insured Amount	Policy Number (if known)	To be replaced by this application (Refer Important Note)
		/ /	\$		Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	\$		Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	\$		Yes <input type="checkbox"/> No <input type="checkbox"/>

IMPORTANT NOTE

If this application for insurance is intended to replace the existing policy or policies highlighted in the table above, when Zurich notifies you that it has accepted your application for insurance, you must cancel such policy or policies. If you do not cancel the existing policy or policies highlighted in the table above, the insurance applied for and accepted by Zurich will be ineffective and any claim made by you or any other applicable person to Zurich, will be rejected.

(b) Have you ever had an application for life, trauma or disability insurance on your life declined, postponed, accepted with a loading or otherwise than as submitted?

Yes No If 'Yes', please provide name of company, alteration, date and reason, if known

5 Personal health statement

Please ensure FULL completion of doctor details to prevent unnecessary delays

Name of usual doctor							
Address of usual doctor							
					State	Postcode	
Date of last consultation		/	/	Reason			
Results			Degree of recovery				
(a)	What is your current height	cm		weight	kg		
(b)	Have you smoked tobacco or any other substance within the past 12 months? If 'Yes', please provide type and quantity per day					Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c)	Do you now or have you ever drunk alcohol? If 'Yes', how many standard drinks do you consume on average per week?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d)	Have you ever received medical advice, consulted a doctor, undergone any medical treatment, investigations or operation for, or suffered from high blood pressure or cholesterol; any heart complaint; stroke; kidney, bowel, bladder or liver disease; any blood disorder; cancer or tumour of any type; diabetes, asthma or any lung complaint; mental or nervous disorder, paralysis of any description; alcohol or drug abuse?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
(e)	During the last 5 years, have you taken or are you taking prescribed medication of any kind or have you suffered from, or do you intend to seek advice or treatment for, any symptoms of ill health or disability not mentioned above?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
(f)	Have any of your immediate family ie. mother, father, any sister or brother prior to age 60 suffered from or been diagnosed as having cancer, heart disease, stroke, kidney disease or failure, diabetes, haemophilia, Huntington's Chorea or any hereditary disorder? Have you ever had, or are you considering having a genetic test?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
(g)	Do you now have or have you ever had any disease of, or injury to, the neck or spine including back strain, disc disorder, lumbago, fibrositis, sciatica, neuritis or other non-specific back pain?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
(h)	Do you now have or have you ever had any injury, deformity or disease involving any joint or limb?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered 'Yes' to any of the questions above please provide full details (if additional space required please attach a separate page)							
Question No.	Illness, injury or tests	Date Commenced	Time off work	Degree of recovery %	Full details of treatment including date of last symptoms	Full name and address of doctor or hospitals consulted	
		/ /		%			
		/ /		%			
		/ /		%			
		/ /		%			

6 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 unprotected male to male sexual intercourse, worked as or engaged the services of a sex worker)?

Yes No

7 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?

Yes No

If you answered 'Yes', please provide full details (if additional space is required please attach a separate page)

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8 Personal health statement

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 (ie 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	/ /

Name of witness

Signature of witness	Date
X	/ /

Any questions?

Call 131 551 or email: client.service@zurich.com.au

Please return completed form to:

Zurich Australia Limited Client Service Centre Locked Bag 994 North Sydney NSW 2059