

Group Risk At Work Certificate

It is hereby certified that each of the members of the Plan named in the Group Risk Request for Membership Form:

- a.** was present on the last normal business day before the policy start date
- b.** was eligible to become a member of the Plan
- c.** was actively engaged in the performance of his/her usual duties or was on leave for reasons other than sickness or injury on the last normal business day before the policy start date, and I am not aware that the proposed member is suffering from illness or injury
- d.** is not in receipt of benefits from another insurer.

With the following exceptions:

Name	Date when first absent (dd/mm/yyyy)	Length of absence	Cause of absence
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Name	Date when first absent (dd/mm/yyyy)	Length of absence	Cause of absence
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(If there are no exceptions, please write 'NIL' in the space above and initial.)

If more space is required, attach an additional page, or download another copy of the form from zurich.com.au

I consent to the collection, use, storage and disclosure of my personal information as described in the Privacy Policies and the Privacy Statement(s) contained in the PDS (including discussing any information obtained from me and any doctors or accountants with the financial adviser associated with this application). Zurich's Privacy Policy is available at zurich.com.au/important-information/privacy

If I have provided personal information about any identified person, I declare that I have their permission to do so and I have informed them of the Privacy Policies and the Privacy Statement(s).

Authorised officer of the policy owner(s) – signature(s)

X _____ Date / / Official position

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