

Supplementary Personal Statement

Non-smoker declaration

Please note: The request to alter a policy to non-smoker rates is subject to underwriting. Zurich will advise the policy owner, in writing, of our decision, with respect to this review and whether non-smoker rates can be offered. We may need to obtain further information from either you or your medical practitioner.

Duty to take reasonable care not to make a misrepresentation

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer when applying for insurance. To meet this duty, you must also take reasonable care not to make such a misrepresentation.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating or recommencing insurance.

If you do not meet your duty

Not meeting your legal duty can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can provide cover, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information given to us in response to our questions is vital to our decision.

When you apply for insurance benefits through a superannuation fund, or ask to extend or make changes to existing insurance benefits, the fund trustee may pass on to us personal information you provide to them. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the fund trustee.

Guidance for answering our questions

You are responsible for the information you provide to us. When answering our questions, you should:

- think carefully about each question before answering. If you are unsure of the meaning of any question, please ask us before you respond
- answer every question
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it. Please don't assume we will ask others such as your doctor.
- review your application carefully. If someone else helped prepare your application, please check every answer (and if necessary, make any corrections).

Changes before your cover starts

Before your cover starts, please tell us about any changes that mean you would now answer our questions differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please tell us immediately and we'll let you know whether it has any impact on the cover.

If you need help

It's important that you understand this information and the questions we ask. Ask us for help if you have difficulty answering our questions or understanding the application process.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. You can have a support person you trust with you.

Details of Life Insured

Plan name

Member number

Title Mr Mrs Ms Miss Doctor Other

Surname

Given name(s)

Date of birth (dd/mm/yyyy) / /

Please answer the following questions

1. During the last 12 months, have you smoked tobacco or any other substance, or used any form of electronic cigarette?

Yes

No

If **yes**, please state type and quantity per day:

2. During the last three months, have you used nicotine replacement therapy (e.g. nicotine gum, patches, etc) or anti-smoking medication (e.g. Zyban, Chantix, etc.)?

Yes

No

If **yes**, please state the type(s) used and length of time you have been using this.

3. Have you any intention to resume smoking in the future?

Yes

No

4. Have you been advised by a medical practitioner or physician to give up smoking on specific medical grounds?

Yes

No

If **yes**, give full details:

5. Do you have, or has a medical practitioner told you, that you have a medical condition associated with smoking?

Yes

No

If **yes**, give full details:

Declaration

I have read and understood my duty to take reasonable care not to make a misrepresentation and declare that the statements and answers provided in this application are true, accurate and complete.

I have read and understood my duty to take reasonable care not to make a misrepresentation and the consequences of not meeting the legal duty and answering all questions truthfully and completely.

I acknowledge and consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Product Disclosure Statement and Zurich's Privacy Policy, which is available at zurich.com.au/important-information/privacy or by calling Customer Services on 133 667.

If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. If I give Zurich personal information about someone else, I understand that Zurich requires me to show them a copy of the Product Disclosure Statement and Zurich's Privacy Policy so that they may understand the manner in which their personal information may be used or disclosed by Zurich and their related entities.

Name of life insured

Signature

X

Date (dd/mm/yyyy)

/ /

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RHEN-018627-2022 568720_OPL6103/0822

