



Provided your policy has been in force for at least two years, this form allows you to temporarily reduce your cover using the Flexible cover benefit available under **Zurich Income Replacement**, if you are pregnant or following the birth or adoption of a child. You can also use this form to reinstate cover following a temporary reduction in cover under the Flexible cover benefit. It is to be completed by the policy owner.

**Office use only:** check if related policies  
– both policies must be altered.

To avoid delays, check that all questions have been answered fully. Please use BLOCK LETTERS.



### 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](http://www.zurich.com.au) or contact the Zurich Privacy Officer on 132 687 or email us at [privacy.officer@zurich.com.au](mailto:privacy.officer@zurich.com.au)

### Current policy information

Zurich Income Replacement

Policy number:

### Alteration required

Please select one:

- reduce my insured monthly benefit – complete section A and C
- reinstate my insured monthly benefit – complete section B and C

## Section A – reduce insured monthly benefit

### Event and evidence required

- life insured is pregnant – attach a Doctor's certificate with expected confinement date
- child born to/adopted by life insured – attach a copy of birth certificate/adoption certificate

### Cover reduction details

You can reduce the insured monthly benefit by up to 75 per cent, in line with any corresponding reduction in income.

Please provide the new amount of insured monthly benefit: \$

Please note that your reduction in cover is not effective until we notify you in writing of our acceptance of this application.

## Section B – reinstate insured monthly benefit

### Cover reinstatement checklist

You can apply to reinstate all or part of the insured monthly benefit provided you can declare the following (please tick each criteria):

- I have returned to full-time paid employment and am working at least 26 hours per week, and
- I am completing this application within 24 months of having reduced my cover using the Flexible cover benefit

### Cover reinstatement details

Please provide the amount of insured monthly benefit you wish to have: \$

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### Evidence required

The evidence we require depends on your employment type. The following is to be returned together with this completed form:

#### Employee:

Signed letter from employer on company letterhead, confirming return to full time work and current remuneration package details.

#### Self-employed:

Letter outlining return to business date and details of income generated thus far and projections for coming year (we may require further evidence).

Please note that your reinstatement of cover is not effective until we notify you in writing of our acceptance of this application.

## Section C – Declaration

- I/We have read and understood the Zurich Income Replacement Product Disclosure Statement, including the sections relating to the Flexible cover benefit.
- I/We declare that the information provided in this application form is true and accurate.
- I/We agree that this application will form the basis of the alteration to the policy and understand that premiums will change to reflect the change in cover.
- I/We understand that if the above financial evidence cannot be provided, the reinstated cover (if applicable) will be indemnity.
- I/We understand that no claim will be paid in respect to the reinstated cover in the first 90 days after it is reinstated.
- I/We understand that the cover applied for will not become effective until this application is accepted by Zurich in writing.

Name of life insured

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Signature of life insured	Date
X	/ /

Name of policy owner 1

.....

Signature of policy owner 1	Date
X	/ /

Name of policy owner 2 (if applicable)

.....

Signature of policy owner 2	Date
X	/ /

### 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**,