

Ezicover Policy Increase

You can use this form to ask for an increase on existing Ezicover policies that are fully underwritten by Zurich.

What you need to do

- Fill out the form and send it back to Zurich by email or mail. Make sure to include the quote from Zurich for the premium rise.
- Please use black pen, BLOCK LETTERS and tick where applicable.
- Look over your initial Life Insured Statement and/or Personal Statement. If you don't have a copy of the previous Statement, you can get one by calling our Zurich Customer Care team on 131 551.

Things to remember

- Think carefully about each question and make sure you answer truthfully, completely and correctly to avoid making a misrepresentation.
- If you're not sure if something should be included, please include it anyway, or call us to confirm.
- If someone else helped you fill out the application, please check each answer carefully and make any changes as needed.
- After you submit your application, we may call you to gather extra information.

We're here to help

Please don't hesitate to call us if you have trouble answering any of the questions, if you are unsure about the information given or confused about the application process.

If you need help because of a disability, have trouble understanding English, or for any other reason, we can give you extra help in the form of language services, or other support. You are welcome to have a friend or family member you trust join you during the call.

1. Life insured details

Title Mr Mrs Ms Miss Dr Other

Surname Given names

Male Female Date of birth / /

Original application declaration

Please check that you understand and agree to the following.

- I declare that I have reviewed all details in my original Life Insured's Statement and/or Personal Statement (relating to the policy or policies shown in this form) and can confirm that these details were true and correct at the time the policy started. I understand this forms part of my application to increase my insurance cover.

Please keep in mind that any changes in your circumstances since the start of your original cover included in this form will be considered during the assessment to increase your cover.

2. Increase details

Please provide the policy number for the current Ezicover policy you would like to increase:

Cover Type	Policy Number
Income Protection	
Life insured	

3. Residence and travel

Cover is only available to Australian residents.

- (a) Are you an Australian citizen or holder of an Australian Permanent Residency visa? and
 (b) Do you currently reside in Australia?

Yes to both (a) and (b)

No to either (a) or (b), please provide details of your nationality and visa status

- (c) Within the next 12 months do you have any definite plans to travel outside of Australia in the next 12 months?

No

Yes, please provide details below

Destination - country/city/area	Travel date(s)	Expected length of stay

4. Occupation

- (a) Have any part of your occupation (such as your role tasks, hours worked, or employment status) changed since the date of your original application?

Yes

No, please provide details below

Occupation e.g. plumber, accountant, doctor

Hours worked _____ Employment status (eg employed/self-employed)

Work duties - Include percentage for each

_____ %

_____ %

_____ %

Answer 4 b, c and d if you are applying for an Income Protection increase only.

- (b) Have you started a second occupation since your original application?

Yes No

Occupation e.g. plumber, accountant, doctor

When do you plan to start new occupation

Hours worked _____ Employment status (eg employed/self-employed)

Work duties - Include percentage for each

_____ %

_____ %

_____ %

- (c) Are you planning to change your occupation or duties?

Yes No

Occupation e.g. plumber, accountant, doctor

When do you plan to start new occupation

Hours worked _____ Employment status (eg employed/self-employed)

Work duties - Include percentage for each

_____ %

_____ %

_____ %

- (d) Have you been in your current occupation for at least 12 months, consistently working a minimum of 20 hours per week and with consistent income?

Yes No

5. Current income

What is your current annual income (before tax)? \$ _____

If you're applying to increase your Income Protection cover, please specify your current annual income (before tax) from your principal occupation, and use the following definitions to answer the question:

- For employees, your income means your full annual payment package, including any salary or wages, fringe benefits (for example a company car), or any regular commissions or bonuses.
- For a self-employed person, your income means your share of any profits of the business generated by the work you perform, after deducting business expenses. You can also include any salary or wages paid by the business to you.
- In all cases you should not include any superannuation guarantee contributions from your employment, or any income from interest, dividends or investments (for example rental)

6. Bankruptcy – Answer this question if you are applying for an Income Protection increase only

Are you currently bankrupt, have an undischarged bankruptcy, or is your business currently placed in receivership, liquidation or administration?

No

Yes, please provide details below

Date declared bankrupt / / Date Discharged / /

Circumstances of bankruptcy _____

7. Cover details

Do you have any other Life and/or Income Protection plans in place with other companies that you want to keep?

No

Yes, you only need to provide details of the type of cover that you are requesting an increase for.

Company	Cover type	Sum Insured	Waiting period (IP only)	Benefit period (IP only)

8. Habits

(a) Have you smoked tobacco or any other substance, used e-cigarettes or used any nicotine-replacement product within the last 12 months?

No, continue to question 8b

Yes, please provide details below

Type of smoking/nicotine	Frequency of use e.g. 4 times a day
Cigarette	
Cigar	
Vape	
Patches	
Other	

(b) Do you drink alcohol?

No, continue to question 8c

Yes, please provide details below

Number of days per week	Number of standard drinks per day on average

(c) Have you ever been advised to stop smoking or drinking alcohol because of a specific health problem?

No, continue to question 8d

Yes, please provide details of the condition(s)

(d) According to the Australian Government, 43% of Australians have used recreational drugs at some point in their life. Since the date of your original application, have you used or injected yourself with any drugs not prescribed for you by a doctor?

No

Yes, please provide details below

Substance used	Approximate dates	Frequency of use

9. Hazardous activities/sports

Since you first applied for Ezicover, have you taken up or plan to take up any sports or hobbies that could be dangerous?

A sport or hobby is possibly dangerous if there is a real chance of getting hurt while taking part in it or practising to take part in it. Some examples are flying (other than as a paid passenger), scuba diving, hang gliding, skydiving motor sports, rock or mountain climbing, football, boxing, martial arts, or bungee jumping.

No

Yes, please provide details below

Sport/Activity	Nature of participation (e.g. Recreational, amateur, professional)	How often do you participate	Extra information

10. Your height and weight

How tall are you? _____ cm How much do you weigh? _____ kg

11. Your medical history

(a) Since the date of your original Ezicover application, have you had any illness or injury (other than a cold or flu) or consulted any doctor or health professional?

No, continue to question 11b

Yes, please provide details below

Condition _____ Dates _____

Treatment/Test results _____

Doctors name _____

Doctors address _____ State _____ Postcode _____

Condition _____ Dates _____

Treatment/Test results _____

Doctors name _____

Doctors address _____ State _____ Postcode _____

Condition _____ Dates _____

Treatment/Test results _____

Doctors name _____

Doctors address _____ State _____ Postcode _____

(b). Does your total amount of existing cover plus the increase from this application add up to more than \$500,000 Life cover? or monthly income protection of \$4000 per month?

No

Yes, continue to question 12c

(c). Have you ever had or are you considering having a genetic test?

You do not need to share any details about a genetic test taken for fertility, maternity or paternity testing, or for fitness or nutrition.

You also do not need to share details of any tests taken for a medical research study conducted by an accredited university or medical research institution where you won't have access to the results.

No,

Yes, please provide details below

Type of test

Result

The duty to take reasonable care not to make a misrepresentation

When applying for insurance, you have a legal duty to take reasonable care not to make a misrepresentation to us before you enter into the insurance contract.

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 you extend or make changes to existing insurance, and when you reinstate insurance.

Not meeting your duty can seriously impact your insurance

If you do not meet your legal duty, this can have serious impacts on your insurance. We may avoid your cover (treat as if it never existed), or change its terms. This may also result in a claim being declined or a benefit being reduced.

When you give us information, we may later investigate whether it's true. For example, when you make a claim, we may investigate whether the information you gave us when you applied is true.

We ask questions to help decide whether we can provide cover

When you apply for this insurance, we'll underwrite the policy. Underwriting is how we decide whether we can provide cover, and if so on what terms and at what cost.

We'll ask you for information we need to make our decision. Our questions will be about such things 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.

What can we do if you don't meet your duty

If you do not take reasonable care not to make a misrepresentation, different remedies may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if you had met your duty. For example, we may do one of the following:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on several factors, including:

- whether you took reasonable care not to make a misrepresentation when answering our questions - this depends on all of the relevant circumstances, including how clear and specific our questions were and how clear we explained your duty to you
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we'll explain our reasons, how to respond and provide further information, and what you can do if you disagree.

Changes to your circumstances or information

Before your cover starts, please let us know about any changes to your circumstances as some changes could affect your application. If changes happen after your cover starts and you're unsure if it would affect you, please let us know and we can help you.

What happens next?

After you send your application, an underwriter will look at all your details and come to a decision. You will get an email or a phone call with the result. One of three things could happen:

- Your request has been accepted. In this case, the money will come out of your nominated account and your cover will be increased as requested.
- Your application is accepted with a few exceptions. This means that certain conditions will be included in your cover. For example, if you get hurt while playing a dangerous sport, you might not be protected.
- Your request is declined. In this case, we will explain why the increase in cover is turned down and you will have the chance to discuss the result.

Your privacy matters

By answering the questions on this application, you will be giving us personal information that may be private. The Privacy Act of 1988 tells us how to collect and use this information. You can learn more about Zurich's Privacy Policy, on our website at www.zurich.com.au, or you can call the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au.

Declaration

The policy owner and life insured state as follows:

1. I apply to make the changes to my policy as detailed in the attached quote.
2. I have read and understood my duty to take reasonable care not to make a misrepresentation (including the consequences of not meeting the legal duty and answering all questions truthfully and completely) and declare that the statements and answers provided in this application are true, accurate and complete.
3. I acknowledge that Zurich will rely on statements in this questionnaire in deciding whether to issue an insurance policy increase and what terms and premium to offer.
4. I authorise Zurich to show or disclose any information in relation to my application for insurance to any person for the purpose of helping 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 (i.e. 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 show any information they may have about me to Zurich.

Signature of policy owner and life insured

Date

X

/ /

Any questions? Call 131 551

Please return the completed form to us:

By post, to

Zurich Australia Limited

Locked Bag 994

North Sydney NSW 2059

or by email, as a scanned attachment, to life.newbusiness@zurich.com.au

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Print Form