

Zurich Child Cover policy or Insured child option application form



This Application Form is for a new Zurich Child Cover policy, or for adding the Insured child option to an existing Zurich Protection Plus policy applied for before 15 May 2017. Zurich Protection Plus and Zurich Active are issued by Zurich Australia Limited (Zurich).

Before completing or signing this Application Form, please read the Zurich Product Disclosure Statement (PDS) for your policy. The PDS must be provided to you with this Application Form. It will help you to understand the policy and decide if it is appropriate to your needs.

The 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 before the contract of insurance is entered into. To meet this duty, each person whose life is to be insured 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 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 health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance of each life to be insured. 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 passes on your personal information to us. 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 provided to us. Each person answering our questions 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 (for example, your adviser), 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 and each person who answered our questions would now answer 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.

Telephone contact

After you submit your application, we may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into also applies during any phone contact with us.

If you need help

It's important that you and every person answering our questions understands this information and the questions we ask. Ask us or your adviser 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.

What can we do if the duty is not met?

If a person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). They are intended to put us in the position we would have been in if the duty had been met.

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 a number of factors, including all of the following:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was
- 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 will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

Your 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 or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au

Sections 1 and 2 of this form (information about the child) is to be completed by the life insured (parent) on behalf of the child to be insured. If you are applying for more than two children to be insured, please copy and complete this page. Only a child who lives at the same address as the adult life insured at the time of this application may be covered.

Parent surname _____ Parent given names _____

Parent date of birth / / _____

If you are adding this option to an existing policy, you must attach a Zurich premium quote to your Application.

Policy owner/s name/s _____

Existing policy number (if known) _____

Policy type: Wealth protection Active

Note the following if you are applying for a new Child Cover policy:

The policy owner of the new cover will be the life insured (parent) of the policy number listed above.

The payment method and direct debit details (if applicable) for the new cover will be those nominated for the policy number listed above.

1. Child 1

Details

Surname _____ Given names _____

Male Female

Date of birth / / _____ Place of birth _____

Primary residential address _____ State _____ Postcode _____

Country of residence _____

Relationship details

1. What is your relationship to the child? _____

2. Does the child live with you? Yes No
If 'No', provide details of living situation _____

3. Have you cared for this child continually from birth? Yes No
If 'No', provide details _____

1. Child 1 (continued)

4. Does the child have any existing Death or Trauma cover? Yes No

If 'Yes', complete below:

Insurer	Cover type	Sum insured	Being replaced by this application?
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical history

Has this child

1. Ever been admitted to hospital for any reason, had any surgical procedures or blood transfusions? Yes No

If 'Yes', provide details

2. Ever had abnormal blood tests or abnormal investigation results? Yes No

If 'Yes', provide details

3. Been advised to undergo an operation, surgery or investigations in the future? Yes No

If 'Yes', provide details

4. Ever had or is currently being treated for any medical condition, medical disorder or disability? Yes No

If 'Yes', provide details

5. Been infected with or tested positive for AIDS or HIV virus or been infected with or used any drug not prescribed by a medical practitioner? Yes No

If 'Yes', provide details

6. Has this child's mother, father, brother or sister suffered from diabetes, heart disease, cancer, stroke, mental disorder, multiple sclerosis, blood disorder, kidney disorder, Huntington's disease, muscular dystrophy or any other hereditary disease? Yes No

If 'Yes', provide details

Relationship to child	Condition suffered	Age at diagnosis

2. Child 2

Details

Surname

Given names

Male

Female

Date of birth / /

Place of birth

Primary residential address

State

Postcode

Country of residence

2. Child 2 (continued)

Relationship details

1. What is your relationship to the child?

2. Does the child live with you? Yes No
If 'No', provide details of living situation

3. Have you cared for this child continually from birth? Yes No
If 'No', provide details

4. Does the child have any existing Death or Trauma cover? Yes No
If 'Yes', complete below:

Insurer	Cover type	Sum insured	Being replaced by this application?
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Has this child

1. Ever been admitted to hospital for any reason, had any surgical procedures or blood transfusions? Yes No
If 'Yes', provide details

2. Ever had abnormal blood tests or abnormal investigation results? Yes No
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3. Been advised to undergo an operation, surgery or investigations in the future? Yes No
If 'Yes', provide details

4. Ever had or is currently being treated for any medical condition, medical disorder or disability? Yes No
If 'Yes', provide details

5. Been infected with or tested positive for AIDS or HIV virus or been infected with or used any drug not prescribed by a medical practitioner? Yes No
If 'Yes', provide details

6. Has this child's mother, father, brother or sister suffered from diabetes, heart disease, cancer, stroke, mental disorder, multiple sclerosis, blood disorder, kidney disorder, Huntington's disease, muscular dystrophy or any other hereditary disease? Yes No
If 'Yes', provide details

Relationship to child	Condition suffered	Age at diagnosis

Declaration of the life insured and policy/owner

I/we declare that I/we:

- have read the Zurich PDS of which this Application form is part, and apply to Zurich Australia Limited (Zurich) for the insurance set out in this Application;
- the answers to the questions set out in the Application and any annexures attached to the Application (including the Zurich premium quote) are true and complete;
- understand that the policy/policies applied for will become effective when this Application is approved by Zurich;
- will inform Zurich of any relevant changes which occur before my/our policy is received;
- have read and understood my/our Duty of disclosure as detailed on page 1, and understand that this duty continues until written notice has been given that the cover has been accepted or declined;
- agree that any policies issued are conditional on the life insured (parent) disclosing all matters known to him/her that are relevant to the insurance cover applied for (before the Application is accepted) and that the policy/policies and/or benefits may be cancelled, altered or not paid if this condition is not met;
- have read and understood the Privacy Statement under the Privacy section of the PDS and consent to the collection and use of personal information and sensitive personal information about me/us in the manner described (including discussing any information obtained from me/us and any doctors or accountants with my/our financial adviser);
- have obtained consents from any identified person I/we have provided (sensitive) personal information about and informed them of the Privacy Statement.

Additional declaration of the life insured (parent)

I confirm that any child to be insured is not now receiving or considering any medical or surgical attention or treatment other than that shown in this Application. I understand that the Policy applied for will not become effective until this Application is approved by Zurich.

Life insured (parent) – Signature

Date

/ /

Policy owner 1 – Signature

Date

/ /

Policy owner 2 – Signature

Date

/ /

Parent/guardian – Signature of the policy owners 10-16 years old

Date

/ /

Relationship to the life insured

Important notes

If the policy owner is a company: this form is to be signed by two directors, a director and company secretary, or the sole director/company secretary. Please make a copy of this page if more signatures are required.

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**