

Group Life Insurance Proposal Form

Important notice

Zurich is the insurer in respect of a group insurance arrangement. This form is to be completed by an authorised officer of an employer, or the Trustee of a superannuation fund requesting Zurich to issue a Group Life Policy. The Proposal Form should only be completed after reading the current Product Disclosure Statement for Zurich's Group Life Insurance, which contains a summary of the important information about Group Life Insurance. The completion of this form serves as an acceptance of the terms and conditions quoted by Zurich, as outlined in the Group Life Insurance Product Disclosure Statement and Quotation Summary.

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. 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 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 (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 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.

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 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.

What can we do if the duty is not met?

If you do 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 you 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.

Instructions for completion of this Proposal Form:

- Print in black or blue ink.
- Please complete all questions. If insufficient space exists within the Proposal Form to provide your answer, please use the blank pages at the back of this form.

Proposal for: Group Life Insurance Policy
(referred to as 'the Policy')

To: Zurich Australia Limited
(referred to as 'the insurer')

1. Applicant details

Name of plan

Name of proposed policy owner

Australian Business Number (ABN)

No. and street address of policy owner

Suburb/Town

State

Postcode

Phone number

Postal address

Suburb/Town

State

Postcode

If policy to be issued to the trustee of an external superannuation fund (Fund):

Name of Fund

Do you declare that there is an executed Trust Deed in existence for the Fund and all members admitted to the Fund will be bound by the provisions contained therein and that the Fund is regulated under the *Superannuation Industry (Supervision) Act 1993*?

Yes No

2. Industry details

Industry

Principal activities

Location(s) of employees (include number in each State/Territory)

NSW: VIC: SA: QLD: WA:

TAS: ACT: NT: Overseas:

Principal contact's name

Principal contact's phone number

State(s) of business registration

NSW VIC SA QLD WA
 TAS ACT NT

3. Design parameters

Categories

Do you wish to establish category levels for the Policy? Yes No

If **yes**, what are the category descriptions?

Category 1

Category 2

Category 3

Category 4

If more space is required, please provide your answer in the space allowed at the back of this form.

The Policy is to provide for an insured benefit in the event of:

- Death and Total and Permanent Disablement (including Terminal Illness)
 Death Only (including Terminal Illness)

Is the policy to provide insured benefits for a superannuation fund? Yes No

Retirement age for all employees is

Males	Years	Females	Years
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Proposed commencement date (dd/mm/yyyy) / /

Proposed annual review date (dd/mm/yyyy) / /

Profit share basis Self-experience Non-profit

Frequency of premium payment Annually Half yearly Quarterly Monthly

Benefit basis: Please state the calculation formula for each category of membership. For superannuation funds, please state the benefit basis as per the Trust Deed.

Category 1

Category 2

Category 3

Category 4

If more space is required, please provide your answer in the space allowed at the back of this form.

Is there any other insurance policy in force providing benefits on death, disablement or cessation of employment for the same group of persons who are to be nominated initially as insured persons under the policy to which this application relates?

Yes No

If **yes**, please provide details (including automatic acceptance level and benefit basis).

Does the proposed policy owner wish to include the Life Events Cover Option?

Yes No

If yes, the proposed policy owner must acknowledge that where an insured member increases their insurance cover under the Policy pursuant to the terms of the Life Events Option, the premium that the proposed policy owner will be required to pay may be impacted. At all times, the policy owner is responsible for remittance of the premium.

4. Automatic acceptance

Subdivided by category levels (as nominated in part 3), please state the guidelines established to determine which employees become eligible to join the Policy. These must be objective and specific. (If separate eligibility rules apply for each category, please advise).

(i) Eligibility rules

Category 1

Category 2

Category 3

Category 4

If more space is required, please provide your answer in the space allowed at the back of this form.

(ii) Is membership compulsory?

Yes No

Initial number of members

Total number of eligible persons

Total number of employees/fund members

5. Past history

Has the company had any other forms of Life Insurance cover?

Yes No

If **yes**, please provide the following details.

(i) Name of insurer

(ii) Type of cover Death Only Death and Total and Permanent Disablement

(iii) Benefit basis

(iv) Did the cover have any form of restrictions imposed?

Yes No

If **yes**, please provide details.

(v) Transfer terms – is transfer of cover to apply to this Policy?

Yes No

If **yes**, please advise benefit basis and automatic acceptance level.

Please provide details of any Death or TPD claims paid or lodged over the last three-year period.

If an insurer has declined to provide you with a quote for any group insurance, please provide details as to the reasons given.

(vi) Please list your reasons for seeking to replace the existing Group Life Insurance Plan (if applicable).

6. Employee details

Please provide details of any employees whose occupation is of a hazardous nature (e.g. explosives, underground, heights, aviation or use of toxic chemicals).

Please provide details of any employees who are residing overseas..

Please provide details of any employees who you anticipate will be relocated overseas for their work in the next 12–18 months and the countries that you anticipate those employees will be sent.

Please provide details of any persons who are not Australian nationals or permanent residents of Australia.

Will 75% or more of the proposed group be insured under the Policy?

Yes No

7. Authorisation and Declaration

I/We, authorised by the proposed policy owner (the Entity) whose signature appears below declare that I/we:

- authorise the adviser named in section 8, to receive and access information in relation to the Entity whether disclosed in this proposal or obtained from third parties (e.g. doctors, accountants, other insurers), for the purpose of management and administration of the Entity's application, policy/policies and claims made by members or employees of the Entity. Where there is a change to this authority, or to the Entity's adviser, I/we will notify the insurer of the change
- authorise the adviser named in part 8 to:
 - receive details and correspondence in relation to the Entity's application for Group Life Insurance, policy/policies and claims made by members or employees of the Entity from the insurer and service upon the adviser shall be deemed to be service upon me
 - provide all relevant information and other documentation to the insurer for the purposes of administering the Entity's application for Group Life Insurance, policy/policies and claims made by members or employees of the Entity
- hereby acknowledge that where the proposed owner of the Group Life Policy is a trustee/company, I/we confirm that I/we have the capacity and authority to sign this application as authorised by the governing rules of the trust deed or company. I/we further declare that there is an executed Trust Deed in existence for the Fund and all members admitted to the Fund will be bound by the provisions contained therein and that the Fund is regulated under the *Superannuation Industry (Supervision) Act 1993*
- hereby understand/acknowledge that this Proposal and Declaration, together with any statements made in connection herewith and signed by me/us, are to be the basis upon which the insurer will decide whether to issue a contract of insurance. I/We have read and understood my/our 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 and understood the consequences of not meeting the legal duty and answering all questions truthfully and completely. I/we have received the Group Life Insurance Product Disclosure Statement and Quotation Summary and understand the benefits to be provided if this proposal for insurance is accepted by the insurer
- hereby acknowledge that if the I/we have requested the Life Events Option that an insured member may increase his/her insurance cover under the Policy pursuant to the terms of the Life Events Option and the premium that Zurich will require for the policy owner to pay may increase. I/we agree to pay the additional premiums for the higher sums insured which will apply where an insured member increases his or her cover as a result of a specific life event
- in proposing for insurance, acknowledge that an insured member's cover ceases on the date they commence active duty with the armed forces of any country, and that Zurich will not pay a claim where a person insured dies on war service
- understand that the insurer will be free from all liability until the proposal has been accepted and the Policy has been issued
- have read the Privacy Statement at part 10 of this form. (Zurich's Privacy Policy details how we manage personal information (including health and other sensitive information). It is available at zurich.com.au/important-information/privacy). If I have provided information about another person in this application (for example a beneficiary or an eligible person), I declare that I have the consent of that person to do so. I understand that Zurich requires me to inform the person concerned that I have done so and direct them to the Privacy Statement on this form
- consent to the collection, use, storage and disclosure of my personal information (including health and other information) as described in the Privacy Statement on this form.

Signature of proposed policy owner (authorised officer of proposed policy owner)

X

Name of authorised officer

Official position

Signature of witness

X

Date (dd/mm/yyyy) / /

Name of witness

Signature of proposed policy owner (authorised officer of proposed policy owner)

X

Name of authorised officer

Official position

Signature of witness

X

Date (dd/mm/yyyy) / /

Name of witness

8. Adviser details (if applicable)

To be completed by the adviser who advised the applicant in relation to the policies for which they are applying.

Authorised Representative number

Authorised Representative sub number

AFSL number and/or FSL authorised representative number (if applicable)

Commission basis

% (Note: commission is only available at the percentage included in the Quotation Summary)

Company name

Name of adviser

No. and Street address

Suburb/Town

State

Postcode

Phone number

Fax

Postal address

Suburb/Town

State

Postcode

Email

Adviser signature

X

Date (dd/mm/yyyy) / /

9. Checklist

Before submitting this Proposal Form, please ensure all of the items on this checklist have been completed.

- All questions are completed
- The Proposal Form is signed and dated by an authorised officer of the proposed policy owner
- At Work Certificate (see part 11) has been completed and signed
- Membership data is attached. Request for Membership Form has been completed
- Transfer terms – transfer of acceptance data has been arranged (if applicable)
- Cheque for deposit premium is attached

10. Privacy Statement

In this section 'we', 'us' and 'our' refers to Zurich Australia Limited (Zurich). 'You' and 'your' refers to policy owners and life insureds. Any reference to your personal information includes any health or other sensitive information we may hold about you.

We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from zurich.com.au/important-information/privacy

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties as outlined below.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

PROVIDING YOUR INFORMATION TO OTHERS

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us to detect and protect against consumer fraud;
- organisations performing administration and/or compliance functions in relation to the products and services we provide;
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers);

- our solicitors or legal representatives;
- organisations maintaining our information technology systems;
- organisations providing mailing and printing services;
- persons who act on your behalf (such as your agent or financial adviser);
- the policy owner (or parties acting on behalf of the policy owner);
- regulatory bodies, government agencies, law enforcement bodies and courts;
- our related companies (members of the Zurich Insurance Group Ltd group), including for carrying out any group business functions;
- organisations, including those in alliance with us or our related companies, to distribute, manage and administer our products and services, carry out business functions and analytics activities.

We will also disclose your personal information in circumstances where we are required by law to do so.

Examples of such laws are:

- the *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund
- the disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

INFORMATION REQUIRED BY LAW

We may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at zurich.com.au/important-information/privacy

MARKETING AND PRIVACY

We and our related entities may use your personal information (including health and other sensitive information) to send you information about our financial products and services from time to time.

We may also disclose your personal information (including health and other sensitive information) to our related companies and organisations in an arrangement or alliance with us and/or our related companies to share information for marketing purposes. This is to enable them to tell you about a product or service offered by them or a third party with whom they have an arrangement.

If you do not want us to use and disclose your information as set out above, phone Customer Services on 133 667 to withdraw your consent.

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions please notify us in writing.

If you give us personal information about someone else, you must show them a copy of this document or our privacy policy available at zurich.com.au/important-information/privacy so that they may understand the manner in which their personal information may be used or disclosed by us in connection with your dealings with us.

PRIVACY POLICY

Our Privacy Policy contains information about:

- when we may collect information from a third party
- how you may access and seek correction of the personal information we hold about you and
- how you can raise concerns that we have breached the Privacy Act or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing:

GPO Box 75
Sydney NSW 2001

Email: privacy.officer@zurich.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 133 667. More information can be found in our Privacy Policy at zurich.com.au/important-information/privacy

OVERSEAS RECIPIENTS

We or may disclose your personal information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in Zurich's Privacy Policy at zurich.com.au/important-information/privacy

11. 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
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

(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 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's website 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.

Official position

Signature(s) of authorised officer of the policy owner(s)

X

Date (dd/mm/yyyy) / /
