

Short Form Personal Statement

Instructions

- Print in black or blue ink.
- All questions must be completed by the insured member. Please attach a separate page if you require more space for an answer.
- Please return the completed form to: **Zurich Australia Limited**, GPO Box 4129, Sydney NSW 2001

Important notice

Zurich Australia Limited (Zurich) is the insurer in respect of a group insurance arrangement. It is important that you have read and understood the current Product Disclosure Statement for the cover for which you are applying.

Zurich requires this Short Form Personal Statement, and may require other health information, to assist us in making a decision on your proposed insurance cover. This Short Form Personal Statement is confidential. Please refer to the Privacy Statement at the end of this form.

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.

1. Details of life insured

Policy Number (if known)

Fund/Plan name

a. Type of cover you are applying for

Amount of benefit/Cover

Death Only

\$

Death and Total and Permanent Disablement (TPD)

\$

Group Salary Continuance (monthly benefit)

\$

b. Details of Group Salary Continuance Cover

Waiting period

30 days

60 days

90 days

180 days

365 days

Benefit period

Age-based terms (if applicable):

to age 65

to age 67

to age 70

Fixed term periods (if applicable):

1 year

2 years

5 years

7 years

10 years

2. Details of insured member

Title Mr Mrs Ms Miss Doctor Other

Surname

Given names(s)

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

Residential address (this cannot be a PO Box)

Street

Suburb

State

Postcode

Home phone

Business phone

Mobile phone

Email

I authorise one of Zurich's underwriting staff or an authorised service provider to contact me by phone if further information is required.

I can be contacted during the following times:

Monday Tuesday Wednesday Thursday Friday Any business day

Between am/pm and am/pm

Please select your preferred contact method:

home phone work phone mobile phone

3. Personal details

Height and weight

a. What is your current height? cm **b.** What is your current weight? kg

Smoking

c. Have you smoked tobacco, or any other substance within the past 12 months, or used a nicotine replacement treatment within the past three months? Yes No

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

d. Have you ever been advised to stop smoking due to a medical condition? Yes No

If yes, please complete the Group Risk Personal Statement available from zurich.com.au

Alcohol

e. Do you consume alcohol? Yes No

If **yes**, please state the type and quantity consumed per day

f. Have you ever been advised to stop or reduce your alcohol intake due to a medical condition? Yes No

If yes, please complete the Group Risk Personal Statement available from zurich.com.au

4. Residency

a. Are you currently residing in Australia? Yes No

If **no**, please advise where you are currently residing and how long you intend to reside there.

b. Are you an Australian citizen or do you hold a visa that entitles you to reside permanently in Australia? Yes No

If **yes**, please proceed to question 4c.

If **no**, please advise what type of visa you hold.

c. Do you have any intention of travelling outside Australia within the next two years? Yes No

If **yes**, please complete the following:

Date of departure (dd/mm/yyyy) / / Duration of stay

Destination(s)

Purpose of stay:

Holiday Business Residing Other Please specify if other

5. Occupation

a. What is your usual occupation?

b. What are your normal duties of this occupation?

c. What is your current employment status?

Permanent Full time Permanent Part Time Casual Self Employed
 Contractor Homemaker or on Parental Leave Unemployed

d. How many hours (on average) do you work per week?

e. What is your current annual income earned through personal exertion, before tax, including superannuation contributions, but after deduction of business expenses?

f. What is the percentage of your superannuation contribution? %

g. Do you have more than one occupation? Yes No

If **yes**, please specify the occupation(s), your normal duties and the average hours you work per week in each of your other occupation(s):

6. Medical history

a. Are you, at the date of this application, off work due to injury or illness or restricted from performing any of the usual duties of your occupation due to injury or illness (other than for colds or flu)? Yes No

b. Are you currently receiving any form of medical treatment or taking any form of medication (other than for cold or flu)? Yes No

c. Have you taken more than a total of seven consecutive days off work in the past 12 months due to illness or injury (other than for cold or flu)? Yes No

Have you ever received medical advice, consulted a doctor, undergone medical treatment, investigations or operations for, or suffered from any of the following:

d. High blood pressure, high cholesterol, heart complaint, murmur, palpitations or chest pain, stroke, diabetes, thyroid or glandular disorder, cancer, tumour or growth including breast lumps or skin lesions/moles (even if you have not seen a doctor)? Yes No

e. Back or neck pain/disorder, musculo-skeletal symptoms or any joint disorder, gout, arthritis, repetitive strain syndrome, paralysis of any kind or chronic fatigue syndrome, epilepsy or neurological disorder, mental/nervous disorder including stress, anxiety or depression? Yes No

f. Kidney, bowel, bladder, gall bladder, liver disease or disorder, hepatitis, hernia, blood disorder, sleep apnoea, asthma, persistent cough or any lung complaint, any abnormality of hearing, speech or eyesight (excluding glasses or contact lenses)? Yes No

g. Have you ever tested positive for HIV (Human Immunodeficiency Virus), which causes AIDS (Acquired Immune Deficiency Syndrome), or are you suffering from AIDS or any AIDS-related conditions? Yes No

If you answered yes to any of the questions in Section 6, you will need to apply for cover by completing the Group Risk Personal Statement, available online from onepath.com.au

7. Declaration by the insured member

- I have read and understood the questions in this Short Form Personal Statement.
- I have read and understood the Product Disclosure Statement for the cover for which I am applying.
- 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. (including those not in my own handwriting).
- I am fit to perform all of the duties of my usual occupation, without any limitation due to illness or injury, and working my usual hours per week.
- I have told Zurich everything I know that could affect its decision to accept my application.
- 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 that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by Zurich.
- I consent to the collection, use and disclosure of my personal information (including health and other sensitive information) as described in the Zurich Privacy Policy which is available from zurich.com.au/important-information/privacy or by calling 133 667. I acknowledge that Zurich needs to collect my personal information in order to manage and administer my claim/policy and that Zurich will be unable to process my claim or administer my policy without this consent.

Signature of insured member

X

Date (dd/mm/yyyy) / /

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.

We collect your personal information (including health and other sensitive 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.

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 (including health and other sensitive information) include:

- an organisation that assists us to detect and protect against consumer fraud;
- our related companies (members of the Zurich Insurance Group Ltd group), including for carrying out any group business functions;
- organisations, including those in an alliance with us or our related companies, to distribute, manage and administer our products and services, carry out business functions and analytics activities;
- 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.

We will also disclose your personal information (including health and other sensitive 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;
- There are 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

PRIVACY 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 which can be obtained from our website at zurich.com.au/important-information/privacy

OVERSEAS RECIPIENTS

We 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

Phone: 1800 199 414
Email: group.risk.uw@zurich.com.au
Website: zurich.com.au
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