

Application to Reinstate Lapsed Group Policies

About this Application Form

You can apply to reinstate your policy by completing this Application Form if cover lapsed in the last 12 months. We will advise you in writing of our decision to accept or decline your application and where relevant, the terms to apply. If acceptance of your application is subject to underwriting terms that differ from the original terms of your policy, we will advise you of this and any additional requirements. Please be aware you have no cover under the policy in question until Zurich:

- receives all outstanding requirements
- confirms acceptance of your application in writing.

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.

A. Policy details

Plan name

Member number

Title Mr Mrs Ms Miss Doctor Other

Surname

First name Date of birth (dd/mm/yyyy) / /

No. and street (home)

Suburb/Town State Postcode

Home phone Work phone Mobile phone

Email

May one of our underwriting staff or Zurich authorised service providers contact you by phone if we require more information?

- Yes
 No

If **yes**, when is the most convenient time and on which phone number? (Monday to Friday between 8am to 6pm)

Days Time From : to : Phone: (h) (w) (m)

B. General underwriting questions

1. Since the date your insurance cover commenced have you had a change, or do you have any intention to change your occupation, duties performed, working hours, employment situation, or financial situation including income?

- Yes
 No

2. Since the date your insurance cover commenced have you had a change, or do you have any intention to change your participation in any hazardous activity or pursuit?

- Yes
 No

3. Do you have any intention of travelling outside Australia within the next two years?

- Yes
 No

If you have answered **yes** to any item in Questions 1–3, please provide details in the following table

Question number

C. Medical questions

1. What is your current height and weight?

Height (cm)

Weight (kg)

2. Have you smoked tobacco or any other substance in the last 12 months or used nicotine replacement therapy in the last 3 months?

- Yes
 No

If **yes**, please state what type?

(e.g. cigarettes, gum, patch)

Daily quantity

3. Since the date your insurance cover commenced have you:

- a.** consulted any medical practitioner or had any medical treatment or advice or been hospitalised? Yes No
- b.** taken or been prescribed drugs, stimulants, sedatives or medication? Yes No
- c.** undergone, or been advised to undergo surgery, X-ray or scan, ECG or special investigation? Yes No
- d.** suffered any illness, disease, accident or injury or any adverse change in your health? Yes No
- e.** do you intend to seek any medical advice, treatment, test or surgery in the future? Yes No
- f.** had any consultation with any doctor for a condition you have not already answered (other than for colds or the flu)? Yes No

If you have answered **yes** to any item in Question 3, please provide details in the following table to include date, names and addresses of any doctors consulted, details of treatment and outcome and question number.

Question number

D. Privacy Statement

In this section 'we', 'us' and 'our' refers to Zurich Australia Limited. '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 (including health and other sensitive 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 (including health and other sensitive 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 (including health and other sensitive information) include:

- an organisation that assists us to detect and protect against consumer fraud;
- any related company of Zurich Australia Limited which will use the information for the same purposes as Zurich and will act under Zurich's Privacy Policy;
- 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 (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

Zurich Australia Limited 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 (including health and other sensitive 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 may disclose your personal information (including health and other sensitive 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 our Privacy Policy at zurich.com.au/important-information/privacy

E. Declarations

- I/We accept that Zurich may send me/us information about its other products or services from time to time. I/We understand that if I/we do not want Zurich to use and disclose my/our information in this way I/we must phone 133 667 to withdraw my/our consent. 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. I/We understand that the information provided on this form will be used by Zurich to decide whether to reinstate the policy and, if so, the terms on which the policy is to be reinstated.
- I/We acknowledge the terms set out in the reinstatement application including my/our duty to take reasonable care not to make a misrepresentation.
- I/We acknowledge any exclusion periods*/waiting periods# will apply from the date the policy is reinstated.
- I/We understand that Zurich's liability in respect of this application will be subject to Zurich accepting the information contained on this form and providing written acceptance of the application to the policy owner.
- I/We acknowledge and consent to the collection, use, storage and disclosure of my/our personal information (including health and other sensitive information) as described in the Privacy Statement in section D of this form, and Zurich's Privacy Policy, which is available at zurich.com.au/important-information/privacy or by calling Customer Services.
- I/We authorise my/our adviser to receive and access my/our personal information including financial, medical and other matters, whether disclosed in this application or obtained from third parties (e.g. doctors, accountants), for the purposes of management and administration of my/our application, policy and any claims. Where there is any change to this authority, or to my/our adviser, I/we will notify you of the change.
- I/We authorise my/our medical practitioner, or other medical professional, to release details of my personal medical history to Zurich, or any other organisation duly appointed, where such information may be required for the purpose of further assessing this application.
- I/We understand that the insurance I/we have applied to reinstate will not become effective until my/our application is accepted by the insurer in writing.
- Where the proposed owner of this policy is a trust/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/company.

* For life cover policies, the 13 month suicide exclusion will recommence from the date of reinstatement.

For trauma cover the qualifying period for certain conditions noted in the policy will recommence from the date the reinstatement application is received. This includes the Income Secure Trauma Recovery Benefit and Child Cover.

For income protection, business expense and living expense policies, any waiting period for benefits can only commence after the policy has been reinstated.

Signature of member

X

Date (dd/mm/yyyy)

/ /

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