

# Supplementary Personal Statement

## Cholesterol questionnaire

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### Instructions

- Print in black or blue ink.
- All questions must be completed by the life insured. Please attach a separate page if you require more space for an answer.

### 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 when applying for insurance. 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 or recommencing 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, 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.

### 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.

## Details of life insured

Title  Mr  Mrs  Ms  Miss  Doctor  Other

Surname First name

Maiden name (if applicable) Date of birth (dd/mm/yyyy) / /

Plan name

Member number

No. and street (home)

Suburb/Town State Postcode

Home phone Work phone Mobile phone

Email

Gender  Male  Female

Marital status  Single  De facto  Married  Widow/Widower

Smoker  Yes  No

### 1. When was your high cholesterol first diagnosed?

(dd/mm/yyyy) / /

### 2. What were your cholesterol readings at that time?

Cholesterol Triglycerides

HDL Cholesterol LDL Cholesterol

### 3. Did you undergo any tests or investigations?

Yes

No

If **yes**, please provide details:

Test performed	Date (dd/mm/yyyy)	Test results
	/ /	
	/ /	
	/ /	
	/ /	

**4a. Have you ever been treated by medication?**

- Yes
- No

If **yes**, please provide details:

Type	Date commenced (dd/mm/yyyy)	Frequency (e.g. daily, weekly)	Dosage	Date ceased (if applicable) (dd/mm/yyyy)	Reason for cessation
	/ /			/ /	
	/ /			/ /	
	/ /			/ /	
	/ /			/ /	

**4b. Has this treatment ever changed (e.g. has the type or dosage of your medication been changed)?**

- Yes
- No

If **yes**, please provide date of when treatment changed and the reason(s) for change

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**5. Is the treating doctor different to your usual doctor?**

- Yes
- No

If **yes**, please provide details:

Name

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Address

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Suburb/Town State Postcode

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Date of last consultation (dd/mm/yyyy) / /

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**6. What was the date of your last cholesterol check?**

(dd/mm/yyyy) / /

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**7. What were your cholesterol readings at that time?**

Cholesterol Triglycerides

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HDL Cholesterol LDL Cholesterol

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**8. How has your doctor described your cholesterol control?**

- Excellent
- Good
- Poor
- Other

If **other**, please provide details:

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**9. What is the date of your next cholesterol check-up?**

(dd/mm/yyyy) / /

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## Declaration

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.

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 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](http://zurich.com.au/important-information/privacy) or by calling Customer Services on 133 667.

Name of life insured

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Signature

**X**

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Date (dd/mm/yyyy)

/ /

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