

# Pathology request form

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This form is to be completed only on request by Zurich Underwriting.

**Section 1** is to be completed by the life insured.

**Section 2** is to be completed by the adviser and signed by the life insured.

To avoid delays, check that all questions have been answered fully. Please use BLOCK LETTERS.

## Duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation is explained in the PDS and the Life Insured's Statement and it applies each time you provide us with information before we issue a policy.

Not meeting your legal duty can have serious impacts on your insurance. 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.

## 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](http://www.zurich.com.au) or contact the Zurich Privacy Officer on 132 687 or email us at [privacy.officer@zurich.com.au](mailto:privacy.officer@zurich.com.au).

## Important information regarding AIDS testing

Acquired Immune Deficiency Syndrome (AIDS) is a viral disease caused by the Human Immunodeficiency Virus (HIV) which destroys some of the white blood cells in our bodies. These white blood cells help protect our bodies against infections and cancers. Some people infected with HIV therefore suffer infections or cancers and, in some cases, direct damage to the brain by the virus.

The most recent evidence suggests that the virus will persist in the body indefinitely, and there is no cure for AIDS at present.

Following infection, there may be mild flu-like symptoms or no symptoms at all. The body subsequently manufactures antibodies to the virus usually within 8-12 weeks or longer in some cases. These antibodies can then be detected by a blood test.

A negative result indicates that the person tested has not been infected, or alternatively, it can mean that infection has occurred, but the body has not yet had time to manufacture antibodies.

If the result of the HIV test is positive, this means:

1. You have been infected with HIV.
2. You can pass this infection:
  - (a) to any unprotected sexual partner;
  - (b) to anyone receiving your blood, donated organs or semen;
  - (c) if you are an intravenous drug user, to anyone sharing needles or syringes with you;
  - (d) if you are a woman, to a baby during pregnancy, and perhaps at birth by breast-feeding.

Knowing that you are HIV antibody positive has legal consequences in all States and Territories, e.g. it can be an offence to knowingly transmit the virus or put someone else at risk of infection through sexual activity. The disease is notifiable throughout Australia.

When considering an application for life or disability insurance, the insurer assesses aspects of a person's health, along with other factors such as age, occupation and smoker status, to determine an appropriate premium.

Whilst we are able to offer terms for the majority of conditions, we regret that we would not be able to proceed with your application unless you can provide a negative AIDS test result.

Please note that all information relating to your test result will be treated with the utmost confidentiality.

- In the first instance, the results of your blood test will be sent to the doctor nominated by you in Section 1.
- A negative result will be forwarded to Zurich Australia Limited by your doctor, for consideration in assessing your application.
- A positive result will be discussed with you by your doctor, and there are several Government and community organisations which provide specialist counselling.

Please nominate on the Form of consent the doctor you would prefer to receive and inform you of your results.

Section 1: Life insured to complete

# Form of consent (to be held by your doctor)

Zurich Australia Limited has explained to me the need to have the blood test to determine the presence of HIV antibodies. I understand the information conveyed to me and I consent to undergoing the blood test.

I request that the results of my blood test be forwarded to:

Doctor

Address

State

Postcode

Contact numbers

I hereby give my consent to release any test result to Zurich Australia Limited and I understand that the results will only be communicated to those individuals directly involved in assessing my insurance application.

Name of life insured

Signature of life insured

Date

X

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**Please forward final report result to:**

**The Chief Medical Officer (Private and Confidential) Zurich Australia Limited, Locked Bag 994, North Sydney NSW 2059**



Section 2: Adviser to complete

# Pathology request form

## Adviser's details

Adviser's name

Company name

Adviser number

Contact numbers

## Life insured details

Surname

First given name

Referral date

/ /

Date of birth

/ /

Sex:

Male

Female

Address for pathology visit

State

Postcode

Contact number

Date of appointment

/ /

Time of appointment

## Test required

HIV antibodies

MBA-20 to include LDL/HDL cholesterol

Microanalysis/midstream urine (MSU)

Hepatitis B and C Serology

Full blood count (FBC)

HbA1C

Prostate Specific Antigen (PSA)

Liver Function Tests (LFT)

Other (specify)

**Please forward account to:**

**The Underwriting Department Zurich Australia Limited, Locked Bag 994, North Sydney NSW 2059**