

Application for non-smoker rates

This application should only be completed if you (the life insured) have not:

- smoked cigarettes, cigars, tobacco, e-cigarettes or any other substances, or used nicotine replacement products in the last 12 consecutive months.

Please use BLOCK LETTERS.

Policy number/s



Policy type: ☐ Wealth Protection ☐ Active ☐ Sumo ☐ FutureWise ☐ Other_____

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 before the contract of insurance is entered into. To meet this duty, each person whose life is to be insured 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 health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance of each life to be insured. 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 passes on your personal information to us. 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 provided to us. Each person answering our questions 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 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 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.

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 and every person answering our questions understands this information and the questions we ask. Ask us or your adviser 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 a person who answers our questions does 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 the person who answered our questions 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.

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 or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au.

1 Life insured details

Title	Surname		
Given names	Date of birth	/	/
Address	State	Postcode	
Contact details	Work ()	Home ()	
	Mobile	Email	

2 Smoking history – to be completed by the life insured

Which of the following applies to you? (Note: You can select one or both options)

☐ (a) It was my own choice to give up smoking to improve my health/lifestyle and/or spending

AND/OR

☐ (b) I have had a medical event or diagnosis that could have been contributed to by smoking (such as heart disease, stroke or cancer) and/or received Doctor's advice to give up smoking based on health reasons (eg. due to emphysema, asthma, any other respiratory disorder or any other medical condition).

If you selected option (b) please provide details in the following table:

Condition, sickness, injury or test		
Test results		
Date commenced	/ /	/ /
Time off work	days	days
Degree of recovery	%	%
Date of last symptoms	/ /	/ /
Treatment received		
Name and address of doctor		
Name and address of hospital		

3 Declaration of the life insured and policy owner

I/We:

1. **confirm that I (the life insured) have not smoked cigarettes, cigars, tobacco, e-cigarettes or any other substances, or used nicotine replacement products in the last 12 consecutive months;**
2. 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.
3. authorise Zurich to disclose any information in relation to this application to any person for the purpose of assisting Zurich to make a decision in relation to this application;
4. understand that the variation applied for shall not become effective until Zurich accepts this application;
5. authorise any medical practitioner or other professional to disclose any information that they may possess about me (the life insured) to Zurich (or its agents) in relation to this application.

Name of life insured

Signature of life insured

Date

X

/ /

Name of policy owner 1

Signature of policy owner 1

Date

X

/ /

Name of policy owner 2

Signature of policy owner 2

Date

X

/ /

Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited, Underwriting Department, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to **life.newbusiness@zurich.com.au**