

Application to add policy options

This form allows you to add certain options to an existing policy. To avoid delays, check that all questions have been answered fully. Please use BLOCK LETTERS.

Policy number/s



Instructions

This form should be completed by the life insured and policy owner.

Before completing or signing this application form, please read the Zurich Product Disclosure Statement (PDS) for your policy. The PDS must be provided to you with this Application form. It will help you understand the optional extra benefits being applied for and decide if they are appropriate to your needs.

Additional options can only be requested if the appropriate type of cover is already held under the policy.

The addition of optional extra benefits will result in an increase to the premium amount payable. Please contact your financial adviser or Zurich Customer Care on 131 551 for a quote.

DO NOT complete this form if you wish to apply for any optional extra benefits not listed below.

The 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
- 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 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 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 Policy/Option details

Select from below the policy which you hold, as well as the option you wish to apply for:

For full details of each optional benefit, refer to the relevant PDS

Zurich Protection Plus or Superannuation Term Life Plus

Available on all policies	Available on policies applied for on or after 15 May 2017	Available on policies applied for before 15 May 2017
☐ Buy back TPD option	☐ Buy back death option (Trauma)	☐ Accelerated buy back death option
☐ Double TPD option	☐ Buy back death option (TPD)	☐ Accidental death option
☐ Double trauma option	☐ Platinum TPD (from TPD)	☐ Top-up option
☐ Premium waiver option	☐ Trauma plus (from Trauma)	
☐ Trauma reinstatement option		

Zurich Income Safeguard

- ☐ Severity booster option
- ☐ Increasing claims option
- ☐ Future insurability option (not available if your occupation class is "SR")

Zurich Income Protector/Plus or Zurich Superannuation Income Protector/Plus

- ☐ Increasing claims option
- ☐ Family care option*
- ☐ Future insurability option (not available if your occupation class is "SR")
- ☐ Lump sum accident option* (not available if your occupation class is "SR")
- ☐ Trauma advancement option* (only available on policies applied for on or after 15 May 2017. Not available if your occupation class is "SR")
- ☐ Trauma option (only available on policies applied for before 15 May 2017)

Zurich Income Replacement or Zurich Superannuation Income Replacement

- ☐ Booster option
- ☐ Family care option
- ☐ Future Insurability option
- ☐ Increasing claims option
- ☐ Lump sum accident option
- ☐ Severe disability option
- ☐ Trauma option

Zurich Business Expenses

- ☐ Day 4 accident option/Accident option (only available on policies applied for before 27 September 2021. Not available if your occupation class is "SR" or "4")

Zurich Active Cover

- ☐ Extended care option

Zurich Active Income Cover

- ☐ Booster option
- ☐ Claims Escalation option
- ☐ Accident option
- ☐ Extra Benefits option

Zurich FutureWise

- ☐ Double TPD option
- ☐ Double Trauma option
- ☐ Premium waiver option
- ☐ TPD Platinum (from Plus)
- ☐ Trauma Plus (from Standard)
- ☐ Trauma Platinum (from Standard or Plus)
- ☐ Trauma reinstatement option

Zurich FutureWise Disability Income

- ☐ Booster option*
- ☐ Claims Escalation option
- ☐ Accident option (not available if your occupation class is "4")
- ☐ Extra Benefits option*
- ☐ TPD Computation option*

* These optional benefits are not available in superannuation.

3 Declaration of health

(a) Please provide your current: Height cm Weight kg

Since the date of the original application for insurance on your life:

(b) Have you had any illness or injury (other than a cold or flu) or consulted any doctor or health professional? Yes ☐ No ☐

If 'Yes', provide details including dates, condition, any treatment or test results, and name and address of doctors and/or hospitals.

(c) Have you undergone any medical tests such as a blood test, x-ray or ECG (other than regular annual check-ups or blood tests where the results have been normal)? Yes ☐ No ☐

If 'Yes', provide details including dates, type and result of test, reason for test and any diagnosis made or treatment required, and name and address of doctors and/or hospitals.

(d) Have you commenced or been advised to commence any medication or treatment, or have you been advised to undergo any investigation, test, medical treatment or operation? Yes ☐ No ☐

If 'Yes', provide details including type of treatment or investigation, when they will be performed and the reason that this has been advised.

(e) Have you had any symptoms for which you intend to seek medical advice, or are you waiting for medical treatment or consultation or the results from medical tests or investigations? Yes ☐ No ☐

If 'Yes', provide details of the specific symptoms, pending treatment, advice or test result, and the date when this is expected to be completed.

(f) Has there been any change in your occupation (including duties or hours), or financial situation? Yes ☐ No ☐

If 'Yes', describe your new occupation, duties and income details.

(g) Has there been a change in your participation or do you intend to participate in any potentially dangerous physical activities (e.g. aviation (other than as a fare-paying passenger), diving, hang gliding, parachuting, motor racing, rock or mountain climbing, football, martial arts and bungee jumping)? Yes ☐ No ☐

If 'Yes', provide details including type of activity, degree of participation (such as amateur or professional), and frequency of participation.

(h) Have you taken up or applied to any other company for insurance? Yes ☐ No ☐

If 'Yes', confirm the company, type and amount of cover applied for, and if cover is in force.

(i) Has an application for insurance for which you have applied, been declined or accepted on modified terms (e.g. exclusion, higher premium or other alteration)? Yes ☐ No ☐

If 'Yes', provide details.

3 Declaration of health (continued)

- (j) Have you smoked tobacco or any other substance or used e-cigarettes or any nicotine replacement therapies within the last 12 months?

Yes ☐ No ☐

If 'Yes', advise type and quantity per day.

- (k) Do you drink alcohol?

Yes ☐ No ☐

If 'Yes', advise average number of drinks per day.

- (l) Do you intend to travel or live overseas in the next two years?

Yes ☐ No ☐

If 'Yes', confirm the country and region you will travel to, the date and reason for your travel, and how long you will travel for.

4 Declaration

- I/We declare that upon completing this application to add policy options form I/we have reviewed all disclosures in my original Life Insured's Statement and/or Personal Statement (relating to the policy to which an increase is requested) and can confirm that these disclosures were true and correct. I/we further understand this forms part of my application to increase my insurance cover. (Please refer to your Zurich records or contact Zurich to confirm the date of your original application).
- 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/We acknowledge that Zurich will rely on statements in this questionnaire in deciding whether to issue the requested policy option and what terms and premium to offer.
- I/We authorise Zurich to disclose any information in relation to my/our application to add policy options to any person for the purpose of assisting Zurich to make a decision in relation to my/our application for insurance.
- I/We have read and understood the PDS for my/our policy including the sections relating to the optional extra benefits.
- I/We agree that this application will form the basis of the alteration to this policy and understand the premiums will increase to reflect the change to cover.
- I/We understand and agree that any optional extra benefits added after policy commencement using this application cannot be exercised if an insured event occurs within 90 days after the benefit is added.
- I/We understand that any optional extra benefits applied for will not be added to the policy until this application is accepted by Zurich in writing.

Name of life insured

Signature of life insured

Date

X / /

Name of policy owner 1 (if different to above)

Signature of policy owner 1

Date

X / /

Name of policy owner 2 (if applicable)

Signature of policy owner 2 (if applicable)

Date

X / /

Save File

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