

Chest pain questionnaire

This form is to be completed only on request by Zurich Underwriting. To be completed by the life insured. To avoid delays, please check that all questions have been answered fully. Please use BLOCK LETTERS.

Policy number/s

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

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 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 Chest pain details

(a) Please state the precise diagnosis if known, eg. angina, costochondritis, esophageal reflux, muscle strain, myocardial infarction, palpitations, stress, etc. Attach copies of any medical reports if available

(b) Have you ever had ☐ chest pain ☐ palpitations ☐ shortness of breath

(c) When did you first experience symptoms? / /

How long did the symptoms last? / /

(d) Have you had any recurrence of symptoms? Yes ☐ No ☐
If 'Yes', advise dates, frequency and duration of all episodes(e) What was the location of the pain?
☐ central ☐ in the left or right side of the chest ☐ across the front of the chest ☐ elsewhere – provide details(f) What was the nature and severity of the pain?
☐ very severe ☐ dull ache ☐ crushing ☐ vague discomfort ☐ vice-like ☐ sharp ☐ stabbing
☐ other – provide details

2 Chest pain details (continued)

(g) Did the pain radiate outside the chest? For example to the shoulders, arms, jaw, abdomen

Yes ☐ No ☐

If 'Yes', provide details

(h) What was the onset?

☐ sudden ☐ gradual ☐ at rest ☐ ceasing with rest ☐ only on exertion ☐ only with certain postures
☐ worsened by deep inspiration ☐ other – provide details

(i) Where your symptoms associated with exercise, exertion, excitement, food, infection, strain, etc.?

Yes ☐ No ☐

If 'Yes', provide details

(j) Provide the names and addresses of the doctors, specialists and/or any hospitals you see or have seen in relation to this condition

Name of doctor, hospital or clinic	Address	Date of last consultation
		/ /
		/ /
		/ /

(k) Provide details of any tests or investigations that you have undergone, e.g. blood tests, chest x-rays, coronary angiogram, echocardiogram, electrocardiograph, endoscopy, exercise stress test, etc.

Name of test or investigation	Location	Date	Results
		/ /	
		/ /	
		/ /	

(l) Provide details of any medication you have taken or are currently taking for this condition

Name of medication	Dose	Frequency	Date last taken
			/ /
			/ /
			/ /

(m) Has any further treatment or follow-up been discussed, recommended or otherwise contemplated (surgical or medical)?

Yes ☐ No ☐

If 'Yes', provide details

(n) Have you ever taken time off work for this condition?

Yes ☐ No ☐

If 'Yes', provide dates and durations

(o) Have your work duties ever been affected or restricted in any way?

Yes ☐ No ☐

If 'Yes', provide details including dates and durations

3 Declaration

The proposed life insured states as follows:

1. 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.
2. 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.
3. I acknowledge that Zurich will rely on statements in this questionnaire in deciding whether to issue an insurance policy and what terms and premium to offer.
4. I authorise Zurich to disclose any information in relation to my application for insurance to any person for the purpose of assisting Zurich to make a decision in relation to my application for insurance.
5. I understand that the insurance applied for shall not become effective until Zurich accepts my application.
6. I authorise my medical practitioner or other professional (i.e. accountant) to disclose any information that they may possess about me to Zurich in relation to my application for insurance or any claim under it.
7. I authorise Zurich to approach any person named in this questionnaire to verify any aspect. In the same way, I authorise any person named in my questionnaire to disclose any information they may possess about me to Zurich.

Name of life insured

Signature of life insured

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**

Save File

Print Form