

Diabetes 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 Diabetes details

(a) Please state the diagnosis relevant to you, e.g. Type I or Type II Diabetes Mellitus, Gestational Diabetes, Impaired Glucose Tolerance or Impaired Fasting Glucose, etc.

(b) When were you diagnosed with this condition? / /

(c) How often do you consult with your usual doctor/clinic for monitoring?

(d) What was the date of your most recent consult with this doctor/clinic? / /

(e) Are you currently undertaking treatment for this condition?

☐ No → go to question (f)

☐ Yes → what type of treatment are you undertaking?

☐ Diet ☐ Insulin → number of daily units

☐ Oral drug treatment → medication name and dosage

☐ Other → specify

(f) Has your doctor changed your treatment within the last 2 years?

Yes ☐ No ☐

If 'Yes', provide details of previous treatment including type, dosage and frequency (if applicable)

2 Diabetes details (continued)

(g) Since your treatment commenced (if applicable), have you ever had a diabetic or insulin coma?

☐ Not applicable – no treatment required Yes ☐ No ☐

provide details of previous treatment including type, dosage and frequency (if applicable)

(h) Have you ever suffered from the following complications of diabetes:

Yes ☐ No ☐

- Problems with your eyes?
- High Blood Pressure or other heart/circulatory problems?
- Kidney problems including albumin or protein in the urine?
- Numbness or tingling in your feet or legs?

If 'Yes', provide details including complication(s), severity, treatment and date

(i) Do you know your most recent blood glucose result?

Yes ☐ No ☐

If 'Yes', Blood Glucose result Date of reading / /

(j). Do you know your most recent HbA1C (glycosylated haemoglobin) result?

Yes ☐ No ☐

If 'Yes', HbA1C result Date of reading / /

(k) Please provide details of your treating doctor for diabetes

Doctor's/Clinic's name

Address

State

Postcode

Phone number

(l) Have you consulted any other health professionals for the condition/s?

☐ No → continue ☐ Yes → provide details below

Doctor's/Clinic's name

Address

State

Postcode

Phone number

Dates consulted from / / to / /

Doctor's/Clinic's name

Address

State

Postcode

Phone number

Dates consulted from / / to / /

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**

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Print Form