

Drug 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 Personal details

(a) Please indicate which of the following substances you have ever tried or used:

(i) amphetamines (speed, uppers, dexies, crystal meth, ice, etc.)	Yes ☐	No ☐
(ii) anabolic steroids (roids, gear, juice, etc.)	Yes ☐	No ☐
(iii) barbiturates (amytal, phenobarbital, etc.)	Yes ☐	No ☐
(iv) cannabis (marijuana, dope, hooch, grass, pot, hashish, THC, etc.)	Yes ☐	No ☐
(v) cocaine (coke, blow, snow, crack, etc.)	Yes ☐	No ☐
(vi) ecstasy (meth amphetamine, MDMA, ecky, E's, etc.)	Yes ☐	No ☐
(vii) opiates (codeine, heroin, methadone, morphine, pethidine, smack, etc.)	Yes ☐	No ☐
(viii) psychedelics (magic mushrooms, LSD, acid, etc.)	Yes ☐	No ☐
(ix) Others: e.g. solvents	Yes ☐	No ☐

If you answered 'Yes' to any of the above, provide details of your usage pattern:

Name of substance	Period of use	Frequency and quantity of use	Method of use
	/ / to / /		
	/ / to / /		
	/ / to / /		
	/ / to / /		

2 Personal details (continued)

(b) Have you ever had any condition or impairment relating to the use of drugs (e.g. Hepatitis, HIV infection, mental illness)? Yes ☐ No ☐

If 'Yes', provide details including condition and dates

(c) Have you ever sought medical treatment or advice or been referred for drug counselling? Yes ☐ No ☐

If 'Yes', provide details including name and contact details for doctors or clinics

(d) Have you ever been treated on a methadone or other controlled withdrawal program? Yes ☐ No ☐

If 'Yes', provide details

(e) Have you ever taken time off work because of your alcohol or drug use or have your working duties ever been affected or restricted in any way? Yes ☐ No ☐

If 'Yes', provide details including dates and durations

(f) Are you now drug-free?

Yes ☐ Date use ceased / /

No ☐ Provide details of current use

(g) Please state any other relevant particulars which may have had bearing on any past or present use of drugs

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