

Express Life Insured's Statement



Important information

This form can be used to apply for an increase or alteration to an existing Zurich Wealth Protection, Active or FutureWise policy which has been fully underwritten by Zurich within the last two years. You cannot use this form to increase a Zurich Sumo policy.

Complete this form and return it to Zurich along with

- a Zurich premium quote
- the completed Zurich Insurance Application form

In assessing this application, we are relying on the disclosures made by you in the Life Insured's Statement and/or Personal Statement in the application for the existing cover. As part of this application, you are required to review and reconfirm the previous Statement. Furthermore, the duty to take reasonable care not to make a misrepresentation will apply to both your review of the previous Statement and to completion of this form. If you do not have a copy of the previous Statement you can obtain a copy by contacting Zurich Customer Care on 131 551.

Where your circumstances have changed, certain sections of a newly completed Life Insured's Statement or additional forms may be required to assess these changes. Instructions are provided for when to complete these sections. All forms are available on the Zurich website, www.zurich.com.au, or by contacting Zurich Customer Care on 131 551.

Please use black pen, BLOCK LETTERS and tick ✓ where applicable

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 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

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname

Given names

☐ Male ☐ Female

Date of birth / /

Original application declaration

Please check that you understand and agree to the following.

- ☐ I declare that upon completing this Express Life Insured's Statement I 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 further understand this forms part of my application to increase my insurance cover.

Signature of life insured

Date

X

/ /

2. Increase details

I am applying to increase my existing:

Cover type	Policy number	Total sum insured	Waiting period	Benefit period
☐ Income protection		\$ per month		
☐ Business expenses		\$ per month		N/A
☐ Life		\$	N/A	N/A
☐ Trauma		\$	N/A	N/A
☐ TPD		\$	N/A	N/A
☐ Active Health Events		\$	N/A	N/A

Mandatory requirements will be based on the total cover including the increase.

3. Residence and travel

Cover is only available to Australian residents.

(a) Do you currently live in Australia and have you been living here for 12 months or more?

- ☐ Yes
☐ No → provide details

(b) Do you intend to travel or live overseas in the next 2 years?

- ☐ No
☐ Yes → provide details

Country

City/Area

Date travelling / /

Length of stay

Reason: ☐ Holiday ☐ Business ☐ Study ☐ Other → provide details

4. Occupation

Since the date of your original application have any aspects of your occupation changed (including your role, duties, hours worked or employment status)?

☐ No

☐ Yes → provide full details including your current job, hours worked, employment status (employed or self-employed), length of time in current job and your work duties (including % for each)

5. Current income

What is your current annual income from your principal occupation?

For employees, your income means your full annual remuneration package, including any salary or wages, superannuation contributions, fringe benefits (for example a company car), or any regular commissions or bonuses.

For a self-employed person, your income means your share of any profits of the business generated by the work you perform, after deducting business expenses. You can also include any salary, wages or superannuation contributions paid by the business to you.

In all cases you should not include any income from interest or investments (for example rental income).

\$

6. Cover details

(a) Are you applying for

- Life cover in excess of \$3,000,000 (or \$1,500,000 for domestic duties)
- TPD cover in excess of \$3,000,000 (or \$1,500,000 for domestic duties)
- Trauma cover in excess of \$1,500,000 or
- Active Health Events cover in excess of \$3,000,000 (or \$1,500,000 for domestic duties)

☐ No → go to 6 (b)

☐ Yes → complete and attach a Confidential Financial questionnaire or tick the following box if you wish to provide a copy of the SOA instead (make sure the Statement of Advice ('SOA') answers all the questions in the Financial questionnaire)

☐ SOA will be provided

(b) Are you applying for:

- Income protection cover in excess of \$20,000 per month, or
- Business expenses cover in excess of \$20,000 per month?

☐ No → go to 7

☐ Yes → Do you:

- have net assets (excluding the family home or superannuation) exceeding \$5m (including assets that are owned by you, your spouse or any other related entities), or
- receive or expect to receive net income from other sources (such as rental income, dividends etc.) in excess of \$250,000 per annum?

☐ No → go to 7

☐ Yes → complete and attach a Confidential Financial questionnaire (available online), or tick the following box if you wish to provide a copy of the SOA instead (make sure the SOA answers all the questions in the Confidential Financial questionnaire)

☐ SOA will be provided

7. Financials

(a) Are you applying for income protection cover or business expenses cover?

☐ No → go to 9

☐ Yes → go to 7 (b)

(b) Since your original application, have you transitioned between being an employee only and being self-employed?

☐ Yes → provide full details to include how long you have been self-employed, your ownership share in the business, if you have any employees (and how many are income producing), if an additional resource would be required to replace you if unable to work and in the event of disablement would your income continue for more than 90 days?

☐ No → proceed either to employee only question 7 (c), or self employed persons question 7 (e) (as applicable)

Employees only

(c) Since your original application have you changed your employer, or changed the basis of your employment (such as from full-time to part-time)?

- ☐ No → go to 9
☐ Yes → provide details

Employer

Business address State Postcode

Current basis of employment: ☐ Permanent (full or part-time) ☐ Casual contractor* ☐ Fixed term contractor*

*If casual or fixed term contractor is selected, provide full details, including the date you commenced your contract term/expiration date, and your plans following the contract expiry.

(d) Do you have any sick leave entitlements?

- ☐ No → go to 9
☐ Yes → provide details

How many accrued sick leave days do you have?

Go to 8

Self-employed persons

(e) Since your original application, have any of the following details of your business changed:

- your ownership interest, or any change in business partners
- the number of total employees, or employees in income producing roles, or
- the ability of the business to continue to generate income in your absence?

- ☐ No → go to 7 (f)
☐ Yes → please provide full details

(f) Advise the following income details as per your Profit and Loss account for the last 2 years

Year ending	30/06/	30/06/
Gross business income (turnover)		
Business expenses		
= Net income		
Your share of net income		

+

If any of the following are included in the above business expense figure, please complete the table to allow us to add-back to the income figure

+ Personal salary		
+ Director's fees (paid to manage this business only) Business expenses		
+ Salary paid to a non-working spouse or other family members not working in this business		
+ Superannuation payments to yourself, a non-working spouse or other family members not working in this business		
+ Other addbacks (e.g. depreciation, donations or personal use of motor vehicles)		
TOTAL		

8. Business expenses

Are you applying for business expenses cover (Ongoing fixed expenses or Key person replacement)?

- ☐ No
☐ Yes → complete and attach the Business Expenses questionnaire

9. Insurance history

Since the date of your original application, have you taken up, or applied for any other insurance on your life, with Zurich or any other company?

☐ No

☐ Yes → provide details

Insurance company

Type of cover

Date commenced/applied / /

Insured amount \$

Waiting/Benefit period

Is this cover being replaced by this application?

☐ Yes

☐ No

Is or was this cover:

☐ accepted as standard

☐ currently under assessment, or

☐ declined, deferred, accepted with a higher than normal premium or issued with restrictions or exclusions?

Provide details

If you need more space, attach a separate sheet signed and dated by you.

10. Habits

(a) Since the date of your original application, have you changed your smoking status and/or consumption (including the use of e-cigarettes, nicotine replacement therapies or other substances)?

☐ No

☐ Yes → provide details

Current consumption per day

Type

Date of change / /

Reason for change

(b) Since the date of your original application, have you changed your alcohol consumption?

☐ No

☐ Yes → provide details

How many standard drinks do you consume in a typical week?

Reason for change

(c) Since the date of your original application, have you used or injected yourself with any drugs not prescribed for you by a doctor?

☐ No

☐ Yes → provide details

11. Doctor's details

Are you still attending the doctor listed as your usual doctor on your original application?

☐ Yes → provide details of the most recent consultation

Date of last visit / /

Reason for visit

Result/Outcome

☐ No → provide details of the most recent doctor/medical centre consulted

Doctor's name

Medical centre name

Address

State

Postcode

Date of last consult / /

Reason for visit

Results/Outcome

12. Your height and weight

(a) How tall are you? cm OR Feet inches

(b) How much do you weigh? kg OR lb

13. Your medical history

Since the date of your original application for insurance with Zurich, have you:

(a) had any illness or injury (other than a cold or flu) or consulted any doctor or health professional?

☐ No

☐ Yes → provide details including dates, condition, any treatment or test results, and name and address of doctors and/or hospitals

(b) undergone any medical tests such as a blood test, genetic test, X-ray or ECG?

Do not include regular annual check-ups or blood tests where results have been normal.

☐ No

☐ 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

(c) commenced or been advised to commence any medication or treatment, or have you been advised to undergo any investigation, test, medical treatment or operation?

☐ No

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

(d) 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?

☐ No

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

14. Family medical history

(a) Since your original application, have any of your natural parents, brothers or sisters had any of the following conditions before the age of 65?

- Heart disease, heart attack, angina or stroke
- Diabetes
- Cancer of the breast, ovaries, bowel or melanoma
- Any other cancer
- Muscular dystrophy, Huntington's disease or Motor neurone disease
- Polycystic kidney disease
- Cardiomyopathy
- Multiple sclerosis, Parkinson's disease or Alzheimer's disease
- Mental health condition
- Any other hereditary condition which runs in your family

☐ No

☐ Yes → provide details

☐ Father

☐ Mother

☐ Brother

☐ Sister

Condition

Age diagnosed

Age at death (if applicable)

(b) Combined with this application, does the total amount of your existing insurance(s) exceed the following; \$500,000 Life; \$500,000 TPD; \$200,000 Trauma and Active; \$4,000 per month Income Protection and Business Expenses?

☐ No → go to 15

☐ Yes → go to 14 (c)

9.03 Have you ever had or are you considering having a genetic test?

☐ No → go to 10

☐ Yes → provide details

You do not need to disclose to us any genetic test that was conducted for the purpose of a medical research study conducted by an accredited university or medical research institution where;

- the test results are not known by you and will not be provided to you, or
- you have specifically requested not to receive the test results

You also do not need to disclose to us any genetic test that was conducted for fertility or paternity testing, for fitness or for nutrition.

15. Hazardous activities/sports

Since the date of your original application, have you:

(a) ceased participating in any previously disclosed activities?

☐ No

☐ Yes → provide details

Activity

Date ceased / /

(b) taken up or have any intention of participating in any potentially hazardous sport or pastime?

Examples include aviation (other than as a fare-paying passenger), diving, hang gliding, skydiving, motor sports, rock or mountain climbing, football, boxing, martial arts and bungee jumping.

☐ No

☐ Yes → please complete and attach the Activity questionnaire

16. 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.

Signature of life insured

Date

X

/ /

Any questions? Call 131 551

Please send the completed form to:

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

By email, as a scanned attachment, to **client.service@zurich.com.au**