

Group Risk

Request for membership form

Important notice

OnePath Life is the insurer in respect of a group insurance arrangement. This form is to be completed by the policy owner in respect of proposed members of any Group Risk policy.

Name of Plan

Policy number

Benefit category	Member surname	Initials	Sex M or F	Annual salary \$	Group Life sum insured	State, Territory or country of residence	Date of birth (dd/mm/yyyy)	Date joined company (dd/mm/yyyy)	Date joined plan (dd/mm/yyyy)	Occupation
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If more space is required, attach an additional page, or download another copy of the form from zurich.com.au

The above information can be emailed to group.risk@zurich.com.au, however you will also need to submit a signed copy of the At Work Certificate.

Phone: 1800 648 921
Email: group.risk@zurich.com.au
Website: zurich.com.au
GPO Box 4129, Sydney NSW 2001

