

Supplementary Personal Statement

Mental health questionnaire

Instructions

- Print in black or blue ink.
- All questions must be completed by the life insured. Please attach a separate page if you require more space for an answer.

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 when applying for insurance. To meet this duty, you 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 or recommencing 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 your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. 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 may pass on to us personal information you provide to them. 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;
- 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, we may ask about any changes that mean you and each person who answered our questions would now answer differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

If you need help

It's important that you understand this information and the questions we ask. Ask us 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.

Details of life insured

Title

☐ Mr

☐ Mrs

☐ Ms

☐ Miss

☐ Doctor

☐ Other

SurnameFirst name

Maiden name (if applicable)Date of birth (dd/mm/yyyy) / /

Plan name

Member number

No. and street (home)

Suburb/TownStatePostcode

Home phoneWork phoneMobile phone

Email

Gender

☐ Male

☐ Female

Smoker

☐ Yes

☐ No

Marital status

☐ Single

☐ De facto

☐ Married

☐ Widow/Widower

1. Please tick the conditions you have had (or currently have), or received treatment for:

☐ Anxiety including generalised anxiety, panic or phobia disorder

☐ Eating disorder including anorexia nervosa or bulimia

☐ Depression including major depression or dysthymia

☐ Manic depressive illness or bi-polar disorder

☐ Alcohol or other substance abuse or addiction

☐ Post traumatic stress

☐ Schizophrenia or any other psychotic disorder

☐ Stress, sleeplessness or chronic tiredness

If **other**, please provide details:

2. Please complete the table below for all described conditions

Condition	Describe your symptoms	Date diagnosed (dd/mm/yyyy)	Date condition ceased (if applicable) (dd/mm/yyyy)
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

3. Have you ever had any recurrence of the symptoms?

☐ Yes

☐ No

If **yes**, please provide details including dates

4. Are you currently symptom free?

☐ Yes

☐ No

If **yes**, please provide date(s) of last symptoms

5. Have you ever attempted suicide or self harm?

- ☐ Yes
- ☐ No

If **yes**, please provide details including when, name and address of treating doctor, clinic or hospital

6. Are you aware of the cause or reason for your condition(s)?

- ☐ Yes
- ☐ No

If **yes**, please provide details

7. Have you ever had any time off work due to your condition(s)?

- ☐ Yes
- ☐ No

If **yes**, please provide the dates and duration

8. Are you currently or have you ever been on treatment, including medication?

- ☐ Yes
- ☐ No

If **yes**, please provide details

Treatment (e.g. tranquilisers, sedatives, ECT, counselling)	Date commenced	Date condition ceased (if applicable) (dd/mm/yyyy)	Reason ceased
	/ /	/ /	
	/ /	/ /	

9. Do you feel that your condition(s) has had any impact on your ability to perform your job at work or on your social life?

- ☐ Yes
- ☐ No

If **yes**, please provide details

10. Have you been referred for consultation with a psychiatrist or psychologist?

☐ Yes

☐ No

If **yes**, please provide details

Name of consultant

Address

Suburb/Town

State

Postcode

Date of last consultation (dd/mm/yyyy) / /

11. Have you been admitted to hospital or any other care facility?

☐ Yes

☐ No

If **yes**, please provide details

Name of institution

Address

Suburb/Town

State

Postcode

Date of last consultation (dd/mm/yyyy) / / Doctor(s) consulted

12. Does your usual doctor have details of this condition(s)

☐ Yes

☐ No

Declaration

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.

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.

I acknowledge and consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Product Disclosure Statement and Zurich's Privacy Policy, which is available at Zurich's website zurich.com.au/important-information/privacy or by calling Customer Services on 133 667.

Name of life insured

Signature

X

Date (dd/mm/yyyy)

/ /

Phone: 1800 199 414
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