ZURICH

Supplementary Personal Statement

Arthritis/Joint 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 you provide to us. When answering our questions, you 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, 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 would now answer our questions differently. It could save time if you let us know about any changes as and when they happen. This is because As 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.

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

Surname First name

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

Plan name

Member number

No. and street (home)

Suburb/Town State Postcode

Home phone Work phone Mobile phone

Email

Gender ◯ Male ◯ Female Smoker ◯ Yes ◯ No

Marital status ◯ Single ◯ De facto ◯ Married ◯ Widow/Widower

1. Which joint is/was affected (please select relevant box/es)? If more than one box is selected, please copy this questionnaire and complete for each condition

	Left	Right		Left	Right
Ankle	◯	◯	Knee	◯	◯
Elbow	◯	◯	Wrist	◯	◯
Shoulder	◯	◯	Hip	◯	◯
Other	◯	◯			

If **other**, state which joint

2. When did this condition first occur?

(dd/mm/yyyy) / /

3. What was the cause or reason for the condition?

4. Please describe the exact nature of the condition, including symptoms and doctor's diagnosis if known

5. Have you had recurrent or multiple episodes of the condition?

◯ Yes

◯ No

If **yes**, please provide details including the number of episodes and the date of the most recent episode including duration

6. Please provide details of all people you have consulted for this condition in the table below

Name and address of doctor/health professional	**Type** (e.g. doctor, chiropractor, physiotherapist)	**Treatment prescribed** (e.g. analgesics, anti-inflammatory drugs, surgery, acupuncture)

7. Have you had any time off work due to this condition?

◯ Yes

◯ No

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

8. Do you have any residual pain, limitation of movement or restriction of any kind?

◯ Yes

◯ No

If **yes,** please provide details

9. Are your work duties or activities limited/affected by the condition?

◯ Yes

◯ No

If **yes**, please provide details

10. Are you still undergoing treatment?

◯ Yes

◯ No

If **yes,** please provide details

11. Overall do you feel that your condition is:

◯ Resolved ◯ Improving ◯ Stable ◯ Deteriorating

12. What was the date of your last symptoms?

(dd/mm/yyyy) / /

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

✗

Date (dd/mm/yyyy)

/ /

Phone: 1800 199 414
Email: group.risk.uw@zurich.com.au
Website: zurich.com.au
GPO Box 4129, Sydney NSW 2001

Zurich Australia Limited (Zurich) ABN 92 000 010 195 AFSL 232510

RHEN-018627-2022 568998_OPLM3827G/0822