ZURICH

For Members of BUSSQ

Application to change your insurance

Important notice

Zurich is the insurer in respect of a group insurance arrangement. It is important that you have read and understood the current Product Disclosure Statement for the cover for which you are applying.

You are requested to complete this form if one of the following applies to you:

- you are proposing to become an insured member under the policy and your benefits are subject to assessment by Zurich
- you are an existing insured member and your benefit (or part thereof) is subject to assessment by Zurich.

Zurich requires this Personal Statement and other health information to assist us in making a decision on your proposed insurance cover. This Personal Statement is confidential. Please refer to the Privacy Statement in the Product Disclosure Statement.

You may wish to seal it in an envelope and send it to:

Zurich, GPO Box 4129, Sydney NSW 2001

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. 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 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, 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 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 contact 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 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.

What can we do if the duty is not met?

If you do 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 you 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.

Please return the completed form to: **BUSSQ, GPO Box 2775, Brisbane QLD 4001 or email to super@bussq.com.au**

1. Personal details

BUSSQ membership no.

Title ○ Mr ○ Mrs ○ Ms ○ Miss ○ Doctor ○ Other

Surname

Given names(s)

Date of birth (dd/mm/yyyy) / / Gender ○ Male ○ Female

Residential address (this cannot be a PO Box)

Street

Suburb State Postcode

Home phone Work phone Mobile phone

Email

2. Changing your Death and Total & Permanent Disablement (TPD) cover

- Complete this section to increase or decrease your Death or Death and TPD cover. If you want to cancel your cover, complete Section 5.
- MySuper members can apply for units of cover only.
- Only Premium Choice members can apply for fixed cover or units of cover, but not both.

Units of cover

Complete this section to apply for units of Death or TPD cover. Please write the total number of units of Death or TPD cover you want (including any cover you may already have). If your application is accepted, your existing allocation of units will be replaced to reflect the number of units you have requested in this form.

Death cover only (no. of units required)

TPD cover amount (no. of units required)

Fixed cover

Complete this section only if you are a Premium Choice member.

Please write the total dollar value of Death or TPD cover you want (including any cover you may already have). If your application is accepted, your existing cover will be replaced to reflect the amount of cover you have requested in this form.

Death cover only amount (cover must be in multiples of $1,000) $

TPD cover amount (cover must be in multiples of $1,000) $

Note: Your TPD cover cannot exceed your Death cover. You cannot have Death cover that exceeds $5 million or TPD cover that exceeds $3 million. If you are increasing either your Death or TPD cover, please complete the Personal Health Statement listed under Section 6.

Converting existing Death and TPD cover

Complete this section only if you are a Premium Choice member. Complete this section to apply to convert your existing Death cover only or Death and TPD cover:

To fixed cover

◯ I wish to convert my existing cover to fixed cover

You will be provided enough fixed cover, rounded up to the next $1,000, to replace the number of units you have.*

To units of cover

◯ I wish to convert my existing cover to units of cover

You will be provided with the minimum number of whole units of cover for your age to replace the fixed cover you have.*

If you are only applying to convert your existing cover, you do not need to complete the Personal Health Statement in Section 6.

* Any additional cover you receive as a result of the conversion will be limited cover for at least 12 months. Please refer to this guide for more information on limited cover.

3. Income Protection cover

- Only Premium Choice members can hold Income Protection cover.
- Complete this section to increase or decrease your Income Protection cover.
- If you want to cancel your Income Protection cover, complete Section 5.
- The maximum monthly benefit you can be paid cannot be higher than 85% of your monthly salary at time of claim (75% being paid to you and 10% to your super account)* or $25,000 per month, whichever is lower.
- You must be permanently employed and currently working at least 15 hours (30 hours for contractors) per week to be eligible for Income Protection cover. You must also be between the ages of 15 and 64.

Your salary

What is the monthly benefit you want (expressed in $100 increments which cannot exceed 85% of your monthly salary)? $

Please choose your preferred **waiting period**: ◯ 30 days ◯ 60 days

The waiting period is the time you have to wait before you are eligible to make a claim for an Income Protection benefit. If you do not make a choice and you already have Income Protection cover, your existing waiting period will apply.

If you are reducing your waiting period, you will need to complete the Personal Health Statement in Section 6. If you are increasing your Income Protection cover, please complete the Personal Health Statement in Section 6. A shorter waiting period will cost more.

Please choose your preferred **benefit period**: ◯ 2 years ◯ to age 65

The benefit period is the maximum time you can receive an insurance benefit for one injury or illness. If you do not make a choice and you already have Income Protection cover, your existing benefit period will apply.

If you are extending your benefit period, you will need to complete the Personal Health Statement in Section 6. A longer benefit period will cost more.

4. Your occupational rating

- Complete this section to apply to change your occupational rating.
- For units of Death or TPD cover – the occupational rating is used to work out how much your insurance cover costs and how much cover is provided by one unit. If you don't tell us your occupational occupation, we'll give you a 'manual' occupational rating.
- For Income Protection cover and fixed Death or TPD cover – the occupational rating is used to work out how much your insurance cover costs.

a. Unitised Death or TPD cover – select one

○ **Manual**: you perform mainly manual physical work.

○ **Non-manual**: you spend at least 50% of your working time in an office environment i.e. 19 hours out of a 38-hour working week.

b. Fixed Death or TPD cover or Income Protection cover – answer 'yes' or 'no'

1. Do you spend at least 80% of your total working time in an office or similar environment performing administrative, clerical or sedentary type duties? ○ Yes ○ No

2. Do you have a recognised trade qualification relating to your occupation or, does your occupation require you to perform light manual work or, are you a supervisor of blue collar workers and your duties include up to 10% of light manual work (e.g. an electrician, printer, greengrocer, carpenter, storeman, plumber, factory production manager etc)? ○ Yes ○ No

3. Are you a skilled or semi-skilled worker whose duties include heavy manual work or are you required to operate heavy machinery (e.g. qualified wall/floor tiler, glazier, sign writer, bulldozer driver, forklift driver etc)? ○ Yes ○ No

If you answer 'yes' to question 1 and 'no' to either question 2 or 3, you will be classified as 'White Collar'.

If you answer 'no' to questions 1 and 3 and 'yes' to question 2, you will be classified as 'Light Blue'.

If you answer 'no' to questions 1 and 2 and 'yes' to question 3, you will be classified as 'Heavy Blue'.

If you answer 'no' to questions 1, 2 and 3, Income Protection cover will be declined.

5. Cancel your cover

- Complete this section to cancel part or all of your cover.
- Please select each type of cover that you wish to cancel.
- If you selected a cover type below, you won't be insured for that cover. So, you (or your beneficiaries) will not be able to make an insurance claim for that type of cover, in the event of illness, injury or death. If you decide to apply for cover in the future, you will need to supply health information as part of your application.
- It is recommended that you obtain financial advice before taking any action in relation to your insurance cover. To contact a BUSSQ Financial Planner, please call 1800 692 877.

I do not want to be covered for: ○ Income Protection ○ Death* ○ TPD

* You cannot hold TPD cover without holding Death cover of at least the same number of units or amount.

6. Personal Statement – Short form statement A

- To apply online, simply log on to your BUSSQ super fund account or register via MemberAccess.
- If you have applied for Death or TPD cover in excess of $500,000, you must complete Sections 8 and 9 instead of Section 7.
- If you have applied for Income Protection cover in excess of a $4,400 monthly benefit, you must complete Sections 8 and 9 instead of Section 7.

1. Height and weight

a. What is your current height?

b. What is your current weight?

c. Has your weight varied by more than 10 kg during the last 12 months? ○ Yes ○ No

If **yes**, give details.

2. Smoking

a. Have you smoked tobacco, or any other substance within the past 12 months, or used a nicotine replacement treatment within the past three months? ◯ Yes ◯ No

b. If **yes**, please state the type and quantity consumed per day:

c. If **no**, have you ever smoked regularly in the past? ◯ Yes ◯ No

d. Have you ever been advised to stop smoking due to a medical condition? ◯ Yes ◯ No

3. Alcohol

a. Do you consume alcohol? ◯ Yes ◯ No

If **yes**, please state the type and quantity consumed per day:

b. Have you ever been advised to stop or reduce your alcohol intake due to a medical condition? ◯ Yes ◯ No

4. Residency

a. Are you currently residing in Australia? ◯ Yes ◯ No

If **no**, please advise where you are currently residing and how long you intend to reside there.

b. Are you an Australian citizen or do you hold a visa that entitles you to reside permanently in Australia? ◯ Yes ◯ No

If **no**, please advise what type of visa you hold.

c. Do you have any intention of travelling outside Australia within the next two years? ◯ Yes ◯ No

If **yes**, please complete the following:

Date of departure (dd/mm/yyyy) / / Duration of stay

Destination(s)

Purpose of stay:

◯ Holiday ◯ Business ◯ Residing ◯ Other Please specify if other

5. Occupation

a. What is your usual occupation?

b. What are your normal duties of this occupation?

c. What is your current employment status?

◯ Permanent full-time ◯ Permanent part-time ◯ Casual ◯ Self-employed ◯ Contractor
◯ Homemaker ◯ Parental leave ◯ Unemployed

You must be permanently employed and currently working at least 15 hours (30 hours for contractors) per week to be eligible for Income Protection cover.

d. How many hours (on average) do you work per week?

e. What is your current annual income earned through personal exertion, before tax, (excluding superannuation contributions, and after deduction of business expenses? $

f. Are you familiar with all applicable safe-work procedures relating to your occupation? ◯ Yes ◯ No

If **no**, please indicate the reason you gave this response

If **yes**, do you practice these at all times when performing your work? ◯ Yes ◯ No

If **no**, please provide details of when safe-work procedures are not practised in your occupation.

g. Do you have more than one occupation? ◯ Yes ◯ No

If **yes**, please specify the occupation(s), your normal duties and the average hours you work per week in each of your other occupation(s):

If you have answered '**yes**' to 2d or 3b in 'Section 6 – Short form statement A' above, please complete Sections 8 and 9 (Section 7 does not need to be completed).

7. Personal Statement – short form statement B

Please select 'yes' or 'no' for each of the following questions:

1. Are you, at the date of this application, off work due to injury or illness or restricted from performing any of the usual duties of your occupation due to injury or illness (other than for colds or flu)? ◯ Yes ◯ No

2. Are you currently receiving any form of medical treatment or taking any form of medication (other than for cold or flu)? ◯ Yes ◯ No

3. Have you taken more than a total of seven consecutive days off work in the past 12 months due to illness or injury (other than for cold or flu)? ◯ Yes ◯ No

Have you ever received medical advice, consulted a doctor, undergone medical treatment, investigations or operations for, or suffered from any of the following:

4. High blood pressure, high cholesterol, heart complaint, murmur, palpitations or chest pain, stroke, diabetes, thyroid or glandular disorder, cancer, tumour or growth including breast lumps or skin lesions/moles (even if you have not seen a doctor)? ◯ Yes ◯ No

5. Back or neck pain/disorder, musculo-skeletal symptoms or any joint disorder, gout, arthritis, repetitive strain syndrome, paralysis of any kind or chronic fatigue syndrome, epilepsy or neurological disorder, mental/nervous disorder including stress, anxiety or depression)? ◯ Yes ◯ No

6. Kidney, bowel, bladder, gall bladder, liver disease or disorder, hepatitis, hernia, blood disorder, sleep apnoea, asthma, persistent cough or any lung complaint, any abnormality of hearing, speech or eyesight (excluding glasses or contact lenses)? ◯ Yes ◯ No

If you have answered '**yes**' to one or more of the questions from 1 to 6 in Section 7 – short form statement B, you must also complete Section 8 and 9 – long form statement.

8. Personal Statement – long form

Please complete all questions in this part. Please select 'yes' or 'no' boxes for each of the following questions:

1. Have any of your near relatives (i.e. your father, mother, brothers or sisters) been diagnosed prior to age 60 with any hereditary disorders such as diabetes, cancer, heart disease, mental disorder, haemophilia or Huntington's chorea? ◯ Yes ◯ No

If you answered **yes** to this question, please advise the relationship, condition and age of the diagnosed:

2. Do you engage in, or intend to engage in (other than as a fare-paying passenger) any hazardous activities such as flying, motor racing, parachuting, hang-gliding or diving? ◯ Yes ◯ No

If **yes**, please provide details of the activity and the frequency with which you participate in this activity, including maximum speed/height/depth:

I participate in this activity times per year.

3. Have you ever had an application for life, disability, accident or sickness insurance declined, postponed, modified or accepted on special terms (e.g. exclusions or loadings)? ◯ Yes ◯ No

If **yes**, please provide details below:

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4. Have you ever made a claim, or are any claims pending or intended for any type of accident or sickness, lump-sum total and permanent disablement, workers' compensation or personal injury insurance? ◯ Yes ◯ No

If **yes**, please provide details below:

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5. Do you currently have or are you currently applying for Death, Total and Permanent Disablement (TPD) or Income Protection (Pay Protector) insurance with any other superannuation fund or insurer? ◯ Yes ◯ No

If **yes**, please provide details below:

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6. To the best of your knowledge, have you ever had any of the following:

Please select the appropriate box and circle the specific conditions applicable.

		No	Yes
1	Asthma?	◯	◯
2	High blood pressure?	◯	◯
3	High cholesterol?	◯	◯
4	Diabetes?	◯	◯
5	Stress, anxiety, depression or any other mental health condition?	◯	◯
6	Back or neck pain, sciatica or any disorder of the spine or neck?	◯	◯
7	Arthritis, shoulder or knee pain or any other disorder of the joints?	◯	◯
8	Cyst, mole or skin lesion?	◯	◯

If you answered **yes** to any of the conditions above, we will send you the relevant questionnaire to complete.

9	Sleep apnoea, bronchitis, persistent cough or any other chest or lung condition?	◯	◯
10	Heart condition, murmur, chest pain, rheumatic fever, palpitations, stroke or vascular disorder?	◯	◯
11	Thyroid or glandular trouble?	◯	◯
12	Ulcers, bowel trouble or recurring indigestion?	◯	◯
13	Epilepsy, fits or dizziness, fainting of any kind or persistent headaches?	◯	◯
14	Alzheimer's disease or dementia?	◯	◯
15	Kidney, liver, prostate or bladder problems, renal colic or stones, nephritis, lupus nephritis, pyelitis or cystitis?	◯	◯
16	Broken bones or osteoporosis or any pain, strain or disorder of any muscles, ligaments, cartilage or limbs?	◯	◯
17	Gout, fibromyalgia, tendonitis, tenosynovitis, RSI, or any regional pain syndrome, chronic fatigue syndrome (myalgic encephalomyelitis)?	◯	◯
18	Cancer, tumour, growths of any kind or breast lumps (even if you have not seen a doctor)?	◯	◯
19	Varicose veins, hernia, scleroderma, systemic sclerosis or skin disorders?	◯	◯
20	Any abnormality affecting eyesight, hearing or speech?	◯	◯
21	Any abnormality affecting physical mobility or muscular power (e.g. multiple sclerosis) or any diagnosed intellectual disability or cognitive impairment)?	◯	◯
22	Anaemia, haemophilia or any other disease of the blood?	◯	◯
23	Bowel, liver or gall bladder disease or hepatitis?	◯	◯
24	Coughing of blood or passing of blood from the bowel or in the urine?	◯	◯

		No	Yes
25	Have you within the last five years had any other illness, injury, operation, X-ray, electrocardiogram, blood transfusion, any other special tests or been advised to have a blood test for any reason?	○	○
26	Due to injury or illness have you ever been off work for more than seven consecutive days **(if not already mentioned)**?	○	○
27	Do you now have any symptoms of ill health or disability?	○	○
28	Are you contemplating surgery, intending to consult a doctor, or have you been advised to have an operation or other medical investigation or test in the future (e.g. X-ray, ECG, blood test, etc)?	○	○
29.A	Is the combined total of your existing insurance(s), and any new insurance you are applying for with Zurich, more than any one of the following: $500,000 Death; $500,000 TPD; $200,000 Trauma; $4,000 per month in total of any combination of Income Protection/Business expense/Living expense/salary continuance cover?	○	○

If you answered **yes** to question 29(A) please proceed to 29(B), otherwise continue to question 30

29.B	Have you ever had, or have you scheduled an appointment to have a genetic test where you received (or are currently awaiting) an individual result? (please do not include any test conducted solely for the purpose of medical research study and where the result of the test has not been or will not be, provided to you)	○	○
30	Do you take, or have you **ever** taken drugs or any medications on a regular or ongoing basis?	○	○
31	Have you **ever** used or injected any drugs not prescribed for you by a medical attendant or have you ever received advice, counselling or treatment for drug dependence?	○	○

FEMALES ONLY

32	**a.** Have you ever had any complications with pregnancy or childbirth?	○	○
	b. Are you now pregnant? If **yes**, please advise due date (dd/mm/yyyy) / /	○	○
	c. Have you ever had an abnormal cervical smear test (pap), breast ultrasound or mammogram?	○	○
	d. Have you ever had any symptom(s) of, sought advice or treatment of any condition of the cervix, ovary, uterus, breast, or endometrium?	○	○
33	Are you suffering from unintentional weight loss, persistent night sweats, persistent fever, diarrhoea or swollen glands?	○	○
34	Have you ever tested positive for HIV (Human Immunodeficiency Virus), which causes AIDS (Acquired Immune Deficiency Syndrome), or are you suffering from AIDS or any AIDS related condition?	○	○
35	Have you received or are you expected to receive treatment, or undergo a medical consultation for a sexually transmitted disease including but not limited to HIV (AIDS), gonorrhoea or syphilis?	○	○

If you answered '**yes**' to any questions from 9–35, please complete the following table on page 8. If there is not enough space here, please provide details on page 14.

Question number

Disability, illness, injury or condition

Investigation type(s) and result(s)

Date of first symptoms (dd/mm/yyyy) / / Frequency of symptoms

Type of treatment

Date treatment provided and ceased (dd/mm/yyyy) From / / to / /

Has further treatment, referral or investigation(s) been recommended? ○ Yes ○ No

Time off work

Have you completely recovered? ○ Yes ○ No Date of symptoms (dd/mm/yyyy) / /

Name and address of medical facility and attending doctor

Question number

Disability, illness, injury or condition

Investigation type(s) and result(s)

Date of first symptoms (dd/mm/yyyy) / / Frequency of symptoms

Type of treatment

Date treatment provided and ceased (dd/mm/yyyy) From / / to / /

Has further treatment, referral or investigation(s) been recommended? ◯ Yes ◯ No

Time off work

Have you completely recovered? ◯ Yes ◯ No Date of symptoms (dd/mm/yyyy) / /

Name and address of medical facility and attending doctor

Question number

Disability, illness, injury or condition

Investigation type(s) and result(s)

Date of first symptoms (dd/mm/yyyy) / / Frequency of symptoms

Type of treatment

Date treatment provided and ceased (dd/mm/yyyy) From / / to / /

Has further treatment, referral or investigation(s) been recommended? ◯ Yes ◯ No

Time off work

Have you completely recovered? ◯ Yes ◯ No Date of symptoms (dd/mm/yyyy) / /

Name and address of medical facility and attending doctor

7. a. Usual doctor or medical centre details:

Full name of usual doctor/medical centre

Telephone number

Address of doctor

Reasons for last consultation

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

Outcome

b. If you have been attending your usual doctor for less than 12 months, please advise name, number and address of the doctor who has details of your medical history:

Full name of usual doctor/medical centre

Telephone number

Address of doctor

Reasons for last consultation

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

Outcome

c. If you have more than one usual doctor, please provide details of additional doctors below:

Full name of usual doctor/medical centre

Telephone number

Address of doctor

Reasons for last consultation

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

Outcome

9. Declaration by the life insured or applicant

I have read and understood the current the BUSSQ Product Disclosure Statement(s) (PDS) for the type of cover I am applying to increase.

- I have read and understood the questions in this Personal Statement.
- 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 have read the Privacy Statement at Section 11 of this form (below). (Zurich's Privacy Policy details how we manage personal information. It is available at zurich.com.au/important-information/privacy)
- 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 Privacy Statement on this form (see Section 11).
- I accept that where my employer (or former employer) or the Trustee of my superannuation fund has appointed a financial adviser or other intermediary to arrange and/or administer the Group Risk policy on their behalf, my personal information will be provided to the financial adviser/intermediary in order to undertake the management and administration of the policy.
- 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 authorise any medical practitioner, other professional or any person named in this Personal Statement to verify any aspect of it, and disclose any information that they may possess about me to Zurich in relation to this insurance.
- I acknowledge that where I am making an application for insurance cover (or an increase in insurance cover), and where such application is made on a voluntary basis (other than as a direct result of the formula for cover which applies to the group risk policy or policies for which an application for cover is being made on the basis of this Personal Statement), that I have received, read and understood a copy of the Product Disclosure Statement(s) (PDS) for the type(s) of cover for which I am applying.
- I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by Zurich.

Signature

✗

Date (dd/mm/yyyy)

/ /

10. Doctor's authority

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, Zurich, collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Please read each Authority carefully and the explanatory notes below.

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for.

This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice	**Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances**

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to Zurich, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form Zurich asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- Zurich can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while Zurich is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature

✗

Date (dd/mm/yyyy)

/ /

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to Zurich, or to third parties they engage, only if Zurich has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- Zurich can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while Zurich is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature

✗

Date (dd/mm/yyyy)

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11. Privacy Statement

In this section 'we', 'us' and 'our' refers to Zurich Australia Limited. 'You' and 'your' refers to policy owners and life insureds.

We collect your personal information (including health and other sensitive information) from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information (including health and other sensitive information). Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from zurich.com.au/important-information/privacy

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information (including health and other sensitive information) to certain third parties as outlined below.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

PROVIDING YOUR INFORMATION TO OTHERS

The parties to whom we may routinely disclose your personal information (including health and other sensitive information) include:

- an organisation that assists us to detect and protect against consumer fraud;
- any related company of Zurich which will use the information for the same purposes as Zurich and will act under Zurich's Privacy Policy;
- organisations performing administration and/or compliance functions in relation to the products and services we provide;
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers);
- our solicitors or legal representatives;
- organisations maintaining our information technology systems;
- organisations providing mailing and printing services;
- persons who act on your behalf (such as your agent or financial adviser);
- the policy owner (or parties acting on behalf of the policy owner);
- regulatory bodies, government agencies, law enforcement bodies and courts;
- our related companies (members of the Zurich Insurance Group Ltd group), including for carrying out any group business functions;
- organisations, including those in alliance with us or our related companies, to distribute, manage and administer our products and services, carry out business functions and analytics activities.

We will also disclose your personal information (including health and other sensitive information) in circumstances where we are required by law to do so. Examples of such laws are:

- the *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund;
- there are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

INFORMATION REQUIRED BY LAW

Zurich may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at zurich.com.au/important-information/privacy

PRIVACY CONSENT

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions please notify us in writing.

If you give us personal information about someone else, you must show them a copy of this document or our Privacy Policy available at zurich.com.au/important-information/privacy so that they may understand the manner in which their personal information may be used or disclosed by us in connection with your dealings with us.

PRIVACY POLICY

Our Privacy Policy contains information about:

- when we may collect information from a third party;
- how you may access and seek correction of the personal information (including health and other sensitive information) we hold about you; and
- how you can raise concerns that we have breached the Privacy Act or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing:

GPO Box 75
Sydney NSW 2001

Email: privacy.officer@zurich.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 133 667.

More information can be found in our Privacy Policy at zurich.com.au/important-information/privacy

OVERSEAS RECIPIENTS

We may disclose your personal information (including health and other sensitive information) to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in our Privacy Policy at zurich.com.au/important-information/privacy

Additional Information

BUSSQ
Phone: 1800 692 877
Email: super@bussq.com.au
Website: bussq.com.au

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

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