

# Group Accident & Sickness Proposal Form

## Section 1 – Insured details

Name of insured

Insured's address

State

Postcode

Business of the insured

Period of Insurance From / / at 1600 hours

To

/ /

at 16.00 hours

Business description

Insured Persons  All Employees  Other (please specify)

Employee Status	Number of Insured Persons
Full time	
Part time	
Casual	

Payroll \$

Please list all typical duties carried out by Insured Persons

Are there any hazardous or manual activities involved? (e.g. working at heights, cleaning, maintenance etc)

Yes

No

If Yes, please provide the details below

Will any Insured Persons fly as a pilot or passenger in any aircraft other than on scheduled airlines?

Yes

No

If Yes, please provide the details below

Is this part of an Enterprise Bargaining Agreement (EBA)?

Yes

No

## Section 2 – Insured's history

Is there a current policy in force or has the Insured ever been covered for this risk?

Yes

No

If yes, please provide the details below

Have there been any claims made in the last 5 years?

Yes

No

If yes, please provide the details below

Has any insurer, in connection with Journey Injury Insurance:

Declined the Insured's application?

Yes

No

If yes, please provide the details below

Cancelled or refused renewal of Policy?

Yes

No

If yes, please provide the details below

Required an increase premium or imposed special terms?

Yes

No

If yes, please provide the details below

### Section 3 – Cover required

If no benefits are specified our standard Zurich terms will apply

Scope of cover (please tick (✓) what cover is required)  24 hour  
 Journey cover to and from work  
 Working hours only  
 Outside working hours  
 Other \_\_\_\_\_

Accidental Death and Capital Benefits Lump Sum \$ \_\_\_\_\_

OR

Multiple of salary x \_\_\_\_\_ up to \$ \_\_\_\_\_

Cover type  Accident only

Accident and Sickness

Weekly Benefit \_\_\_\_\_ % of salary up to \$ \_\_\_\_\_

Excess Period (days)  7  14  21  28

Maximum Benefit Period (weeks)  26  52  104  156

Aggregate Limit of Liability \$ \_\_\_\_\_

Frequency of Payment  Annual  Monthly

Presentation of Premium  Percentage charged on payroll

Premium per Insured Person

Please specify if any additional benefits are required

### Section 4 – Additional information

Is there anything else you would like to tell us?

### Section 5 – Declaration

Once form is completed: sign, date and return the form to your intermediary.

Signature of insured

Date

**X**

/ /

## Duty of Disclosure

For insureds who are not a natural person, before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

### Individuals

If you are the insured and you are a natural person, a different duty of disclosure to the one set out above applies to you. Contact your intermediary or us to ensure you are notified of your duty.

### If You Do Not Tell Us Something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

## Privacy

Zurich is bound by the Privacy Act 1988 (Cth). We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to assess applications, administer policies, contact you, enhance our products and services and manage claims ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, affiliates of Zurich Insurance Group Ltd, other insurers and reinsurers, our banking gateway providers and credit card transactions processors, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. If you give us information about another person (such as an insured person, their spouse, dependent children, or close family member), we will rely on you to have told them that you will provide their information to us and to have provided them with this privacy text. If the information is sensitive (eg health) information, we will rely on you to have obtained their consent to give the information to us. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984 (Cth), Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), Corporations Act 2001 (Cth), Autonomous Sanctions Act 2011 (Cth), A New Tax System (Goods and Services Tax) Act 1999 (Cth) and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at [www.zurich.com.au](http://www.zurich.com.au) or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.