



Inpatriate Insurance

Proposal form

Completing the Proposal form

1. This application must be completed in full including all required attachments.
2. If more space is needed to answer a question, please attach a separate sheet with details.
3. The terms proposer, whenever used in this proposal form shall mean the insured listed and all subsidiary companies of the insured for which coverage is proposed under this proposal.
4. The terms insured and subsidiaries have the same meaning in this proposal form as in the policy.

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. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984, Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Corporations Act 2001, Autonomous Sanctions Act 2011, A New Tax System (Goods and Services Tax) Act 1999 and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at 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.

1 Employee (Covered person) details

Employee name	Date of birth	/	/
Spouse name	Date of birth	/	/
Children names	Date of birth	/	/
	Date of birth	/	/
	Date of birth	/	/
	Date of birth	/	/

*Only provide Spouse/Dependant details if they are accompanying you on your assignment.

2 General details

(a) Name of policyholder

(b) Country of citizenship/permanent residence

(c) Intended city of domicile in Australia?

(d) Cover to incept from

(e) Period of contract/cover in Australia

(f) Employees occupation

3 Medical history

Please note, pre-existing medical conditions (including pregnancy prior to cover inception) are automatically excluded from policy coverage. All possibilities must be considered prior to departure. Please disclose your or any accompanying family members medical history as follows:

(a) Details of all **medication and drugs** which you are currently taking or have taken in the **past twelve (12) months**.

Insured person/s	Name of medication	Dosage	Medical condition for which prescribed	Name of treating doctor	Date of last visit	Phone no. of treating doctor

(b) The Medical conditions for which **treatment or advice** has been sought in the past **twelve (12) months** from a general practitioner, specialist, psychologist, physiotherapist, naturopath, chiropractor or other.

Insured person/s	Condition	Treatment	Name of treating practitioner	Date of last visit	Phone no. of treating doctor

(c) Ever been diagnosed with abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis, rheumatism, any disorder of the mental, respiratory, nervous, genite-urinary, digestive or circulatory system of the back, spine, eyes or heart?

Yes No If 'Yes', please provide details:

Insured person/s	Condition	Date occurred	Last treatment date

4 Previous treatment?

Yes No Please provide details of any other illness or injury which you have sought treatment for in the last five (5) years.

Insured person/s	Name of medication	Dosage	Medical condition for which prescribed	Name of treating doctor	Date of last visit	Phone no. of treating doctor

5 Are you presently or have previously been insured for this class of risk?

Yes No If you answered 'Yes', please give full details of insurance below:

Insured person/s	Insurer / Health fund	Policy number	Date cover commenced	Date cover cancelled

6 High risk activities?

Are there any activities connected with any Insured Person/s which may be considered hazardous or render him/her susceptible to injury or illness (e.g. Welding, bulldozer driving, football, scuba diving, sky diving, rock climbing, mountaineering, motor-sport and the like)?

Yes No If yes, please provide details:

Insured person/s	Details

7 Declaration

The Employee declares that:

1. The Employee has read and understands the Policyholder's duty of disclosure.
2. The answers given in this Application are in every respect true and correct.
3. The Employee has not withheld any information likely to affect the decision of Zurich Australian Insurance Limited as to the Employee's eligibility for Insurance.

Signature of Employee	Date
X	/ /

The Policyholder declares that:

I/We hereby agree that this Declaration and Application together with any statements made in connection herewith and signed by the Employee to be insured are true and correct in every respect.

Signature of Policyholder or Authorised Representative	Date
X	/ /