

HBF Ezicover[®] Income Plan

Product Disclosure Statement

Issue date: 1 December 2010

HBF Ezicover Income Plan is low-cost, do-it-yourself insurance paying a regular benefit while you are unable to work

About this PDS

Preparation Date: 15 November 2010

This Product Disclosure Statement (PDS) is an important document and you should read it in full before making a decision about HBF Ezicover Income Plan. This PDS will help you to:

- decide whether this product will meet your needs; and
- compare this product with other products you may be considering.

Information in this PDS is general information only. It does not take into account your individual objectives, financial situation or particular needs. You should consider the appropriateness of this product having regard to your objectives, financial situation and needs. You may wish to consider seeking professional financial advice, or compare the product with products offered by other insurers.

Zurich Australia Limited (Zurich) is the issuer of this product and HBF Financial Services Pty Ltd (HBF) is the distributor. More details are on page 4.

Definitions

Throughout this document, 'Zurich', 'us', 'our' and 'we' means Zurich Australia Limited and 'HBF' means HBF Financial Services Pty Ltd.

All terms appearing in *italics* (other than in headings) are defined terms with special meanings (see page 6).

Important notice

The primary purpose of the HBF Ezicover Income Plan policy is to provide an *income benefit* if you are *unable to work* because you experience a *sickness or injury* while the policy is in force. It is not a savings plan. If you terminate your policy at any time other than during the cooling off period (see Cooling off period), you will not get any money back.

Contact us

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Cover summary

The policy pays you a monthly *income benefit* while you are *unable to work* due to *sickness or injury* occurring while the policy is in force. You will be eligible for an *income benefit* after you have been *unable to work* for the duration of the *waiting period*. At application, you will have a choice of *waiting period* of either 30 or 90 days.

Benefit payments are then made twice each month, with the first commencing 15 days after the *waiting period* ends. Benefits are payable for 2 years or 5 years, depending on which of these *benefit periods* you chose at application.

The benefits are summarised below. These and a number of additional benefits are explained in more detail in the section Additional features.

Benefit	What does it do?
Income benefit	Pays up to 75% of earned income while you are <i>unable to work</i> due to <i>sickness or injury</i> .
Motor accident benefit	<i>Income benefit</i> payments will be backdated to day one for any <i>injury</i> caused by a <i>motor accident</i> (only applies if 30 day <i>waiting period</i> is selected).
Funeral benefit	A lump sum of three times your <i>insured monthly benefit</i> is payable if you die while your policy is in force to help with funeral expenses.

Who can apply?

The product is available to people who are:

- between the ages of 19 and 60
- working at least 20 hours per week in paid employment in an eligible occupation.

The *insured monthly benefit* you can apply for is dependent on your earned income at the time of your application (you cannot insure passive income). The table on page 2 shows the maximum *insured monthly benefit* levels available for the eligible income ranges.

Your gross income range (pa)	Maximum insured monthly benefit we can offer you
\$24,000 – \$31,999	\$1,500
\$32,000 – \$39,999	\$2,000
\$40,000 – \$47,999	\$2,500
\$48,000 – \$55,999	\$3,000
\$56,000 – \$63,999	\$3,500
\$64,000 – \$71,999	\$4,000
\$72,000 +	\$4,500

The minimum *insured monthly benefit* you can apply for is \$1,500. If your income is below \$24,000, this product is not available to you.

The maximum *insured monthly benefit* you can apply for is \$4,500. Inflation protection may increase this amount over time (see Inflation protection for more information). At no time will your *income benefit* exceed 75% of your *average monthly pre-tax income*.

What are the benefits?

Income benefit

If you are *unable to work*, we will pay you the *income benefit*, which is 75% of your *average monthly pre-tax income* at the time when your claim begins or the amount of income you have insured (your *insured monthly benefit*), whichever is the lesser.

Benefits are paid for each day after the selected *waiting period* that you are *unable to work*.

You must be *unable to work* for the duration of the *waiting period* before you are eligible to receive any *income benefit*.

If you return to full earning capacity for no more than five consecutive days during the *waiting period* but then become *unable to work* again, the *waiting period* will not start again. We will simply extend the *waiting period* by the number of days that you were able to work.

We will pay you the *income benefit* until any one of the following events occurs:

- we consider that you are able to return to work
- we consider that you are no longer under the regular care of a *medical practitioner* for treatment of the *sickness or injury* or are no longer following the recommended treatment for cure, alleviation, or minimisation of the condition
- the *benefit period* ends
- the policy ends
- your death.

We will seek the opinion of your *medical practitioner* to determine whether you are capable of returning to work.

Other income considered at claim time (offsets)

To ensure that you do not receive more than 75% of your *average monthly pre-tax income* at the time when your claim begins, we will offset benefits received during the relevant month from other sources as a result of your *sickness or injury* such as:

- other disability income policies (any individual or group disability income insurance policy, including cover under a mortgage repayment policy or credit insurance policy, which pays a regular benefit due to your *sickness or injury*)
- workers compensation or other legislated benefits, and
- sick leave.

Where these amounts are paid or payable in a lump sum and cannot be allocated to specific months, then 1/60th of the lump sum will be taken into account each month for a maximum period of five years.

These offsets will only apply to the extent that your *income benefit*, plus any amounts you receive from other sources described above, exceeds 75% of your *average monthly pre-tax income*.

We will not offset the following payments:

- a lump sum or part of a lump sum paid as compensation for pain and suffering or as compensation for permanent impairment that results from an injury
- a lump sum total & permanent disablement or trauma benefit.

Motor accident benefit

This benefit only applies if you select a 30 day *waiting period*. The Motor accident benefit is payable if you are involved in a *motor accident* while this policy is in force. If a *motor accident* causes you to be *unable to work* for longer than the *waiting period*, we will backdate *income benefit* payments to the day of the *motor accident*.

Funeral benefit

If you die while the policy is in force, we will pay a lump sum of three times your *insured monthly benefit* to your estate. You don't need to have been receiving an *income benefit* in order for this benefit to be payable.

For example, if your *insured monthly benefit* is \$3,000 per month, we will pay \$9,000 under this benefit.

Further details about these benefits are set out in the Policy document, which you will receive when cover begins. You should read the Policy document carefully when you receive it.

Are there any exclusions?

We will not pay a benefit or waive premiums if your *sickness or injury* occurs as a direct or indirect result of:

- a *mental disorder*
- an intentional self-inflicted act
- attempted suicide
- *uncomplicated pregnancy or childbirth*, or
- an act of war (whether declared or not).

We will not pay a benefit if the life insured has been unemployed for 12 consecutive months directly prior to the onset of *sickness or injury*, other than where we have waived this exclusion in writing.

If we intend to apply any additional exclusion to your policy, we will agree the exclusion with you before your cover begins and the exclusion will be shown on your Policy schedule.

Additional features

Inflation protection

Inflation protection protects the value of your insurance cover against the impact of inflation by offering you the opportunity to adjust for this.

Each policy anniversary prior to your 65th birthday, the *insured monthly benefit* will be increased by the most recently published change in the *consumer price index (CPI)*. Premiums will reflect this increase. Refer to the Policy document for full details. You may decline any increase if you contact us.

For example, if your *insured monthly benefit* amount is \$3,000 and the increase in the *CPI* is 3%, then your *insured monthly benefit* will increase to \$3,090.

If the indexation increase would mean that the *insured monthly benefit* is greater than 75% of your *average monthly pre-tax income*, you should reject the increase to avoid paying any unnecessary premium.

Waiver of premium

The Waiver of premium means you don't have to pay your insurance premiums while we are paying you *income benefits* (including the Motor accident benefit). During any periods when the *income benefit* is payable, all premiums payable will be waived or refunded. Further, premiums paid in respect of the *waiting period* will be refunded if your completed claim form is received within 30 days from when you are *unable to work* and we pay you the *income benefit*.

Increasing claims

Increasing claims protects the value of the benefits we pay you against the impact of inflation by automatically adjusting for this.

While you are receiving a benefit, your *income benefit* will be increased after each three continuous months of *income benefit* payments by the percentage increase in the *CPI* for the previous quarter.

For example, if your *income benefit* amount is \$3,000 per month, and the increase in the *CPI* is 1% for the quarter, then your *income benefit* amount will increase to \$3,030 for the next quarter.

Recurrent benefit

Normally the *waiting period* applies to each separate period that you are *unable to work*. However, if you are *unable to work* due to the same or related cause within six months of you returning to work, the claim will be considered a continuation of the same claim and a further *waiting period* will not apply. We will start paying you an *income benefit* again immediately for the balance, if any, of the *benefit period*.

Involuntary unemployment

If you are involuntarily unemployed other than as a direct result of a *sickness* or *injury*, your policy has been in force for the previous 12 months at the time we receive a claim and you are registered with an employment agency approved by us, we will waive your premium for up to three months while you remain unemployed. A total of three months premium may be waived because of unemployment during the life of your policy.

Are there any significant risks?

There are certain risks associated with holding an Ezicover policy:

- if premiums are not paid when due, the policy will lapse meaning you will no longer be covered and you cannot make a claim.
- your chosen level of cover may not be sufficient to provide adequate cover for your circumstances.
- if you do not comply with your duty of disclosure, we may not pay your claim, pay only a portion of your claim or cancel your cover. See the section Your duty of disclosure.

What is the cost of cover?

Premiums and charges

Your premium will depend on:

- your level of cover (the higher the *insured monthly benefit*, the higher the premium)
- your age (generally premiums increase each year in line with age)
- your gender (premiums are generally higher for females)
- whether or not you smoke (premiums are higher for smokers; a non-smoker is defined as a person who has not smoked tobacco or any other substance for the past 12 months)
- your occupation (premiums are generally higher for occupations with greater manual duties or higher occupational risk)
- your health
- any pastimes you participate in (generally premiums are higher for those who engage in hazardous activities)
- the *benefit period* you select (the longer the *benefit period*, the higher the premium) and
- the *waiting period* you select (the shorter the *waiting period*, the higher the premium).

Your premiums include any stamp duty charged by State Governments as well as any other taxes that may be levied by State or Federal governments. Generally, your premium increases in line with your age and if your level of cover increases because of automatic indexation (see Inflation protection). On request, a table of premium rates and calculation methods will be provided.

Premium rates are not guaranteed and can change from time to time. Any change, however, will affect all policies in the same category, not just an individual policy.

Premiums are payable via credit card or direct debit from your Bank, Building Society or Credit Union account.

In addition to your premium, you are required to pay a management fee which contributes to the cost of administering your policy. As at 1 December 2010 the management fee is \$5.08 per month. The management fee increases each year on the anniversary date of your policy in line with the *CPI*. Contact us if you would like to know what the current management fee is.

Direct Debits from your financial institution may incur an additional fee.

If Zurich changes premium rates or introduces any new charges, or there is an increase to current charges (other than by way of the fee indexation described above) you will be notified 30 days prior to such change taking effect.

Should changes in the law result in additional taxes or imposts in relation to your policy, these amounts may be added to your policy.

What if you don't pay your premium?

We can cancel your policy if a premium remains unpaid for 30 days after it was due. This means you will not be covered and you cannot make a claim.

Commission

HBF receives a payment of 20% (plus GST) of each premium paid. For example, if your monthly premium is \$30.00, HBF will receive a payment of \$6.60 per month. Zurich will pay these amounts out of your premium payments. They are not a separate charge to you.

Applying for HBF Ezicover Income Plan

This offer is only available to Australian residents, aged between 19 and 60 receiving it (including electronically) within Australia.

You can apply for cover by completing and submitting the Application Form accompanying this PDS. Depending on your age and income, you can apply for cover amounts between \$1,500 and \$4,500 per month. Monies received must always be in Australian dollars.

When does cover begin?

Your cover begins when we accept your application and issue you a Policy document. This sets out the terms and conditions of your cover. You will also receive a Policy schedule which outlines the start date and the specific details of your particular cover. These are important documents and should be read carefully. Please keep them in a safe place because you will need them to make a claim.

Each year Zurich will send you an annual statement stating your new premium amount and, where applicable, an offer to increase your level of cover in line with the increase in *CPI*.

Zurich is the insurer under the policy. HBF does not underwrite or guarantee Zurich's obligations under the policy.

When does cover end?

Your policy ends on the first to occur of the following:

- payment of the Funeral benefit
- the policy anniversary following your 65th birthday
- the non-payment of any premium within 30 days of its due date
- on receipt of your written notification to terminate the policy.

Additional information about Ezicover

Issuer information

This product is issued and administered by:
Zurich Australia Limited
ABN 92 000 010 195, AFSLN 232510
5 Blue Street North Sydney NSW 2060

Zurich is responsible for the issue of this PDS and the ongoing administration and operation of this product.

Distributor information

This product is distributed by HBF Financial Services Pty Ltd ABN 18 009 123 675 AFSLN 236623. HBF's role is limited to distribution only. It is not authorised to act on behalf of Zurich and cannot legally bind Zurich. HBF has given and not withdrawn its consent to the information contained in this PDS which is referable to it in the form and context in which it appears. HBF has not issued or caused the issue of the PDS and is not responsible for any other statements in this PDS which are not referable to it.

Up-to-date information

The information in this PDS is up to date at the preparation date. Certain information in this PDS may change from time to time – this includes but is not limited to possible changes which we have identified in this PDS. Where we indicate to you that we will give notice of such changes, then you will be advised of such changes in writing. Where other changes that are not materially adverse to you occur, we will update such information via Zurich's website, www.zurich.com.au and HBF's website, www.hbf.com.au. A paper copy of the updated information will be available free of charge upon request if you contact us.

24 hour world wide cover

The policy provides you with cover 24 hours a day, seven days a week, world wide. If you are claiming while overseas, we will require you to have a medical examination in Australia, or in another country by a doctor nominated or approved by us, every 12 months for the *income benefit* to continue.

Claims

If you need to make a claim you should notify Zurich as soon as is reasonably possible after the occurrence of the event giving rise to the claim. If you contact us, a claim form will be forwarded to you to complete, sign and return to Zurich.

Before a claim is payable, we must receive proof to our satisfaction of the insured event. Proof of occurrence of any insured event must be supported by:

- one or more appropriate medical practitioners registered in Australia or New Zealand (or other country approved by us) and
- confirmatory investigations including, but not limited to, clinical, radiological, histological and laboratory evidence.

Our medical advisers must be satisfied that the insured event occurred. We reserve the right to require you to undergo an examination or other reasonable tests to confirm the occurrence of the insured event.

In assessing your claim, we will also rely on any information you have disclosed to us as part of your application. Where information (e.g. your income) has not been verified at the time of application we reserve the right to verify it at the time of claim.

You must, on our request, provide us (or our agent) with information (or access to information) that we require to verify your income and other relevant matters in respect of your claim and any benefits to which you may be entitled. For example: tax returns for all entities including assessment notices issued by the Australian Taxation Office (ATO), profit and loss and financial statements.

All of the information you need about the claims process is set out in the Policy document. You should read the Policy document carefully when you receive it.

Taxation

Generally, the premiums you pay for your policy can be claimed as a tax deduction by both employees and self-employed people. Every year Zurich will tell you the amount of premium you have paid during that financial year. Any *income benefit* you receive from your policy must be included in your tax return and will be taxed at your applicable marginal income tax rate. This information is a guide only and is based on current taxation laws, their continuation and their interpretation. For information about your individual circumstances, contact your tax adviser.

Guaranteed renewable

If we accept your application and you pay your premiums when due, we guarantee that we will renew your policy every year up until the policy anniversary following your 65th birthday, regardless of any changes in your health or other circumstances.

Cooling off period

If after receiving your Policy document you wish to cancel for any reason, you have 30 days to do so. Any premiums or charges paid will be fully refunded. To cancel please advise Zurich in writing and return your Policy document.

You cannot cancel the policy and receive a refund if you exercise any rights in relation to your policy (for example, you make a claim) before the 30 day period has elapsed. You also cannot make a claim after cancelling your cover.

Compliance with laws

We have obligations under Australian and international laws, including laws in force in other countries. Notwithstanding any other term of the Policy, we are not required to perform any obligation or take any action which we consider to be at risk of breaching any law in force in Australia or in any other country.

If you have a complaint about your policy

Please contact us. We acknowledge all complaints within 5 days and we aim to resolve your complaint within 45 days (or up to 90 days if you agree). If you are not satisfied with our response or we haven't resolved the complaint within 45 days (or any extended period you approve) you can raise the matter with the Financial Ombudsman Service Limited, GPO Box 3, Melbourne, VIC 3001. The telephone number is 1300 780 808, or email info@fos.org.au.

If your complaint is about HBF or the HBF person who handled your enquiry, contact HBF Financial Services on 08 9265 6111.

Your duty of disclosure

Before you enter into a contract of life insurance with us, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you extend, vary or reinstate a contract of life insurance.

Your duty of disclosure however does not require disclosure of a matter a) that diminishes the risk to be undertaken by us; b) that is common knowledge; c) that we know or, in the ordinary course of business, ought to know; or d) where we have waived compliance.

Your duty of disclosure continues until we have informed you as to whether we accept or decline your application. This means that you must advise us of any changes to the information included in your application up until the date that we confirm in writing that the application has been accepted or declined.

In particular, you should advise us of any changes in medical or physical conditions, and of any visits to medical service providers.

Non-disclosure

If you fail to comply with your duty of disclosure and we would not have entered into the contract on any terms if the failure had not occurred, we may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, we may avoid the contract at any time.

If we are entitled to avoid a contract of life insurance we may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to us.

Your privacy

Zurich collects your personal information to assess your application and administer your policy. If you do not provide all information requested, we may not be able to issue or administer the policy. We may disclose your information to related entities or our agents, contractors and service providers. More information about how we collect, use, disclose and handle your personal and sensitive information is set out in our Privacy Policy, available at www.zurich.com.au. In most cases, you can access the personal information we hold about you by contacting our Privacy Officer on 132 687.

Details on the way HBF handles personal information are in the HBF Privacy Policy, which is available at www.hbf.com.au or on request by calling a Member Service Advisor on 133 423. If you wish to complain about any breach or potential breach of the HBF Privacy Policy you should contact HBF as detailed below and you will be directed to the appropriate manager:

HBF Privacy Officer
GPO Box C101
Perth WA 6809
Telephone: 133 423

Direct debit request service agreement

The Account Holder (ie. you or the person whose account is used to pay the premiums) needs to agree to the Direct Debit Request Service Agreement which sets out the terms and conditions on which the Account Holder has authorised Zurich to debit money from their account, and the obligations of Zurich and the Account Holder under this Agreement. This information will be sent with your Policy documents, and can also be found at www.zurich.com.au.

Definitions

average monthly pre-tax income means 1/12th of *pre-tax income* in the previous 12 months.

pre-tax income means:

(a) If the life insured is employed:

the salary, wages, fees, commissions, bonuses and other personal exertion income you earn, plus the value of any company benefits you receive (for example superannuation contributions or a company car), less any deductions for expenses directly incurred in earning this income.

(b) If the life insured is self employed:

the gross revenue generated by your business as a result of your personal exertion, plus income you earn from any other source as a result of personal exertion, less your share of the expenses and outgoings incurred in running your business or professional practice. These may include:

- rent, telephone, electricity, accountants fees, lease repayments, insurance premiums and cleaning expenses
- depreciation of plant and equipment
- taxes, rates or charges incurred in connection with the business
- interest (but not capital) repayments on mortgages or loans which relate solely to the business
- salaries and related costs of employees (who cannot generate income while you meet the benefit payment criteria)
- other fixed expenses which are normally incurred in running the business
- leasing costs of equipment and motor vehicles used solely by the business.

These business expenses do not include items such as your salary (or salaries paid to members of your profession or family), trading stock and depreciation on real estate.

benefit period means the maximum length of time that we will pay the *income benefit* for when you suffer from the same or related *injury* or *sickness* during the life of the policy. Benefits are payable for 2 years or 5 years, depending on which of these you chose at application. The benefit periods for *injury* and *sickness* are the same.

consumer price index (CPI) means the 'Weighted Average of Eight Capital Cities Index' as published by the Australian Bureau of Statistics or, if that index ceases to be published or is substantially amended, such other appropriate index as we will select.

income benefit means the amount of the *insured monthly benefit* you are eligible to receive under the policy terms and conditions. The income benefit cannot ever exceed 75% of *average monthly pre-tax income*.

injury means an accidental bodily injury.

insured monthly benefit means the amount of benefit you are accepted for (shown on your Policy schedule) plus indexation increases (if any).

medical practitioner means a medical practitioner legally registered to practise in Australia or New Zealand or a medical practitioner legally registered to practise in another country. Medical practitioner does not include you, your relatives, your business partners or employees. Medical practitioners do not include other para-medical professions such as chiropractors, physiotherapists or naturopaths.

mental disorder means any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association which is current at the start of the period of disability (or such replacement or successor publication or if none then such comparable publication as selected by us).

Such mental disorders include, but are not limited to, stress (including post traumatic stress), physical symptoms of a psychiatric illness, anxiety, depression, psychoneurotic, psychotic, personality, emotional or behavioural disorders or disorders related to substance abuse and dependency which includes alcohol, drug and chemical abuse dependency.

For the purposes of this policy, mental disorders does not include dementia (except where the dementia is related to any substance abuse or dependency), Alzheimer's Disease or mental disorders caused by head injuries.

motor accident means an accident that occurs where you were the driver or passenger of a motor vehicle or a motor vehicle accident reported to the police.

sickness means sickness or disease which first manifests itself after the policy began. Any sickness or disease that is the direct or indirect result of elective or transplant surgery is excluded.

unable to work means in our opinion, you:

- have stopped working in your *usual occupation* directly as a result of an *injury* or *sickness*
- are not earning any income from personal exertion
- are under the regular care of, and following the advice of, a *medical practitioner*.

uncomplicated pregnancy or childbirth means pregnancy, childbirth or termination which does not result in any serious medical complication. It includes participation in an IVF or similar program, normal discomforts such as morning sickness, backache, varicose veins, ankle swelling or bladder problems, giving birth, miscarriage or having an abortion.

usual occupation means the occupation you predominantly performed in the 12 months prior to the *sickness* or *injury*.

If you have been unemployed or on long service, maternity or paternity leave for more than 12 consecutive months immediately prior to the *sickness* or *injury* then your usual occupation is any occupation you are capable of performing.

waiting period means the number of days that you must wait before being eligible for the *income benefit*. The waiting period is shown in the Policy schedule.

You should notify Zurich in writing within 30 days of the *sickness* or *injury*. If you notify Zurich after 30 days, the waiting period will commence from the date that you notified Zurich.

Ezicover® Income Plan

Application form

This Application Form is dated 1 December 2010 and accompanies the Ezicover Income Plan PDS. The PDS will help you to understand the product and decide if it is appropriate for your needs. Ensure you read the PDS carefully before you complete and sign this Application Form.

Office use only **R337**

1 Person to be insured (this person will also be the policy owner)

Title Surname Given names Date of birth / / Gender: M F
 Address State Postcode Member number (if applicable)
 Contact numbers: Work Home Email
 Are you a permanent resident of Australia? Yes No

2 Occupation and duties

Office use only – Occupation code:

(a) Occupation
 (b) Describe all present duties, including the percentage (%) of time spent in manual work/supervision of manual work. (Provide details of any hazardous duties eg. working underground, offshore, at heights, with explosives)
 (c) Industry (d) Employer
 (e) Number of years in current occupation (f) Employment type: employed self employed
 (g) Date commenced current employment / /
 (h) How many hours do you work per week? less than 20 hours 20 to 60 hours more than 60 hours
 (i) Do you anticipate a change of occupation Yes No If 'Yes', provide details

3 Cover required

What is your annual income (earned income after business expenses but before tax): \$
 Insured benefit: \$1,500 \$2,000 \$2,500 \$3,000 \$3,500 \$4,000 \$4,500 Increasing claim: selected
 Waiting period: 30 days 90 days Benefit period: 2 years 5 years Monthly premium: \$

First month's premium FREE on acceptance

4 Personal statement

If you answer 'Yes' to any of the following questions, provide details. If additional space is required, attach a separate sheet, including question number.

(a) Provide details of your height and weight (circle measure as appropriate): Height cm or ft/ins Weight kg or lb
 (b) (i) Has your mother, father or any sister or brother had heart disease or stroke prior to age 60, or had cancer, tumour, diabetes, polycystic kidneys or Huntington's Chorea? If 'Yes', provide details. Yes No
 (ii) Have you ever had or are you considering having a genetic test? Provide reason and results if applicable. Yes No
 (c) Have you smoked tobacco or any other substance in the last 12 months? Provide type and quantity per day. Yes No
 (d) Do you or have you ever drunk alcohol? Indicate type (beer/wine/spirits/other) and average weekly consumption of standard drinks. Yes No
 (e) Do you take part in any hazardous activity or sport eg. skydiving, parachuting, flying (other than as a fare paying passenger), diving or motor racing? If 'Yes', state activity or sport. Yes No
 (f) Have you ever had an application for Life Insurance, Trauma or Crisis cover or Disability Income Insurance loaded, deferred, declined or modified in any way? If 'Yes', advise type of cover, decision and reason. Yes No
 (g) Do you take any medications, stimulants, sedatives or tranquillisers or have you done so in the last 5 years? (excluding over the counter cold and flu, headache treatment or the oral contraceptive pill). If 'Yes', provide details. Yes No
 (h) Do you have or have you ever been diagnosed as having high blood pressure, chest pain, rheumatic fever any heart complaint, stroke, paralysis, epilepsy, diabetes, asthma, liver, kidney or bowel disease, cancer (including skin cancers), tumour, depression, anxiety, stress or mental/nervous disorder or any disease of, or injury to the neck, spine or any joint? If 'Yes', state condition, date of diagnosis, treatment and treating doctor's details. Yes No
 (i) Have you undergone any medical treatment or examination for any illness or injury not covered above in the last 5 years, or are you intending to seek medical treatment or undergo a medical examination in the near future? If 'Yes', provide details. Yes No
 (j) To the best of your knowledge is there any possibility that you have ever been infected with, or have ever tested positive for, AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus), or are you in a high risk category for contracting HIV (eg. IV drug use)? Yes No
 (k) Do you have any intention of travelling or residing overseas within the next 12 months? If so when, where and duration. Yes No
 (l) Who is your usual doctor? (if you do not have a usual doctor, advise the name of the doctor you last visited)
 Doctor/Medical Centre name Daytime contact details
 Address State Postcode
 Date of last consultation / / How long have you been seeing this doctor?

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5 Acknowledgement, declaration and authorisation (this section MUST be completed)

I declare that I:

- have received and read the Ezicover Income Plan PDS and apply to Zurich for the policy set out in this application form.
- to the best of my knowledge, believe that the answers to the questions set out in the application are true and complete
- will inform Zurich of any relevant changes which occur before my policy is received
- understand that the policy applied for will only become effective when this application is approved by Zurich
- have read and understood my Duty of disclosure as detailed in the PDS and understand that the Duty of disclosure continues until written notice has been given that the cover has been accepted or declined
- agree to the collection and use of personal information and sensitive information, about me in the manner described in the Privacy Policy
- authorise any medical practitioner to release details of my personal medical history to Zurich or any of its authorised agents
- agree that if I make any overpayment of premium that Zurich may retain the overpayment unless it exceeds \$5.00.

Life insured /policy owner signature

X

Date

/ /

6 Direct debit request (this section MUST be completed)

Financial Institution/Credit Union

Account Holder's surname

Given name

Account Holder's address

State

Postcode

Details of account to be debited monthly

BSB number

Account number

Account name

OR

Credit cards – Primary Cardholder's name

Visa MasterCard

Expiry date

Card number

I /we acknowledge that this Direct debit request is governed by the terms of the Direct debit request service agreement. I /we have read and agree to the terms and conditions. I /we request and authorise Zurich Australia Limited ABN 92 000 010 195 (user ID 117) to arrange for funds to be debited from my /our account at the Financial Institution identified above through the Bulk Electronic Clearing System.

Account Holder 1 / Primary Cardholder's signature

X

Date

/ /

Account Holder 2 signature

X

Date

/ /

Any questions? Call us or email: ezicover.response@zurich.com.au

Return completed form to: Zurich Australia Limited PO Box 1399 North Sydney NSW 2059