

Group Risk Insurance Privacy Statement, Declaration and Authority

Full name

Date (dd/mm/yyyy) / /

Policy number

Privacy Statement

In this section 'we', 'us' and 'our' refers to Zurich Australia Limited (Zurich). 'You' and 'your' refers to policy owners and life insureds. Any reference to your personal information includes any health or other sensitive information we may hold about you.

We collect your personal 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. 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

We may disclose your personal 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 include:

- an organisation that assists us to detect and protect against consumer fraud
- 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 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
- the disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

INFORMATION REQUIRED BY LAW

We 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 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 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

PRIVACY DECLARATION

I/We consent to the collection, use, storage and disclosure of my/our personal information (including health information) as described above and Zurich's Privacy Policy which is available at zurich.com.au/important-information/privacy

If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that Zurich requires me to inform the person concerned that I have done so and direct them to Zurich's Privacy Policy which is located at zurich.com.au/important-information/privacy

MEDICAL AND INFORMATION AUTHORITY

I hereby authorise any doctor, hospital, dentist, allied health professional or any other person whom I have consulted or who has attended me, to release to Zurich or its authorised representative, and the trustee of a superannuation fund of which I am a member (if my claim is linked to such a fund), all information with respect to any illness, accident or injury, medical consultation, prescriptions or treatment and copies of all hospital or medical records, reports or notes.

I hereby authorise any employer, insurer or any other income provider, any accountant, lawyer or any other third party to release to Zurich and the trustee of a superannuation fund of which I am a member (if my claim is linked to such a fund), any information or reports that it requires for the assessment of the claim.

I agree that any information or documents sought could also be used to investigate any non-disclosure or misrepresentation by me, such as at the time of applying for cover or to increase the amount or scope of my cover.

I agree that a photocopy or a scanned, electronic copy of this authorisation shall be as effective and valid as the original.

Name (please print)

Signature

X

Date (dd/mm/yyyy) / /

Phone: 1800 648 921
Email: group.claims@zurich.com.au
Website: zurich.com.au
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