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Zurich Adviser guide

(FutureWise, Active and Sumo)



The Zurich Adviser Guide focuses on the areas of administration, underwriting and claims in relation to FutureWise, Sumo and Active policies. It should be used in conjunction with the specific Product Disclosure Statements (PDSs) for each type of product.

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Our promise

The Client Charter and Adviser Charter have been developed to build trust and support the brand, reputation and values of Zurich. It is our promise to you and your clients about our products and services, and what you can expect from us.

Client Charter

Your clients can expect:

- exceptional service
- a quick decision regarding the cover that they have applied for
- requests for the minimum amount of financial and medical evidence required
- a decision using evidence-based underwriting at all times
- to alter their policy as the need arises, quickly and easily
- genuine care alongside a speedy and transparent claims process.

Adviser Charter

You can expect:

- exceptional service
- to be treated with respect and have your opinion valued
- the needs of your client to be placed first
- efficient processing of all applications
- to be kept informed at all times of potentially adverse decisions
- that we will review any new information that you might provide
- to be kept informed during the application, administration and claims process
- all our rules to be transparent and based on sound evidence.

How much cover can I give my client?

The amount of insurance your client needs is dependent on their financial situation and needs. We use multiples of income as a guide to the maximum amount of cover that would be available. Circumstances vary for each client and if you have advised amounts outside of these maximums, please attach your Statement of Advice or supporting documentation.

Minimum and maximum cover amounts

Benefit	Product suite	Minimum	Maximum
Life/Death/ Additional Death	FutureWise	\$50,000	Unlimited.
	Sumo	\$2 million	Unlimited.
	Active	\$100,000	\$4 million (includes cover for Extended Care option). Unlimited Additional Death cover.
Total and Permanent Disablement (TPD)	FutureWise	\$50,000	\$5 million for any combination of definitions. \$3 million (or \$5 million for persons to be insured in certain occupations) Any Occupation or Own Occupation TPD. \$2 million Modified TPD. \$1.5 million Domestic Duties TPD.
	Sumo	\$3 million	Maximum \$15 million (but not more than the Life insurance sum insured) Cover will be structured using the following tiers of cover: <ul style="list-style-type: none"> • Standard TPD tier (up to \$5 million) <ul style="list-style-type: none"> – Own Occupation TPD • Sumo TPD tier <ul style="list-style-type: none"> – Any Occupation TPD (up to \$10 million when combined with the Standard TPD tier), then – Activities of Daily Working TPD definition.

Minimum and maximum cover amounts continued

Benefit	Product suite	Minimum	Maximum
Health Events cover	Active	\$100,000	\$4 million (includes cover for Extended Care option).
Benefit	Product suite	Minimum	Maximum
Trauma	FutureWise	\$50,000	\$2 million
	Sumo	\$2 million	\$10 million (but not more than the Life Insurance sum insured) Cover will be structured using the following tiers: <ul style="list-style-type: none"> • Standard Trauma tier <ul style="list-style-type: none"> – cover up to \$2 million for Standard Trauma Conditions • Sumo Trauma tier <ul style="list-style-type: none"> – cover for Sumo Trauma Conditions up to \$8 million.
Child Trauma	FutureWise	\$10,000	\$250,000
	Active	\$10,000	\$250,000
Blood Borne Disease	FutureWise	\$50,000	\$1 million
Disability Income	FutureWise	\$1,250 per month	\$30,000 per month plus an additional \$30,000 per month with a 2 year benefit period.
	Sumo	\$30,000 per month	\$30,000 per month plus an additional \$30,000 per month with a benefit period of up to 10 years.
Income Cover	Active	\$1,250 per month	\$30,000 per month plus an additional \$10,000 per month with a 2 year benefit period.
Business Expenses/ Key Person Replacement	FutureWise	\$1,250 per month \$750 per month if with Disability Income	\$60,000 per month.

Multiples of income guidelines

Life and TPD Insurance¹

Up to age	Guideline for multiples of annual earned income	
	With dependants	No dependants
40	20	10
45	17	8.5
50	14	7
55	11	5.5
60	8	4

Trauma Insurance

Trauma Insurance and Blood Borne Disease Insurance are limited to seven times the annual earned income.

We understand circumstances vary for each client. If you have advised cover amounts outside of these maximums, please attach your Statement of Advice or supporting documentation.

Disability Income Insurance

For FutureWise and Active cover:

- the monthly equivalent of 75% of the first \$320,000
- then 50% of the next \$240,000
- and 20% of the balance of your client's annual income,

subject to the minimum and maximum cover amounts in the table.

For Sumo cover:

- the monthly equivalent of 75% of the first \$320,000
- then 50% of the next \$240,000
- and 25% of the balance of your client's annual income,

subject to the minimum and maximum cover amounts in the table.

¹ These guidelines do not apply to Sumo. Please contact underwriting if you have a Sumo application.

Business Expenses Insurance

There are two types of Business Expenses Insurance available under FutureWise:

- Ongoing Fixed Expenses: provides an indemnity benefit that will cover the insured's share of most fixed business expenses for up to twelve times the monthly benefit if they are unable to work due to illness or injury and are totally disabled or partially disabled for longer than the specified waiting period
- Key Person Replacement: reimburses up to 75% of the direct remuneration costs associated with a locum or replacement employee for up to twelve times the monthly benefit while the insured person is unable to work due to illness or injury and is totally or partially disabled. Any income generated by the locum or replacement employee does not offset the benefit payable.

The intention of this insurance is to ensure that an insured person has a business to return to in the event of a short-term period of disability.

Child Trauma Insurance

The total amount of cover for each child is limited to the highest of:

- the Life Insurance, Total and Permanent Disablement Insurance, or Trauma Insurance for FutureWise, or
- the Active Cover and Additional Death Cover, or
- 24 times the Disability Income, Income Cover or Business Expenses monthly insured amounts under the other policy held or being applied for by the policy owner, and
- \$250,000 per child.

Minimum and maximum entry ages for cover

Insurance type	FutureWise	Sumo	Active
Life and additional death cover	15–70 stepped premium 15–60 level premium	15–70	15–65 stepped premium 15–60 level premium
Total and Permanent Disablement (TPD)	15–60 15–65 for modified TPD with stepped premium	15–60	–
Health Events cover	–	–	15-65 stepped premium 15-60 level premium
Trauma	15–65 stepped premium 15–60 level premium	15–65	–
Child Trauma	2–14	–	2–14
Blood Borne Disease	19–60	–	–

Insurance type	FutureWise	Sumo	Active
Disability Income/ Income Cover	17–60 (64#, for clients who take the "to age 70" benefit period with stepped premium).	19–60	17–60
Business Expenses	19–60	–	–

Occupation classes 1E, 1L, 1M & 1P, subject to certain conditions. Please refer to the section titled 'Disability Income over entry age' on page 42 for the full eligibility criteria.

Cover expiry ages

Insurance type	FutureWise	Sumo	Active
Life and additional death cover	99	99	99
Total and Permanent Disablement (TPD)	99 TPD definition changes at age 65.	99 TPD definition changes at age 65.	–
Health Events cover	–	–	99 Health Events cover changes at age 70. Occupational Impairment and Extended Care option end at age 65.
Trauma	99 Trauma definition changes at age 70.	99 Trauma definition changes at age 70.	–
Child Trauma	21	–	21
Blood Borne Disease	65	–	–
Disability Income/ Income cover	65 70 for the "to age 70" benefit period or if cover extension applies.	65 70 if cover extension applies.	65 70 for the "to age 70" benefit period or if cover extension applies.
Business Expenses	65 70 if cover extension applies.	–	–

Occupation classes

Premium discounts and loadings are applied to some occupation classes.

The occupation classes in the table below apply to Total and Permanent Disablement cover, Disability Income Insurance and Business Expenses Insurance for FutureWise and to Health Events cover and Income Cover for Active. Generally Sumo is only available to class 1 occupations, however, each case will be underwritten on its own merits. Please contact underwriting to discuss any Sumo applications.

Premium rating factors relating to different occupation classes can be found in the Factors that affect premiums section of this guide.

Certain occupations that are not eligible for Total and Permanent Disablement cover may be eligible for Active Health Events cover.

Occupational classes		
1E	Executive	White collar professionals performing no manual duties, who: <ul style="list-style-type: none"> • have a degree, or • are senior executives or senior management and have been earning an average of at least \$100,000 per annum over the last 36 months.
1M	Medical	Qualified medical professionals with membership of a professional or government body.
1L	Legal	Qualified legal professionals with membership of a professional or government body.
1P	Professional	White collar professionals performing no manual duties, who: <ul style="list-style-type: none"> • have been earning an average of at least \$80,000 per annum over the last 36 months, or • are qualified professionals with membership of a professional or government body.
1	White collar	White collar, administrative or clerical based occupations that do not involve any manufacturing or physically demanding duties. 100% sedentary.
2	Light manual skilled	Certain light manual skilled workers, business owners in non-hazardous industries involving light manual work and supervisors of blue collar workers, eg foreman.
2	Domestic duties	Homemakers who perform domestic duties and whose sole occupation is to maintain their family home.
3	Tradespeople	Skilled workers engaged and skilled in duties associated with a craft or manual occupation for which they are trade qualified, eg plumber, electrician.
4	Heavy manual	Heavy manual occupations of a semi-skilled nature or heavy blue trades, eg truck driver. Maximum benefit period of 5 years. Own occupation TPD not available.

Additional loading for hazardous pursuits

An additional rating or exclusion for certain hazardous pursuits or activities may apply. A list of pursuits with specific loadings and exclusions is available for your reference in the Quick Quote.

A complete list of all the occupations with specific loadings and benefit availability is available in the Quick Quote and on our website for FutureWise and Active.

Mandatory underwriting requirements

Mandatory underwriting requirements are the minimum medical and financial information needed to assess an application. The requirements are based on the exposed risk or amount of cover your client has requested and their age.

Mandatory medical requirements are split into two categories:

- where LifeConnect or teleinterviewing has been done, or
- where the adviser has completed the personal statement.

LifeConnect has a more sophisticated online ruleset, which allows for a greater level of client disclosure and therefore only a basic check of certain medical parameters is needed in most cases.

If the adviser completes the personal statement, either by paper application or by utilising the online system, a full set of medical questions will need to be answered in all cases. This is in addition to completing the medical exam (where required).

How to determine what mandatory medical requirements are needed

1. If individual standalone benefits are applied for, then just read the appropriate requirement against the age and exposed risk for that benefit.
2. If Life Insurance is applied for with linked Trauma, then the exposed risk should be read against either the Life or Trauma Insurance column for the appropriate age and the highest medical requirement will apply.
3. For multiple stand alone lump sum covers, the exposed risk is calculated by:

FutureWise

Adding together:

- all Life insurance (whether or not it has linked TPD/Trauma)
- stand alone TPD Insurance
- stand alone Trauma Insurance
- any existing Life Insurance with Zurich and/or standalone TPD and/or standalone Trauma Insurance, except if existing cover is being replaced
- if Double TPD or Double Trauma Insurance is selected, add an additional 50% of the TPD or Trauma benefit to the Life Insurance sum insured
- if Business Increase Option is selected, multiply the sum insured with the option by three before calculating the exposed risk.

Active

Adding together:

- any Additional Death cover
- the amount of benefit category AA
- any existing Life Insurance with Zurich and/or standalone TPD and/or standalone Trauma Insurance, except if existing cover is being replaced.

The medical requirements will be based upon the highest of the total lump sum exposed risk amounts and any individual benefit selected.

4. For a combination of products – add together the exposed risk of all products to determine the total exposed risk.

Standard requirements with LifeConnect (teleinterviewing)

Exposed risk	Age	Life	TPD	Trauma	Active	IP/DI/IC/BE
< \$500,000 < \$5,000/month	< 46	nil	nil	nil	nil	nil
	46–55	nil	nil	nil	nil	nil
	> 55	nil	nil	nil	nil	nil
\$500,001 – \$750,000	< 46	nil	nil	nil	nil	nil
	46–55	nil	nil	nil	nil	nil
\$5,001 – \$7,500/month	> 55	Bloods, QC	Bloods, QC	Bloods, QC	Bloods, QC	Bloods, QC
\$750,001 – \$1,000,000 \$7,501 – \$10,000/month	< 46	nil	nil	nil	nil	nil
	46–55	nil	nil	Bloods, QC	nil	Bloods, QC
	> 55	Bloods, QC	Bloods, QC	Bloods, QC	Bloods, QC	Bloods, QC
\$1,000,001 – \$2,000,000 \$10,001 – \$20,000/month	< 46	nil	nil	Bloods, QC	nil	Bloods, QC
	46–55	Bloods, QC	Bloods, QC	Bloods, ME	Bloods, QC	Bloods, QC
	> 55	Bloods, QC	Bloods, QC	Bloods, ME, SE, fPSA	Bloods, QC	Bloods, QC
\$2,000,001 – \$2,500,000 > \$20,001/month	< 46	nil	nil	–	nil	Bloods, ME
	46–55	Bloods, QC	Bloods, QC	–	Bloods, QC	Bloods, ME, SE
	> 55	Bloods, QC	Bloods, QC	–	Bloods, QC	Bloods, ME, SE, fPSA
\$2,500,001 – \$3,000,000 > \$40,000/month	< 46	Bloods, QC	Bloods, QC	–	Bloods, QC	Bloods, ME
	46–55	Bloods, QC	Bloods, QC	–	Bloods, ME	Bloods, ME, SE
	> 55	Bloods, QC	Bloods, QC	–	Bloods, ME, SE, fPSA	Bloods, ME, SE, fPSA/ Mammogram ²
\$3,000,001 – \$5,000,000	< 46	Bloods, QC	Bloods, QC	–	Bloods, ME	–
	46–55	Bloods, QC	Bloods, QC	–	Bloods, ME, SE, fPSA/ Mammogram ²	–
	> 55	Bloods, QC	Bloods, QC	–	Bloods, ME, SE, fPSA/ Mammogram ²	–
> \$5,000,000	< 46	Bloods, QC	–	–	–	–
	46–55	Bloods, ME, SE	–	–	–	–
	> 55	Bloods, ME, SE	–	–	–	–

A list of terminology used in these tables can be found in the Glossary on page 19 of this booklet.

Standard requirements without LifeConnect (teleinterviewing)

Exposed risk	Age	Life	TPD	Trauma	Active	IP/DI/IC/BE
< \$500,000 < \$5,000/month	< 46	nil	nil	nil	nil	nil
	46–55	nil	nil	nil	nil	nil
	> 55	nil	nil	nil	nil	nil
\$500,001 – \$750,000	< 46	nil	nil	nil	nil	nil
	46–55	nil	nil	nil	nil	nil
\$5,001 – \$7,500/month	> 55	Bloods, SMR	Bloods, SMR	Bloods, SMR	Bloods, SMR	Bloods, SMR
\$750,001 – \$1,000,000 \$7,501 – \$10,000/month	< 46	nil	nil	nil	nil	nil
	46–55	nil	nil	Bloods, SMR	nil	Bloods, SMR
	> 55	Bloods, SMR	Bloods, SMR	Bloods, SMR	Bloods, SMR	Bloods, SMR
\$1,000,001 – \$2,000,000 \$10,001 – \$20,000/month	< 46	nil	nil	Bloods, SMR	nil	Bloods, SMR
	46–55	Bloods, SMR	Bloods, SMR	Bloods, ME	Bloods, SMR	Bloods, SMR
	> 55	Bloods, SMR	Bloods, SMR	Bloods, ME, SE, fPSA	Bloods, SMR	Bloods, SMR
\$2,000,001 – \$2,500,000 > \$20,001/month	< 46	nil	nil	–	nil	Bloods, ME
	46–55	Bloods, SMR	Bloods, SMR	–	Bloods, SMR	Bloods, ME, SE
	> 55	Bloods, SMR	Bloods, SMR	–	Bloods, SMR	Bloods, ME, SE, fPSA
\$2,500,001 – \$3,000,000 > \$40,000/month	< 46	Bloods, SMR	Bloods, SMR	–	Bloods, SMR	Bloods, ME
	46–55	Bloods, SMR	Bloods, SMR	–	Bloods, ME	Bloods, ME, SE
	> 55	Bloods, SMR	Bloods, SMR	–	Bloods, ME, SE, fPSA	Bloods, ME, SE, fPSA/ Mammogram ²
\$3,000,001 – \$5,000,000	< 46	Bloods, SMR	Bloods, SMR	–	Bloods, ME	–
	46–55	Bloods, SMR	Bloods, SMR	–	Bloods, ME, SE, fPSA/ Mammogram ²	–
	> 55	Bloods, SMR	Bloods, SMR	–	Bloods, ME, SE, fPSA/ Mammogram ²	–
> \$5,000,000	< 46	Bloods, SMR	–	–	–	–
	46–55	Bloods, ME, SE	–	–	–	–
	> 55	Bloods, ME, SE	–	–	–	–

² Mammogram in females only.

Standard requirements for Sumo

Exposed risk	Age	Life	TPD	Trauma	Disability Income 1yr, 2yr benefit period	Disability Income 5yr, 10yr, to age 65 benefit period
\$2,000,000 to \$2,999,999	< 46	nil	–	Bloods, ME	–	–
	46–55	nil	–	Bloods, ME, SE	–	–
	> 55	nil	–	Bloods ³ , ME, SE, PMAR	–	–
\$3,000,000 to \$4,999,999 \$30,000/month to 39,999/month	All	Bloods, ME, SE, PMAR	Bloods, ME, SE, PMAR	Bloods ³ , ME, SE, PMAR ⁵	Bloods, ME, SE, PMAR	Bloods, ME, SE, PMAR
\$5,000,000 to \$7,499,999 \$40,000/month to \$60,000/month	All	Bloods, ME, SE, PMAR	Bloods, ME, SE, PMAR	Bloods ³ , ME, SE, PFTs, MSU, UDS, Cotinine ⁴ , PMAR ⁶	Bloods, ME, SE, PMAR	Bloods, ME, SE, PFTs, MSU, UDS, Cotinine ⁴ , PMAR ⁶
\$7,500,000 to \$10,000,000	All	Bloods, ME, SE, PMAR	Bloods, ME, SE, PFT, MSU, UDS, Cotinine ⁴ , PMAR ⁶	Bloods ³ , ME, SE, PFTs, MSU, UDS, Cotinine ⁴ , PMAR ⁶	–	–
\$10,000,001 to \$15,000,000	All	Bloods, ME, SE, PMAR	Bloods, ME, SE, PFT, MSU, UDS, Cotinine ⁴ , PMAR ⁶	–	–	–
\$15,000,000 to \$24,999,000	All	Bloods, SE, ME, PMAR	–	–	–	–
> \$25,000,000	All	Bloods, ME, SE, PFTs, MSU, UDS, Cotinine ⁴ , PMAR ⁶	–	–	–	–

³ PSA in males > 50 years.

⁴ Only for non-smokers.

⁵ Mammogram required in females > 40 years with a family history of breast cancer under the age of 60 years.

⁶ • Mammogram required.

– in females > 40 years with a family history of breast cancer < 60 years

– in all females > 50 years.

• faecal occult blood test > 40 years with a family history of bowel cancer < 60 years.

• PSA in all males > 50 years.

• abdominal ultrasound in all cases > 60 years.

Financial requirements

Financial underwriting ensures the correct benefit amount, term and type of insurance is put in place based on the client's situation. It is important to provide as clear a picture as possible for the underwriter to understand the client's financial situation, the purpose of the cover required and how the level of cover was calculated. When we are financially assessing cover we consider: product type, level of cover, purpose and need for cover (personal and/or business), income and how income is generated, the nature of the occupation, business size and structure, number and ages of dependants, assets and liabilities and total level of industry-wide cover in place. The financial requirements are based on whether the client is applying for personal and/or business cover. In all cases we encourage you to provide as much information as possible (including a copy of your SOA so that we can underwrite according to the advice you have given the client).

Further information in addition to the requirements shown below may be required on a case-by-case basis.

Business Requirements (select requirement depending on the business purpose of the cover)

Debt Protection: copy of a signed and dated letter on letterhead from a financial institution or a loan schedule (including details of the lender, borrower, purpose, type, amount, term and interest rate) for the outstanding debt.

Buy/Sell: copy of business valuation and/or partnership/share purchase/buy/sell agreement (if available), outlining business value and the valuation methodology.

Key Person: statement from employer or CFO/Accountant outlining the salary package, role, duties, skills and factors which make the insured a key person and details of how the potential loss was calculated in determining the level of proposed cover.

Ongoing Fixed Expenses / Key Person Replacement Cover: A Business Expenses Questionnaire is required in all instances.

1. Life / Health Events & TPD

Risk amount	Personal cover		Business cover	
Exposed risk*	Occupation Classes 1, 2, 3, 4	Occupation Classes 1E, 1L, 1M, 1P	Occupation Classes 1, 2, 3, 4	Occupation Classes 1E, 1L, 1M, 1P
Up to \$3,000,000	Personal Statement.	Personal Statement.	Personal Statement.	Personal Statement.
\$3,000,001 +	Financial Questionnaire, and Individuals (who are employees only) - Last 2 years PITRs Self-Employed or Business Owner - Last 2 years PITRs and full accounts.	Financial Questionnaire or SOA.	Financial Questionnaire, and Last 2 years PITRs and full accounts Business Requirements.	Financial Questionnaire or SOA.
\$6,000,001 +	Financial Questionnaire, and Individuals (who are employees only) - Last 2 years PITRs Self-Employed or Business Owner - Last 2 years PITRs and full accounts.	Financial Questionnaire, and Individuals (who are employees only) - Last 2 years PITRs Self-Employed or Business Owner- Last 2 years PITRs and full accounts.	Financial Questionnaire, and Last 2 years PITRs and full accounts Business Requirements.	Financial Questionnaire, and Last 2 years PITRs and full accounts Business Requirements.

2. Trauma

Risk amount	Personal cover		Business cover	
Exposed risk*	Occupation Classes 1, 2, 3, 4	Occupation Classes 1E, 1L, 1M, 1P	Occupation Classes 1, 2, 3, 4	Occupation Classes 1E, 1L, 1M, 1P
Up to \$1,000,000	Personal Statement.	Personal Statement.	Personal Statement.	Personal Statement.
\$1,000,000 +	Financial Questionnaire, and Individuals (who are employees only) - Last 2 years PITRs Self-Employed or Business Owner - Last 2 years PITRs and full accounts.	Personal Statement.	Financial Questionnaire, and Last 2 years PITRs and full accounts Business Requirements.	Personal Statement.

Note: Maximum Trauma available is \$2,000,000.

* Exposed risk refers to total level of industry wide cover including this application and any other cover that is held.

3. Business Increase option (BIO)

When the BIO is selected, your client can increase their benefit amount without further medical underwriting on the occurrence of a valid business event.

The financial requirements for BIO are determined according to the level of the sum insured and the purpose of the cover. A Financial Questionnaire or SOA and Business Requirements (according to the purpose of the cover) will be required in all cases.

It is very important at initial application that a clear methodology is outlined as to how the cover was calculated for BIO.

When exercising the option:

- business increases application will need to be completed,
- business requirements relevant to the purpose of the cover will be required,
- the increase should be for the same business event that the cover was originally taken out for, and
- the increase should be determined using the same or similar methodology.

4. Disability Income/Income Cover and Business Expenses Insurance

When a client is seeking a monthly benefit amount equal to or exceeding the amounts shown in the table below, full financials will be required. Please note that full financials will be required for all endorsed agreed value contracts irrespective of the monthly benefit applied for.

Occupational Class	Agreed Value Disability Income/Income Cover		Indemnity Disability Income/Income Cover & Business Expenses Insurance	
	Employee Only	Self-Employed or Business Owner	Employee Only	Self-Employed or Business Owner
1E Executive	\$20,000	\$20,000	\$20,000	\$20,000
1M Medical	\$20,000	\$20,000	\$20,000	\$20,000
1L Legal	\$20,000	\$20,000	\$20,000	\$20,000
1P Professional	\$20,000	\$15,000	\$20,000	\$15,000
1 White Collar	\$15,000	\$15,000	\$20,000	\$15,000
2 Light manual skilled	\$15,000	\$15,000	\$20,000	\$15,000
3 Tradespeople	\$15,000	\$15,000	\$20,000	\$15,000
4 Heavy manual	\$15,000	\$15,000	\$15,000	\$15,000

When a client applies for both Disability Income/Income Cover and Business Expenses Insurance, the financial requirements are based on the highest benefit applied for.

Full Financials	
Employee Only	Last 2 years PITRs, or Group Certificate (PAYG Summary Statements), or Signed and dated letter from Employer on letterhead outlining applicant's remuneration package including a breakdown of base salary, superannuation, allowances and other benefits and bonuses.
Self-Employed or Business Owner	Last 2 years PITRs, and Last 2 years full accounts.

Financial Underwriting – Disability Income

When applying for Disability Income/Income Cover, we recommend preparing your client's application and financial underwriting requirements by:

- understanding the nature of your client's occupation and/or how the business generates income (where they are Self-Employed or a Business Owner)
- understanding the business structure (where they are Self-Employed or a Business Owner)
- determining your client's earnings and calculating their benefit level
- determining the requirements to support the benefit and facilitating financial underwriting of the application based on whether they are an Employee Only or Self-Employed (or a Business Owner).

Please refer to the Zurich Disability Income Calculator when determining your client's income and calculating the benefit level.

Financial Underwriting – Business Expenses

A business expenses questionnaire will be required in all cases.

You will need to advise the purpose for the cover:

- ongoing fixed business expenses, or
- key person replacement cover.

5. Ongoing Income

Where the client is self-employed and the business is likely to generate ongoing income when they are unable to work, your Zurich underwriter may consider applying an Ongoing Income Clause. Please contact your Zurich underwriter, who will be able to assist you with further clarification.

6. Superannuation cover

If the Superannuation Cover option is requested, then the following evidence will be needed:

- **Employee Only** – a letter from the employer (outlining the super contributions by the employer) or superannuation statement – only if the contribution is greater than the legislated minimum Superannuation Guarantee amount or if the maximum contribution base is exceeded.
- **Self-Employed or Business Owner** – superannuation statement in all cases.

7. SUMO

SUMO: Life, TPD, Trauma cover regardless of exposed risk				
Personal Cover		Business Cover		
		Key Person	Buy/Sell	Debt Protection
Employee Only	Financial Questionnaire, and Last 3 years PITRs.	Financial Questionnaire, and Last 3 years PITRs and full accounts Business Requirements.	NA	NA
Self-Employed or Business Owner	Financial Questionnaire, and Last 3 years PITRs and full accounts.	Financial Questionnaire, and Last 3 years PITRs and full accounts Business Requirements.	Financial Questionnaire, and Last 3 years PITRs and full accounts Business Requirements.	Financial Questionnaire, and Last 3 years PITRs and full accounts Business Requirements.

SUMO: Disability Income Cover		
Risk Amount	Employee Only	Self-Employed or Business Owner
All cases	Financial Questionnaire, and Full Financials (for last 3 years).	Financial Questionnaire, and Full Financials (for last 3 years).

Where the applicant has multiple entities, a business structure diagram will aid the underwriting team.

Please remind your client to notify the underwriters in the Consent and Disclosure section of the application should they not wish you to have access to their underwriting information.

Glossary of terms

Terminology used in the Standard requirements tables pages 11–12

Active and FutureWise

- Bloods:** MBA20, FBC, HIV and Hepatitis B and C.
- fPSA:** Prostate specific antigen, and free prostate specific antigen ratio (requested in males only).
- QC:** Quick check – BP, BMI and urine test.
- SMR:** Short Medical Report – full medical history and BP, BMI and urine test.
- ME:** Medical examination done by own doctor – full medical history and examination.
- SE:** Stress electrocardiogram (ECG).

Terminology used in the Standard requirements for Sumo table page 13

- Bloods:** MBA20, FBC including ESR, HIV, Hepatitis B and C.
- ME:** Medical examination by own doctor, including 3 blood pressure readings.
- SE:** Stress electrocardiogram (ECG).
- MSU:** Mid stream urine examination.
- UDS:** Urinary drug screen.
- PMAR:** Personal Medical Attendants Report.

Common terms used in the Financial requirements tables pages 14–18

- SoA:** Statement of Advice.
- PITRs:** Personal Income Tax Returns.
- BETRs:** Business Entity Tax Returns.
- Accounts:** BETRs, profit & loss and balance sheets for all entities the Life Insured has an ownership interest in (directly or otherwise).

Transferring existing policies to Zurich FutureWise or Active

To transfer existing policies to Zurich FutureWise or Active, you can either complete a new business paper application or complete the application online. In both cases, a full personal statement will need to be included with the application.

Mandatory underwriting requirements are waived when an existing policy is transferred to Zurich FutureWise or Active

You can transfer existing policies held elsewhere to Zurich FutureWise or Active without the need for mandatory medical evidence to be completed. This is subject to certain criteria which must be met for transfer terms to be eligible. It is important to note that it is the mandatory medical evidence that is waived. Zurich reserves the right to request additional underwriting requirements at application stage if required.

For transfer terms to be applied, Zurich will need the following documents attached:

- a completed new business paper application or online application including full personal statement. Please ensure you note on the application that you are applying for transfer terms
- a copy of the original acceptance and cover schedule/certificate from the existing insurer (for Trauma cover, this includes a copy of the specific Trauma conditions covered, either as full or partial payments)
- proof of existence of the current cover, for example, the most recent renewal notice.

Existing cover should not be cancelled until acceptance is confirmed by Zurich and although an application may have been accepted, Zurich will only be on risk once the existing policy is cancelled.

Zurich offers the following transfer terms:

Transferring to FutureWise	Transferring to Active
<ul style="list-style-type: none">• Must be under the age of 55 at next birthday if transferring TPD, Trauma, Disability Income or Business Expenses Insurance.• Must be under the age of 60 at next birthday if transferring Life insurance• Must have been fully underwritten in the last five years or if including Disability Income, in the last three years• Must have been accepted at either standard rates or with a maximum of a 50% loading or with no more than one exclusion• For Trauma insurance, the existing insurance must cover the same conditions and be a like-for-like contract• The cover being issued by Zurich will be limited to the same amount of cover as the existing cover being transferred, with maximums of:<ul style="list-style-type: none">– Life = \$3 million– TPD = \$2 million– Trauma = \$1 million– Child Trauma Insurance = \$200,000– Disability Income = \$10,000 per month– Business Expenses = \$10,000 per month• For transfer to Disability Income Insurance with Endorsed Agreed Value benefits, full financial evidence will be required.	<ul style="list-style-type: none">• Must be under the age of 55 at next birthday• Must be transferring with benefits similar to Active ie must have Life, TPD and/or Trauma (and income protection if including Income Cover)• Must have been fully underwritten in the last five years or if including Income Cover, in the last three years• Must have been accepted at either standard rates or with a maximum of a 50% loading or with no more than one exclusion• Active cover will be limited to the highest existing amount of either the TPD or Trauma cover. Additional Death Cover can be transferred to equate to existing death cover with maximums of:<ul style="list-style-type: none">– Active cover A to E of \$2 million if transferring Life, Trauma and TPD or Life and Trauma– Active cover A to E of \$1.5 million if transferring Life and TPD– Additional Death Cover of \$1 million– Income Cover of \$10,000/month– Child Cover of \$200,000• For transfer to Income Cover with endorsed income at application benefits, full financial evidence will be required.

Factors that affect premiums

The following information outlines the factors involved when deciding how premiums will be charged.

FutureWise general factors			
Policy Fee	\$97.34 pa per insured person per application; or \$8.11 per month per insured person per application if premiums are paid monthly. The policy fee is updated each year on 1 March.		
Frequency loading	6% loading for premiums paid on a monthly basis.		
Size discount for Life, TPD and Trauma	Sum insured.	Life and TPD.	Trauma.
	\$0 – \$249,999	0%	0%
	\$250,000 – \$499,999	7%	3%
	\$500,000 – \$749,999	15%	7%
	\$750,000 – \$999,999	17%	10%
	\$1,000,000 – \$1,999,999	22%	12%
	\$2 million+	24%	12%
TPD 'own occupation' definition	50% loading on top of the 'any occupation' rates.		
Size discount for Disability Income and Business Expenses	Monthly insured amount.	Discount.	
	\$0 – \$3,999	0%	
	\$4,000 – \$7,499	8%	
	\$7,500 – \$9,999	10%	
	\$10,000+	12.5%	

Occupational ratings	TPD	Health Events cover	Disability Income/Income Cover/Business Expenses (DI/IC/BE)
1E, 1L, 1M, 1P	15% discount	Std	15% discount
1	Std	Std	Std
2	50% loading	10% loading	50% loading
3	75% loading	15% loading	100% loading
4	150% loading	30% loading	150% loading

For occupations that are not eligible for TPD and/or Disability Income/Income Cover/Business Expenses, Health Events cover may be available with an 80% occupational loading.

Active general factors

Policy fee	No policy fee.		
Frequency discount	A 6% discount is offered for premiums paid on an annual basis.		
Size discounts for Active	Amount of Cover	Death	Health Events
	\$0 – \$249,999	0%	0%
	\$250,000 – \$499,999	7%	3%
	\$500,000 – \$749,999	15%	7%
	\$750,000 – \$999,999	17%	10%
	\$1,000,000 – \$1,999,999	22%	12%
	\$2 million+	24%	12%
Size discounts for Income Cover	Monthly Amount of Cover	Discount	
	\$0 – \$3,999	0%	
	\$4,000 – \$7,499	8%	
	\$7,500 – \$9,999	10%	
	\$10,000+	12.5%	

Sumo general factors

Policy fee	\$291.23 pa per insured person per application; or \$24.27 per month per insured person per application if premiums are paid monthly. The policy fee is updated each year on 1 March.
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Stamp duty⁷

Below are the stamp duty rates that apply for each state where stamp duty is explicitly charged on the premium (and policy fee):

State	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
Rate	5%	10%	9%	10%	11%	10%	0%	10%

FutureWise and Sumo

Stamp duty is explicitly charged on the premium (and policy fee) for the following insurance covers and features:

- Life Insurance (for SA only, at 1.5%)
- TPD and Trauma Insurance included in a Life Insurance policy (VIC, WA, SA, NT only)
- TPD and Trauma Insurance linked to Life Insurance under Flexible Linking
- TPD and Trauma Insurance policies (ie not linked to Life Insurance)
- Disability Income and Business Expenses Insurance
- Blood Borne Disease Insurance.

Active

Stamp duty is explicitly charged on the premium for the following insurance covers:

- Death and terminal illness cover (for SA only, at 1.5%)
- Health Events cover (VIC, WA, SA, NT only)
- Health Events cover under the non-superannuation policy when Active is structured under Superannuation Optimiser
- Income Cover.

⁷ Stamp duty rates are current as the date of issue.

Adviser remuneration

Commission is generated as at the date the client's premium is received and can be paid monthly or weekly, depending on the arrangement between Zurich and your current dealer group. If paid monthly, it is paid to the dealer group on the seventh business day of the following calendar month.

For example, if the client's annual premium is drawn on the 15 January, commission will be paid to your dealer group on the 7th business day of February. If paid weekly, the commission will generally be paid to the dealer group each Friday, for the previous Monday to Friday.

Zurich offers three commission options under Active, FutureWise and Sumo. The rates of commission, inclusive of GST are:

Commission structure	Year one	Renewal
Upfront	100%	18%
Hybrid	70%	25%
Level	42% (32% for Sumo)	32%

The commission structures available will be restricted for policies that commence within five years of the maximum entry age for any benefit type.

The maximum entry age is the stepped premium maximum entry age – the level premium entry age is disregarded for this purpose. The maximum entry age will be based on age at submission.

For a Life Insurance Policy, as it can include multiple benefits which have different maximum entry ages, the commission structure available for all benefits under a Life Insurance Policy will be applied based on the lowest maximum entry age of benefits being applied for under the policy. For example, if the client is 64 and is applying for Life and TPD Insurance, the restriction will be based on the benefit with the lowest entry age, being the TPD benefit and only the level commission structure will be available.

Age of insured person at application			Commission structure available
Life ⁸	TPD, Disability Income, Income Cover, Business Expenses, Blood Borne	Trauma, Modified TPD, Active cover (Health Events)	
65	55	60	Upfront, hybrid and level
66	56	61	Hybrid and level
67	57	62	Hybrid and level
68	58	63	Level only
69	59	64	Level only
70	60	65	Level only

Commission components

Commission is payable on the following components of the premium:

- base rates
- options
- loadings
- premium after size discount has been applied.

Commission is only payable on premium received, it is not payable on:

- policy fee
- the extra cost of paying premiums monthly compared to yearly
- any explicit stamp duty charged.

You can use the Quick Quote to calculate the commission payable. Alternatively, the premium on which commission is payable can be calculated by following these steps:

- divide the premium by 1 + the relevant stamp duty rate (if stamp duty is applicable)
- deduct the annual policy fee of \$97.34 (if applicable), and
- if the premium is being paid monthly, multiply the premium by 12 and divide by 1 + the frequency loading.

⁸ For a Life Insurance Policy with linked TPD and/or Trauma, the available remuneration types will depend on the TPD and/or Trauma. The Child Trauma/Child Cover will not be affected by maximum entry age commission restrictions.

Examples

1 A Life Insurance premium of \$549.39 pa paid annually, where there is no explicit stamp duty:

Step 1: Remove the policy fee = $549.39 - 97.34$
 Commissionable premium = \$452.05

2 A Disability Income Insurance premium in NSW of \$4,155.61 pa paid monthly at \$367.08, where the premium includes a frequency loading of 6% and NSW stamp duty of 5%:

Step 1: Remove the stamp duty = $367.08/1.05$ = \$349.60
Step 2: Deduct the policy fee = $349.60 - 8.11$ = \$341.49
Step 3: Remove the frequency loading = $341.49/1.06$
 Commissionable premium = \$322.16

3 An Active Insurance premium in WA of \$29.46 per month (\$353.52 annualised premium), where the premium includes a frequency loading of 6.38% and WA stamp duty of 10% (WA stamp duty applies to Health Events cover only):

Breakdown of the Active premium

Cover	Monthly premium	Annualised premium
Death Cover	\$8.60	\$103.20
Health Events	\$20.86	\$250.32

Death Cover

Step 1: Remove the frequency loading = $103.20/1.0638$
 Commissionable premium = \$97.01

Health Events

Step 1: Remove the stamp duty = $250.32/1.10$ = \$227.56
Step 2: Remove the frequency loading = $227.56/1.0638$
 Commissionable premium = \$213.92

Year one commission

Year one commission is payable on:

- new business
- underwritten increases to existing cover
- increases to existing cover made under the Future Increases feature.

It is not payable on:

- business for which year one commission has already been paid
- business which replaces an existing policy, including continuation options
- indexation increases (however, renewal commission will be paid)
- reinstatement of Life Insurance under Life Insurance Buy Back.

For transfers between insurance products, the renewal commission of the Zurich FutureWise, Active or Sumo product being transferred to will apply.

Commission restrictions

When the annual premium value exceeds certain thresholds, the default commission structure changes, as explained below:

- if the annual premium for the policy is > \$30,000 but < \$50,000, the commission structure will default to the Hybrid structure
- if the annual premium for the policy is > \$50,000, the commission structure will default to the Level structure.

Annual premium value	Upfront	Hybrid	Level
< \$30,000	Yes	Yes	Yes
> \$30,000 but < \$50,000	No*	Yes	Yes
> \$50,000	No*	No*	Yes

* If you wish to retain an upfront or hybrid commission structure for cases that exceed the premiums shown above, this can be provided with a three (3) year responsibility period replacing the standard 12 month responsibility period.

Commission rebates

Commission can be rebated in year one and ongoing in the following ways:

Commission structure	Year one rebate	Renewal rebate
Upfront	18%	100%
Hybrid	25%	100%
Level	100%	100%

This means that under the upfront structure, the maximum you can rebate in year one is the renewal commission rate, ie you must receive a minimum of 82% commission in year one. For renewal commission you can rebate the full amount.

Under the level structure you can rebate up to the full amount of year one and renewal commission.

The corresponding premium discount is a direct reflection of the commission rebate (excluding GST) and is applied in the same year in which the commission is reduced.

Responsibility period

There is a responsibility period that applies to new business in relation to the commission that has been paid.

The table below sets out these responsibility periods and shows the proportion of commission paid that will be reversed if cover lapses or is cancelled within the responsibility period shown.

Period for which premiums have been paid	Write-back
Less than 6 months	100%
6–9 months	50%
More than 9 months (to end of 12th month)	25%

If cover lapses or is cancelled within the responsibility period shown, we will deduct the appropriate proportion of commission paid from the dealer group's commission payments at the next payment date.

For renewal commission paid more than 12 months after the commencement of the policy, commission will be reversed if a premium on which commission has been paid is refunded to the client.

Three year responsibility period

Where the three year responsibility period applies, as explained above, the following percentages of year one remuneration are subject to write-back.

Period for which premiums have been paid	Write-back
12 months or less	100%
More than 12 months but less than 36	100% less 4% for each months' premium paid beyond 12 months. For example, if 18 months have been paid, write-back is 76%, if 24 months have been paid, write-back is 52%.
36 months or more	0%

How to complete an application

Zurich accepts both paper and online applications. By completing your applications online, you will experience a much faster processing rate and the opportunity for an underwriting decision to be made automatically, due to our online underwriting rule set.

The Zurich FutureWise, Active and Sumo online platform

The online platform allows you to:

- prepare premium quotations
- prepare, submit and manage the progress of new applications
- refer applications to tele-interviewing using our ClientConnect service, so your clients can provide their personal statement over the phone
- send an email link to your client so they can complete their personal statement using our WebConnect service
- use our reporting tool, where you can generate Remuneration, Client Details & Client Summary reports
- access online resources such as forms, questionnaires, sales tools, product flyers and soft copy product disclosure statements
- automatically download certificates of currency and statements of premiums paid
- upload documents directly to the clients' application
- quick view of cases in suspense via the dashboard.

Managing applications in progress

By clicking on the Search Client tab, you are able to retrieve incomplete and submitted applications by name or reference number. You are able to view what cover has been applied for and also what recent activity has occurred through the adviser viewable case notes. Our underwriters and administrators are able to send you notifications about the status of your application as well as request any further requirements if needed. In return you are able to send them specific requests or notes about the application by making your own case note, which is done by clicking on Add New Note. A free text-box will appear for you to type in and once completed, will simultaneously add the note to your client's case and send a notification to the Zurich inbox.

The Zurich FutureWise, Active and Sumo online platform displays a dashboard to the right of the screen, providing you with a snapshot and quick links to applications in progress using a pre-filtered search. The dashboard details key information about your client's application, whether any recent notes have been made by our underwriters or administrators, as well as the amount of premium in suspense. The dashboard also alerts you to when interim cover and amended terms are due to expire and details the average amount of time it has taken to complete your business.

Making declarations and authorisations for client online applications

When you complete an online application, you do so as the agent of the client. To support an application you make on behalf of your client, you should secure the various declarations and authorisations from your client as outlined in the Zurich FutureWise, Active or Sumo PDS. There are two methods to secure the signed declarations and authorisations from your clients:

- during the initial data collection and prior to entering the application information and disclosures into the online insurance platform. For this approach Declaration and Authorisation forms can be downloaded from zurich.com.au
- after entering the application information and disclosures into the online insurance platform. For this approach, the record of the online submission (PDF document) should be printed for the client to review and there-after sign the declarations and authorisations which are part of this document.

Please consider the following when using either method mentioned above:

- you will need to confirm you have obtained these declarations and authorisations when authorising the application for submission. Please retain the originals for your records. You may also forward copies of the signed documents to Zurich within 30 days of submitting the application for our records
- when the online application is accepted by Zurich, a copy of the information disclosed in the online application, along with any subsequent additional disclosures, will be sent to the Life Insured. When the Life Insured is also the Policy Owner this correspondence will be included with the Policy Schedule/Certificate of Insurance. The Life Insured will be asked to review the information carefully and let Zurich know if there are any errors or omissions. This final review of disclosures will be in addition to your own confirmation you should have received from your client as to the accuracy of information submitted by you on their behalf.

Binding Beneficiary nomination

Please note, where binding beneficiary nominations are required for policies owned by the Insurance-only division of the Macquarie Superannuation Plan, these can only be accepted in writing, signed by the client in the presence of two witnesses who are over 18 years of age and not named as beneficiaries in the nomination. For online applications, please have your client complete and sign the nomination as required using either the relevant section of the record of the online submission (PDF document) or a New Business Application Authorisation and Superannuation Beneficiary Nomination form available from zurich.com.au.

Zurich LifeConnect

Your client's Personal Statement is an integral part of their application for insurance. Zurich's LifeConnect offers you and your clients a choice of three approaches for completing the Personal Statement questionnaire.

Zurich TeleConnect	Zurich WebConnect	Adviser
<ul style="list-style-type: none">• You set up the application online and submit it on your client's behalf, with referral to our tele-interviewing service for completion of the personal statement• After booking in an appointment, one of our tele-interviewers guides your client through the personal statement over the phone to complete the application.	<ul style="list-style-type: none">• You refer your client to our secure portal, where the client is then able to complete the personal statement online, at their convenience, within the next seven days• Once the client has completed the personal statement, you are notified by email and are then able to review and submit the application on your client's behalf.	<ul style="list-style-type: none">• You complete the personal statement online with your client• Once all application details are completed, you submit the application on your client's behalf.

TeleConnect and WebConnect provide secure alternatives for the collection of information required to complete the personal statement. Once you have commenced the application in Zurich's secure online portal, you will be able to nominate the preferred approach to completion of the personal statement.

For more information on Zurich LifeConnect, download the flyer at zurich.com.au.

If you would like a web meeting to run through the processes of Zurich – please contact our Training & Relationship Manager on 1800 005 057.

What happens after the application is submitted?

Immediate cover

Immediate cover can be provided to your clients when you complete an online application. If the online insurance platform provides an assessment status as 'offered', your client will be fully covered as soon as the application form is submitted and authorised online, rather than relying on restricted interim cover.

It is important for you to know what disclosures and signature processes your client will need to complete. For a full description of this process, please refer to the 'How to complete an application' section of this guide. Immediate cover is not available for clients who have their insurance linked to an eligible superannuation Wrap fund, until the superannuation account has been opened.

Interim cover

If the application submitted is a paper application or has a status of 'pending underwriting' via the online insurance platform, interim cover for *accidental* death or injury will be provided.

Some conditions and limits apply to interim cover. Please refer to the Zurich FutureWise, Active or Sumo PDS for full details.

Decisions

There are three outcomes that any application can have:

- offered – accepted
- amended terms – restricted, loaded or excluded
- declined.

A declined decision can mean that we are unable to offer cover to your client or that we currently have insufficient evidence to make a decision. For the latter, we may require your client to either wait a period of time before we can make a decision, or to undergo further investigation in order to reach a diagnosis that we can base a decision on.

All amended terms or declined decisions will be discussed with you by our underwriters before the final terms are submitted. Once a final decision is reached, an email will be sent to you detailing the terms of the cover. All applications with amended terms will need to be signed by the client and returned to us within 21 days. For amended term offers that are made by the online system and already signed by the client, these policies can be set up immediately.

Discretionary requirements

Zurich underwriters will try and use all available means at their disposal in order to make a decision with the evidence that they have, without requesting additional information. In certain cases, a request for an additional report from a doctor, eg a histology report, can mean that a more favourable decision can be made. Where we do not have enough information to make the best evidence-based decision, then additional medical, financial, occupational or vocational information may be requested. You will be automatically notified by e-mail if additional information has been requested.

Teleunderwriting

Teleunderwriting begins after you have completed the personal statement – there might be particular medical, occupational or financial questions that we need more information on in order to make a decision. Teleunderwriting occurs when a trained underwriter contacts a client with you and your client's permission, to ask for additional information in order to make a decision.

By Teleunderwriting, often no further investigations or evidence is required and the application can be completed. Teleunderwriting is therefore specific to certain answers already obtained from your client when completing the Personal Statement. Teleunderwriting is an optional service. Please indicate on the personal statement if you agree for your client to be tele underwritten and the best day and time of contact.

Organising your client's medical assessments

Sumo

Zurich will organise your client's medical requirements in conjunction with Executive Medicine.

FutureWise and Active

You are able to organise your client's medicals with your own provider, but unless you inform us otherwise, medical requirements to assess your client's application will be organised by Zurich in conjunction with Unified Healthcare Group (UHG). UHG is Australia's single largest solutions provider for Personal Medical Attendant Reports (PMARs) and Pathology referrals.

If you prefer to use an alternative pathology provider, please inform us at the time of application. Zurich's preferred pathology providers and their contact details are as follows.

Unified Healthcare Group

Phone 1300 558 583
Fax 1300 707 697
Email adviserrelations@uhg.com.au
Online requests and fax request forms: <http://unifier.uhg.com.au>

iMedicalLife

Phone 0400 115 503
Fax 02 9787 4292
Email chris@imedicallife.com.au

Prestige Pathology

Phone 02 9559 4974
Fax 02 9559 2973
Email prestigep@optusnet.com.au

Lifescreeen

Phone 1800 673 123
Fax 1800 804 758
Email lifescreeen@lifescreeen.com.au

Only medical requirements requested by Zurich will be paid for.

Accessing your client's medical information

Zurich is not able to release any medical reports to you as these have been provided to us by a third party with your client's consent. Your client can request their doctor give you a report directly should this be required, but we cannot release this information to you.

On request, we can release the results of blood tests and medical examinations, undertaken by your client for Zurich, to your client.

Underwriting guidelines

Please find the general underwriting rules applied by Zurich for FutureWise, Active and Sumo (as applicable) outlined below.

Bankruptcy

We will in the first instance require a bankruptcy questionnaire to determine the reason for the bankruptcy, dates and other implications of the bankruptcy. If the person to be insured has been declared bankrupt and has not been discharged, the following rules may apply:

	FutureWise	Active
Available cover	Life Insurance, Trauma Insurance.	Death, terminal illness and Health Events cover (AA-E).
Not available ⁹	TPD, DI.	Income Cover.

Back disorders

In order to consider an application the Underwriter will need to take into account the following information:

- the cause and diagnosis of the back condition
- the severity and occurrence of symptoms
- results of any relevant investigations
- treatment, including surgery and the length of any time taken off work.

In situations where the applicant is receiving chiropractic or physiotherapy treatment/maintenance, they will be assessed on an individual basis and the underwriter will consider the cause, reason for and the length of time since the initial condition that precipitated the first consultation and subsequent consultations.

Cancer

In consideration of an applicant with a history of cancer, malignancy or tumours, the underwriter must establish the following:

- the type of cancer
- the date of diagnosis
- the staging and classification of the type of cancer
- treatment(s) – surgery, chemotherapy, radiotherapy and other adjuvant treatments
- the date of final treatment
- any complications of the primary cancer, any secondary cancers or complications of the treatment.

As the classification of cancers can be complex it is preferable that histopathology or oncology reports are provided.

⁹ Not available – after discharge, your client will need to demonstrate their employment and financial stability to be considered for these benefits.

Cardiovascular disease or stroke

In consideration of an applicant with a history of heart disease, vascular disease or stroke, the following is required where available:

- description of event, including dates of first symptoms
- detail of diagnosis, including extent of cardiac or brain injury
- detail of treatment
- control of risk factors, eg high cholesterol, high blood pressure etc
- smoking status
- description of any ongoing symptoms or complications
- details of any impacts on functional capacity
- relevant details of specialist care including scans and reports.

Diabetes

In consideration of applicants that have already been diagnosed with diabetes, the underwriter will need to know:

- the type of diabetes the applicant has been diagnosed with
- the age of the applicant that the diagnosis was made
- the type of treatment and how well controlled the diabetes is
- compliance with treatment
- the applicant's weight, blood pressure, cholesterol and smoking status
- whether there are any other complications that may be associated with diabetes.

Medical evidence in support of these details will be required where available.

Mental health

In consideration of an applicant with a history of a mental health condition, the following information is required where available:

- diagnosis of the condition including criteria used
- the cause of the condition, if known
- time since condition was diagnosed and treatment provided
- responsiveness and compliance with treatment and any ongoing signs or symptoms or adverse side effects
- severity of the symptoms and their impact on the individual's ability to function
- any time off work (dates and duration)
- past and present employment history
- any associated physical symptoms.

Pregnancy

Further information will be requested about due/delivery dates and when the client intends to return to work. The following rules may apply:

- Disability Income and Income Cover Indemnity cover can be considered if the client is in their first or second trimester and has the intention to return to work within 12 months of delivery
- Any Occupation TPD can be considered for uncomplicated pregnancies and confirmed intention to return to work within 12 months
- Domestic Duties TPD to apply:
 - for those already on maternity leave
 - if no intention to return to work or confinement date of > 12 months
 - if returning to work for < 20 hours per week.

Applicants with past pregnancy complications will be assessed on an individual consideration basis.

Blood Borne Disease Insurance

Blood Borne Disease Insurance must be taken with at least one other FutureWise, Active or Sumo policy issued by Zurich, excluding Child Trauma Insurance.

Blood Borne Disease Insurance is only available to some occupations (generally medical professions and those occupations in which infection with HIV or the Hepatitis B or Hepatitis C virus is an occupational hazard). There are no additional medical or financial requirements.

Business Expenses – Ongoing Fixed Expenses

When applying under the benefit type Ongoing Fixed Expenses, we will cover the ongoing normal day-to-day expenses incurred in the insured person's business. This may include, but is not limited to:

- accounting and audit fees
- any other expenses agreed to by us
- bank fees and charges
- business related insurance premiums (not including this policy)
- cleaning costs
- contracted advertising
- contracted maintenance
- contracted security
- cost of a locum less any earnings generated by the locum
- electricity and gas charges
- equipment hire
- fees for professional associations
- interest payments on business loans and mortgages

- loan repayments of business capital/principal (minimum ongoing capital/principal repayment amount only)
- motor vehicle leases, registration and insurance
- office leasing fees
- printing, postage and stationery costs
- property rates
- regular advertising costs
- rents on business premises
- salaries, including superannuation of employees and payroll tax not directly involved in the generation of income or revenue
- telephone costs.

The following expenses are specifically not included:

- the insured person's personal remuneration, salary, fees or drawings from the business
- cost of goods or merchandise
- repayment of capital on business loans and mortgages (other than those repayments directly related to one or more identifiable business assets which are no greater than the minimum repayments permitted or required by the loan or mortgage, and which have been in place for at least six consecutive calendar months prior to the insured person's disability)
- costs of implements of profession
- premiums payable on this policy
- salaries including superannuation of employees and payroll tax directly involved in the generation of income or revenue
- depreciation
- salaries of *immediate family members* (unless they were employed more than 30 days before the date of the insured person's *disability*).

Business Expenses – Key Person Replacement cover

Where business owners are key people in their businesses and a replacement is required if they are unable to do their duties during disablement, Key Person Replacement cover provides a short term solution to help the business fund the cost of a replacement. We can cover up to 75% of the cost of a replacement.

- the insured person must be the business owner and a genuine key person in the business
- the replacement cost must be easily identifiable and clearly outlined.

For clients who choose Key Person Replacement cover, ordinary fixed on-going business expenses cover is not available and any Disability Income/Income Cover is subject to at least a 12 month waiting period and normal underwriting.

Child Trauma benefits

Child Trauma/Child Cover may be applied for provided the policy owner also has, or is applying for, (as policy owner or insured person) at least one other Futurewise, Active or Sumo policy issued by Zurich, not including Blood Borne Disease Insurance or Child Trauma/Cover.

The total amount of cover for each child is limited to the higher of:

- the Life Insurance, Total and Permanent Disability Insurance, or Trauma Insurance for FutureWise, or
- the Active Cover and Additional Death Cover, or
- 24 times the Disability Income, Income Cover or Business Expenses monthly insured amounts, and
- \$250,000 per child.

The payment of a claim does not reduce the benefits for the other cover of the policy owner, nor the Child Trauma Insurance provided for other insured children under the policy.

Disability benefits

	FutureWise		Sumo		Active		
	TPD	DI	TPD	DI	Income Cover	Health Events cover	
Minimum hours	Must be gainfully employed for at least 20 hours per week at the time of application Modified TPD might be allowed if working less than this amount and some occupations will attract an additional loading for this definition.		Must be gainfully employed for at least 30 hours per week at the time of application.		Must be gainfully employed for at least 20 hours per week at the time of application.		Not applicable. ¹⁰
Maximum hours	Further information will be requested if working > 60 hours per week.						
More than 1 occupation	We will only cover a client for their principal occupation. However, the occupation rating will take into consideration the duties of any second occupation. Both occupations must be acceptable occupations to us in order to consider cover.					Not applicable. ¹⁰	
Less than 12 months in their current job	For consideration of any disability benefit, we will require details of the last five years work history.					Not applicable. ¹⁰	

¹⁰ Certain restrictions and additional loadings may be applied.

	FutureWise		Sumo		Active	
	TPD	DI	TPD	DI	Income Cover	Health Events cover
Apprentices – second and third year	<ul style="list-style-type: none"> Any Occupation TPD only Occupation class 4. 	<ul style="list-style-type: none"> Indemnity cover only Maximum benefit period available is 5 years Occupation class 4. 	Not Available.	Not Available.	<ul style="list-style-type: none"> Indemnity cover only Maximum benefit period available is 5 years Occupation class 4. 	Not applicable. ¹⁰
Heavy manual occupations (Class 4)	Any Occupation TPD only.	<ul style="list-style-type: none"> Maximum benefit period available is 5 years No Accident option. 	Not Available.	Not Available.	<ul style="list-style-type: none"> Maximum benefit period available is 5 years No Accident option. 	Not applicable. ¹⁰
Amateur Football	No restriction.	for 30 day wait and occupation categories 2, 3 and 4; additional 25% loading or 90 day football exclusion.	No restriction.		for 30 day wait and occupation categories 2, 3 and 4; additional 25% loading or 90 day football exclusion.	No restriction.

Disability Income over entry age

Disability Income Insurance is available past the maximum entry age of 60 where the following conditions are met:

- the client is aged 60 – 64 and is replacing an existing to age 65 DI policy with another insurer
- the client is aged 60 – 65 and is replacing an existing to age 65 FutureWise, Active or Sumo DI policy with Zurich
- available to occupation classes 1E, 1P, 1M, 1L.

¹⁰ Certain restrictions and additional loadings may be applied.

The following cover only is available without any variation:

- DI up to \$20,000/month
- to age 70 benefit period
- replacement of like-for-like cover.

The following mandatory underwriting requirements will be requested in all cases

- Proof of existing cover that ends at age 65
- PMAR.

Double TPD/Trauma

When Double TPD or Double Trauma is selected, we will add 50% to the total sum insured for the purpose of calculating medical requirements.

Example

If applying for \$500,000 Life and \$200,000 TPD with the Double TPD option:

Add 50% TPD sum insured to Life sum insured.

Medical Requirements based on \$600,000.

This option has no impact on financial requirements.

Superannuation cover

For underwriting purposes, the amount of benefit taken under the Superannuation Cover option is included in the monthly amount for Disability Income or Income Cover and the financial and medical requirements are based on the total sum insured.

Evidence of superannuation contributions will be required for employees if they request the Superannuation Cover option on an amount that is greater than the superannuation guarantee charge of their income, and will be required for all self employed people.

The maximum Superannuation cover amount we will insure is 20% of annual earned income.

Armed forces

No cover would be available for people who have orders to be deployed or who are currently deployed. If they have previously been deployed, we will consider each one on an individual basis, taking into account information around where they have been, length of tour and reason for tour, ie peace keeping or war zone.

	FutureWise	Active
Available cover	Life Insurance and Trauma Insurance for office duties only. ¹¹	Death, terminal illness and Health Events cover (AA-E) for office duties only. ¹¹
Not available	TPD, DI.	Income Cover.

For members of the armed forces we will take into consideration the specific role of the individual to be insured.

Farmers

Disability Income/Income Cover for farmers is available on an indemnity basis. Farmers who elect to provide full financial evidence can do so for consideration of Agreed Value or Endorsed Agreed Value DI/IC, subject to normal underwriting requirements.

Where farmers are seeking cover to provide funding for a replacement to do their duties during disablement so the farm can continue to operate we are able to provide, as an alternative, Business Expenses (BE) Key Person Replacement cover where we can cover up to 75% of the cost of the replacement.

- Business Expenses - Key Person Replacement up to \$5,000 maximum monthly benefit (only eligible expense is 75% of the cost of a replacement).
- The insured person must be a genuine key person in the business.
- The replacement cost must be easily identifiable and clearly outlined.

¹¹ Additional loadings for Life, Trauma and AA-E would be applied for dangerous duties eg aviation, bomb disposal, Special Forces. In some applications restrictions will be applied in addition to these loadings.

Homemakers

Client must be involved in full time domestic duties

The maximum cover amount would be:

- FutureWise – Life Insurance, Total and Permanent Disablement Insurance and Trauma up to \$1.5 million
- Active – Health Events cover and Additional Death Cover \$1.5 million.

This amount may be increased based on the following financial evidence and factors:

- number and age of dependants
- residential mortgage
- working spouse's income
- client's future financial plan
- return to work timing
- previous income and occupation
- child with special needs
- working spouse with equal or greater level of cover on their life maximum.

Newly self-employed

Where the client has become newly self-employed within the last 12 months, we will consider Disability Income/Income Cover on an Indemnity basis with a newly self-employed clause.

Where the client becomes totally or partially disabled within 12 months of Policy Start Date, the newly self-employed clause allows for pre-disability income to be calculated based on the average of your client's monthly earnings for the period between the date they became disabled and the Policy Start Date.

After two years, the client can elect to convert the Indemnity policy to an Endorsed Agreed Value policy with full supporting financial evidence.

If you have a client who has recently become self-employed, it is important to complete all the income figures in the application including their previous income figures from prior to their self-employment. Please note, underwriting may request additional information that supports the benefit level.

Newly qualified professionals offer

We are able to offer maximum Disability Income / Income Cover and lump sum cover for recent graduates and newly qualified professionals in the eligible professional occupations shown in the table below – without the usual financial documentation. Any amount below these maximum amounts is accepted. Cover in excess of the sums insured shown in the table is available subject to mandatory financial evidence.

Newly Qualified Professionals, Interns and Graduates

Profession	Life	Trauma	TPD	DI – EAV	DI – Ind
Accounting Graduate	\$2,500,000	\$2,000,000	\$1,000,000	\$4,500	\$3,500
Accountant – CPA/CA	\$4,000,000	\$2,500,000	\$1,500,000	\$6,000	\$4,000
Actuarial Graduate	\$2,500,000	\$2,000,000	\$1,000,000	\$4,500	\$3,500
Actuarial Fellow	\$4,000,000	\$2,500,000	\$1,500,000	\$6,500	\$3,500
Architect	\$2,500,000	\$2,000,000	\$1,000,000	\$4,500	\$3,500
Barrister	\$4,000,000	\$2,500,000	\$1,500,000	\$6,250	\$3,750
Chiropractor	\$2,000,000	\$2,000,000	\$1,000,000	\$4,000	\$3,500
Dentist	\$4,000,000	\$2,500,000	\$1,500,000	\$10,000	\$2,500
Dental Specialist ¹²	\$6,000,000	\$3,000,000	\$2,000,000	\$15,000	\$5,000
Engineer	\$2,500,000	\$2,000,000	\$1,000,000	\$4,500	\$3,500
Medical Intern	\$4,000,000	\$2,500,000	\$1,500,000	\$10,000	\$0
Medical Resident	\$4,000,000	\$2,500,000	\$1,500,000	\$10,000	\$2,500
Medical Registrar	\$4,000,000	\$2,500,000	\$1,500,000	\$10,000	\$0
Medical Senior Registrar	\$4,000,000	\$2,500,000	\$1,500,000	\$10,000	\$3,500
Medical Doctor (GP)	\$4,000,000	\$2,500,000	\$1,500,000	\$10,000	\$5,000
Medical Specialist ¹²	\$6,000,000	\$3,000,000	\$2,000,000	\$15,000	\$5,000
Optometrist	\$2,500,000	\$2,000,000	\$1,000,000	\$5,000	\$3,000
Osteopath	\$2,000,000	\$2,000,000	\$1,000,000	\$4,000	\$2,000
Pharmacist	\$2,500,000	\$2,000,000	\$1,000,000	\$5,000	\$3,000
Physiotherapist	\$2,000,000	\$2,000,000	\$1,000,000	\$4,000	\$3,500
Podiatrist	\$2,000,000	\$2,000,000	\$1,000,000	\$4,000	\$3,500
Psychologist	\$2,000,000	\$2,000,000	\$1,000,000	\$4,000	\$3,500
Quantity Surveyor	\$2,000,000	\$2,000,000	\$1,000,000	\$4,000	\$3,500
Solicitor	\$3,000,000	\$2,000,000	\$1,500,000	\$6,250	\$3,750
Veterinarian	\$2,500,000	\$2,000,000	\$1,000,000	\$4,000	\$3,500

For the purposes of the Newly Qualified Professionals Offer where the client becomes totally or partially disabled within 12 months of the Policy Start Date, pre-disability income will be calculated based on the average of your client's monthly earnings for the period between the date they became disabled and the Policy Start Date.

¹² Indemnity top-up for Dental Specialists & Medical Specialists is only available for those in private practice; it is NOT available to those who are employees only.

Underwriting qualifying criteria

- Available to newly qualified professionals who have graduated and/or became registered or licensed within the last three years
- Must have been accredited by the AMC (Australian Medical Council) or appropriate professional body
- Must currently be working a minimum of 20 hours per week and generating an income in one of the eligible professional occupations, shown in the table above.

A graduate is someone who has completed the appropriate degree and who has been out of university and working in their professional occupation for less than three years.

Professional sports people

	FutureWise	Active
Available cover	Life, Trauma, Modified TPD.	Death, terminal illness and Health Events cover. ¹³
Not available	TPD (own, any), Disability Income.	Income Cover.

Working from home

When a person works from home it is difficult at claim time to establish disability and inability to work. Generally the maximum Disability Income/Income Cover benefit period we can consider when someone is working from home will be five years.

In order to consider cover for clients that work from home, consideration is given to:

- the amount of weekly face-to-face contact with clients, customers or employers
- the nature of work/business
- other non-family employees
- regular work contracts and income stream over the last 12 months
- separate office/entrance to place of residence
- separate phone/fax for business.

For some occupations that involve working from home, eg masseurs, beauticians, dressmakers, music teachers, Disability Income or Income Cover is not available.

Business Expenses Insurance under FutureWise may be available for a person working from home on individual consideration. Please contact underwriting for individual consideration.

¹³ Certain restrictions and additional loadings may be applied.

Overseas travel

Occasionally we will apply an exclusion if a client is travelling to a high risk region. These are driven by the Department of Foreign affairs travel advisories on www.smartraveller.gov.au and are applied in line with the following guidelines:

DFAT 1: No restriction for war and terrorism.

DFAT 2: Individual consideration. No restriction for war and terrorism.

DFAT 3: Individual consideration given depending on country being visited, date of travel and purpose. War and Terrorism or Social Instability Exclusions may apply.

DFAT 4: Decline.

Temporary residents

Generally, we will only offer cover to permanent Australian Residents. We will give consideration to individuals who have applied for residency. Please contact underwriting for individual consideration.

How to make a change to a policy

We have a number of administration forms that will cater for policy changes, but in many cases there may be a simpler way of doing this. Here is a breakdown of what we require to make a change.

FutureWise, Active or Sumo (as applicable)

General policy changes

Change of address	Change of personal details form completed by the client or from the Adviser by an online case note.
Change of name	Change of personal details form completed by the client with certified copy of change of name.
Banking details	Change of payment details form or over the phone by the policy owner.

Changes to cover

Change in policy ownership	Replacement policy application where going from super to non-super (and vice versa) MOT when transferring between non-superannuation entities.
Reduction in cover	Written request from client, signed by all policy owners.
Decline indexation request	Written request, signed by all policy owners or over the phone by the client.
Smoker status	Policy administration form or over the phone by the client.
Increases to cover	Policy alteration request form or New business application required in all cases.
Review of existing loadings/exclusions	Policy alteration request form with appropriate questionnaire in all cases (any extra medical information will be at client's expense).
Addition of a new option	Option upgrade form should be used where permitted. New business application form to be used in all other scenarios.
Increase in benefit period or decrease in waiting period for DI/IC	Policy alteration request form or New business application form required in all cases.
Conversion of a DI/IC policy from agreed value to endorsed agreed value	Financial evidence as per financial requirements.

Please note that for certain changes we may need to identify the client and verify the signature, e.g. drivers licence.

Further information regarding policy and application maintenance requirements can be located under Resources > Tools on the Zurich website.

Switching between superannuation and non-superannuation cover

If cover is held under a non-superannuation policy, ownership of the policy can be transferred to another non-superannuation ownership arrangement by completing a Memorandum of Transfer, which must be signed by both the existing policy owner and the transferee and sent to us. The transferee must have an insurable interest in the insured person that is satisfactory to us.

If cover is to be moved from a non-super policy to superannuation, the trustee of the superannuation fund can apply for a new policy in respect of the cover on the insured person and the existing cover will be cancelled and issued under a new policy owned by the trustee, subject to superannuation laws. A Replacement Policy Application form should be completed where ownership is changing between a superannuation and non-superannuation entity.

If the trustee of a superannuation plan holds the policy, the member can request the trustee to transfer the policy to them subject to superannuation laws and the governing rules of the fund.

All transfers between policy owners and to new policies must be like-for-like cover, otherwise a full application and usual underwriting assessment will be required.

Reinstatement of a lapsed policy

If a policy lapses due to non-payment of the premium, your client may apply to reinstate their policy within six months, based on the following:

Less than 6 months	Reinstatement form, including questions regarding health, occupation and pastimes, to be completed and payment of monies owing. Updated payment instructions should also be provided.
Over 6 months	Cannot be reinstated, new application required and re-underwritten.

Review process

To request a review of a loading, exclusion or any special terms that may be applied to your clients policy, we require a completed:

- Policy alteration request - underwriting required form
- Any additional questionnaires and/or medical evidence to support the review.

The cost of any evidence required in order to review an underwriting decision is to be borne by your client.

Please contact your Zurich underwriter to discuss what additional evidence is required.

Once all the required evidence has been provided, the underwriter will communicate with you if the decision has been reviewed.

Claims

Our claims process has been developed to ensure claims are assessed as efficiently as possible and is based on a philosophy of providing your client with more than just financial relief at time of claim.

The Zurich claims process for FutureWise, Active and Sumo

ClaimsConnect

Our ClaimsConnect team (which includes trained nurses) will give your clients valuable advice about dealing with their illness or injury as well as provide additional support for claimants that need it.

Fast-track claims

The team uses the Reed-Presley Medical Disability Adviser (MDA) guidelines to quickly prepay and close income protection claims. This eliminates paperwork and delay to ease the claimant's immediate financial concerns without affecting their ability to re-claim (with medical evidence) if there are complications or their condition worsens.

Limited claims

For lump sum claims or income protection claims with limited duration, we provide treating physicians with condition-based forms, enabling our experienced assessors to assess the claim without delay.

Complex claims

Total and Permanent Disability (TPD) or Income Protection (IP) claims that are more complex are managed by our specialist long-term claims unit. An assessor works with the claimant and treating medical professionals to create a personalised case management approach.

Personalised case management

The Zurich claims process is client-centred. That means that clients with long-term or complex conditions receive the appropriate care and support in addition to financial payment.

As part of our personalised case management approach your claiming clients can benefit from:

- a personalised and timetabled plan that's implemented through ongoing consultation with the claimant and their medical team
- rehabilitation services, vocational assistance and advice on issues like budgeting.

The aim of a personalised case management approach is to provide the support your client needs in order to return to work and/or regain maximum personal independence as soon as possible. This is a personalised rather than procedural process and all claims are handled by trained professionals with sensitivity and empathy.

A holistic approach

Every claimant will have different needs. Where it will help, Zurich provides holistic services that make it easier for your claiming clients to deal with illness and injury:

- counselling sessions for the claimant and/or their immediate family
- information packs on a range of areas - including nutrition and exercise and detailed information on their illness or condition
- referral to alternative therapy options (in conjunction with primary medical treatment).

Keeping you informed

We recognise the vital role advisers play in helping clients through the claims process. We keep you informed as the claim progresses and you can track the claim through the Work in Progress online screen.

Complaints

Complaints should be directed to the Complaints Officer at complaints.service@zurich.com.au

If the complaint is not satisfactorily resolved after 45 days, it may be referred to The Financial Ombudsman Service, or for Superannuation, the Superannuation Complaints Tribunal after 90 days on the details below.

Financial Ombudsman Service (FOS)

Address: GPO BOX 3
MELBOURNE VIC 3001

Telephone: 1300 780 808

Fax: 03 9613 6399

Email: info@fos.org.au

Website: www.fos.org.au

Superannuation Complaints Tribunal (SCT)

Address: Locked Bag 3060
MELBOURNE VIC 3001

Telephone: 1300 884 114

Fax: 03 8635 5588

Email: info@sct.gov.au

Website: www.sct.gov.au

Administration

Freecall 1800 005 057

Fax Gateway 1800 812 175

GPO Box 5216 Brisbane QLD 4001

life.insurance@zurich.com.au

zurich.com.au

Claims

Freecall 1800 208 130

Fax Gateway 1800 065 145

GPO Box 4443 Sydney NSW 2001

insurance.claims@zurich.com.au

Underwriting

Freecall 1800 451 689

Sumo

Freecall 1800 631 807

life.insurance@zurich.com.au

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Zurich Australia Limited

ABN 92 000 010 195, AFSLN 232510

5 Blue Street North Sydney NSW 2060

Adviser Service Centre: 1800 500 655

www.zurich.com.au