

# Group Risk Insurance

## Education, Training and Experience Statement

**Please note:**

- There are information security risks associated with using email to send information.
- Print in black or blue ink.
- Please ensure questions are answered in full where possible. Incomplete and unanswered questions may result in your claim being delayed.
- Attach a separate page if more space for an answer is required and clearly indicate to which question the additional information relates.

Name of Superannuation Fund/Employer

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Full name of member

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### 1. Secondary education – schooling

**1.1 What is your highest level of secondary education?**

- Year 8 or less  
  Year 9  
  Year 10  
  Year 11  
  Year 12

If not in Australia, please indicate equivalent.

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### 2. Tertiary education

**2.1 Have you completed any tertiary education?**

- Yes  
  No

If **yes**, please complete the following table where relevant.

Qualification achieved	Year attained	Institution (e.g. university, TAFE, private college)

### 3. Work skills

**3.1 Do you regularly use computers?**

- For work  
  At home

If **yes**, please complete the following table where relevant.

Please indicate your proficiency in the following software.

	None	Basic	Competent	Advanced		None	Basic	Competent	Advanced
<b>General Computing</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Industry Specific</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microsoft Word (or similar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cashier or booking software	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microsoft Excel (or similar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MYOB (or similar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microsoft PowerPoint (or similar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CAD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microsoft Access (or similar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other industry specific (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other industry specific (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other industry specific (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3.2 Please select all work-related qualifications from the below table that you have ever obtained.**

	Description/Detail	Year Attained	Current	Lapsed
Driver's licence			<input type="radio"/>	<input type="radio"/>
Heavy vehicle licence			<input type="radio"/>	<input type="radio"/>
Taxi/Hire Car licence			<input type="radio"/>	<input type="radio"/>
Bus licence			<input type="radio"/>	<input type="radio"/>
Forklift, Bobcat, Bulldozer driver's licence			<input type="radio"/>	<input type="radio"/>
RSA/RSG			<input type="radio"/>	<input type="radio"/>
OH&S Certification/Ticket			<input type="radio"/>	<input type="radio"/>
First Aid Certification			<input type="radio"/>	<input type="radio"/>
Security Licence			<input type="radio"/>	<input type="radio"/>
Trade qualifications			<input type="radio"/>	<input type="radio"/>
Other			<input type="radio"/>	<input type="radio"/>
Other			<input type="radio"/>	<input type="radio"/>

**3.3 Have you completed an apprenticeship?**

Yes  No

If **yes**, please provide the details, including the qualification achieved and the year you completed the apprenticeship.

**4. Employment history**

**4.1 Please detail your recent work history (last 10 years starting with the most recent) or provide a copy of your current résumé.**

Occupation/Job title

Employer's name

Town/State

Date started (dd/mm/yyyy)

/ /

Date finished (dd/mm/yyyy)

/ /

Usual hours per week

Reason for finishing employment

Main duties

Occupation/Job title

Employer's name

Town/State

Date started (dd/mm/yyyy)

/ /

Date finished (dd/mm/yyyy)

/ /

Usual hours per week

Reason for finishing employment

Main duties

Occupation/Job title

Employer's name

Town/State

Date started (dd/mm/yyyy)

/ /

Date finished (dd/mm/yyyy)

/ /

Usual hours per week

Reason for finishing employment

Main duties

## 5. Volunteer work activities

### 5.1 Within the last five years, have you regularly performed volunteer work activities?

Yes  No

If **yes**, please detail your volunteer work history.

Job title/ Volunteer duties	Organisation's name and location	Date started (dd/mm/yyyy)	Date finished (dd/mm/yyyy)	Average hours per week
		/ /	/ /	
		/ /	/ /	

### Declaration

I hereby declare that the information contained in this statement is true, complete and correct in every detail. I acknowledge my responsibility for the completeness and accuracy of the information, whether the answers have been written, entered or provided by me or by any person on my behalf. I understand and agree that if I make any false or fraudulent statements or fail to advise Zurich of any relevant information regarding my claim, Zurich may be unable to assess my claim and may proceed to cancel my claim and/or my cover. I understand that I can be prosecuted if I make any fraudulent statement.

I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in Zurich's Privacy Policy available at [zurich.com.au/important-information/privacy](http://zurich.com.au/important-information/privacy)

I acknowledge that I have been provided with Zurich's Privacy Statement, which provides information about how Zurich collects, uses and discloses my personal information (including health and other sensitive information), and I understand further information is available in the Privacy Policy which is available at [zurich.com.au/important-information/privacy](http://zurich.com.au/important-information/privacy)

Zurich values your privacy and information security. Please be aware that email is not a secure method of communication as there are risks with using email to send information to us. If you wish to email your claim form to us, we encourage you to consider encrypting it. For more information please contact us.

Name (please print)

Signature

X

Date (dd/mm/yyyy) / /

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