

## AERA PERSONAL ACCIDENT INSURANCE APPLICATION FORM

### HOW TO FILL OUT THIS FORM

Please fill out every question neatly and clearly. This will assist us in evaluating your application and if we are unable to read the information you have given us, we may not be able to provide your insurance.

**Period of Insurance**                      **1<sup>st</sup> January 2017 to 1<sup>st</sup> January 2018**

### MEMBER DETAILS

**Members Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**State** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Mobile** \_\_\_\_\_

### BENEFITS REQUIRED

Death & Capital Benefits (Insured Events 1-19)                      **\$60,000 (SENIORS) OR \$20,000 (JUNIORS)**

Weekly Accident Benefit (Insured Event 20)                      **\$600 (SENIORS) OR NIL (JUNIORS/NON INCOME EARNERS)**

Deferral Period                      **14 DAYS (SENIORS ONLY)**

Benefit Period                      **52 WEEKS (CATEGORY A) OR 26 WEEKS (CATEGORY B)**

Aggregate Limit of Liability                      **\$1,000,000**

### CLAIMS HISTORY

Have you previously been insured for this type of risk?    Yes     No

**If Yes, please give any claims details, including Date of Loss, Nature of Loss, Amount**

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\_\_\_\_\_

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## IMPORTANT INFORMATION

### PRIVACY

I/we agree that, by submitting this form, the personal information I/we provide to Accident & Health International Underwriting Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the [AHI] Privacy Policy found at [www.acchealth.com.au](http://www.acchealth.com.au), including for the processing of this application and providing me/us with cover.

### INSURER

The Insurer for your policy is CGU Insurance Limited. Accident & Health International Underwriting Pty Limited are an agent acting on behalf of the Insurer under an authority (binding agreement) agreed by the Insurer

### YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract with us, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance.

The Act imposes a different duty the first time you enter into the policy with us to that which applies when you vary, renew, extend, reinstate or replace your policy. We set these two duties out below.

Your Duty of Disclosure when you enter into this policy with us for the first time:

You will be asked various questions when you first apply for this policy. When you answer these questions, you must:  
Your Duty of Disclosure when you renew, vary, extend, reinstate or replace your policy:

When you renew, vary, extend, reinstate or replace the policy your duty is to tell us before the renewal, variation, extension, reinstatement or replacement is made, every matter known to you which:

- you know, or
- a reasonable person in the circumstances could be expected to know, is relevant to our decision whether to insure you and whether any special conditions need to apply to your policy.
- What you do not need to tell us for either duty: You do not need to tell us about any matter:
  - that diminishes our risk,
  - that is of common knowledge,
  - that we know or should know as an insurer, or
  - that we tell you we do not need to know.

Who do the above two duties apply to? Everyone who is insured under the policy must comply with the relevant duty. What happens if you or they do not comply with either duty? If you or they do not comply with the relevant duty, we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

### PREMIUM:

Select Option	Age	Premium
<input type="checkbox"/>	Seniors (18-80)	\$70.00 per year
<input type="checkbox"/>	Juniors (5-17)	\$18.00 per year

**DECLARATION: I/WE HEREBY DECLARE AND WARRANT** that the answers given above are in every respect true and correct, and that I/We have not withheld any information within My/Our knowledge likely to affect the decision of the Company as to My eligibility for Insurance. I agree to accept the Company's Policy subject to the terms and conditions to be contained therein.

Signature of Member Insured or Parent/Guardian \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_