

Application Form

If you have insufficient space to complete your answers, please attach a separate sheet.

Traveller's details

			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH
			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH

Children's details

			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH
			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH
			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH
			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH

Traveller's contact details

RESIDENTIAL ADDRESS				SUBURB	STATE	POSTCODE
EMAIL						
PHONE (AFTER HOURS)		PHONE (BUSINESS HOURS)		PHONE (MOBILE)		

Travel details

/ /	/ /
DEPARTURE DATE	RETURN DATE / EXPIRY DATE
PERIOD OF TRAVEL (DAYS/MONTHS)	
MAJOR DESTINATIONS	

Cover required Single Duo Family

Individual (applies to Plan G (Non-Medical Cover & Basic Non-Medical Cover only))

Plan selected - Traditional

PLAN A		Base Premium
<input type="checkbox"/> Super Plus	<input type="checkbox"/> Super	<input type="checkbox"/> Standard
<input type="checkbox"/> Economy	<input type="checkbox"/> New Zealand/Indonesia/Fiji	\$
PLAN B	Annual Multi-Journey	<input type="checkbox"/> \$
PLAN C	Domestic	<input type="checkbox"/> \$
PLAN D	Medical & Liability	<input type="checkbox"/> \$
PLAN E	Non-Residents	<input type="checkbox"/> \$
PLAN F	Domestic Advance Purchase	<input type="checkbox"/> \$
PLAN G	Non-Medical Cover	<input type="checkbox"/> \$

OR

Plan selected - Basic

<input type="checkbox"/> Basic Super Plus	<input type="checkbox"/> Basic Super	<input type="checkbox"/> Basic Standard
<input type="checkbox"/> Basic Economy	<input type="checkbox"/> Basic New Zealand/Indonesia/Fiji	\$
Basic Annual Multi-Journey	<input type="checkbox"/> \$	
Basic Domestic	<input type="checkbox"/> \$	
Basic Non-Residents	<input type="checkbox"/> \$	
Basic Non-Medical Cover	<input type="checkbox"/> \$	

Additional costs

Pre-existing Medical Conditions

You are not automatically covered for Pre-existing Medical Conditions. Please refer to the definition of, and guidelines for, Pre-existing Medical Conditions on pages 32 to 38 of the PDS.

1. Do you have any Pre-existing Medical Conditions (as outlined in the PDS)? Yes No

2. Are any of your Pre-existing Medical Conditions listed on page 33 under the heading "Medical conditions/circumstances which automatically exclude all cover for medical or hospital expenses"? Yes No

If 'Yes', please note that we are unable to offer a travel insurance policy that provides any benefits for medical or hospital expenses whatsoever.

If you have any of the conditions/circumstances which are excluded, travel insurance is still available to you if you purchase *Plan G (Non-Medical Cover)* or *Basic Non-Medical Cover*, however, there will be no provision to claim under certain sections of the policy for any claims arising from, related to or associated with any Injury or Sickness suffered by you. Please refer to the "Pre-existing Medical Conditions" section of the PDS for details (pages 32 to 38).

3. Are all of your Pre-existing Medical Conditions listed on pages 35 & 36 under the heading "Pre-existing Medical Conditions which may be covered with no additional premium payable"? (not available Plan G or Basic Non-Medical Cover) Yes No

If 'Yes', we will provide automatic cover for the Pre-existing Medical Conditions listed, at no additional premium, **provided you have not** been hospitalised (including Day Surgery or Emergency Department attendance) for the condition(s) in the past 18 months.

4. Do you have a Pre-existing Medical Condition which is not listed on pages 33 to 37, and for which you would like to apply for cover for the Journey? (not available Plans D, E, F, G, Basic Non-Residents or Basic Non-Medical Cover) Yes No

If 'Yes', please contact your distributor.

If your application for cover is approved, an additional premium may be payable.

Please note that if you have a Pre-existing Medical Condition and:

a) you do not apply for cover; or

b) you apply for cover and we do not agree to provide cover; or

c) we agree to provide cover and you do not pay the relevant additional premium, we will not pay any claims arising from, related to or associated with your Pre-existing Medical Condition.

5. If approved, what is your medical assessment number? /

Approved Pre-existing Medical Conditions premium(s) \$

Travellers 51-74 years additional premium(s) \$

Travellers 75 years or over additional premium(s) \$

Approval Code(s) _____ / _____

Specified Luggage and Personal Effects Cover (not available under Plans D, E, F or Basic Non-Residents)

Item	Sum Insured \$
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Item	Sum Insured \$
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Item	Sum Insured \$
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Total Sum Insured \$ _____ \$

Removal of Standard Excess (not available under Plan F) \$

TOTAL COST \$ _____

Declaration

- I/we acknowledge that a copy of the Financial Services Guide (FSG), and Product Disclosure Statement (including Policy Wording) (PDS), were provided to me/us before I/we applied for this insurance, and that I/we have made the decision to purchase the policy after carefully reading the terms, conditions and exclusions contained in the PDS, and agree that this product is suitable for my/our needs.
- I/we acknowledge that I/we have read and understood the Duty of Disclosure and the consequences of non-disclosure.

- I/we authorise any doctor or clinic to provide Allianz Global Assistance with information concerning my/our current or past medical history. I/we have read the Privacy Notice and I/we consent to the collection, use and disclosure of my/our personal information by Allianz or Allianz Global Assistance to such persons and for such purposes stated in the Privacy Notice.
- I/we acknowledge that this policy does not automatically provide cover for Pre-existing Medical Conditions.

5. I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

Insured/Sponsor Signature _____ Date _____

Insured/Sponsor Signature _____ Date _____

If Duo cover has been selected, both insureds must sign.