Travel Insurance Application Form

IF YOU HAVE INSUFFICIENT SPACE TO COMPLETE YOUR ANSWERS PLEASE ATTACH A SEPARATE SHEET.

Commencement/Departure Date / /

Expiry/Return Date / /

Period of Journey Days Months

Traveller Details

Surname Mr/Mrs/Ms/Miss

Given Names

Date of Birth / /

Surname Mr/Mrs/Ms/Miss

Given Names

Date of Birth / /

Dependants to be covered (not applicable to Duo Policies)

Surname Given Name

Mr/Master/Miss/Ms Date of Birth / /

Surname Given Name

Mr/Master/Miss/Ms Date of Birth / /

Surname Given Name

Mr/Master/Miss/Ms Date of Birth / /

Surname Given Name

Mr/Master/Miss/Ms Date of Birth / /

Traveller Address Details

Home Address

Suburb State Postcode

Phone (Bus Hrs) (After Hrs)

Mobile Email

Major Destination

Cover Required ☐ Single Plan ☐ Duo Plan ☐ Family Plan

WARNING:
You are not automatically covered for Pre-existing Medical Conditions.
(For definition of Pre-Existing medical conditions please refer to the Combined Financial Services Guide, Product Disclosure Statement and Policy Wording pages 20 to 23.
Note that this definition means ANY condition irrespective of when the condition last arose.)

DO YOU HAVE A PRE-EXISTING MEDICAL CONDITION? YES ☐ NO ☐
If *Yes*, refer to Steps 1, 2 & 3 on pages 20 to 23.
We provide automatic cover for those Pre-existing Medical Conditions listed in Step 1 at no additional premium. Applicable to all plans.

1. We are unable to provide cover for those Pre-existing Medical Conditions listed in Step 2.

2. Do you require cover for a Pre-existing Medical Condition not listed in Steps 1 & 2? YES ☐ NO ☐
If *Yes*, you do not need to apply for cover but you are required to pay an additional premium. Available to all plans.

Plan Selected	**Cost**
☐ International Cover Region 1	$
☐ International Cover Region 2	$
☐ International Cover Region 3	$
☐ International Cover Region 4	$
☐ International Budget Cover	$
☐ Domestic Cover	$
☐ International & Domestic Annual Cover	$
Sub Total to carry forward to next section	$

☐ **Pre-existing Medical Conditions Additional Premium** $

☐ **Increased Luggage and Personal Effects Cover** (not available International Budget Cover)

You may purchase extra cover (up to a total of $5,000)

Details of specified articles (eg. camera)	**Sum Insured**
1	$
2	$
3	$
4	$
Additional Sum Insured & Additional Premium	$

Excess Buyout $

Sub Total from "Plan Selected" $

TOTAL COST $

Credit Card Authority

Please Debit my: ☐ Visa ☐ Mastercard

Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Card Holder's Name:

Expiry Date:

Signature: Date:

1. I/we acknowledge that a copy of the Combined Financial Services Guide, Product Disclosure Statement and Policy Wording, which contains the Duty of Disclosure, was given to me before I applied for this insurance and that I/we have made the decision to purchase this after carefully reading the terms of the policy and agree that this product is suitable for my/our needs.
2. I authorise any doctor or clinic to provide Mondial Assistance with information concerning my current or past medical history. I have read the Privacy Notice and I consent to the collection, use and disclosure of my personal information by Allianz or Mondial Assistance to such person and for such purposes stated in the Privacy Notice.
3. I/we acknowledge that this policy does not automatically provide cover for pre-existing medical conditions.
4. I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

Signature: Date:

Signature: Date:

If a Duo plan is selected, both travellers must sign.

Please forward completed application form with full payment to:

Travel Insurance Managers
G.P.O. Box 5228
Sydney NSW 2001