

PAA MEMBERS ACCIDENTAL DEATH, INJURY AND SICKNESS APPLICATION

Personal Details							
Title:	Surname:			Given Name:			
Date of Birth: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Height:	Weight:	Occupation:			
Address:					State:	Postcode:	
Contact Details:	Work:	Home:		Mobile:			
Date cover to commence: / /	E-mail						

Select the level of cover required for **Accidental Death** and **Weekly Injury Benefit** by ticking the appropriate box below:

Death	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Weekly Injury*	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000
Total Payable	\$276.98	\$314.49	\$352.00	\$397.98	435.49	\$480.26	\$563.75
Cover required (✓)							

The above rates include stamp duty, GST, \$50 admin fee and \$50 insurer fee.

An **optional** Weekly Sickness Benefit can be added to the policy if you choose. To add this option to the policy please select the level of cover you require for **Weekly Sickness Benefit** by ticking the appropriate box below:

Weekly Sickness*	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000
Total Payable	\$344.30	\$410.85	\$483.45	\$550.00	\$622.60	\$689.15	\$725.45
Cover required (✓)							

The above rates include stamp duty, GST, \$30 admin fee and \$30 insurer fee.

* Weekly Benefits are payable for a maximum 104 weeks and are subject to a waiting period of 14 days from the date you first become entitled to receive weekly compensation. The maximum weekly amount payable can not exceed 85% of your average weekly earnings.

Medical Details

Do you currently have any symptoms of ill health or injury or are you taking prescribed medication of any kind? Yes No

Have you any physical impairment or disability? Yes No

During the past three years, have you suffered from any condition, illness, impairment, disability or injury not mentioned above, which required medical advice or treatment, or any symptom or tendency that might necessitate medical advice or treatment in the future (other than infrequent colds or flu)? Yes No

If you have answered Yes to any of the above, please provide full details including the nature of the symptoms, impairment, disability, condition, injury, illness or disease, when it was suffered, its duration, how it was treated and to what extent, if any, you are still suffering from that symptom, impairment, disability, injury, illness or disease:

Insurance Details

Has any application by you for accident or illness or life insurance ever been declined, modified, accepted at an increased premium, cancelled or refused renewal? Yes No

Have you ever claimed for benefits under any accident or illness policy? Yes No

Do the weekly benefits under all insurances carried by you, including this proposed insurance, exceed 70% of your average weekly net earnings? Yes No

If you have answered Yes to any of the above, please provide full details:

Payment Options

Payment (please tick): Cheque (please attach) Credit Card (please complete below) Bpay (details will be sent with invoice)

Type: Visa Mastercard Bankcard

Number:

Expiry: / 1% merchant fee applies

Cardholder's name: _____ Signature: _____ Date: / /

Duty of Disclosure

You have a duty of disclosure under the Insurance Contracts Act 1984.

What you must tell us

When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and on what terms.

Who needs to tell us

It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

If you do not tell us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, or your answers are untruthful, we may refuse to pay a claim and treat the policy as never having worked.

Declaration by Insured Person

I declare that:

- I have received a copy of the Product Disclosure Statement (PDS) for this product and the Policy wording.
- I have read and understood the Duty of Disclosure and Privacy Policy set out in the PDS.
- The information contained in this application and any attachments is complete and correct and forms the basis of the insurance agreement with ProRisk and certain Underwriters at Lloyd's.
- The cover applied for will not become effective until the Insurer accepts this application and the premium has been paid. The insurer is under no obligation to accept this application.

Signed:	
Print Name:	
Date:	