



Individual Personal Accident and/or Sickness Proposal Form

Important Notices:

Please read the following advice before completion of this Proposal Form

- The Insured and the Insured Persons should understand the terms, definitions and cover provided by this policy by reference to our Policy Wording and Product Disclosure Statement.
- Copies of these documents are available from Your Insurance Adviser or our Website.

No cover past the age of 65 years

There is no cover under this Policy for any Insured Person who is aged sixty-five (65) years or more and any existing cover with respect to an Insured Person shall cease upon their attaining that age. This will not prejudice any entitlement to claim benefits, which has arisen before an Insured Person has attained the age of sixty-five (65) years.

Currency

All amounts shown in this Policy are shown in Australian Dollars unless otherwise specified in the Schedule of Cover.

Cooling off Period

If you decide that you do not require this Policy, you have fourteen (14) days from the earlier of, the date the Policy was confirmed to you or from the end of the 5th day after the day on which the Policy was issued by us, to change your mind. You must tell us in writing that you wish to return the Policy and have the premium repaid.

If you do so, we will terminate the Policy from the time you notify us. We may retain our reasonable administration and transaction costs and a short term premium. You cannot return the Policy if it has already expired or if you have made or circumstances have occurred where you may make a claim under the Policy.

Your Duty of Disclosure.

When we provide Insurance terms for you, whether for a new policy, renewal of a policy or changes to or reinstatement of your policy, we rely on the information you provide to us. You must tell us anything that you know, or should know, that could affect

- Our decision to insure you,
- the amount of the premium we charge you or
- whether we should impose special conditions to this cover.

You do not need to tell us about anything which:

- Reduces the likelihood of a claim
- Is of common knowledge
- We know, or as an Insurer should know
- We indicate that we do not want to know

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 anyone else to be insured under the policy, 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, we may refuse to pay a claim and treat the policy as never having existed

Privacy Statement

We handle the personal information you provide to us with care. We collect and use this information so that we can provide you with insurance products and a claims service or to comply with the law. If you do not provide us with complete information, we cannot properly quote for your insurance and we cannot insure you. You can access our Privacy Policy on our website, or on request, we can send a copy to you.

When we provide information about you or other individuals to our services providers for the purpose of providing you with insurance products or a claims service, we rely on you to have made or make those other individuals aware that you will or may provide their personal or sensitive information to us for this purpose. If otherwise, you must tell us before you provide the relevant information. We will not trade, rent or sell your information.

Please note if there is insufficient space provided to fully answer any question, please attach an additional sheet of paper with the extra information as required. All such attachments will form part of your application for insurance and be subject to the Declaration on the last page of this Proposal.

Please answer all questions. Any question left unanswered or answered as known to broker or insurer or otherwise answered in an incomplete way may delay the processing of your request for this insurance. **Ensure the cover you request is adequate for your requirements.**

Your Insurance adviser can assist you to complete this form. They will send it to us so that we may quote on your insurance request.

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Please print and/or tick the appropriate answers to the all questions below.

This application is for New Business Renewal - Policy Number (if known) is:.....

Questions 2 to 16 are to be completed for each Insured Person. Please use a separate Proposal form for each Person.

1. Insured

Only complete this question 1 if the Insured is a different entity to the Insured Person

Full Name of the Insured:

Postal Address: Postcode:

Phone:..... Fax:

Contact Person: Email:

Relationship of Insured to the Insured Person:

2. Insured Person

Full Name of the Insured Person:.....

Postal Address: Postcode:

Phone:..... Mobile Phone:

Email:

Date of Birth: Sex: Male Female

Height:..... cm Weight:..... kg

3. Period of Insurance required: From:..... at 4pm To:..... at 4pm

4. Your Occupation

Usual Occupation:.....

What are the duties of your occupation:.....

Name and address of your Employer:.....

.....

5. Section 1 – Personal Accident Cover

Please show the Benefit Amounts requested for the Insured Person

Part 1A lump sum 100% amount for an Event 1 to 18: \$.....

Is Part 1A to be restricted to cover for Event 1 Accidental Death only? Yes or No

Part 1B lump sum 100% amount for an Event 19 to 23 (surgery when overseas): \$.....

Part 1C weekly Benefit Amount (limited to 85% of weekly salary):

85% of weekly salary is \$.....

Or lesser weekly amount required is \$.....

Other Benefit Period of:..... weeks

Part 1D lump sum 100% amount for an Event 26 to 33 (fractured bones) \$.....

6. Section 2 – Personal Sickness Cover

Please show the Benefit Amounts requested for the Insured Person

Part 2A weekly Benefit Amount (limited to 85% of weekly salary):

85% of weekly salary is \$.....

Or lesser weekly amount required is \$.....

Other Benefit Period (if less than 104 weeks) is:..... weeks

Part 2B lump sum 100% amount for an Event 36 to 39 (surgery when overseas): \$.....

7. Time of Day

You may choose to vary the time of day during which cover applies. Standard cover is for 24 hours per day for 365 days per year. If you prefer a different period, you choice can be one of the following (please indicate which with a tick).

- Working Hours only cover then applies whilst you are attending to your normal duties in your usual occupation
- Outside Working Hours only cover then applies when you are **not** attending to your normal duties in your usual occupation
- Journey Cover cover then applies whilst you are travelling on your direct normal daily commute between your normal place of business / employment and your normal place of residence

8. Monthly Business Expenses

For self employed persons covered for both Personal Accident and Sickness cover, you can choose to cover the declared monthly business expenses associated with running Your business up to a maximum Benefit Period of 104 weeks. Monetary limits apply. This is an amount calculated on a weekly basis, which We pay when We pay You a weekly Benefit Amount for Temporary Total Disablement.

Is this cover required? Yes or No

If Yes, please complete the separate form titled Monthly Business Expense Form to support this request.

9. Excess Period

Excess Period is the time before we pay a weekly Benefit Amount and is a minimum of thirty days. If a longer Excess Period is preferred, please show the number of days here.

Excess Period preferred isdays

10. Are you aware of any accidents, sickness, illness or disease that has prevented you from attending to your usual occupation or business for periods of more than fourteen consecutive days during the past three years?

Yes or No

If Yes, please provide details:
.....
.....

11. (i) Is you vision defective?

Yes or No

If Yes, to what extent?
.....

(ii) Is your hearing defective?

Yes or No

If Yes, to what extent?
.....

12. Have you ever suffered from hernia, lower back strain, disc lesion or other physical defect of a chronic or recurring nature?

Yes or No

If Yes, please provide details:
.....

13. Have you ever suffered from any heart conditions, hypertension, varicose veins, mental illness, alcoholism, drug addiction or other illness or organic weakness of a chronic or recurring nature?

Yes or No

If Yes, please provide details:
.....

14. Have you ever undergone a surgical operation?

Yes or No

Have you any reason to believe you may need to undergo a surgical operation in the future?

Yes or No

If Yes to either, please provide details:
.....

15. Apart from any matter already described above , are you now in and do you generally enjoy good health? Yes or No

If No, please provide details:
.....

16. Are you currently insured for a benefit payment resulting from an accident or sickness / illness / disease? Yes or No

If Yes, please provide the following details:

With whom:

For what lump sum amount of weekly Benefit Amount:

17. Can you confirm that the weekly Benefit Amounts under all policies against which you can claim, including this Policy you are applying for, do not exceed 85% of your weekly salary as defined in this Policy? Yes or No

If No, please provide reasons:.....

.....

18. Have you ever had cover declined or accepted on special terms for life, accident, or sickness / illness insurance, or has any Insurer ever cancelled or declined to renew such a policy? Yes or No

If Yes, please provide details:

.....

.....

19. Are there any other matters to disclose to us to fulfil your Duty of Disclosure? Yes or No

If yes, please provide relevant details:

.....

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Declaration and agreement:

I / We the undersigned declare that we have read the Important Notices on Page 1 and have complied with Our Duty of Disclosure and the Privacy Notice on Page 1.

I / We the undersigned desire to effect the insurance requested in this proposal and I / We warrant that the information we have provided in or with this Proposal is correct and complete and that we have not withheld information which would influence the Underwriters in their acceptance of the risk or the terms they offer in providing this insurance.

Signature/s:..... **Date:**

Full Name of such Person: