

# Group Person Accident & 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 5<sup>th</sup> 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.



This form is to be completed by the Insured for and on behalf of all Insured Persons to be covered under this insurance.

**1. Proposer**

- (a) Insured: Tasmanian Contracting Services
- (b) TCS Site / Location: .....
- (c) Period of Insurance: *From:* ..... at 4:00pm  
*To:* 1 June 2012 at 4:00pm

**2. Proposed Insured Person**

Your Name: .....  
Date of Birth: .....

*Note: No cover past the age of 65\**

Home Address: ..... Postcode: .....

Telephone: Home: ..... Mobile: .....

Sex:  Male  Female

Height: ..... (centimetres) Weight: ..... (kilograms)

Occupation(s): .....

State the duties of your occupation(s): .....

Are you registered for GST?  Yes or  No

*\* Limited cover is available for applicants aged 65 and over.*

**3. Cover Details**

Please tick the relevant cover you require:

- Premium Plan (24 Hour)  Basic Plan (Working Hours Only)

**4. Insurance History**

- (a) Are you covered by Workers' Compensation?  Yes or  No
- (b) Is this Proposal to replace any existing or expiring insurance cover?  Yes or  No
- (c) Have you ever had any accident, sickness or life insurance declined, withdrawn, modified, rated up or cancelled?  Yes or  No
- (d) Have you ever claimed for benefits under any Workers' Compensation, Accident or Illness Insurance?  Yes or  No
- (e) Are there any reasons that would cause You to consider Yourself not in good health and expect to remain so?  Yes or  No
- (f) Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, nervous, genitourinary, digestive or circulatory systems, or back spine, eyes or heart?  Yes or  No
- (g) Have you ever had any physical condition, injury or symptoms of ill health not mentioned above?  Yes or  No
- (h) Are you currently receiving or considering any medical or surgical treatment or have You ever been advised to have medical or surgical treatment that was not carried out?  Yes or  No

If you answered Yes to questions (c) to (h), please complete the following information below:

Question No.	Illness, Injury or Tests	Date Commenced	Time Off Work	Full details of treatment including date of last symptoms	Full name and address of doctor or hospital (if any)
(c)					
(d)					
(e)					
(f)					
(g)					
(h)					

**DECLARATION**

By signing this proposal form, You hereby **declare** that:

- You agree to be bound by the terms and conditions of the policy wording that is currently available to You;
- The disclosed particulars are true and correct;
- You have not with-held or suppressed any Information concerning the above particulars.
- You are aware that a copy of the Product Disclosure Statement (PDS) and Policy Wording is available to You upon Your request to Tasmanian Contracting Services.

You also **consent** to:

- The use of Your personal information for the purposes shown in the Privacy statement
- The disclosure of Your personal information to, and obtaining information from, other parties as shown in the privacy statement

You **understand** that no cover will be in place until this application for cover has been underwritten and accepted by SRS Underwriting Agency. Your Effective Date of Individual Cover will be confirmed on your policy schedule

Signature of Applicant: ..... Date: .....