



Group Personal Accident and Sickness

HOW TO FILL OUT THIS FORM

Please fill out every question neatly and clearly. This will assist us in evaluating your application and if we are unable to read the information you have given us, we may not be able to provide your insurance.

Your Details:

Full Name of the Insured

Address

State

Postcode

ABN

Nature of Business

Insured Persons

Brokerage (if applicable)

Claims History

Have you previously been insured for this type of risk? Yes No

If Yes, please give any claim details and attach an up to date claims experience

Date of Loss, Nature of Loss, Amount

Benefits required:

Sums Insured

Death & Capital Benefits \$

Weekly Accident Benefit \$

Weekly Sickness Benefit \$

Deferral Period days/weeks

Benefit Period weeks

Aggregate Limit of Liability \$

Group Personal Accident and Sickness

Group Personal Accident – Occupation/Duties

1. What is the Occupation of the Insured?
2. Describe duties involved?
3. No. of people to be covered?

Please enter the total number of people to be covered and their occupation classes No.

Class 1 – Office Based

Class 2 – Out of office/supervisory/non-manual

Class 3 – Light manual e.g carpentry/plumbing

Class 4 – Heavy Manual e.g heavy lifting, unskilled labour

Class 5 – High risk or hazardous activities e.g sports, use of weapons, explosives

4. What is the average age of the persons to be covered?

5. What is the total wageroll of the persons to be covered? \$

6. Scope of Cover Please select when cover is required:

- a. 24 hours, 365 days
- b. Working hours only
- c. Outside working hours
- d. 24 hours reducible by Workers Compensation

Period of insurance

From:

To:

Important information

Privacy

I/we agree that, by submitting this form, the personal information I/we provide to Accident & Health International Underwriting Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the [AHI] Privacy Policy found at ahiinsurance.com.au, including for the processing of this application and providing me/us with cover.

General Insurance Code of Practice

AHI proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry. For further information on the Code, please visit www.codeofpractice.com.au.

Renewal Procedure

Before this policy expires we will normally offer renewal by sending a renewal invitation advising the amount payable to renew this policy. It is important that you check the information shown before renewing each year to satisfy yourself that the details are correct.

Declaration:

I/WE HEREBY DECLARE AND WARRANT that the answers given above are in every respect true and correct, and that I/We have not withheld any information within My/Our knowledge likely to affect the decision of the Company as to My/Our eligibility for Insurance. This application and declaration shall be the basis of the contract between the Company and Myself/Ourselves and I/We agree to accept the Company's Policy subject to the terms and conditions to be contained therein.

Signature of Insured

Date