

Aussietravelcover Application Form

Please do not detach. Return the entire brochure to your agent.
If you have insufficient space to complete your answers, please attach a separate sheet.

Traveller's details

			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH
			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH

Children's details

			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH
			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH
			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH
			/ /
INSURED'S SURNAME	FIRST NAME	TITLE	DATE OF BIRTH

Traveller's contact details

RESIDENTIAL ADDRESS	SUBURB	STATE	POSTCODE
EMAIL			
()	()		
PHONE (AFTER HOURS)	PHONE (BUSINESS)	PHONE (MOBILE)	

Travel details

/ /	/ /
DEPARTURE DATE	RETURN DATE/EXPIRY DATE
PERIOD OF TRAVEL (DAYS/MONTHS)	MAJOR DESTINATIONS

Cover required

Single Family Duo

Plan selected

Cost

PLAN A	Super Plus <input type="checkbox"/>	Super <input type="checkbox"/>	Standard <input type="checkbox"/>	Economy <input type="checkbox"/>	\$
PLAN B	Annual Multi-Journey			<input type="checkbox"/>	\$
PLAN C	Domestic			<input type="checkbox"/>	\$
PLAN D	Budget			<input type="checkbox"/>	\$
PLAN E	Non-Residents			<input type="checkbox"/>	\$
PLAN F	Domestic Advance Purchase			<input type="checkbox"/>	\$

Additional costs

You are not automatically covered for Pre-existing Medical Conditions. Please refer to the definition of and guidelines for Pre-existing Medical Conditions on pages 8 to 13 of the PDS.

Do you have a Pre-existing Medical Conditions (as outlined in the PDS)? Yes No

Do you want cover for your Pre-existing Medical Condition for your Journey? Yes No

We are unable to offer cover for those Pre-existing Medical Conditions outlined on pages 9 and 10 under the heading "Group 1 – Pre-existing Medical Conditions which are automatically excluded".

If you have any of the conditions which are excluded, you are still able to purchase a non Pre-existing Medical Conditions policy but the outlined exclusions will still apply.

If you do not expressly apply for cover and pay an additional premium for Pre-existing Medical Conditions, your claim may be declined.

1. Do you require cover for your Pre-existing Medical Condition? Yes No

2. Do all your Pre-existing Medical Conditions fall under Group 2? Yes No

(If yes, we do provide automatic cover for these Pre-existing Medical Conditions listed in Group 2 at no additional premium)

3. Are you required to complete and submit a Medical Declaration form? Yes No

(If yes, please complete the Pre-existing Medical Condition application form. If your application for cover is approved, an additional premium will be payable. Not available for Plans D, E or F.)

Travellers 61-80 years additional premiums \$

Travellers 81 years or over additional premiums \$

Approval codes

Pre-existing Medical Conditions additional premiums \$

Approval codes

Increased Luggage and Personal Effects Cover \$
Specified items and value \$ (receipts or valuations must be attached)

\$

Excess buy out for International Policies \$

TOTAL COST \$

Declaration

- I/we acknowledge that a copy of the combined Financial Services Guide (FSG) and Product Disclosure Statement (PDS) (including Policy Wording), which contains the Duty of Disclosure and consequences of non-disclosure, was given to me before I/we applied for this policy and that I/we have made the decision to purchase this after carefully reading the terms of the policy and decided that this policy is suitable for my/our needs.
- I/we authorise any doctor or clinic to provide Mondial Assistance with information concerning my current or past medical history. I/we have read the Privacy Notice and I/we consent to the collection, use and disclosure of my personal information by Mondial Assistance or the insurer to such person and for such purposes stated in the Privacy Notice.

- I/we acknowledge that this policy does not automatically provide cover for Pre-existing Medical Conditions loading.

- I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

Insured/Sponsor Signature _____ Date / /

Insured/Sponsor Signature _____ Date / /

If the Duo Plan has been selected, both insured's must sign.