

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

Declaration

- I/we acknowledge that a copy of the combined Financial Services Guide (FSG), Product Disclosure Statement (PDS) and 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.

Cover required Single Family Duo

Plan selected

Plan	Description	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 10 to 14 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 page 11 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 71–80 years additional premiums \$

Travellers 81 years or over additional premiums \$

Approval codes

Pre-existing Medical Conditions additional premiums \$

Approval codes

Specified Personal Belongings \$
Specified items and value \$ (receipts or valuations must be attached)

\$

Excess buy out for International Policies \$

TOTAL COST \$

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

4. 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 duo has been selected, both insured's must sign.