

# Injury/Illness Insurance Application

QBE Insurance (Australia) Limited ABN 78 003191 035 AFSL 239 545



Policy No.  Client No.  Intermediary No.

## Details of the applicant

|                   |                      |                      |     |     |                      |                      |                      |          |                      |
|-------------------|----------------------|----------------------|-----|-----|----------------------|----------------------|----------------------|----------|----------------------|
| Name of Applicant | <input type="text"/> |                      |     |     |                      |                      |                      |          |                      |
| Tax status        | Registered business  | No                   | Yes | ABN | <input type="text"/> | Taxable (%)          | <input type="text"/> |          |                      |
| Postal address    | <input type="text"/> |                      |     |     |                      | State                | <input type="text"/> | Postcode | <input type="text"/> |
| Contact number(s) | Private phone no.    | <input type="text"/> |     |     | Business no.         | <input type="text"/> |                      |          |                      |
|                   | Fax No.              | <input type="text"/> |     |     | Email                | <input type="text"/> |                      |          |                      |

## Period of Insurance

From (dd/mm/yyyy)  to

## Personal details (to be completed by the person to be insured)

|   |                      |               |                      |             |                      |  |  |
|---|----------------------|---------------|----------------------|-------------|----------------------|--|--|
| Name of Person to be insured                | <input type="text"/> |               |                      |             |                      |  |  |
| Date of Birth                               | <input type="text"/> | Height (cm)   | <input type="text"/> | Weight (kg) | <input type="text"/> |  |  |
| Sex   | Male                 | Female        |                      |             |                      |  |  |
| Please confirm category of employment:      | Employee             | Self Employed | Working Director     |             |                      |  |  |
| Your Occupation                             | <input type="text"/> |               |                      |             |                      |  |  |
| Describe your duties                        | <input type="text"/> |               |                      |             |                      |  |  |
| Are you a permanent resident of Australia?  | No                   | Yes           |                      |             |                      |  |  |
| Do you intend working outside of Australia? | No                   | Yes           |                      |             |                      |  |  |

If 'Yes', please give details: (ie where, when, period and duties)

If you are self employed, please advise how long you have been operating your current business? (years)

If less than one year, please advise details of previous occupation (including duties, experience, employee or self employed)

|  |                      |                      |          |                      |  |
|--|----------------------|----------------------|----------|----------------------|--|
| Name and address of employer or business | <input type="text"/> |                      |          |                      |  |
|  | State                | <input type="text"/> | Postcode | <input type="text"/> |  |

## Earnings

Please refer to the definition of earnings in the policy and complete the following:

### If Person to be insured is an employee

|  |                      |
|--|----------------------|
| Gross weekly income (\$)                               | <input type="text"/> |
| Less overtime, bonuses, commission and allowances (\$) | <input type="text"/> |
| Net weekly earnings (\$)                               | <input type="text"/> |

### If Person to be insured is a self employed person or a working director

|   |                      |
|---|----------------------|
| Average weekly gross Income (\$)  | <input type="text"/> |
| Less expenses incurred in earning your income, other than fixed business expenses* (\$) | <input type="text"/> |
| *Note: Definition of fixed business expenses is contained in Policy Wording             |                      |
| Net weekly earnings (\$)  | <input type="text"/> |

## Benefits required

|   |                      |   |
|---|----------------------|---|
| Type of cover (choose one)                      | 24 Hours (365 days)  | Outside working hours (leisure time only)   |
|   | <b>Sum Insured</b>   |   |
| Capital benefits (including Death Benefit) (\$) | <input type="text"/> | Conditions 1-30    Death only               |
| Weekly benefit - Injury (\$)                    | <input type="text"/> | Benefit period (weeks) <input type="text"/> |
| Weekly benefit - Illness (\$)                   | <input type="text"/> | Benefit period (weeks) <input type="text"/> |
| Excluded period of claim (week/s)               | <input type="text"/> |   |

Note: As a guide to selecting a capital benefit sum insured, use a multiple of your weekly benefit and the benefit period, (e.g. weekly benefit of \$1,000 multiplied by the benefit period of 104 weeks equalling \$104,000).

## Insurance details

|   |    |     |
|---|----|-----|
| Is the person to be insured entitled to claim benefits from Workcover?  | No | Yes |
| Is the person to be insured entitled to claim benefits from any other existing or intended injury or illness insurance policy?  | No | Yes |
| Has any policy, or application, for injury or illness insurance concerning the Person to be insured ever been declined, modified, accepted at an increased premium, cancelled or refused renewal? | No | Yes |
| Has the person to be insured ever claimed benefits from Workcover?  | No | Yes |
| Has the person to be insured ever claimed benefits under any injury or illness insurance policy?  | No | Yes |

If the answer is 'Yes' to any of the above questions concerning past claims or other insurance, please provide details:

## Medical details

In the last 10 years has the person to be insured:

Received treatment or advice from a medical practitioner (including but not limited to a doctor, chiropractor, physiotherapist, Psychiatrist or Naturopath) in relation to:

|  |    |     |
|--|----|-----|
| Disorders of circulatory system - including heart, arteries;                     | No | Yes |
| Lungs, tuberculosis or other disorders of the respiratory system;                | No | Yes |
| Kidney, bladder, liver, spleen, or other disorders of the genito-urinary system; | No | Yes |
| Brain, epilepsy or other disorder of the central nervous system;                 | No | Yes |
| Depression, psychological, psychiatric or personality disorder;                  | No | Yes |
| Cancer or tumour;  | No | Yes |
| Drug or alcohol dependence;  | No | Yes |
| Diabetes - Type 1;   | No | Yes |
| HIV, AIDS or AIDS related conditions;  | No | Yes |
| Any Disorder of the Eyes or Ears?  | No | Yes |
| Hepatitis C  | No | Yes |

If the answer is 'Yes' to any of the above, please provide details as to the nature of the illness or injury and the treatment or advice given, including: when identified and treated, duration, cause, nature of treatment, current condition, name and addresses of doctors and hospitals consulted (if there is insufficient space, please attach details)

## Duty of disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the *Insurance Contracts Act 1984*.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

### If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

## Privacy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at [www.qbe.com.au/privacy](http://www.qbe.com.au/privacy), or to obtain a copy by phoning us on 133 723 or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

## Declaration and authorisation

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the combined PDS and policy terms and conditions (refer to QM181).
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

|                                   |                      |                   |                      |
|-----------------------------------|----------------------|-------------------|----------------------|
| Signature of applicant            | <input type="text"/> | Date (dd/mm/yyyy) | <input type="text"/> |
| Signature of person to be insured | <input type="text"/> | Date (dd/mm/yyyy) | <input type="text"/> |

## Office use only

|                            |                      |   |                      |
|----------------------------|----------------------|---|----------------------|
|                            | Premium              |   |                      |
| Total premium (\$)         | <input type="text"/> | Stat                                    | <input type="text"/> |
| GST (\$)                   | <input type="text"/> | Class                                   | <input type="text"/> |
| Government stamp duty (\$) | <input type="text"/> | Workers' compensation discount allowed? | No Yes               |
| Total amount payable (\$)  | <input type="text"/> |   |                      |
| Accepted by                | <input type="text"/> | Authorisation no.                       | <input type="text"/> |
| Special attention          | <input type="text"/> | Replaced policy number                  | <input type="text"/> |
| Clause codes               | <input type="text"/> |   |                      |