

CHI Travel Insurance 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 HOURS)	PHONE (MOBILE)	

Travel details

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

Cover required

Single Duo Family
Individual (applies to the Top Plus Non-Medical, Mid Non-Medical and Basic Non-Medical plans only)

Plan selected

Base Premium

International

Top Plus Top Mid Basic Budget \$

Frequent Traveller

Top Plus Mid Basic \$

Australia Only

Mid Basic \$

Non-Resident

Mid Basic \$

Non-Medical

Top Plus Mid Basic \$

Additional Costs

Pre-existing Medical Conditions

You are not automatically covered for Pre-existing Medical Conditions. Please refer to the definition of, and details about, Pre-existing Medical Conditions on pages 7 & 8, and pages 24 & 25 of the PDS.

1. Do you have any Pre-existing Medical Conditions? Yes No

2. Are all of your Pre-existing Medical Conditions listed under the heading 'Pre-existing medical conditions which we may cover with no additional premium payable' on pages 24 & 25? (not applicable to the Top Plus Non-Medical, Mid Non-Medical or Basic Non-Medical plans) Yes No

If 'Yes', we will provide cover for the Pre-existing Medical Conditions listed, at no additional premium, **provided you have not** been hospitalised (including day surgery or emergency department attendance) for the condition(s) in the past 18 months.

If 'No', you will need to apply for any Pre-existing Medical Condition that does not meet the requirements set out under the heading "Pre-existing medical conditions which we may cover with no additional premium payable".

Please contact your CHI Travel Insurance agent for details. If your application for cover is approved, an additional premium may be payable.

Please note you cannot apply for cover of Pre-existing Medical Conditions under the Mid Non-Resident, Basic Non-Resident, Top Plus Non-Medical, Mid Non-Medical or Basic Non-Medical plans.

3. If your application for cover of your Pre-existing Medical Conditions is approved, what is your medical assessment number?

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Base Premium brought forward \$ _____

Approved Pre-existing Medical Conditions premium(s) \$ _____

Specified Luggage and Personal Effects Cover (not available under the Budget International plan)

Item Sum Insured \$ _____

Item Sum Insured \$ _____

Item Sum Insured \$ _____

Total Sum Insured \$ _____

Increased Rental Vehicle Excess Cover

(not available under the Budget International plan)

\$500 units up to an additional \$6,000 cover (not applicable to the Basic International, Basic Frequent Traveller, Basic Australia Only, Basic Non-Resident & Basic Non-Medical plans)

Additional sum insured \$ _____

Additional \$2,000 cover (applies to the Basic International, Basic Frequent Traveller, Basic Australia Only, Basic Non-Resident & Basic Non-Medical plans only) \$ _____

Variation of Excess

Removal of Standard Excess \$ _____

Increase Standard Excess to \$250 **Less Premium** \$ _____

TOTAL COST \$ _____

Declaration

- I/we acknowledge that a copy of the combined Financial Services Guide [FSG] and Product Disclosure Statement (including Policy Wording) [PDS], were provided to me/us before I/we applied for this insurance, and that I/we have made the decision to purchase the policy after carefully reading the terms, conditions and exclusions contained in the PDS, and agree that this product is suitable for my/our needs.
- I/we acknowledge that I/we have read and understood the Duty of Disclosure and the consequences of non-disclosure.

- I/we authorise any doctor or clinic to provide Allianz Global Assistance with information concerning my/our current or past medical history. I/we have read the Privacy Notice and I/we consent to the collection, use and disclosure of my/our personal information by Allianz or Allianz Global Assistance to such persons 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.

- 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 cover has been selected, both insureds must sign.