



## individual accident and sickness application

Wesfarmers General Insurance Limited ABN 24 000 036 279 AFS Licence no. 241461 Level 3, 99 King Street, Melbourne VIC 3000  
Ph. 03-8627 4333 or 1300651654 Fx. 03-86274312

### 1. Important Information

Please read our combined Product Disclosure Statement (PDS) and Policy Wording document carefully to ensure it meets your needs before completing this application. This is provided to you together with this application form. All questions in this application must be answered. If you do not understand any question, please contact us or your insurance adviser.

#### **Duty of Disclosure**

Before a person enters into a contract of general insurance with us, they have a duty under the Insurance Contracts Act 1984 to disclose to us every matter that they know, or a reasonable person in the circumstances could be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

The Act imposes a different duty the first time that a person enters into this contract of insurance with us, to that which applies when they renew, vary, extend or replace this contract of insurance.

#### **Your duty of disclosure for a new policy**

The Insurance Contracts Act 1984 requires that any information that we seek must be collected by a specific question.

When answering our questions, you must be honest and you have a duty under the Insurance Contracts Act 1984 to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms. It is important that you understand you are answering our questions in this way for yourself and anyone else that you want to be covered by the policy.

#### **Your duty of disclosure before you renew, extend, vary or reinstate your policy**

You have a duty, under the Insurance Contracts Act 1984, to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- where compliance with your duty is waived by us.

When answering any questions, you must be honest.

We will use the information you disclose in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

#### **Consequence of non-disclosure**

If you fail to comply with your duty of disclosure for a new policy, or before you renew, extend, vary or reinstate your policy we may be entitled to reduce our liability under the policy in respect of a claim or may cancel it. If your non-disclosure is fraudulent, we may also have the option of avoiding the policy from its commencement.

#### **Privacy**

We are bound by the National Privacy Principles of the Privacy Act 1988 (Cth).

We collect personal information from you and others so we can provide insurance, policy administration and claims handling and for associated reasons such as market or customer satisfaction research and product development.

We disclose personal information to persons we deal with in providing our services to you e.g. reinsurers, intermediaries, reference bureaus, credit reference agencies and insurance advisers. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which we received it. By providing your personal information to us, you consent to us making these disclosures.

You may request access to information held by us about you, by contacting us. Further information about your Privacy is contained in the PDS for this product and the Lumley Insurance Privacy Policy is also available at [www.lumley.com.au](http://www.lumley.com.au)

#### **Cooling Off Period**

If you are not completely satisfied with this policy You may cancel it within 30 days of the date it was issued to You ('cooling off period'), unless You make a claim under the policy within the cooling off period. If it is cancelled within this time we will return the amount You have paid. To cancel at other times, please see the General Conditions in the PDS.

**IMPORTANT INFORMATION - Read this before completing this form.**

Please answer all questions (please mark X where appropriate). This will help us to process your application quickly.

If you need more space to answer any of the questions, please use a separate sheet of paper.

Any attachments will form part of this application and the declaration will include them.

**Print and complete all sections in black or blue pen.**

Period of insurance from (dd/mm/yyyy)  to (dd/mm/yyyy)  at 4pm

Broker/Agent

## 2. Applicant Details (if other than the person to be insured)

Surname

Given name(s)

Company name (if applicable)

ABN, if applicable

Are you registered for GST? Yes  No   % entitlement to Input Tax Credits.

Postal address

Postcode

Name of nominated person for receipt of Accidental Death Benefits, if other than Applicant (only applicable if Capital Benefit is selected):

Surname

Given name(s)

Relationship to person to be insured

## 3. Details of the Person to be Insured

Surname

Given name(s)

Postal address (write "As Above" if same)

Postcode

Phone number (w)

Phone number (h)

Fax number

Mobile number

Email address

Date of birth

Sex

 Male  Female

Height

 cm

Weight

 kg

Are you self employed? Yes  No  If **Yes**, how long have you operated your present business?  years

Business or occupation

Gross weekly earnings

 \$

What are the main duties of your occupation?

## 4. Policy Coverage

### Capital Sum Benefit

No  Yes If **Yes**, state the amount of cover for which you are applying for ---- Sum Insured \$

### Weekly Injury Benefit

No  Yes If **Yes**, state the amount of cover for which you are applying for ---- Weekly Benefit \$

### Weekly Sickness Benefit

No  Yes If **Yes**, state the amount of cover for which you are applying for ---- Weekly Benefit \$

### Excess Period

14 days (minimum)  21 days  28 days  Other  days

### Benefit Period

52 weeks  104 weeks  Other  weeks

Will the amount of your weekly compensation from this policy and all other sources exceed your weekly salary or income?

No  Yes If **Yes**, please provide details

## 5. Cover Option

### Business Expenses

No  Yes If **No**, please go to number 6 "Insurance and Medical History" below.

### Business Expense Injury (only available if Weekly Injury is insured)

No  Yes If **Yes**, state the amount of cover which you are applying for ---- Amount \$

### Business Expense Sickness (only available if Weekly Sickness is insured)

No  Yes If **Yes**, state the amount of cover for which you are applying for ---- Amount \$

### Excess Period

14 days (minimum)  21 days  28 days

**Benefit Period** - 52 weeks only

## 6. Insurance & Medical History

**If there is insufficient space, please attach details on a separate page**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Q1. Have you had any accident, sickness, disability or life insurance declined, withdrawn, modified, cancelled, renewal declined or increased terms imposed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Q2. Have you ever claimed for benefits under any accident, sickness, disability or Workers Compensation or Transport Accident insurance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Q3. Do you engage in any hobbies, pursuits, pastimes or sports that are prone to accidents and/or injury or that a normal person would consider hazardous (such as, but not limited to: racing, scuba diving, football (all codes), squash, hang-gliding, parachuting, bungee jumping, off road bike or motor bike riding)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Q4. Do you fly in non-scheduled passenger aircraft or light aircraft?   | <input type="checkbox"/> | <input type="checkbox"/> |

If **Yes**, to any of the above, please provide details below. For Q4 please provide details of type of aircraft and number of flights per year.

Q5. Have you ever received treatment or advice from a Medical Practitioner (including but not limited to a doctor, specialist, chiropractor, physiotherapist, psychiatrist, naturopath or holistic medicine practitioner) in relation to any of the following conditions:

- high or low blood pressure or high cholesterol, heart condition or illness or disease of the circulatory or vascular system? Yes  No
- asthma, chronic obstructive pulmonary disease, emphysema, tuberculosis, or any other respiratory condition? Yes  No
- kidney, liver, bowel, bladder, spleen or any other conditions of the reproductive or urinary system? Yes  No
- diabetes or hepatitis? Yes  No
- cancer or tumour? Yes  No
- HIV, AIDS or AIDS related conditions? Yes  No
- paralysis, arthritis, rheumatism or degenerative condition? Yes  No
- hernia or related condition? Yes  No
- any disorders of the brain or central nervous systems, epilepsy, dementia, anxiety state, nervous exhaustion, stress or breakdown, psychosis, psychological, psychiatric, or any form of mental or nervous disorder? Yes  No
- ulcers, stomach, oesophagus or any other conditions of the digestive systems? Yes  No
- any disability related to your head, skull, back, neck or spine or any other conditions of the musculoskeletal system? Yes  No
- disability, illness or disease in relation to your eyesight or hearing or any other physical impairment or deformity? Yes  No
- alcohol and/or drug addiction or abuse? Yes  No
- any other physical impairment or condition? Yes  No

**If Yes to any of the above,** please give complete details below of each injury, sickness or disease including:

- What the injury, sickness, disease, disability, impairment or deformity was,
- And how it was or is being treated,
- When you suffered the injury, sickness or disease,
- To what extent, if any, you are still suffering from the injury, sickness or disease
- How much time have you lost from work, if any, during the last 12 months as the result of the injury, sickness or disease
- Whether recovery was complete or are you on any on-going treatment.

If necessary, a separate statement should be attached.

Q6. Have you consulted any doctor, physiotherapist, chiropractor or any other health practitioner for any health problem or physical impairment, taken prescribed medication of any kind or been hospitalised in the last five (5) years? Yes  No

If **Yes**, give the nature of injury, sickness or disease. *(If necessary, a separate statement should be attached).*

Name of the medical practitioner who treated you

Address

Postcode

Q7. Are you currently planning or considering having treatment or advice from any doctor, physiotherapist, chiropractor, health practitioner or hospital?

Yes  No

If **Yes**, give the nature of treatment. *(If necessary, attach a separate statement).*

## 7. Declaration

By signing this application form:

You hereby declare that:

- You have received, read and understood the Product Disclosure Statement and Policy Wording (PDS) (in particular your Duty of Disclosure and what is excluded) and agree to be bound by its terms and conditions;
- The disclosed particulars are true and correct;
- You have not withheld or suppressed any information concerning any particulars in this application; and
- If there is more than one insured and all have not signed this application you sign for and on their behalf.

You agree:

- That you will inform all insured persons covered under the policy (that are not you) of any non renewal, variation, avoidance or cancellation of the policy by you or us; and
- That you do not act on our behalf in entering into this insurance for the benefit of such insured persons and we do not hold anything in trust for you or them.

You consent to the use and disclosure of your personal information for the purposes shown in the Privacy section of our PDS and our Privacy Statement (available at [www.lumley.com.au](http://www.lumley.com.au)); and

You confirm that if you have disclosed personal information about any insured person or any other person you have made them or will make them aware that you have provided their personal information to us and the types of third parties we may provide it to, the relevant purposes we and third parties will use it for, and how the insured person or other person can access it.

Signature of person to be insured

Date (dd/mm/yyyy)

Applicant's signature

*(if different from person to be insured)*

Date (dd/mm/yyyy)

Office use only	Sum Insured	Premium
Capital Benefits	\$	\$
Weekly Injury	\$	\$
Weekly Sickness	\$	\$
Business Injury	\$	\$
Business Sickness	\$	\$
	<b>Total Premium</b>	\$
	GST	\$
	Stamp Duty (      %)	\$
	<b>Total Amount</b>	\$
	Brokerage	\$
	Brokerage GST	\$

AHPPL637(12/10)