



PERSONAL ACCIDENT and SICKNESS INSURANCE APPLICATION FORM
Underwritten by Liberty International Underwriter

NAME:		DATE OF BIRTH:	____ / ____ / ____	
MOBILE:		PHONE:		
ADDRESS:		SUBURB:		Postcode
EMAIL:		EMPLOYER:		
NAME OF CURRENT PLAN (if applicable)		OCCUPATION:		
WEEKLY BENEFIT:	\$ _____	PREMIUM:	\$ _____	PAYMENT FREQUENCY:
				(Please circle) ANNUALLY / FORTNIGHTLY / MONTHLY

Commencement of insurance will be the date the application form is received and approved by our office

PLEASE NOTE:

- This is a group plan and reviewed annually
- The weekly benefit you select is limited to a maximum of 85% of your average gross earnings over the last 12 months
- Pre-existing injuries and illness may be an exclusion under this policy – please refer to your manual and Product Disclosure Statement (PDS) for the definition
- All injuries and illness whether claimed or not, must be reported to us within 12 months of the occurrence. Otherwise the insurer may consider it pre-existing as per the PDS

I, _____ hereby apply to join the plan established for employees or contractors and attach the completed BOQ Direct Debit Premium Funding Application (if required) indicating the premium for the selected Weekly Benefit.

I confirm that:

- I have read and understood the PDS, Financial Services Guide (FSG) and Member Manual provided
- I am aware of the Exclusions stated in the Member Manual and PDS
- I consent to receiving documentation electronically to the nominated email address
- I understand in the event of a claim I will be paid NETT of tax as required by the Australian Taxation Office
- Have you ever had any insurance declined, cancelled or refused in the past? Yes/No
- Have you ever had an insurance claim rejected or declined? Yes/No
- Have you ever withdrawn an insurance claim? Yes/No

Signed: _____

Date: _____

Please Return Application Form To
MIDLAND INSURANCE BROKERS (NSW) PTY LTD

Australian Financial Services Licence No. 238963 - Authorised Representative No. 1262081 of Midland Insurance Brokers Australia Pty Ltd - ABN 81 006 528 329

POST: Locked Bag 12, Castle Hill, NSW 1765

EMAIL: ausinsure@midlandinsurance.com.au

PHONE: 1300 13 60 55

FAX: (02) 9634 0910

PRIVACY, DUTY OF DISCLOSURE AND NON-DISCLOSURE

PRIVACY - We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be provided to an insurer or a third party claims handler when seeking insurance terms or handling a claim on your behalf. We will always treat your information as confidential. We will never trade, rent or sell your information. If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you, how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy or visit our website.

DUTY OF DISCLOSURE - Before you enter or renew a contract of insurance with an insurer, you have a duty under the Insurance Contracts Act, 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance, and if so, on what terms. You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate a contract of insurance. Your duty however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows, or, in the ordinary course of his business, ought to know
- to which compliance with your duty is waived by the insurer

NON-DISCLOSURE - If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.