

# CHI Travel Insurance Application Form

**IF YOU HAVE INSUFFICIENT SPACE TO COMPLETE YOUR ANSWERS PLEASE ATTACH A SEPARATE SHEET.**

## Traveller Details

Surname \_\_\_\_\_ Given Names \_\_\_\_\_  
Mr/Mrs/Ms/Miss \_\_\_\_\_ Date of Birth / / \_\_\_\_\_

Surname \_\_\_\_\_ Given Names \_\_\_\_\_  
Mr/Mrs/Ms/Miss \_\_\_\_\_ Date of Birth / / \_\_\_\_\_

## Dependant(s) to be Covered (not applicable to Duo Policies)

Surname \_\_\_\_\_ Given Name \_\_\_\_\_  
Mr/Miss \_\_\_\_\_ Date of Birth / / \_\_\_\_\_

Surname \_\_\_\_\_ Given Name \_\_\_\_\_  
Mr/Miss \_\_\_\_\_ Date of Birth / / \_\_\_\_\_

Home Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone(Bus Hrs) \_\_\_\_\_ (After Hrs) \_\_\_\_\_

Cover Area  1  2  3  4  Australia

## Cover Required

Single Plan  Duo Plan  Family Plan

Commencement/Departure Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry/Return Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Period of journey \_\_\_\_\_ Days \_\_\_\_\_ Months \_\_\_\_\_

### PRE-EXISTING MEDICAL CONDITIONS:

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 15 to 20 of the PDS.

Do you have a Pre-existing Medical Condition (as outlined in the PDS)? YES  NO

We are unable to offer cover for those Pre-existing Medical Conditions outlined on pages 15 to 20 under the headings "No cover for medical expenses, cancellation costs or additional expenses" and "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 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 C, D or E).

4. If approved, what is your assessment number? MPE: \_\_\_\_\_

## Plan Selected

Plan A: Comprehensive Standard Plan \$ \_\_\_\_\_  
 Plan A: Comprehensive PE Plan \$ \_\_\_\_\_  
 Plan B: Australia Only Standard Plan \$ \_\_\_\_\_  
 Plan B: Australia Only PE Plan \$ \_\_\_\_\_  
 Plan C: Budget (Rescue Medical) \$ \_\_\_\_\_  
 Plan D: Frequent Traveller \$ \_\_\_\_\_  
 Plan E: Non Resident \$ \_\_\_\_\_

Sub Total to carry forward to page 13 \$ \_\_\_\_\_

Application continues on reverse of page.

## ADDITIONAL COSTS

Travellers 71 to 80 years  \$ \_\_\_\_\_

Travellers 81 years or over  \$ \_\_\_\_\_

Approval codes: \_\_\_\_\_

Pre-existing Medical Conditions \_\_\_\_\_

Approval codes: (if applicable) \_\_\_\_\_

**Increased Rental Vehicle Excess Cover** (not available Plan C)

Additional Sum Insured & Additional Premium (i.e. \$25 per \$500 units, maximum \$2,000 additional) \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Increased Luggage and Personal Effects Cover** (not available Plan C)

You may purchase extra cover (up to a total of \$5,000) for:

- Specified articles taken from Australia (valuations or receipts must be attached) OR
- Specified articles purchased overseas.

Extra cover up to: **\$1,000** **\$2,000** **\$3,000** **\$4,000** **\$5,000**

Cost up to: **\$40** **\$80** **\$120** **\$160** **\$200**

## Details of specified articles

## Sum Insured

(eg. cameras)

1 \_\_\_\_\_ \$ \_\_\_\_\_

2 \_\_\_\_\_ \$ \_\_\_\_\_

## Additional Sum Insured & Additional Premium

(i.e. \$40 per \$1,000 or part thereof) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Excess Buy out for International policies \$25 \$ \_\_\_\_\_

(Plans A, C, D & E only)

**Sub Total from page 12** \$ \_\_\_\_\_

**Total Cost** \$ \_\_\_\_\_

1. 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 insurance and that I/we have made the decision to purchase this after carefully reading the terms of the policy and agree that this product is suitable for my/our needs.
2. 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 Allianz or Mondial Assistance to such person and for such purposes stated in the Privacy Notice.
3. I/we acknowledge that this policy does not automatically provide cover for Pre-existing Medical Conditions.
4. I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Please forward completed application form to:**

your CHI Travel Insurance Authorised Representative