

AERA PERSONAL ACCIDENT INSURANCE APPLICATION FORM

HOW TO FILL OUT THIS FORM

Please fill out every question neatly and clearly. This will assist us in evaluating your application and if we are unable to read the information you have given us, we may not be able to provide your insurance.

Period of Insurance **1st January 2019 to 1st January 2020**

MEMBER DETAILS

Members Full Name _____

Address _____

State _____ **Postcode** _____

Date of Birth _____

Occupation _____

Email Address _____

Mobile _____

BENEFITS REQUIRED

Death & Capital Benefits (Insured Events 1-19) **\$60,000 (SENIORS) OR \$20,000 (JUNIORS)**

Weekly Accident Benefit (Insured Event 20) **\$600 (SENIORS) OR NIL (JUNIORS/NON INCOME EARNERS)**

Deferral Period **14 DAYS (SENIORS ONLY)**

Benefit Period **52 WEEKS (CATEGORY A) OR 26 WEEKS (CATEGORY B)**

Aggregate Limit of Liability **\$1,000,000**

CLAIMS HISTORY

Have you previously been insured for this type of risk? Yes No

If Yes, please give any claims details, including Date of Loss, Nature of Loss, Amount

IMPORTANT INFORMATION

PRIVACY

I/we agree that, by submitting this form, the personal information I/we provide to AFA Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the AFA Insurance Privacy Policy found at www.afainsurance.com or www.allianz.com.au.

INSURER

AFA Pty Ltd (ABN 83067084333) AFS License No. 247122 (AFA) is an Underwriting Agency, specialising in the design, marketing and management of group insurance products. AFA has been provided with a binding authority by the insurer authorising it to enter into, vary and cancel this insurance as well as settle any claims on behalf of the insurer as if it were the insurer. The insurer of this product is Allianz Australia Insurance Limited (ABN15000122850) AFS Licence No. 234708.

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general 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, 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 renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of 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; as to which compliance with your duty is waived by the insurer.

If you fail to comply with your duty of disclosure the insurer may be entitled to reduce his 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.

PREMIUM:

Select Option	Age	Premium
<input type="checkbox"/>	Seniors (18-80)	\$150.00 per year
<input type="checkbox"/>	Juniors (5-17)	\$39.00 per year

DECLARATION: I/WE HEREBY DECLARE AND WARRANT that the answers given above are in every respect true and correct, and that I/We have not withheld any information within My/Our knowledge likely to affect the decision of the insurer as to My eligibility for Insurance. I agree to accept the Insurer's Policy subject to the terms and conditions to be contained therein. A copy of the Policy Wording/PDS will be available to me upon request or via the AERA website.

Signature of Member Insured or Parent/Guardian _____

Print Name _____

Date _____