



Solution Underwriting Individual Personal Accident & Sickness Application Form

Solution Underwriting Agency Pty Ltd

Level 5, 289 Flinders Lane

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Australia

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ABN 68 139 214 323 AFSL 407780

Important Information

Please read this information carefully. If you have any questions, please contact us.

The Insurer's Agent

Solution Underwriting Agency Pty Ltd (ABN 68 139 214 323) (AFSL 407780) ("Solution Underwriting") of Level 5, 289 Flinders Lane, Melbourne VIC 3000 acts under a binding authority given by certain Underwriters at Lloyd's to administer and issue policies, alterations and renewals. In all aspects of arranging this Policy Solution Underwriting acts as an agent of the Underwriters and not as an agent for the Insured or any Insured Person.

Your Duty of Disclosure

You have a Duty of Disclosure under law which requires that before a policy is entered into, you must give us certain information we need to decide whether to insure you and anyone else under the policy, and on what terms. Your Duty of Disclosure differs depending on whether you are entering into a new policy or not.

New Policy

Before you enter into an insurance contract, you have a duty of disclosure under the *Insurance Contracts Act 1984*.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

Renewals

Before you renew this contract of insurance, you have a duty of disclosure under the *Insurance Contracts Act 1984*.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change.

If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You have this duty until we agree to renew the contract.

If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Reminder – your duty of disclosure

You have previously been given a notice informing you of your duty of disclosure in relation to an eligible contract of insurance.

This is a duty to tell us, in response to our questions, anything that you know, and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

Change of your risk and/or circumstances

Advise us immediately of any change to the risk or your circumstances.

Cooling-off

You are entitled to a minimum 14 day cooling-off period from the date cover commences during which you may return the policy and receive a premium refund (less amounts lawfully deducted). This is subject to legal requirements and terms and conditions of the policy. You should check your PDS/Policy Wording and Policy Schedule when you receive it to be sure you have the cover you need.

Refunds and Our Remuneration

We reserve the right to retain any commission paid by the insurer or any fee paid by you in relation to any refund premium applicable to any policy transaction, other than under Cooling-off as above.

Privacy

In this Privacy Statement the use of:

1. 'We', 'Us' and 'Our' means the Underwriters and Solution Underwriting;
2. 'You' and 'Your' means the Insured and the Insured Person;

unless specified otherwise.

We are committed to protecting Your privacy. We are bound by the obligations of the *Privacy Act 1988 (Cth)*. This sets out basic standards relating to the collection, use, storage and disclosure of personal information.

The primary purpose for Our collection, use, storage and disclosure of Your personal information is to enable Us to provide insurance services to You.

We need to collect, use and disclose Your personal information (which may include sensitive information) in order to consider Your application for insurance and to provide the cover You have chosen, administer the insurance and assess any claim. You can choose not to provide Us with some of the details or all of Your personal information, but this may affect Our ability to provide the cover, administer the insurance or assess a claim.

We may disclose the personal information We collect to third parties who assist Us in providing the above services, such as related entities, distributors, agents, insurers, reinsurers and service providers. Some of these third parties may be located outside of Australia. In all instances where personal information may be disclosed to third parties who may be located overseas, We will take reasonable measures to ensure that the overseas recipient holds and uses Your personal information in accordance with the consent provided by You and in accordance with Our obligations under the Privacy Act 1988 (Cth).

Personal Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from Your insurance intermediary). If You provide personal information for another person You represent to Us that:

- You have the authority from them to do so and it is as if they provided it to Us;
- You have made them aware that You will or may provide their personal information to Us, the types of third parties We may provide it to, the relevant purposes We and the third parties We disclose it to will use it for, and how they can access it. If it is sensitive information We rely on You to

have obtained their consent on these matters. If You have not done or will not do either of these things, You must tell Us before you provide the relevant information.

You are entitled to access Your personal information and request correction if required.

In dealing with Us, You consent to Us using and disclosing Your personal information as set out in this statement. This consent remains valid unless You alter or revoke it by giving written notice to Solution Underwriting's Privacy Officer. However, should You choose to withdraw Your consent, We may not be able to provide insurance services to You.

Solution Underwriting's Privacy Policy which is available at www.solutionunderwriting.com.au or by calling Solution Underwriting, sets out how:

- Solution Underwriting protects Your personal information;
- You may access Your personal information;
- You may correct Your personal information held by Us;
- You may complain about a breach of the Privacy Act 1988 (Cth) or Australian Privacy Principles and how Solution Underwriting will deal with such a complaint.

If You would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact Solution Underwriting's Privacy Officer by:

Postal Address: Level 5, 289 Flinders Lane, Melbourne VIC 3000
Phone: +61 3 9654 6100
Email: solution@solutionunderwriting.com.au

You can download a copy of Solution Underwriting's Privacy Policy by visiting www.solutionunderwriting.com.au.

Your satisfaction

Any enquiry or complaint relating to this insurance should be referred to Solution Underwriting in the first instance. Further details can be viewed in the Product Disclosure Statement located on our website.

INDIVIDUAL PERSONAL ACCIDENT & SICKNESS PROPOSAL FORM

INSURED PERSON

Name:				
Address:				
Suburb:		State:		Postcode:
Phone Number:				
Mobile:				
Occupation:				
What are the main duties of your occupation:				
DOB:	Gender: M	F	Approx. height: cm	Weight: kgs

COVER OPTIONS (please tick)

24 Hours, 365 Days	YES		NO	
Working Hours Cover Only	YES		NO	
Accident Only	YES		NO	
Accident & Sickness	YES		NO	
Lump Sum Benefit	YES	\$	NO	
Weekly Injury Benefit	YES	\$	NO	
Weekly Sickness Benefit	YES	\$	NO	
Benefit Period (Please tick)	52 Weeks		104 Weeks	
Excess Period (Please tick)	7 days		14 days	
	21 days		28 days	

INSURANCE & MEDICAL HISTORY

Have you had any accident, sickness, disability or life insurance declined, withdrawn, modified, cancelled, renewal declined or increased terms imposed?	YES	NO
Have you ever claimed for benefits under any accident, sickness, disability, life insurance or workers compensation insurance?	YES	NO
Do you have any pre-existing medical conditions and if so do you receive treatment for this and/or take any medication?	YES	NO
Do you engage in any amateur or professional sporting activities?	YES	NO
If Yes to any of the above, please provide full details:		

Declaration

By signing this application form:

You hereby declare that:

IPA Application Form

- You have received, read and understood the product disclosure statement and policy wording

(PDS), in particular your duty of disclosure and what is excluded.

- You agree to be bound by the terms and conditions.
- The disclosed information is true and correct.
- You have not withheld or suppressed any information concerning the details in this application.
- 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 of any non-renewal variation avoidance or cancellation of the policy by you or us;
and

- That you 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.solutionunderwriting.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

Date

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Please Print Name

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