QBE INSURANCE (AUSTRALIA) LIMITED
ABN 78 003 191 035

Non Resident Medical Insurance Application

Policy No.		Client No.		Intermediary No.	

The Applicant/s

Name(s) in full							
Tax Status	Registered Business No ☐ Yes ☐	ABN				Taxable	%
Postal Address				State		Postcode	
Contact Numbers	Private Ph No. ( )		Business Ph. No. ( )				
	Fax No. ( )		Email				
Period of Insurance	From / /	to / /	at 4 p.m.				

Personal Details of Insured Person – Temporary Resident

Name of Insured Person					
Postal Address in Australia		State		Postcode	
Contact Number in Australia	Private Ph No. ( )	Business Ph. No. ( )			
What is your Nationality?					
Date of Birth	/ /	Height	cm	Weight	kg
Occupation					
Describe your main duties					
Type of visa					
Duration of employment/Period of contract					
Do you intend applying for Permanent Residency status? No ☐ Yes ☐ Note: If 'Yes' all cover under this Policy ceases from the date you attain Permanent Residency status.					
When did you commence employment in Australia	/ /				
Do you regard your employment in Australia as temporary? No ☐ Yes ☐					
Type of cover	Single ☐ Couple ☐ Family ☐				

Details of Dependants to be Included as Insured Persons

Category	Name	Relationship	Date of Birth	Pre-Existing Conditions
Accompanying Spouse			/ /	
Accompanying Child			/ /	
			/ /	
			/ /	

Note: Children between 18 and 25 years who are engaged in full-time study can only be included as "Student Dependants". Please provide details of the study program a other evidence of attendance. Please attach details.

Insurance and Medical Details – Applicable to All Insured Persons and Accompanying Spouse and Dependants

1.	Is the insured person a member of a registered health fund in Australia?	No ☐ Yes ☐
2.	Has any application for accident or illness insurance on your life ever been declined, modified, accepted at an increased premium, cancelled or refused renewal?	No ☐ Yes ☐
3.	Have you ever claimed for benefits under any accident or illness policy?	No ☐ Yes ☐
4.	Will you be entitled to claim under any other existing or intended insurance from any other source providing for weekly benefits, workers' compensation or sick leave?	No ☐ Yes ☐
5.	Have you ever received medical advice, consulted a doctor, undergone any medical treatment or investigations for high blood pressure or cholesterol; any heart complaint or problem; HIV, AIDS or AIDS related conditions; stroke, kidney, bowel, bladder or liver disease; cancer or tumour of any type; diabetes; asthma or any lung complaint; mental, nervous or depressive disorder; epilepsy; alcohol or drug abuse; nervous system disorder?	No ☐ Yes ☐
6.	During the last 5 years, have you suffered from any other health problem or physical impairment not mentioned above or have you taken prescribed medication of any kind? (It is not necessary to answer "Yes" if only for colds and flu).	No ☐ Yes ☐
7.	Do you currently have any symptoms of ill health or injury or are you taking prescribed medication of any kind?	No ☐ Yes ☐
8.	Is there any likelihood of recurrence of any illness or injury previously suffered or the possibility of you undergoing surgery or other treatment?	No ☐ Yes ☐

If you have answered "Yes" to **any** of the above questions, please give details including description of injury or illness, duration (dates), the cause, nature of treatment and results, current condition, name and addresses of doctors and hospitals consulted. If there is insufficient space, please attach details.

Activity Details

Do you currently, or do you intend to engage in any hazardous pursuit or pastime, including but not limited to motor sports in any form, rock climbing, water skiing, snow skiing or horse riding? If "Yes", please give details. No ☐ Yes ☐

Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter**
  - that diminishes the risk
  - that is of common knowledge
  - that we know or should know in the ordinary course of our business as an insurer, or
  - which we indicate we do not want to know.

- **If you do not tell us**

  If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and policy booklets. You can obtain a copy of the ***QBE Privacy Policy Statement*** from our website **www.qbe.com** or contact the Compliance Manager on 02 9375 4656 or email **compliance.manager@qbe.com** for further information.

Declaration and Authorisation by Insured / Insured Person

I/We declare that the particulars are true and correct, that I/we have not withheld any information likely to affect the acceptance of this application.

Signature of Applicant	X	Date	/ /
Signature of Insured Person	X	Date	/ /

OFFICE USE ONLY

Premium	$	+ Government Stamp Duty	$	= TOTAL Amount Payable	$

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 of 82 Pitt Street, Sydney.