



Group Accident and Illness Insurance Application

Return completed form to underwriting@qbe.com

Policy No.		Client No.		Intermediary No.	
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The Applicant/s								
Name(s) in full								
Tax Status		Registered Business	Yes	No	ABN		Taxable %	
Postal Address						State	Postcode	
Description of Business								
Period of Insurance <i>dd/mm/yyyy</i>		From		to		at 4 p.m.		
Names of Insured Persons (if insufficient space, please attach a separate list)								
Have you had any insurance declined or cancelled, or had special terms imposed by an insurer?							Yes	No
If "Yes", please give details								
Have you ever claimed on this Class of Insurance during the last 5 years?							Yes	No
If "Yes", please give details								

Benefits Selected					
Section A - Capital Benefits		Section B - Weekly Benefits - Injury		Section C - Weekly Benefits - Illness	
Benefit Amount \$		Weekly Benefit \$		Weekly Benefit \$	
Please select benefits required.		Benefit Period (<i>weeks</i>)		Benefit Period (<i>weeks</i>)	
Conditions: 1 1-7 1-17 1-30 1& 3-7		Excluded period of claim (<i>days</i>)		Excluded period of claim (<i>days</i>)	
Time of Operation of Cover				Aggregate Limit of Liability	
24 hours, 365 days a year		Working hours only		Outside working hours	
Other (please specify)				Sections A,B & C \$	
				Chartered Aircraft \$	
				Light Aircraft \$	
				Helicopter \$	

Privacy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our **Privacy Policy** at www.qbe.com.au/privacy, or to obtain a copy by phoning us on **133 723** or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

Declaration and Signature

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Product Disclosure Statement (PDS) and the Policy QM183 Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Signature of Applicant(s)

X

X

Position Held

Date (dd/mm/yyyy)

Office Use Only

Premium \$

GST \$

Government Stamp Duty \$

TOTAL Amount Payable \$

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+

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