



# **Group Personal Accident & Sickness** Proposal Form



ShieldCover is a division of East West Insurance Brokers Pty Ltd. ABN 83 010 630 092 AFSL No. 230041

[shieldcover.com.au](https://shieldcover.com.au)

## IMPORTANT NOTICES

*Please read these notices carefully. If you have any questions, please contact us.*

### The Insurer's Agent

ShieldCover, a specialist division of East West Insurance Brokers Pty Ltd, (we, us) act under a binding authority given to us by the insurer/s to arrange, issue and administer policies. When acting under such authorities, we act on behalf of the insurer/s and not for you.

### Your Duty of Disclosure

You have a Duty of Disclosure under law which requires that before a policy is entered into, renewed, varied, extended or reinstated, you must give us certain information we need to decide whether to insure you and anyone else under the policy, and on what terms.

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.

You have the same duty before you renew, extend, vary or reinstate an insurance contract. Upon renewal of this policy, 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, the insurer may refuse to pay a claim and treat the contract as if it never existed.

### Cooling-off – in respect of retail contracts only

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 schedule/certificate of insurance 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

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators).

Your information may be given to an overseas insurer (like certain Underwriters at Lloyd's) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We also provide your information to the providers of our policy

administration and broking systems that help us to provide our products and services to you.

These policy administration providers and broking systems may be supported and maintained by organisations in New Zealand, the Philippines and Vietnam and your information may be disclosed to those organisations. Please note that the Privacy Act and Australian Privacy Principles may not apply to these organisations.

We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you do not provide us with full information, we cannot properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by phone (07) 3510 9535, email [privacy@shieldcover.com.au](mailto:privacy@shieldcover.com.au) or visit our website [www.shieldcover.com.au](http://www.shieldcover.com.au)

## Your satisfaction

If you have any complaints about how we handle your personal information or about our service or advice, please let us know. We have internal dispute resolution procedures in place.

As agent to insurer/s, any complaint about policies and associated service may also be handled under the relevant insurer's internal dispute resolution procedures, and the external dispute facility for insurers and consumers, which is the Australian Financial Complaints Authority (AFCA).

Further details can be viewed in each Product Disclosure Statement and our Complaints and Disputes Policy, both located on our website [www.shieldcover.com.au](http://www.shieldcover.com.au).

You can also call us or the insurer/s for a copy of the relevant Complaints Policy.

# Group Personal Accident & Sickness Proposal Form

Please answer all questions below. This will help us to process your application quickly.

PERIOD OF INSURANCE (Both at 4.00pm Local Standard Time)	
<b>From:</b>	<b>To:</b>
<b>Broker Name:</b>	<b>Broker Email:</b>

APPLICANTS DETAILS	
<b>Insured Company Name:</b>	
<b>Address:</b>	
<b>ABN:</b>	<b>State:</b>
<b>Postcode:</b>	
<b>Phone Number:</b>	<b>Mobile:</b>
<b>Email:</b>	<b>Fax:</b>
<b>Occupation:</b>	

DETAILS OF PERSONS TO BE INSURED								
NUMBER OF:	QLD	NSW	ACT	VIC	SA	TAS	WA	NT
Employees								
Directors / Executive Directors								
Non-Executive Directors								
Committee Members								
Voluntary Workers								
<b>Total Gross Annual Payroll \$</b>								

**COVER OPTIONS (Please tick)**

24 Hours, 365 Days	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Working Hours Cover Only	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Accident Only	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Accident & Sickness	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

**POLICY COVERAGE (Please tick)**

Lump Sum Benefit	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If Yes, please state the amount of cover you wish to apply for: \$				
Weekly Injury Benefit	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If Yes, please state the amount of cover you wish to apply for: \$				
Weekly Sickness Benefit	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If Yes, please state the amount of cover you wish to apply for: \$				
Benefit Period (Please tick)	<input type="checkbox"/> 52 Weeks	<input type="checkbox"/> 104 Weeks	<input type="checkbox"/> Other:	Weeks
Excess Period (Please tick)	<input type="checkbox"/> 7 Days	<input type="checkbox"/> 14 Days	<input type="checkbox"/> 21 Days	<input type="checkbox"/> 28 Days
Aggregate Limit Of Liability: \$				

**ADDITIONAL BENEFITS (Please tick)**

Non-Medicare Medical Expenses (Note: A limit of \$1,000 automatically included unless specified in the schedule)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, please state the amount of cover you wish to apply for: \$		

**INSURANCE & MEDICAL HISTORY**

Has the Insured had any accident, sickness, disability or life insurance declined, withdrawn, modified, cancelled, renewal declined or increased terms imposed?	YES	NO
Has the Insured ever claimed for benefits under any accident, sickness, disability, life insurance or workers compensation insurance?	YES	NO
If Yes to any of the above, please provide full details:		

## DECLARATION

By signing this application form You hereby declare that:

- You have received, read and understood the policy wording, 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 are authorised to sign for and on their behalf.

You consent to the use and disclosure of your personal information for the purposes shown in the Privacy section of our Policy Wording and our Privacy Statement (available at [www.shieldcover.com.au](http://www.shieldcover.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**

**Please print name**

## ShieldCover

19 Rosedale Street | PO Box 239 Coopers Plains QLD 4108  
(07) 3510 9535 | [hello@shieldcover.com.au](mailto:hello@shieldcover.com.au)

ShieldCover, a division of East West Insurance Brokers Pty Ltd.  
ABN 83 010 630 092, Australian Financial Services License No. 230041, acts  
under a binding authority granted to it by the Insurer of ShieldCover Product,  
certain Underwriters at Lloyd's.

Refer to the Policy Wording or call us on (07) 3510 9535.

Ref: SC.GPA.LLO.V.011020. This Proposal Form was prepared on 01.10.2020.



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