



Individual 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

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 or visit our website 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.

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

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

PERIOD OF INSURANCE (Both at 4.00pm Local Standard Time)		
From: ___ / ___ / _____	To: ___ / ___ / _____	
BROKER DETAILS		
Broker Company:		
Contact Name:	Contact email:	
APPLICANTS DETAILS		
Full Name of the Insured:		
Address:		
Suburb:	State:	Postcode:
Occupation Classification: <input type="checkbox"/> Managerial & Administrative <input type="checkbox"/> Supervisory, Retail, Travel		
<input type="checkbox"/> Trades or Manual Labour <input type="checkbox"/> Heavy Manual Labour		
Occupation:		
What are the main duties of your occupation?:		
Are you an Employee or Self-employed? <input type="checkbox"/> Employee <input type="checkbox"/> Self Employed		
D.O.B: ___ / ___ / _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Weight:	Height:	

COVER OPTIONS

Lump Sum Benefit: \$ _____ / Not Required

Weekly Accident Benefit: \$ _____ / Not Required

Weekly Sickness Benefit: \$ _____ / Not Required

Non-Medicare Medical Expenses: \$ _____ / Not Required

(Note: a limit of \$1,000 is automatically included unless specified in the schedule)

Self Employed Persons only – Business Expenses Benefit \$ _____ Weekly / Not Required

Benefit Period: 52 Weeks 104 Weeks Other: _____ Weeks

Excess Period: 7 Days 14 Days 21 Days 28 Days Other: _____ Days

Scope of Cover: 24 Hours, 365 Days Working Hours Cover Only Outside working hours Only

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

Have you had surgery or 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

Will the amount of your weekly compensation from this policy and all other sources exceed your weekly salary or income? 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); 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: _____

Ref: SC.PAS.LLO.V.011020. This Proposal Form was prepared on 01.12.2020.