



GROUP PERSONAL ACCIDENT AND/OR SICKNESS PROPOSAL FORM

Please read the following notices before completion of this Proposal Form.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer you have a duty, under the Insurance Contracts Act, 1984, to disclose to the Insurer, every matter that you know, or could reasonably be expected to know which is relevant to the Insurer's decision whether to accept the risk of the insurance and if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of matters:-

- That diminishes the risk to be undertaken by the Insurer
- That is of common knowledge
- That your Insurer knows, or in the ordinary course of his business, ought to know
- As to which compliance with your duty is waived by the Insurer

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of voiding the contract from its beginning.

Your Privacy

The Privacy Act 1988 requires Richard Oliver Underwriting Managers Pty Ltd ("ROUM"), ABN 006 649 341, to make the following disclosure before collecting personal information about you after 21 December 2001:

- ◆ ROUM collects personal information in order to provide its various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- ◆ If the personal information ROUM requests from you is not provided, ROUM or any involved third party may not be able to provide the appropriate services.
- ◆ ROUM discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs ROUM may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, its advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of those you represent consent to ROUM and these parties collecting, using and disclosing personal and sensitive information about you.
- ◆ ROUM has a duty to maintain the confidentiality of its client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or required by law.
- ◆ ROUM may make use of your personal information to provide you with information about its products and services.

Should any problem be encountered or points require clarification in the completion of this proposal form, please immediately contact :
Safety Net – Di Hill-Shiels (03) 8681 9912 or Duncan Richardson (03) 8681 9749

www.roum.com.au



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If you would like a copy of the ROUM Privacy Statement or would like to access your personal information, please contact the ROUM Privacy Officer at:

Richard Oliver Underwriting Managers Pty Ltd
Level 5, 570 Bourke Street
Melbourne Vic 3000
Telephone: (03) 8681 9909 Fax: (03) 8681 9971

Your Records

A copy of this Proposal Form should be retained for your records.

No cover past the age of 65 years

There is no cover under this Policy for any Insured Person who is aged sixty-five (65) years or more and any existing cover with respect to an Insured Person shall cease upon their attaining that age. This will not prejudice any entitlement to claim benefits, which has arisen before an Insured Person has attained the age of sixty-five (65) years.

Currency

All amounts shown in the Policy are shown in Australian Dollars unless it is otherwise specified in the Schedule of Cover.

Cooling off Period

If you decide that you do not require this Policy, you have fourteen (14) days from the earlier of, the date the Policy was confirmed to you or from the end of the 5th day after the day on which the Policy was issued by us, to change your mind. You must tell us in writing that you wish to return the Policy and have the premium repaid.

If you do so, we will terminate the Policy from the time you notify us. We may retain our reasonable administration and transaction costs and a short term premium. You cannot return the Policy if it has already expired or if you have made or circumstances have occurred where you may make a claim under the Policy.

Please note if there is insufficient space provided to fully answer any question, please attach an additional sheet of paper with the extra information as required. All such attachments will form part of your application for insurance and be subject to the Declaration on the last page of this Proposal.

Please answer all questions. Any question left unanswered or answered as known to broker or insurer or otherwise answered in an incomplete way may delay the processing of your request for this insurance.

Ensure the cover you request is adequate for your requirements. Your Insurance adviser can assist you to complete this form. They will send it to us so that we may quote on your insurance request.

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4. Description of Business Activities. (e.g. Aluminum smelter)

5.

a. Please advise estimated annual gross payroll of persons to be covered:

\$

b. Estimated number of persons to be covered (please attach payroll list of those to be insured showing name, DOB and income if available). 

6. Section 1 & 2 – Personal Accident & Sickness Cover.

Please specify the benefit amounts requested for insured persons.

Part 1 Are Capital Benefits Required? Yes or No

If Yes, please specify Accidental Injury Limit required: Limit: \$ _____

Cover requested for Capital Benefit to apply to:

24 Hours Outside working hours Journey Injury only

Part 2 Are Weekly Injury Benefits Required? Yes or No

If Yes, please specify % and \$ of weekly salary required. % \$ _____

Part 3 Are Weekly Illness Benefits Required? Yes or No

If Yes, please specify % and \$ of weekly salary required? % \$ _____

Part 4 Is Statutory Weekly Benefit Top up required? Yes or No

If Yes, please state % or weekly salary required? % \$ _____



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7. Excess Period

Excess Period is the time before we pay a weekly Benefit Amount and is a minimum of fourteen consecutive days.

Excess Period elected: 14 days 28 days 60 days Other : _____

8. Scope of Cover Required

The scope of cover is the period of time the Insured Person is to be covered under this policy (e.g. 24 hours / 365 days, outside working hours only, etc). Please specify what Scope of Cover is required for

Insured Persons (or if applicable, attach a copy of the EBA/AWA which specifies this information). 

Scope of Cover 24 hours Outside Working Hours only Other _____

9. Are you aware of any accidents, sickness, illness or disease that has prevented any of the persons to be covered under this policy from attending to their usual occupation or duties for periods of more than fourteen consecutive days during the past three years?

Yes or No If Yes please provide full details below.

10. Has an application for insurance ever been declined or accepted on special terms for accident or sickness / illness insurance, or has any Insurer ever cancelled or declined to renew such a policy?

Yes or No If Yes please provide full details below.

11. Does the Insured currently have an insurance policy against accident, sickness, illness or disease for any of the Insured Persons? (other than Workers Compensation).

Yes or No If Yes please provide full details below.

12. Are there any other matters to disclose to us to fulfill your Duty of Disclosure?

Yes or No If Yes please provide full details below.



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Please provide details below.

Declaration and agreement:

I / We the undersigned declare that we have read the Important Notices on Page 1 and have complied with Our Duty of Disclosure and the Privacy Notice on Page 2.

I / We the undersigned desire to effect the insurance requested in this proposal and I / We warrant that the information we have provided in or with this Proposal is correct and complete and that we have not withheld information which would influence the Underwriters in their acceptance of the risk or the terms they offer in providing this insurance.

Signature/s:

Date:

Person signing to be authorised by the Insured to sign for and on behalf of the Insured.

Full (printed) name of such person:

Full Printed Name:
