

Individual Personal Accident & Sickness Insurance

Application Form

Important Information

Duty of Disclosure

Before You enter into this contract of insurance, You have a duty of disclosure under the Insurance Contracts Act 1984.

The duty applies until We first agree to insure You, and where relevant, until We agree to any subsequent variation, extension, reinstatement or renewal (as applicable).

Answering our questions

In all cases, 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.

It is important that You understand You are answering Our questions in this way for Yourself and anyone else that You want to be covered by the contract.

Variations, extensions and reinstatements

For variations, extensions and reinstatements, You have a broader duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

Renewal

Where We offer renewal, We may, in addition to or instead of asking specific questions, 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.

What You do not need to tell Us

You do not need to tell Us anything that:

- reduces the risk We insure You for; or
- is common knowledge; or
- We know or should know as an insurer; or
- We waive Your duty to tell Us about.

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, We may refuse to pay a claim and treat the contract as if it never existed.

Section 1 - Covered Person (Employee)

Title		Name				
Date of birth			Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Address						
	Suburb		State		Postcode	
Phone			Mobile Phone			
Occupation						
Duties performed						
Weight			Height			

Section 2 - Insurance and Medical History

1. Do you now have or are you applying for any other personal accident and/or sickness insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever had any accident, sickness or life proposal declined or cover under any policy rated up, cancelled, renewal refused or any special conditions imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever claimed for an accident or sickness benefit under any Insurance Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had medical or surgical or other advice, treatment, been confined to hospital or undergone any blood or other tests in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you take part in hazardous pursuits or activities i.e.: diving, piloting, motor sports, hang gliding, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you play any sport for which you receive payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever suffered from: Diabetes, Goitre, Epilepsy, Heart Disease, Chest Pains, High Blood Pressure, Nervous or Mental Disorder, Rheumatic Fever, Varicose Veins, Haemorrhoids, Tuberculosis, Asthma or Respiratory Disease, Back or Muscle Pains, Rheumatism, Hernia, Cancer, Tumour or Growth of any kind, sudden Weight Loss, diseases of the Eye, Ear or Stomach?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you now or have you been a smoker in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If 'Yes' was answered to any of the above please give details here: (If insufficient space please attach separate sheet.)

Section 3 - Cover Required

- 24 Hours
 Working Hours inc commuting
 Working Hours exc commuting
 Outside Working Hours Only
 Journey to and from work
 Other (please specify)

Section 4 - Schedule of Benefits Required

Part A - Accident Death & Capital Benefits (events 1-19)	Lump Sum \$	or
Part A - Accident Death & Capital Benefits (events 1-19)	Multiple of Salary	
	To Maximum Sum Insured \$	
Part B - Weekly Benefits - Bodily Injury	\$	
Part C - Weekly Benefits - Sickness	\$	
Excess period (days)	<input type="checkbox"/> 0 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 21 <input type="checkbox"/> 28 <input type="checkbox"/> 60 <input type="checkbox"/> 90	
Benefit Period (weeks)	<input type="checkbox"/> 26 <input type="checkbox"/> 52 <input type="checkbox"/> 104 <input type="checkbox"/> 156	
Part D - Fractured Bones (\$3000)	<input type="checkbox"/> Yes <input type="checkbox"/> No Other amount:	
Part E - Loss of Teeth or Dental Procedures (\$1000)	<input type="checkbox"/> Yes <input type="checkbox"/> No Other amount:	

* If cover is required for (Part B - Weekly Sickness), scope of cover for this benefit must be 24 hours

Acceptance of this insurance by Chubb Insurance Australia Limited is subject to approval of this application.

Declaration by Covered Person (Employee)

I hereby declare and acknowledge that:

1. The Employee has read and understands the Employee's duty of disclosure.
2. The answers given in this Application are in every respect true and correct.
3. The Employee has not withheld any information likely to affect the decision of Chubb Insurance Australia Limited as to the Employee's eligibility for Insurance.

Signature of Covered Person:	
Date	

Declaration by Employer (where applicable)

I/We hereby agree that this Declaration and Application together with any statements made in connection herewith and signed by the employee to be insured are true and correct in every respect.

Signature of Employer:	
Date	

Privacy Statement

Chubb Insurance Australia Limited (Chubb) is committed to protecting your privacy. This document provides you with an overview of how we handle your personal information. Our Privacy Policy can be accessed on our website at www.chubb.com/au.

Personal Information Handling Practices

Collection, Use and Disclosure

We collect your personal information (which may include sensitive information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim in order to help us properly administrate your insurance proposal, policy or claim.

Personal information may be obtained by us directly from you or via a third party such as your insurance intermediary or employer (e.g. in the case of a group insurance policy).

When information is provided to us via a third party we use that information on the basis that you have consented or would reasonably expect us to collect your personal information in this way and we take reasonable steps to ensure that you have been made aware of how we handle your personal information.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you. Sometimes, we may use your personal information for our marketing campaigns, in relation to new products, services or information that may be of interest to you.

We may disclose the information we collect to third parties, including service providers engaged by us to carry out certain business activities on our behalf (such as assessors and call centres in Australia). In some circumstances, in order to provide our services to you, we may need to transfer personal information to other entities within the Chubb Group of companies (such as the regional head offices of Chubb located in Singapore, UK or USA), or third parties with whom we or those other Chubb Group entities have sub-contracted to provide a specific service for us, which may be located outside of Australia (such as in the Philippines or USA). Please note that no personal information is disclosed by us to any overseas entity for marketing purposes.

In all instances where personal information may be disclosed overseas, in addition to any local data privacy laws, we have measures in place to ensure that those parties hold and use that information in accordance with the consent you have provided and in accordance with our obligations to you under the Privacy Act 1988 (Cth).

Your Choices

In dealing with us, you agree to us using and disclosing your personal information as set out in this statement and our Privacy Policy. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer. However, should you choose to withdraw your consent it is important for you to understand that this may mean we may not be able to provide you or your organisation with insurance or to respond to any claim.

How to Contact Us

If you would like a copy of your personal information, or to correct or update it, please contact our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com.

If you have a complaint or would like more information about how we manage your personal information, please review our Privacy Policy for more details or contact the Privacy Officer, Chubb Insurance Australia Limited, GPO Box 4907, Sydney NSW 2001, Tel: +61 2 9335 3200 or email Privacy.AU@chubb.com.

General Insurance Code of Practice

We are a signatory to the General Insurance Code of Practice (the Code). The objectives of the Code are to further raise standards of service and promote consumer confidence in the general insurance industry. Further information about the Code and your rights under it is available at www.codeofpractice.com.au and on request.

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for over 50 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base. Chubb is a major insurer of many of the country's largest companies. With five branches and over 500 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

More information can be found at www.chubb.com/au

Contact Us

Chubb Insurance Australia Limited
ABN: 23 001 642 020 AFSL: 239687

Grosvenor Place
Level 38, 225 George Street
Sydney NSW 2000
O +61 2 9335 3200
F +61 2 9335 3411
www.chubb.com/au

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