AHI

APPLICATION FORM

Individual Personal Accident and Sickness

FILLING OUT THIS FORM

1. This is a digital form. Click on each box and type to enter the required information. If you prefer, you can also print the form and fill it out by hand.
2. Please answer all questions honestly and accurately.
3. If you require additional space, please include a separate page with the additional details.
4. When answering questions that require you to mark your response in a box, please indicate your answer using a '✓'.
5. Please complete the form by signing the declaration at the end of the form.
6. Please ensure you attach any requested additional documentation.
7. Please save this form and send to your broker upon completion.

WHEN ANSWERING OUR QUESTIONS

You need to answer our questions accurately and fully. If you do not, we could reduce or not pay a claim, cancel your policy or treat it as if it never existed. If you are applying for this insurance on behalf of a company or other type of organisation, then the following duty of disclosure notice additionally applies.

DUTY OF DISCLOSURE

The application for this insurance cover is subject to the *Insurance Contracts Act* 1984 (Cth), which imposes duties of disclosure on insured persons and entities.

Consumer Insurance Contracts
Before entering into a consumer insurance contract, the insured has a duty to take reasonable care not to make a misrepresentation to the insurer. This means the insured must answer all questions from the insurer honestly and with reasonable care. The duty applies up until the insurer agrees to enter into the contract.

Non-Consumer Insurance Contracts
Before entering into a non-consumer insurance contract, the insured has a duty to disclose every matter that they know, or could reasonably be expected to know, is relevant to the insurer's decision to accept the risk and on what terms.

The insured does not need to disclose anything:
- that reduces the risk to be insured,
- that is common knowledge,
- that the insurer knows or should know as an insurer, or
- for which the insurer has waived disclosure.

This duty continues until the insurer agrees to enter into the contract, or when an existing contract is renewed, varied, extended, reinstated, or replaced.

Consequences of Non-Disclosure
If the insured fails to comply with their duty of disclosure or their duty to take reasonable care not to make a misrepresentation, the insurer may be entitled to cancel the policy, reduce the amount paid on a claim, or, in the case of fraudulent non-disclosure or misrepresentation, avoid the policy altogether as if it never existed.

Details

First name of the person to be insured

Last name of the person to be insured

Date of birth / / Sex Height (cm) Weight (kg)

Business trading name
(Only if the policy is to be in the name of the business)

ABN

Postal address

State or territory

Postcode

Is your primary occupation considered to be? * Retail client Wholesale client

*Please refer to the table at the end of this form for the definition of retail and wholesale or ask the person who is arranging this insurance for you.

Requested Start Date for 12 Months' Cover

Requested start date / / Subject to the insurer's acceptance.

Scope of Cover Required

Please select one.

If cover is required for weekly sickness benefits, the scope of cover must be 24 hours, 365 days.

24 hours, 365 days

Working hours, including commuting

Outside working hours only

Occupation, Duties and Recreational Activities

Your primary occupation

List the duties performed in all of your occupations

Do any of your occupations require you to perform any of the following duties:

a) Working underground, offshore (rig or vessel), underwater or at any height over 5 metres? Yes No

b) Using or handling any explosives, chemicals or dangerous substances of any type? (for example, asbestos or crystalline silica) Yes No

c) Any other hazardous workplace duties not listed above? Yes No

If 'Yes', was answered to any of the above please provide details including proportion of time per week spent on each of these duties.

If the scope of cover selected is '24 hours, 365 days' or 'Outside working hours only', please complete the below.

Do you participate or intend to participate in any hazardous activities or sports? Yes No

If 'Yes', please provide details. Examples include any football code, diving, motorsports, other racing (other than on foot), contact fight sports/martial arts, including training for them.

Insurance and Medical History

a) In the last 5 years, have you had any illness or injury, or consulted a medical practitioner or healthcare professional, for something other than a minor ailment that resolved within two weeks, or have you been admitted to hospital for any reason? Yes No

b) Have you ever been declined accident, sickness or life insurance, or been provided with such insurance which has been postponed, modified, increased in premium (due to a change in risk), cancelled or renewal refused? Yes No

c) Have you ever been diagnosed with, or had symptoms of, abnormal blood pressure, an ulcer, diabetes, tuberculosis, cancer, paralysis, arthritis, rheumatism, any mental disorder, or any disorders of the respiratory, nervous, genital-urinary, digestive or circulatory systems, or of the back, spine, eyes or heart? Yes No

d) Within the last 12 months, have you smoked cigarettes or vaped, on average more than once per week? Yes No

e) Are there any reasons that would cause you to consider yourself as not being presently in good health? Yes No

If 'Yes' was answered to any of the above questions, please provide details.

Important: We will not be liable to pay any benefit, loss, cost or expense arising from or attributable to a pre-existing condition. Please refer to the policy wording for what we mean by that term or ask the person who is arranging this insurance for you.

Benefits Requested

Death and Capital Benefits $

Weekly Injury Benefit $

Weekly Sickness Benefit $

Deferral Period (days no benefits paid) 7 14 28

Benefit Period (weeks) 26 52 104

Important: the weekly benefit amount you select should not exceed your gross weekly income, since in the event of a claim our payment will not exceed that amount.

Claims History

Have you been covered under an individually insured personal accident and sickness insurance policy in the last 5 years? Yes No

Have you had a claim under an individually insured personal accident and sickness insurance policy in the last 5 years? Yes* No

*If 'Yes', please provide a copy of the claims experience on the insurance provider's letterhead.

Privacy Policy

Please indicate your consent by placing a '✓' in the box.

The person submitting this form agrees that the personal information it contains will be collected by Accident & Health International Underwriting Pty Ltd (AHI) and managed in accordance with its privacy policy which can be read online at ahiinsurance.com.au/privacy or by calling AHI on (02) 9251 8700 to ask for a copy. AHI handles all personal information in accordance with the *Privacy Act* 1988. It collects personal information directly, through its agents and other companies within the Tokio Marine global corporate group. AHI uses the personal information it collects to conduct its business, including evaluating insurance applications, which it cannot do if it is not able to receive this information. AHI may send personal information it collects overseas, including Japan, USA, Canada, Bermuda, New Zealand, Thailand, Hong Kong, Europe (including the United Kingdom), Singapore and India. Contact AHI for more information about how it handles personal information or if you have a privacy complaint.

Declaration

Please make your declaration by placing a '✓' in the box.

The person completing this form declares that their answers are accurate and complete.

The person submitting this form on behalf of an individual or an organisation, confirms they are authorised to do so and have notified those parties of how AHI will handle their personal information.

Print name of the person completing this form

Signature of the person completing this form

Date

/ /

AHI Retail/Wholesale Questions Guidance

Is the person to be insured an individual or small business?	
1. Is the person to be insured an individual person, such as a sole trader with an ABN operating under a business or trading name?	If yes, the person to be insured is an individual and, for this product, is a ***retail client***. If no, go to next question.
2. Is the business to be insured, involved in manufacturing?	If yes, go to question 3. If no, go to question 4.
3. For a business involved in manufacturing, do they have less than 100 employees?	If no, the person to be insured is not a small business and, for this product, is a ***wholesale client***. If yes, the person to be insured is a small business and, for this product, is a ***retail client***.
4. For a business not involved in manufacturing, does the business have less than 20 employees?	If yes, the person to be insured is a small business and, for this product, is a ***retail client***.

Accident & Health International Underwriting Pty Ltd (ABN 26 053 335 952, AFSL 238261) (**AHI**) arranges insurance for Tokio Marine & Nichido Fire Insurance Co., Ltd. (ABN 80 000 438 291, AFSL 246548), administered by Tokio Marine Management (Australasia) Pty Ltd (ABN 69 001 488 455, AR No. 1313066).

AHI provides general advice only. Insurance is subject to terms, conditions, limits, and exclusions. Please read the Product Disclosure Statement for full details. Policies are distributed via AHI's broker network and retail clients can request Financial Services Guides (FSGs) from the relevant broker.