

Express Insurance by SureSave

Application Form

Please complete and return this form to your travel agent, who can arrange Travel Insurance for you. Once your policy is issued, details such as your period of insurance, premium, options, and excess will be shown on your Certificate of Insurance.

Select Your Plan

- Comprehensive Plan
- Necessities Plan
- Domestic Plan
- Annual Frequent Traveller (30 Days)
- Annual Frequent Traveller (50 Days)

Your Details

Primary Traveller 1

Name

Date of Birth: / / (DD/MM/YYYY)

Primary Traveller 2

Name

Date of Birth: / / (DD/MM/YYYY)

Dependant 1

Name

Date of Birth: / / (DD/MM/YYYY)

Dependant 2

Name

Date of Birth: / / (DD/MM/YYYY)

Dependant 3

Name

Date of Birth: / / (DD/MM/YYYY)

Street Address

State	Postcode

Phone Number

Email

Your Insurance

Destinations - list where you will be spending the majority of your time.

Departure: / / (DD/MM/YYYY)

Return: / / (DD/MM/YYYY)

Existing Medical Conditions

You may not be automatically covered for existing medical conditions. Please read pages 15-19 in the PDS to learn how to apply for cover for your existing medical condition/s.

Do you have any existing medical conditions that are not automatically covered (as outlined in the PDS on pages 15-19)?

Yes No

Do you need to apply for cover for your existing medical condition(s) (as outlined in the PDS on pages 15-19)?

Yes No

Your Options

Extra Cancellation Cover

Cancellation value is the pre-paid cost of your trip that would be forfeited if the trip were cancelled. The standard trip limit provided for cancellation claims is outlined in the PDS on pages 3-7 and 13. Any limit for Cancellation related expenses will be shown on your COI.

Do you wish to increase your cancellation value?

Yes No

If so, to what amount?

Winter Sports Option

Are you are taking part in a winter sport? Note: If Yes, you will need to purchase this option. (see pages 23-24 and 69-70 of the PDS).

Yes No

New for Old Luggage Option

Your policy includes cover for up to \$700 per item as standard (\$250 per item under Necessities), up to the maximum trip limit. You may increase this limit up to \$4,000 for specific items up to a total of \$10,000 combined (see pages 19-21 and 55-60 of the PDS). Any items you specify will be listed under the New for Old Luggage Option on your COI.

Item 1 Sum Insured \$

Item 2 Sum Insured \$

Rental Vehicle Excess Option

You can increase your \$5,000 standard limit for rental vehicles (excluding under the Necessities plan) to a maximum of \$8,000, in \$500 increments (see pages 25 and 65 of the PDS). Any increased limit will be shown on your COI.

Increase excess to:

\$

Excess Buy-out Option

A removable excess of \$150 applies to most events claimed under the Comprehensive and Necessities plans. By paying an additional premium you can reduce your excess to \$0 (see page 14 of the PDS).

Would you like to remove the excess? Yes No

Payment Details

Payment Type: Cash Credit Card Cheque

Credit Card Authority, please debit my:

Visa Mastercard Amex

Card No:

Expiry Date: / Security Code (CVV)

Cardholder Name

Declaration

- I/we acknowledge that a copy of the Combined Financial Services Guide (FSG) and Product Disclosure Statement (PDS) which contains the Duty of Disclosure, and any available Supplementary Product Disclosure Statement (SPDS) valid at the time of policy purchase, was given to me/us before I/we applied for this insurance and that I/we have made the decision to purchase this insurance after carefully reading the terms of the policy and agree that this product is suitable for my/our needs.
- I/we authorise any doctor or clinic to provide nib Travel Services (Australia) with information concerning my/our current or past medical history.
I/we have read the Privacy Policy and I/we consent to the collection, use and disclosure of my/our personal information by the insurer or nib Travel Services (Australia) to such persons and for such purposes stated in the Privacy Policy.
- I/we acknowledge that this policy does not automatically provide cover for Existing Medical Conditions except as specified in the PDS.
- I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

Signatures

Primary Traveller 1

Date: / / (DD/MM/YYYY)

Primary Traveller 2

Date: / / (DD/MM/YYYY)