

# INSURANCE APPLICATION FORM

All plans provide cover for worldwide destinations, including international and domestic trips and are valid for 12 months from the start date listed on the Certificate of Insurance. Individual trip durations are limited<sup>1</sup>

**Your Duty Of Disclosure**

Before you enter into this policy, the Insurance Contracts Act 1984 (Cth) requires you to provide the insurer every matter that you know, or could reasonably be expected to know that is relevant to the insurer's decision whether and on what terms your proposal for insurance is accepted. You have the same duty to disclose those matters to the insurer before you vary, extend, reinstate or replace your policy.

**Your duty however does not require disclosure of any matter that:**

- diminishes the insurer's risk;
- is of common knowledge;
- the insurer knows or should know as an insurer;
- the insurer tells you they do not need to know.

**Who does the duty apply to?**

Everyone who is insured under the policy must comply with the duty of disclosure.

**Non-Disclosure**

If you or they do not comply with the relevant duty, the insurer may cancel the policy or reduce the amount they pay if you make a claim. If fraud is involved, they may treat the policy as if it never existed and pay nothing.

**Your Address:** \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_

**First trip commencing:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year

*Note: This policy is valid for 1 year and will become invalid 365 days after the date provided above.*

## Premium and Policy Limits

	Plan A		Plan B		Plan C	
	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY
Annual Frequent Traveler policy valid for 70 years and under	\$275	\$545	\$221	\$437	\$89	\$173
Annual Frequent Traveler policy valid for 71-75 years	\$342	\$679	\$275	\$545	\$111	\$216

Policy Section	Benefit Description	Plan A SINGLE	Plan A FAMILY	Plan B SINGLE	Plan B FAMILY	Plan C SINGLE	Plan C FAMILY
1A*	Medical Expenses Incurred Overseas	Unlimited	Unlimited	\$1,000,000	\$2,000,000	\$500,000	\$1,000,000
1B	Additional Expenses / Medical Evacuation	Unlimited	Unlimited	\$1,000,000	\$2,000,000	\$500,000	\$1,000,000
2A*	Cancellation Costs	\$10,000	\$20,000	\$3,000	\$6,000	NIL	\$6,000
9	Rental Vehicle Insurance Excess / Return of Rental Vehicle	\$3,000 / \$500	\$3,000 / \$500	NIL	NIL	NIL	NIL
16	Travel Delay	\$20,000	\$40,000	\$10,000	\$20,000	\$10,000	\$20,000
18A*	Luggage and Personal Effects	\$5,000	\$10,000	\$3,000	\$6,000	\$3,000	\$6,000
19	Personal Liability	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
21	Off Loading / Denied Boarding	\$600	\$1,200	NIL	NIL	NIL	NIL

\*Sub-limits apply (refer to the Product Disclosure Statement)

<sup>1</sup>Trip Durations:

**Plan A** – covers trips for business and leisure up to 90 days.

**Plan B** – covers trips for business for up to 90 days and for leisure up to 38 days.

**Plan C** – covers trips for business and leisure for up to 38 days.

Payment Method: Cheque / Mastercard / Visa / Amex | 2.5% surcharge for Mastercard/Visa 3.3% surcharge for Amex

I authorise Breakaway Travelclub P/L to debit \$.....

Premium Grand Total

Card No.: .....|.....|.....| ..... Expiry Date: ..... /.....

Card Holder's Name: .....

Cardholder Signature: .....

- I/we acknowledge that a copy of the Combined Financial Services Guide (FSG) and Product Disclosure Statement (PDS) (including Policy Wording), which contains the Duty of Disclosure was given to me before I/we applied for this insurance and that I/we have made the decision to purchase this after carefully reading the terms of the policy and agree that this product is suitable for my/our needs.
- I/we have read the Privacy Notice and I/we consent to the collection, use and disclosure of my personal information by the insurer or Cerberus to such persons and for such purposes stated in the Privacy Notice.
- I/we acknowledge that this policy does not automatically provide cover for Pre-existing Medical Conditions other than those described in the Policy Wording.
- I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

Signature: .....

Date: ..... /..... /.....

Signature: .....

Date: ..... /..... /.....