

## AFA: SICKNESS & ACCIDENT



### APPLICATION FORM

**VIC:GROUP Policy No: 5105228**

PLEASE PRINT CLEARLY: TO BE COMPLETED BY THE PERSON TO BE INSURED BY THIS POLICY

Ref:W:2/2015

TITLE: ..... DOB: ...../...../.....

SEX

FIRST NAME: ..... SURNAME: .....

ADDRESS: .....

SUBURB: ..... STATE: ..... P/CODE: .....

HOME PHONE: ( ) ..... MOBILE: ..... OTHER: .....

EMAIL: .....

PLEASE NOTE: If you have ever consulted a Doctor or other Health Professional or ever received any treatment or advice for Hypertension or High/Elevated Blood Pressure, Heart Disease of any kind or Diabetes prior to the Period of Insurance stated in the Policy Certificate.

DECLARATION: I am the Insured Person and my signature is below. I have read and understood the Current Version of PDS AFA Group Injury & Sickness, Product Disclosure Statement and Policy Wording and my decision to apply for this insurance is based upon my understanding of the information contained in the PDS. I have read and understood this Application Form. In particular, I understand the Duty of Disclosure as outlined in the PDS.

I authorise my medical practitioner or other professional to disclose any information they may possess about me to the Insurer in relation to this Insurance. I declare each statement I make to the Insurer in relation to this insurance and this Application Form to be true and correct.

### NEW DEDUCTION AUTHORITY

**VIC:GROUP Policy No: 5105228**

PLEASE PRINT CLEARLY

EMPLOYER: ..... **VIC**

I ..... Hereby authorise my employer to deduct from my salary

or wages, in the next available pay, \$ ..... per fortnight, being premium for the AFA: SICKNESS & ACCIDENT, GROUP Policy No 5105228 and to remit this amount to All Risk Protection Pty. Ltd. The cover and premium are subject to annual review which may result in a change to this premium. 30 days written notice of any such change will be advised. This Authority is to continue until such time as it is withdrawn by me in writing.

SIGNATURE: **X** ..... DATE: ...../...../.....

EMPLOYEE No: ..... OCCUPATION: .....

LOCATION: .....

#### AFA: SICKNESS & ACCIDENT VIC: GROUP POLICY No: 5105228

ALL RATES BELOW ONLY APPLY IF PAYMENTS ARE MADE VIA PAYROLL DEDUCTION

THREE LEVELS OF COVER AVAILABLE		THREE LEVELS OF COVER AVAILABLE	
AGE GROUP: 16 to 59 7 Days Waiting Period - 104 Weeks Benefit Period	SICKNESS & ACCIDENT	AGE GROUP: 60 to 69 14Days Wait (65 to 69-28 Days) & 52 Weeks Benefit Period	ACCIDENT ONLY
✓ PLEASE TICK	LEVEL OF COVER PREFERRED	✓ PLEASE TICK	LEVEL OF COVER PREFERRED
\$21.00	Fortnightly PREMIUM = \$200 Weekly BENEFIT	\$21.00	Fortnightly PREMIUM = \$200 Weekly BENEFIT
\$28.62	Fortnightly PREMIUM = \$300 Weekly BENEFIT	\$22.20	Fortnightly PREMIUM = \$300 Weekly BENEFIT
\$37.00	Fortnightly PREMIUM = \$400 Weekly BENEFIT	\$29.00	Fortnightly PREMIUM = \$400 Weekly BENEFIT
\$45.00	Fortnightly PREMIUM = \$500 Weekly BENEFIT	\$35.00	Fortnightly PREMIUM = \$500 Weekly BENEFIT

- ❖ **PLUS:** \$10,000 ACCIDENTAL DEATH BENEFIT, AT NO EXTRA COST (AUTOMATICALLY INCLUDES YOUR SPOUSE)
- ❖ **PLUS:** \$5,000 FUNERAL BENEFIT, (ACCIDENTAL DEATH) AT NO EXTRA COST (THIS BENEFIT ONLY APPLIES FOR MEMBER)

**AFA: SICKNESS & ACCIDENT **VIC: GROUP POLICY No:5105228****  
**SPECIFICALLY DESIGNED FOR RTBU MEMBERS AND ALL RAIL EMPLOYEES IN VIC**

**TO REGISTER**

either via email: [rnmorris@optusnet.com.au](mailto:rnmorris@optusnet.com.au)  
 OR Post to: All Risk Protection, PO Box 573, Brighton Le Sands, NSW 2216

**YOUR COVER STARTS** the day the premium is deducted from your pay.

Please advise us if deductions do not start within a month of sending us the Application Form.  
 If you have any questions, please do not hesitate to contact us, and we will be happy to help.

KEEP THIS PAGE FOR YOUR INFORMATION

**AFA: SICKNESS & ACCIDENT** ❖ **VIC GROUP POLICY No: 5105228**  
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THREE LEVELS OF COVER AVAILABLE		THREE LEVELS OF COVER AVAILABLE	
<b>AGE GROUP: 16 to 59 SICKNESS &amp; ACCIDENT</b> 7 Days Waiting Period - 104 Weeks Benefit Period		<b>AGE GROUP: 60 to 69 ACCIDENT ONLY</b> 14Days Wait (65 to 69-28 Days) & 52 Weeks Benefit Period	
✓ <b>PLEASE TICK</b>	<b>LEVEL OF COVER PREFERRED</b>	✓ <b>PLEASE TICK</b>	<b>LEVEL OF COVER PREFERRED</b>
<b>\$21.00</b> Fortnightly PREMIUM = <b>\$200</b> Weekly BENEFIT		<b>\$21.00</b> Fortnightly PREMIUM = <b>\$200</b> Weekly BENEFIT	
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- AUTOMATIC ACCEPTANCE
- EASY METHOD OF PAYMENT VIA PAYROLL DEDUCTIONS
- 7 DAYS WAITING PERIOD & 104 WEEKS BENEFIT PERIOD
- PAID IN ADDITION TO SICK LEAVE & WORKERS COMPENSATION (UP TO 100% GROSS YEARLY INCOME)
- SAME RATES FOR ALL EMPLOYEES & WHETHER A SMOKER OR NON-SMOKER
- **POST TRAUMATIC STRESS DISORDER (PTSD)** ONLY APPLIES IF CONDITION IS A RESULT OF A FATALITY OR NEAR FATALITY, WHILST DRIVING A TRAIN
  - AGE Group: 16 to 59 -7 Days Waiting Period and 26 Weeks Benefit Period
  - AGE Group: 60 to 64 -14 Days Waiting Period and 26 Weeks Benefit Period
  - AGE Group: 65 to 69 -28 Days Waiting Period and 26 Weeks Benefit Period
- NO MEDICALS REQUIRED
- 24 HOUR COVER
- PREMIUMS DO NOT INCREASE WITH AGE
- TAX DEDUCTIBLE PREMIUMS

ACCIDENT ONLY COVER APPLIES FROM AGE 60 (REDUCED PREMIUMS & CONDITIONS APPLY) SEE GRID ABOVE  
 FROM AGE 65 TO 69 – 28 DAYS WAITING PERIOD APPLIES • ALL COVER CEASES AGE 69  
 EXCLUSION: ALL PRE-EXISTING CONDITIONS • FOR ALL EXCLUSIONS, PLEASE REFER TO PDS

**IMPORTANT TO NOTE:**

**IF YOU CHANGE ADDRESS, LEAVE YOUR EMPLOYMENT AND NEED TO CANCEL THIS COVER, COULD YOU PLEASE LET US KNOW, AS SOON AS POSSIBLE**

Ref:W:2/2015

**GENERAL ADVICE WARNING**

THE CONTENT OF THIS QUOTE/APPLICATION HAS BEEN PREPARED WITHOUT TAKING INTO ACCOUNT YOUR OBJECTIVES, FINANCIAL SITUATION OR NEEDS. BECAUSE OF THIS, BEFORE YOU ACQUIRE THIS PRODUCT YOU SHOULD CONSIDER THE SUITABILITY HAVING REGARD TO YOUR OBJECTIVES, FINANCIAL SITUATION AND NEEDS.  
 YOU SHOULD READ THE PRODUCT DISCLOSURE STATEMENT PROVIDED WHICH CONTAINS FULL DETAILS OF THE TERMS AND CONDITIONS OF THE PRODUCT.



**ALL RISK PROTECTION Pty Ltd**

We are well regarded within the insurance industry for our services and knowledgeable advice. We consider client relationship as a vital aspect of our business, so when you work with us you can be assured of receiving superior customer service

**Please direct all ENQUIRIES and CORRESPONDENCE TO:**

**Postal Address:** All Risk Protection

PO Box 573, Brighton Le Sands, NSW 2216

Phone: (02) 9592 4244

Richard: 0412 262 858

Email: [rnmorris@optusnet.com.au](mailto:rnmorris@optusnet.com.au)

Web: [www.allriskprotection.com.au](http://www.allriskprotection.com.au)