



# APPLICATION FORM

# AFA: SICKNESS & ACCIDENT

**EMPLOYER:** ..... **STATE** .....

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, the following EXCLUSION will apply; This policy does not cover any loss or event directly or indirectly arising from traceable to, or accelerated by, any disease or disorder of the Heart, Cardiovascular Cerebrovascular system, Peripheral Vascular or Renal Systems, Coronary Arteries, any form of Cerebrovascular Accident, Hypertension or any complications thereof.

DECLARATION: I am the Insured Person and my signature is below. I have read and understood the Current Version of the (PDS) Product Disclosure Statement, Rail & Bus National Transport Scheme 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.

## DEDUCTION AUTHORITY

PLEASE PRINT CLEARLY

**EMPLOYER:** ..... **STATE** .....

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, 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This Authority is to continue until such time as it is withdrawn by me in writing.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: .....

FOR ALL RAIL EMPLOYEES IN: **VIC ~ QLD ~ WA**

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

<input checked="" type="checkbox"/>	PLEASE TICK	LEVEL OF COVER	PREFERRED	<input checked="" type="checkbox"/>	7 DAYS WAITING PERIOD
	\$26.80	Fortnightly PREMIUM = \$500	Weekly BENEFIT		\$48.24 Fortnightly PREMIUM = \$900 Weekly BENEFIT
	\$32.16	Fortnightly PREMIUM = \$600	Weekly BENEFIT		\$53.60 Fortnightly PREMIUM = \$1000 Weekly BENEFIT
	\$37.52	Fortnightly PREMIUM = \$700	Weekly BENEFIT		\$64.32 Fortnightly PREMIUM = \$1200 Weekly BENEFIT
	\$42.88	Fortnightly PREMIUM = \$800	Weekly BENEFIT		\$80.40 Fortnightly PREMIUM = \$1500 Weekly BENEFIT

- **PLUS \$25,000** ACCIDENTAL DEATH AND **\$5,000** FUNERAL BENEFIT, AT NO EXTRA COST
- AUTOMATIC ACCEPTANCE • NO MEDICALS REQUIRED • **24 HOUR COVER**
- EASY METHOD OF PAYMENT VIA PAYROLL DEDUCTIONS • PREMIUMS DO NOT INCREASE WITH AGE
- 7 DAYS WAITING PERIOD (14 DAYS FROM AGE 60) • 104 WEEKS BENEFIT PERIOD (52 WEEKS FROM AGE 60)
- PAID IN ADDITION TO SICK PAY (UP TO 90% OF YOUR GROSS YEARLY INCOME) • TAX DEDUCTIBLE PREMIUMS
- SAME RATES FOR ALL EMPLOYEES AND WHETHER SMOKER OR NON-SMOKER

ACCIDENT ONLY COVER APPLIES AT AGE 65 (14 DAYS WAITING PERIOD AND 52 WEEKS BENEFIT PERIOD) ALSO PREMIUM IS REDUCED BY 50% • ALL COVER CEASES, AGE 70

EXCLUSIONS: WORKERS COMPENSATION & ALL PRE-EXISTING CONDITIONS • FOR ALL EXCLUSIONS, REFER TO PDS

**AFA: SICKNESS & ACCIDENT**  
**SPECIFICALLY DESIGNED FOR RTBU MEMBERS AND ALL RAIL EMPLOYEES**

**TO REGISTER** for this vital protection please **COMPLETE** and **SIGN** the attached form and return 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  
Policy Certificate issued within 6 to 8 weeks

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

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FOR ALL RAIL EMPLOYEES IN: **VIC ~ QLD ~ WA**  
ALL RATES BELOW ONLY APPLY IF PAYMENTS ARE MADE VIA PAYROLL DEDUCTION

<b>VARIOUS LEVELS OF COVER</b>	<b>7 DAYS WAITING PERIOD</b>
\$26.80 Fortnightly PREMIUM = \$500 Weekly BENEFIT	\$48.24 Fortnightly PREMIUM = \$900 Weekly BENEFIT
\$32.16 Fortnightly PREMIUM = \$600 Weekly BENEFIT	\$53.60 Fortnightly PREMIUM = \$1000 Weekly BENEFIT
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**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)

