



AFA: SICKNESS & ACCIDENT

APPLICATION FORM WA: GROUP Policy No: 5484899

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 (PDS) Product Disclosure Statement (Current Version - AFA Group Injury & Sickness Policy) 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

GROUP Policy No: 5484899

PLEASE PRINT CLEARLY

EMPLOYER: **WA**

I Hereby authorise my employer to deduct from

(STRIKE THROUGH NOT APPLICABLE)

my salary or wages, in the next available pay, **\$20.40** OR **\$30.00** \$ per fortnight, being for the AFA: SICKNESS & ACCIDENT, GROUP POLICY NO: 5484899 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 This Authority is to continue until such time as it is withdrawn by me in writing.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 WA: GROUP POLICY No: 5484899

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

AGE 16 to 59 SICKNESS & ACCIDENT \$20.40 Fortnightly for up to **\$500** Weekly Benefit

❖ 7 DAYS WAITING PERIOD ❖ 52 WEEK BENEFIT PERIOD APPLIES

AGE 60 to 68 ACCIDENT ONLY APPLIES ❖ RATES AND CONDITIONS REMAIN THE SAME

HOWEVER AT AGE 60 YOU CAN CHOOSE TO ADD SICKNESS TO YOUR COVER, AT A TOTAL COST \$30.00 PER FORTNIGHT ❖ THIS COVER IS OPTIONAL, PLEASE CONTACT US IF REQUIRED

AGE 60 to 64 SICKNESS MAYBE ADDED ❖ **\$30.00** Fortnightly for up to **\$500** Weekly Benefit

❖ 14 DAY WAITING PERIOD ❖ 52 WEEK BENEFIT PERIOD APPLIES

AT AGE 65, COVER REVERTS BACK TO ACCIDENT ONLY AND PREMIUM REDUCED TO \$20.40

❖ **PLUS \$25,000** ACCIDENTAL DEATH AND **\$5,000** FUNERAL BENEFIT, AT NO EXTRA COST

AFA: SICKNESS & ACCIDENT WA: GROUP POLICY No: 5484899
SPECIFICALLY DESIGNED FOR RTBU MEMBERS AND ALL RAIL EMPLOYEES IN WA

TO REGISTER for this vital protection please **COMPLETE** and **SIGN** the attached form and return either via email: rnmorris@optusnet.com.au
OR Post to: All Risk Protection, PO Box 777, KOGARAH, NSW 1485

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

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- ❖ 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 AND 52 WEEKS BENEFIT PERIOD ❖ TAX DEDUCTIBLE PREMIUMS
- ❖ PAID IN ADDITION TO SICK LEAVE (UP TO 90% GROSS YEARLY INCOME)
- ❖ SAME RATES FOR ALL EMPLOYEES AND 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 ❖ 14 DAYS WAIT & 26 WEEK BENEFIT PERIOD
- ❖ FOOTBALL AND AMATEUR SPORTS RELATED INJURIES ❖ 7 DAYS WAIT & 26 WEEKS BENEFIT PERIOD

EXCLUSIONS: WORKERS COMPENSATION AND ALL PRE-EXISTING CONDITIONS & ALSO MOTOR SPORTS
FOR ALL EXCLUSIONS PLEASE REFER TO PDS ❖ ALL COVER CEASES, AGE 69

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 777, KOGARAH, NSW 1485

Phone: (02) 9567 1872

Richard: 0412 262 858

Email: rnmorris@optusnet.com.au

Web: www.allriskprotection.com.au