AHI

DECLARATION FORM

Individual Personal Accident and Sickness

HOW TO FILL OUT THIS FORM
Please fill out every question neatly and clearly. This will assist us in evaluating your application and if we are unable to read the information you have given us, we may not be able to provide your insurance.

Your Details

Full Name of Insured Person

Date of Birth | Sex | Height | Weight

Occupation

List your main duties including any hazardous activities e.g maximum heights of work undertaken if above ground

Address

State | Postcode

Business Name of the Insured (if applicable) | ABN

Brokerage (if applicable)

Claims History

Have you previously been insured for this type of risk? Yes No

If Yes, please give any claim details and attach an up to date claims experience

Date of Loss, Nature of Loss, Amount

If you fly, how many flights do you anticipate in a year in a) Chartered Aircraft (Non-Scheduled) b) Private Aircraft

Are you at present insured under any accident or sickness insurance. If so, give details Yes No

If Yes, please attach an up to date claims experience and complete the below

Name of Insurer

Death & Capital Sum Insured $

Weekly Accident Sum Insured $

Weekly Sickness Sum Insured $

Insured Person's Acknowledgement

Give details to "Yes" answers here. Please include name and address of Doctors and/or Hospitals if applicable

a. Have you ever had medical or surgical advice or treatment, or been hospital confined during the past 5 years? ☐ Yes ☐ No

b. Have you ever been declined accident, sickness or life insurance, or been issued such insurance which has been postponed, modified, rated up, cancelled or renewal refused? ☐ Yes ☐ No

c. Have you ever claimed for benefits under any accident or sickness insurance? ☐ Yes ☐ No

d. Will the total amount of your weekly compensation during disablement from this and all other sources exceed your weekly salary or income? ☐ Yes ☐ No

e. Are there any circumstances connected with your occupation or other activities which render you liable to injury or sickness? e.g. Football, Hazardous Activities ☐ Yes ☐ No

f. Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, nervous, genile-urinary, digestive, or circulatory systems, or of the back, spine, eyes or heart? ☐ Yes ☐ No

g. Are there any reasons that would cause you to consider yourself not presently in good health? If yes, give details ☐ Yes ☐ No

Benefits Required

Death & Capital Benefits	$	Deferral Period (Days)	
Weekly Accident	$	Benefit Period (Weeks)	
Weekly Sickness	$		

Scope of Cover

Please select when you would like to be covered?

☐ a. 24 hours, 365 days ☐ b. Working hours only ☐ c. Outside working hours ☐ d. 24 hours, reducible by Workers Compensation

Period of insurance

From: To:

Important information

Privacy
I/we agree that, by submitting this form, the personal information I/we provide to Accident & Health International Underwriting Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the [AHI] Privacy Policy found at ahiinsurance.com.au, including for the processing of this application and providing me/us with cover.

General Insurance Code of Practice
AHI proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry. For further information on the Code, please visit www.codeofpractice.com.au.

Renewal Procedure
Before this policy expires we will normally offer renewal by sending a renewal invitation advising the amount payable to renew this policy. It is important that you check the information shown before renewing each year to satisfy yourself that the details are correct.

Declaration:
I/WE HEREBY DECLARE AND WARRANT that the answers given above are in every respect true and correct, and that I/We have not withheld any information within My/Our knowledge likely to affect the decision of the Company as to My/Our eligibility for Insurance. This application and declaration shall be the basis of the contract between the Company and Myself/Ourselves and I/We agree to accept the Company's Policy subject to the terms and conditions to be contained therein.

Signature of Insured

Date