Expatriate Medical & Emergency Evacuation Insurance

**Proposal Form**

**Important Notices**

PLEASE READ THE FOLLOWING NOTICES BEFORE COMPLETING THIS PROPOSAL FORM.

## Help with completing this proposal form

* This application must be completed in full including all required attachments.
* If more space is needed, please attach a separate sheet with the required information.
* The term Proposer, whenever used in this proposal form shall mean the Insured listed and all subsidiary companies of the Insured for which coverage is proposed under this proposal.
* The term Insured and subsidiary shall have the same meaning in this proposal from as in the policy.

## Duty of disclosure

Before You enter into an insurance contract, You have a duty to tell the insurer anything that You know, or could reasonably be expected to know, may affect their decision to insure You and on what terms. You have this duty until they agree to insure You. You have the same duty before You renew, extend, vary or reinstate an insurance contract.

You do not need to tell the insurer anything that:

* reduces the risk they insure You for;
* is common knowledge;
* they know or should know as an insurer; or
* they waive Your duty to tell them about.

If You do not tell Us something You are required to, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both. If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

## Your duty to take reasonable care not to make a misrepresentation to an Insurer

Before You enter into a contract of general insurance with Us, You have a duty, under the *Insurance Contracts Act 1984* (Cth) to take reasonable care not to make a misrepresentation to Us and to disclose to Us every matter which You know, or could reasonably be expected to know, is relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to take reasonable care not to make a misrepresentation and to disclose those matters to Us before You renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

* that diminishes the risk to be undertaken by Us;
* that is common knowledge;
* that We know, or in the ordinary course of business as an insurer, should know; or
* as to which compliance with Your duty is waived by Us.

Everyone who is insured under this Policy must comply with the duty to take reasonable care not to make a misrepresentation to Us. If You provide information about an Insured Person, You do this on their behalf.

If You (or they) don’t comply with the duty to take reasonable care not to make a misrepresentation to Us, We may reduce the amount of any claim and/or cancel Your Policy. If fraud is involved, We may treat Your Policy as if it never existed.

## General Insurance Code of Practice

We 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.

The objectives of the Code are:

* to promote better, more informed relations between insurers and their customers;
* to improve consumer confidence in the general insurance industry;
* to provide fair and effective mechanisms for the resolution of complaints and disputes between insurers and their customers;
* to commit insurers and the professionals they rely upon to higher standards of customer service; and
* to promote continuous improvement of the general insurance industry through education and training.

For further information on the Code, please visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or alternatively, you can request a brochure on the Code from us.

## Utmost Good Faith

Every insurance contract is subject to the doctrine of utmost good faith which requires that parties to the contract should act towards each other with the utmost good faith. Failure to do so in your part may prejudice any claim and/ or the circumstances of the insurance contract.

## Change of risk or circumstances

The terms and conditions of any insurance policy offered by the Insurer will be based on the information provided to the Insurer. If any material change occurs to the information provided on or with this proposal form prior to the inception of the policy, it is essential that the Insurer is advised of the same prior to inception of any policy. Failure to do so on your part may prejudice any subsequent claim under the policy and/ or the continuation of the insurance contract.

## Insurer

Chase Accident & Health is a division of Chase Underwriting Solutions Pty Ltd, ABN 50 156 554 808, AFSL 454344 (“Chase”). Chase is an underwriting agency and is authorised to act on behalf of and in the interests of certain Underwriters at Lloyd’s and other general insurers (collectively the “Underwriters”).

Chase may also place insurance with Lloyd’s or other general insurers acting as a wholesale insurance broker.

## Privacy statement

* + 1. Chase is committed to safeguarding and protecting you, the Insured’s privacy. We are bound by the provisions of the *Privacy Act 1988* (Cth) which sets out the standards to meet in the collection, use and disclosure of personal information. We will only collect personal information from you to allow us to quote on and insure your risks and related matters, including investigating and managing claims.
		2. We may provide your personal information to others, such as other insurers or our reinsurers, claims investigators, lawyers and other professionals, and government bodies. We will not under any circumstances trade, rent or sell your information.
		3. If you do not provide us with complete, accurate and up-to-date information, we cannot properly quote for your insurance and we cannot insure you. If you provide us with personal information about anyone else, Chase will rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.
		4. Please refer to Chase’s website for our [Privacy Statement](https://www.chaseunderwriting.com.au/privacy-policy/).
		5. If you wish to access or correct your personal information, please write to or contact:

*The Privacy Officer
Chase Underwriting Solutions Pty Ltd*

*Level 1, 68 Clarke Street,*

*Southbank, VIC 3006*

*Telephone number 1300 949 834*

## Important instructions for completing this proposal form

* All questions must be answered in full. Failure to do so may result in delays in providing a quotation or effecting the insurance.
* Where a Yes/No response is indicated please tick or cross the applicable box.
* This proposal form must be signed by at least one principal, partner or director of the principal entity seeking insurance after all necessary enquiries have been made of the principals, partners, directors and employees of all entities seeking insurance.
* Where there is insufficient space to answer any question, or additional documentation is required, please provide same by way of a clearly labelled attachment to this proposal form and specify the applicable attachments in the space provided for each question.
* If you require any assistance in completing this proposal form, please contact your insurance adviser.
* Please retain a copy of this proposal form and any attachments for your records.

| **Section 1 - Employee (Insured Person) Details** |  |  |
| --- | --- | --- |
|  | **Name** | **Nationality**  | **Date of Birth** | **Email** |
| Employee | Enter text. | Enter text. | Enter text. | Enter text. |
| Spouse\* | Enter text. | Enter text. | Enter text. | Enter text. |
| Dependent Children\* | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. |

\* Only provide Spouse/Dependent details if they are accompanying you on your assignment.

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| --- |
| **Section 2 - General Details** |
| a) Name of Insured | Enter text. |
| b) Country/City of origin | Enter text. |
| c) Nationality | Enter text. |
| d) Intended country of domicile | Enter text. |
| e) Cover to incept from | Enter text. |
| f) Period of contract/cover in intended country | Enter text. |
| g) Employee’s occupation | Enter text. |

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| **Section 3 - Medical History** |

Please note, pre-existing medical conditions (including pregnancy prior to cover inception) are automatically excluded from policy coverage. All possibilities must be considered prior to departure. Please disclose your or any accompanying family member’s medical history as follows:

1. Details of all **medication and drugs** which you are currently taking or have taken in the **past 12 months.**

| Insured Person/s | Name of Medication | Dosage | Medical Condition for which Prescribed | Name ofTreating Doctor | Date of Last Visit | Tel. No. of Treating Doctor |
| --- | --- | --- | --- | --- | --- | --- |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter date. | Phone. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter date. | Phone. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter date. | Phone. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter date. | Phone. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter date. | Phone. |

1. The Medical conditions for which **treatment or advice** has been sought in the **past 12 months** from a general practitioner, specialist, psychologist, physiotherapist, naturopath, chiropractor or other.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Insured Person/s | Condition | Treatment | Name of Treating Practitioner | Date of Last Visit | Tel. no. of Treating Doctor |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter date. | Phone. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter date. | Phone. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter date. | Phone. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter date. | Phone. |
| 1. Any diagnosis with abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis, rheumatism, any disorder of the mental, respiratory, nervous, genitourinary, digestive or circulatory system of the back, spine, eyes or heart?
 | [ ]  Yes [ ]  No |

If Yes, please provide details below.

|  |  |  |
| --- | --- | --- |
| Insured Person/s | Condition | Date occurred |
| Enter text. | Enter text. | Enter Date. |
| Enter text. | Enter text. | Enter Date. |
| Enter text. | Enter text. | Enter Date. |
| Enter text. | Enter text. | Enter Date. |

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| **Section 4** |

Has any Insured Person had previous treatment for an injury or illness? [ ]  Yes [ ]  No

If Yes, Please provide details of any other illness or injury which they have sought treatment for in the last five years?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Insured Person/s  | Name of Medication | Dosage | Medical Condition for which prescribed | Name of treating doctor | Date of Last Visit | Tel. no. of Treating Doctor |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter date. | Phone. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter date. | Phone. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter date. | Phone. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter date. | Phone. |

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| **Section 5** |

1. Have you ever had Expatriate Insurance before? [ ]  Yes [ ]  No
2. Please provide details of any other illness or injury which you have sought treatment for in the last five years?

| Insured Person/s  | Name of MedicationDosage | Policy Number | Date cover commenced | Date cover cancelled |
| --- | --- | --- | --- | --- |
| Enter text. | Enter text. | Enter text. | Enter date. | Enter date. |
| Enter text. | Enter text. | Enter text. | Enter date. | Enter date. |
| Enter text. | Enter text. | Enter text. | Enter date. | Enter date. |
| Enter text. | Enter text. | Enter text. | Enter date. | Enter date. |

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| **Section 6** |

Are there any activities connected with any Insured Person/s which may be considered hazardous or render him/her susceptible to injury or illness (like welding, mining, scuba diving, football, rock climbing, mountaineering, motorbike riding, paragliding and the like)? [ ]  Yes [ ]  No

If Yes, please provide details.

|  |  |
| --- | --- |
| Insured Person/s  | Details |
| Enter text. | Enter text. |
| Enter text. | Enter text. |
| Enter text. | Enter text. |
| Enter text. | Enter text. |

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| **Declaration** |

The Employee declares that:

1. The Employee has read and understands the Policyholder’s duty of disclosure.
2. The answers given in this Application are in every respect true and correct.
3. The Employee has not withheld any information likely to affect the decision of Chase Underwriting Solutions as to the Employee’s eligibility for Insurance.

|  |  |
| --- | --- |
| Signature of Employee: | Enter text. |
| Date | Enter text. |

The Policyholder declares that:

I/We hereby agree that this Declaration and Proposal Form together with any statements made in connection herewith and signed by the employee to be insured are true and correct in every respect.

|  |  |
| --- | --- |
| Signature of Policyholder or Authorised Representative | Enter text. |
| Date | Click or tap to enter a date. |