

Defence Health Mature Age Travel Insurance application form

Personal details

Defence Health member number (if applicable)

Applicant's details

Surname D.O.B

/ /

Dependant child/ren details

Must be financially dependant and under 25 years of age

Given name Title (Mr, Mrs, etc) Child 1 Title (Master/Miss) Given name D.O.B

/ /

Address (Number/Street) Child 2 Title (Master/Miss) Given name D.O.B

/ /

Suburb State Postcode Child 3 Title (Master/Miss) Given name D.O.B

/ /

Home telephone number Mobile

Email address

Travel details

Your destination

(Refer to the Plan selection section on pages 6-7 in the PDS)

Departure date Return date

Total number of person/s travelling Adult/s Child/ren

Plan selection

Please select the relevant travel plan. For a quote, visit www.defencehealth.com.au or call **1800 102 994**.

International One-trip Plans*

Platinum (MF12)

Gold (MC12)

Silver (MD12)

Bronze (ME12)

Domestic travel plan (MQ12)

* Destination excluding Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan or Syria

Quoted premium (\$)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Optional extras

Excess eliminator

Payment of an additional \$25 can remove all excesses on claims for international and domestic travel plans

Additional premium (\$)

<input type="text"/>

Existing Health Disorders

Do you require cover for any Existing Health Disorder as explained on pages 9-10 in the PDS? Yes No

If yes, please call Travel Guard™ on **1800 008 473** to complete our phone-based medical assessment.

Luggage – Specified items

To arrange additional cover for items worth more than the limits detailed on pages 30-31 in the PDS, list the items below. The maximum additional cover is \$4,000 per item and \$8,000 in total. The additional premium is 4% of the insured value of the listed items only to a maximum of \$320.

Total insured value of listed items \$ _____ @ 4%

Additional premium (\$)

<input type="text"/>

Additional Rental Vehicle excess cover

Additional premium @ \$15 per \$500 of excess (over and above the \$4,000 of Rental Vehicle excess cover already provided by the policy) to a maximum of \$6,000.

Additional premium (\$)

<input type="text"/>

Declaration

I have read the Product Disclosure Statement and Policy Wording and understand the terms and conditions.

Signature

X

Date / /

Total premium payable

Quoted premium for Plan selected	\$
Optional excess eliminator	\$
Optional Luggage – Specified items	\$
Optional additional Rental Vehicle excess cover	\$
Total Premium	\$

Payment details

Please note: Cheques not accepted

Card type MasterCard Visa AMEX Diners

Card number

Expiry date

Name on card

Cardholder's signature

X

Date / /

Office use only

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