

## Defence Health Travel Insurance application form (up to 69 years of age)

### Personal details

Defence Health member number (if applicable) .....

**Applicant's details**

Surname	D.O.B	Surname	D.O.B
<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Given name	Title/Rank	Given name	Title/Rank
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Travelling companion's details (if applicable)**

 Address (Number/Street)  

**Dependant child/ren details**

Must be financially dependant and under 25 years of age

Suburb	State	Postcode	Child 1 Title (Master/Miss)	Given name	D.O.B
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Home telephone number	Mobile		Child 2 Title (Master/Miss)	Given name	D.O.B
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Email address			Child 3 Title (Master/Miss)	Given name	D.O.B
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>

### Travel details

**Your destination**

(Refer to the Plan selection section on pages 2-5 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](http://www.defencehealth.com.au) or call **1800 102 994**.

**International One-trip Plans\***
**Please select**
**Quoted premium (\$)**

Platinum (F12)	<input type="checkbox"/>	Single	<input type="checkbox"/>	Family	<input type="text"/>
Gold (C12)	<input type="checkbox"/>	Single	<input type="checkbox"/>	Family	<input type="text"/>
Silver (D12)	<input type="checkbox"/>	Single	<input type="checkbox"/>	Family	<input type="text"/>
Bronze (E12)	<input type="checkbox"/>	Single	<input type="checkbox"/>	Family	<input type="text"/>
<b>Domestic travel plan (Q12)</b>	<input type="checkbox"/>	Single	<input type="checkbox"/>	Family	<input type="text"/>

**Domestic Cancellation and Emergency Expenses Plan**

<input type="checkbox"/> High Plan (PH12) (\$27 per person)	Number of person/s	<input type="text"/>			<input type="text"/>
<input type="checkbox"/> Low Plan (PL12) (\$19 per person)	Number of person/s	<input type="text"/>			<input type="text"/>

**Annual Multi-trip Plan**

<input type="checkbox"/> Platinum Worldwide* (AF12M)	<input type="checkbox"/>	Single (\$436)			<input type="text"/>
	<input type="checkbox"/>	Family (\$600)			<input type="text"/>
<input type="checkbox"/> Gold Worldwide* (AC12M) except USA, Canada, Mexico, Central & South America, Antarctica	<input type="checkbox"/>	Single (\$314)			<input type="text"/>
	<input type="checkbox"/>	Family (\$429)			<input type="text"/>

\* Excluding Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan or Syria

**Payment options for Annual Multi-trip Plans**

- Single payment
- Monthly instalments (A premium loading of 10% will apply.)

### Office use only

JM 08/01693.2    M. Pol (Platinum): 2500101631    M. Pol (Gold): 2500101630    C/N: 200727    AH 08/009

