



**CHARTIS  
MATURE AGE ASSESSMENT FORM  
LEISURE TRAVEL INSURANCE INTERNATIONAL & DOMESTIC SINGLE TRIP  
POLICY**

Please note that one form per applicant is required. If you are aged 85 years and over or are otherwise ineligible for automatic acceptance and wish to apply for consideration of cover you need to complete the Mature Age Assessment Application.

Simply complete the Application and return to Chartis for assessment and processing. Please note, the medical section must be completed by your usual doctor.

Chartis will fairly assess the application and will contact you as soon as possible to advise the terms of cover and applicable premium, together with an Acceptance Number.

**PERSONAL DETAILS**

Mr/Mrs/Miss/Ms \_\_\_\_\_

(Full Name) \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

**TRAVEL DETAILS**

Commencement Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Duration of Trip: \_\_\_\_\_ Days / Weeks / Months (inclusive)

Destination(s):  
\_\_\_\_\_

**Please indicate below if your travel will be mainly by:**

Airline     Road     Cruise

**PLAN**

Please indicate below the Plan for your journey:

International  Platinum  Gold  Silver  Bronze

Australian Travel

**CONSENT ACKNOWLEDGEMENT.**

By signing the Travel Insurance Mature Age Assessment Application and any associated form you consent to the uses of your private information that have been disclosed by Chartis.

Your Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ALL QUESTIONS MUST BE FULLY COMPLETED TO ENABLE ASSESSMENT**

**PLEASE WRITE CLEARLY OR ASSESSMENT WILL BE IMPOSSIBLE**

***THIS SECTION MUST BE COMPLETED BY THE APPLICANT***

Please provide details for "Yes" answers in full below (e.g. when, why)

Hospitalised in the past 3 years?	Yes / No	
Terminal or Malignant illness or condition?	Yes / No	
Rheumatic Fever or Heart Disease of any kind?	Yes / No	<i>If heart disease, please include copies of relevant reports e.g. angiogram stress tests, cardiology reviews</i>
Suffered a Stroke or Transient Ischaemic attack?	Yes / No	
Suffered Airways Limitation (e.g. Asthma, Emphysema)?	Yes / No	

Are you a smoker? YES / NO (Please circle)

List details of visits to all doctors in the last 12 months, reasons, outcome, and current state of health.

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To be signed by APPLICANT

I declare that I have not been refused cover for this journey by any other insurer.

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***THIS SECTION MUST BE COMPLETED BY YOUR USUAL DOCTOR***

How long have you been the Applicant's usual Medical Practitioner?

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Last examination date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any other chronic illness/disease? YES /NO Nature of Condition?

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Please list diagnoses, treatment, medication and current status:

	1.	2.	3.
Condition/Diagnosis			
Treatment/Medication			
Symptoms/Current Status			

Does the Applicant have any special needs in flight or on the ground?

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Have you provided a referral to any overseas hospital or medical advisor?

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Do you consider the Applicant fit and able to complete this journey without needing any additional medical treatment, assistance or advice in relation to the above conditions?

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Are there any other details we should know?

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To be signed by the APPLICANT

I hereby authorise Chartis or its appointed medical provider, Travel Guard™, to contact the medical practitioner who completed this Application should further information be required on my past or present medical history with respect to this Application.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Telephone No: \_\_\_\_\_

Doctor's Fax No: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## NOTES FOR APPLICANTS

**Please note this section of the form is not to be sent to Chartis.**

Please return the completed Mature Age Assessment Application to our office, where we will determine if cover is available to you. We will provide you with a response as soon as possible.

You may forward your Mature Age Assessment Application by fax to 1800 008 474, or by post to the following address:

Chartis  
Mature Age Assessment  
GPO Box 4588  
Melbourne VIC 3000

FAX: 1800 008 474

FREE PHONE: 1800 017 682

## YOUR DUTY OF DISCLOSURE

### What You Must Tell Us

When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

### Who Needs to Tell Us

It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

### If You Do Not Tell Us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel a policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having worked.

## **PRIVACY CONSENT AND DISCLOSURE**

Chartis is bound by the National Privacy Principles that apply to any personal information collected by Chartis.

### **Purpose of Collection**

Chartis collects information necessary to underwrite and administer your insurance cover, to maintain and to improve customer service and to advise you of our products. You have a duty under the Insurance Contracts Act to disclose certain information. Failure to comply with your duty of disclosure or to provide certain information may result in Chartis either declining cover, cancelling your insurance cover or reducing the level of cover.

In the course of administering your policy we may disclose your information to:

- the entity to which Chartis is related (whether in Australia or overseas), contractors or third party providers providing services related to the administration of your policy.
- banks and financial institutions for the purpose of processing your application and obtaining policy payments.
- assessors, third party administrators, emergency providers, retailers, medical providers and travel carriers, in the event of a claim.
- our assistance provider who will record all calls to the assistance service provided under your policy for quality assurance training and verification purposes.
- enable us to advise you of our insurance products and services.

In some circumstances Chartis is entitled to disclose your personal information to third parties without your authorisation, such as law enforcement agencies or government authorities.

### **Access To Your Information**

You may gain access to your personal information by submitting a written request to Chartis.

In some circumstances, Chartis may not permit access to your personal information. Circumstances where access may be denied include where it would compromise the privacy of other individuals, or where it would be unlawful.

### **Complaints**

Chartis has also established an internal dispute resolution process for handling customer complaints.

If you feel you have a complaint about Chartis' compliance with the National Privacy Principles, require assistance in lodging a privacy complaint, or you wish to gain access to the information, you may write to

The Privacy Manager,

Chartis,

Level 12, 717 Bourke Street

Docklands, VIC 3008

or e-mail [australia.privacy.manager@chartisinsurance.com](mailto:australia.privacy.manager@chartisinsurance.com).

Your complaint will be reviewed and you will be provided with a written response. If it cannot be resolved, your complaint will be referred to Chartis' Internal Dispute Resolution Committee within 15 working days of receipt. In either case the matter will be reviewed by a person or persons with appropriate authority to deal with the complaint.

Should your complaint not be resolved by Chartis' internal dispute resolution process, you may take your complaint to the Privacy Commissioner for a review of the determination.

**Consent Acknowledgement**

By providing your personal information to enable completion of the application of insurance (including any associated form) and payment of the premium, you consent to the use of your personal information stated in the privacy statement above.

