

IF YOU HAVE INSUFFICIENT SPACE TO COMPLETE YOUR ANSWERS PLEASE ATTACH A SEPARATE SHEET

### Trip Details

Commencement/Departure Date ...../...../.....

Expiry/Return Date (max 12 months) ...../...../.....

Duration of Tour/Project .....

Total No. Persons .....

Main Destination .....

Other Destinations .....

(The main destination is the country where you are spending the majority of the trip. Please note there is no cover at all for travel to countries or regions that have an Australian Government 'Do Not Travel' warning in place. See General Exclusion 22 on pages 52-53 of the PDS for more information.)

### Traveller Details

Name ..... Mr / Mrs / Ms

Date of birth ...../...../.....

Name ..... Mr / Mrs / Ms

Date of birth ...../...../.....

### Accompanying Dependents

(Please note the definition of a 'Dependent' as outlined on page 55 of the PDS.)

Name ..... Mast / Miss

Date of birth ...../...../.....

Name ..... Mast / Miss

Date of birth ...../...../.....

### Home Address in Australia

Address .....

.....

Phone (Home) ..... (Mobile) .....

Email .....

Missions Organisation .....

Australian Contact Name .....

Australian Contact Phone .....

### Additional Dependents

Name ..... Mast / Miss

Date of birth ...../...../.....

Name ..... Mast / Miss

Date of birth ...../...../.....

Name ..... Mast / Miss

Date of birth ...../...../.....

### Are you Eligible for a MissionCare Policy?

(See 'Resident' definition on page 57 of the PDS.)

#### I am/we are able to declare that:

I/we all hold a full, current Australian Medicare card  Yes  No

I/we retain a home address in Australia  Yes  No

I am/we are Australian citizens/permanent Australian residents  Yes  No

#### If you answered 'No' to any of the above questions, please contact us to discuss

If you needed to contact us regarding the above, please record any notes here:

#### Do you need to declare any of the following?

I am/we are a citizen or permanent resident in the country I am/we are travelling  Yes  No

I am/we are eligible for cover under a 'medical scheme' in the country I am/we are travelling  Yes  No

#### If you answered 'Yes' to any of the above questions, please contact us to discuss

If you needed to contact us regarding the above, please record any notes here:

#### My Current Policy is expiring or has expired recently

Are you purchasing a new policy to follow an existing MissionCare or SureSave policy that's expiring/expired recently?  Yes  No

If no, complete section 'This is my First MissionCare/SureSave Policy'; below

If yes, as per page 15 of the policy wording, a new policy can be purchased whilst overseas, a 7-day waiting period may apply. A new policy can also be purchased whilst in Australia. Please note there is no ability to upgrade plans whilst overseas. Please be aware that this is a new policy and not a renewal - therefore please declare:

I/we understand that any medical conditions I/we have experienced or had treated within the expiring policy period will now be considered pre-existing.

initial .....

#### This is my First MissionCare/SureSave Policy

Do you have a current MissionCare/SureSave policy?  Yes  No

If yes, complete 'My Current Policy is expiring/has expired recently' above. If no, complete below.

Are you purchasing a policy whilst in Australia?  Yes  No

If no, cover is available, however you can only purchase Budget plan and a 7-day waiting period applies.

Please forward completed application form to:

EA Insurance Services, PO Box 175, Box Hill VIC 3128 phone +61 3 9890 6851 fax +61 3 9890 0700 email [info@missioncare.com.au](mailto:info@missioncare.com.au) web [www.missioncare.com.au](http://www.missioncare.com.au)

EA Insurance Services Pty Limited, AFS Licence No 241135 ABN 54 062 461 527 (EA Insurance) is an agent of Cerberus Special Risks Pty Limited, ABN 81 115 932 173, AFS Licence 308461 (Cerberus).

EA Insurance is a partner of SureSave Pty Limited ABN 82 137 885 262, AR 33902, which is an authorised representative of Cerberus. This insurance is underwritten by certain underwriters at Lloyd's.

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Pre existing Medical Conditions

Do you have a pre-existing medical condition as outlined on pages 18-19 of the PDS?  Yes  No (if no, skip this section)

You may not be automatically covered for pre-existing medical conditions. Please see pages 18-23 of the PDS.

1. For all your pre-existing medical conditions, do you meet all the requirements under 'Is your condition automatically covered?' on page 19 of the PDS, and do all your conditions meet all the requirements in the 'Automatically covered conditions' list on page 20 of the PDS?  Yes  No

If you have answered yes to this question, the condition/s are automatically covered and no additional premium or action is required; however:

- a) If any of your pre-existing medical conditions do not meet the requirements for 'automatically covered conditions', you will need to be medically assessed to determine if cover is available for any of your pre-existing medical conditions.
- b) If any of your medical conditions are in the list of 'Specifically excluded conditions' on page 21 of the PDS, you will not be covered for any pre-existing medical condition. You will need to be medically assessed to determine if cover is available for any of your other pre-existing medical conditions.

Please refer to 'I need an assessment. What do I do next?' on page 21 of the PDS. Please note that the Budget and Necessities Plans only provide cover when all pre-existing medical conditions meet the requirements for automatic cover detailed on pages 19-20 of the PDS. Cover for pre-existing medical conditions which are not automatically covered may be available under the Comprehensive, Single plan or Annual Frequent Traveller plan following a medical assessment.

**Medical assessments are only available when you are in Australia.** In some situations, medical assessments are also available whilst overseas if you hold an active policy. It is recommended that you let us know as early as possible (at least 2 weeks) before policy expiry that a medical assessment is desired. If no active policy is held with us, medical assessments can only be purchased when you are in Australia.

2. Do you require a medical assessment?  Yes  No  
(If yes, EA Insurance will contact you for further information before you have a medical assessment.)

3. Where I/we have declined or are not eligible for pre-existing medical cover, I/we declare that I/we understand no cover is available for any claims arising from or exacerbated by pre-existing medical conditions unless otherwise noted in writing.

if relevant initial .....

**Note:** When you return to Australia, as per page 14 of the PDS, please be aware that any illness/injury you may suffer and which first comes into existence, shows symptoms, is diagnosed or treated whilst in Australia will be considered a pre-existing medical condition from the time you resume your trip overseas. Please contact EA Insurance if this occurs any time during the policy.

Policy Options

**Increased Luggage Cover** (attach valuation/receipt)

Your policy may include cover up to a limit outlined on pages 33 and 37 of the PDS. You may increase limits up to \$4,000 for specific items and up to a total of \$10,000 combined on Comprehensive and Annual Frequent Traveller Plans only; this is not available under the Budget or Necessities Plans.

Would you like to increase your luggage cover?  Yes  No  
If yes, please contact us for a price.

**Rental Vehicle Insurance Excess Options**

Extra premium is \$25 per \$500 extra cover, maximum \$4,000 additional cover (maximum \$2,000 on Budget). This option is not available under the Necessities Plan.

Increased Excess \$..... = Premium \$.....

Payment

- Plan selected:  Single  Family  
 Comprehensive Plan  Budget Plan  
 Annual Frequent Traveller Plan  Necessities Plan

Total Premium Payable \$ .....  
 Premiums include GST and Stamp Duty where applicable.

Payment Method:  Account  Cheque  Credit Card

Credit Card Authority

Please debit my  Visa  Mastercard  American Express

Card Number

Card Holder's Name .....

Expiry Date...../..... CWV no. (required).....

Signature ..... Date .....

\*Please note we process credit card payments online through SureSave's secure website

Declaration

1. I/we acknowledge that a copy of the Combined Financial Services Guide (FSG) and Product Disclosure Statement (PDS), which contains the Duty of Disclosure, was given to me/us before I/we applied for this insurance and that I/we have made the decision to purchase this after carefully reading the terms of the policy and agree that this product is suitable for my/our needs.
2. I/we authorise any doctor or clinic to provide Cerberus, SureSave and EA Insurance with information concerning my/our current or past medical history. I/we have read the Privacy Policy and I/we consent to the collection, use and disclosure of my/our personal information by the Insurer, Cerberus, SureSave or EA Insurance to such persons and for such purposes stated in the Privacy Policy.
3. I/we acknowledge that this policy does not automatically provide cover for Pre-existing Medical Conditions.
4. I/we agree to abide with the terms and conditions of this policy and confirm that I/we have provided all relevant information and the information supplied is correct.
5. I/we declare that I/we understand that this policy is for emergency medical assistance only and is not health insurance.

Signature ..... Date..... Signature ..... Date.....

Claims Consent

I/we authorise the MissionCare staff (EA Insurance) to assist in respect of claims related to my/our insurance policy. This may include access to personal, medical and other information directly related to insurance claims during this policy period. Signed .....

**Please forward completed application form to**

EA Insurance Services, PO Box 175, Box Hill VIC 3128 phone +61 3 9890 6851 fax +61 3 9890 0700 email [info@missioncare.com.au](mailto:info@missioncare.com.au) web [www.missioncare.com.au](http://www.missioncare.com.au)

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