

EXPATRIATE MEDICAL EXPENSES PROPOSAL FORM

1 CLIENT INFORMATION

Name of Policy Holder			
Address of Policy Holder			Postcode
ABN			
Insurance Period	From: day/month/year	To: day/month/year	
Occupation			

2 INSURED PERSON INFORMATION

Name of Employee			
Nationality		Date of Birth	
Accompanying Partner		Date of Birth	
Accompanying Dependent Children		Date of Birth	
Accompanying Dependent Children		Date of Birth	
Accompanying Dependent Children		Date of Birth	
Accompanying Dependent Children		Date of Birth	
Occupation			
City or Country of Posting			
Address of Posting			

3 PREVIOUS HISTORY

Does the POLICY HOLDER currently hold, or have they ever held, any overseas medical insurance in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide details:</i>	
Has the POLICY HOLDER or any COVERED PERSON lodged any overseas medical claims in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide details:</i>	
Has the POLICY HOLDER been declined insurance in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide details:</i>	

4 MEDICAL HISTORY

1. Have you or any Family Member accompanying you	
a. ever had any disorders which affected your heart, lungs, bowels, bladder, liver, kidneys, blood circulation, digestive system, genitals, back, ears or eyes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. ever had any nervous disorder, paralysis, rheumatism, tuberculosis, ulcer or cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. lost all or part of a limb or have any other physical defect or infirmity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. had any other illness, injury, operation or treatment in the last 5 years which required hospitalisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there any foreseen recurrence of any illness or injury previously suffered or the possibility of You or an Accompanying Family Member undergoing surgery or other treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you or any of your Family Members:	
a. Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Required to have medical examination prior to leaving for overseas assignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. On a waiting list for medical treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you or any Family Member take medication or drugs on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you or any Family Member wear glasses or have vision impairments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you or any Family Member intend to go to the dentist in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you require any Personal Accident cover whilst Expatriated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Note: If any of the above were answered "Yes", please provide details including description of injury or illness, duration (dates), the cause, nature of treatment and results, current condition, name and addresses of doctors and hospitals consulted.</i>	

4 MEDICAL HISTORY CONTINUED

Description of injury or illness, duration (dates), the cause, nature of treatment and results, current condition, name and addresses of doctors and hospitals consulted, continued.

DECLARATION

I declare that:

- I have read and understood the Expatriate Medical Expenses Product Disclosure Statement and Policy Wording.
- I have received the Target Market Determination of the Policy.
- I have read and understood the Financial Services Guide.
- I am authorised to sign this application by each insured person.
- The statements in this application are true and complete and no material information has been withheld.
- I have read and understood the Important Notices accompanying this application.
- I have diligently made all necessary enquiries in order to comply with the duty of disclosure.

Where I have provided information about another individual, that individual has been made aware of that fact and the Australia Personal Data Privacy Statement of Allied World.

I acknowledge that Allied World relies on the information and representations of this application and otherwise made by me or on my behalf in connection with this insurance.

Except where indicated to the contrary, I understand that any statement made in this application will be treated as a statement made all persons to be insured.

I undertake to notify Allied World of any material change to the information contained in this application before the proposed insurance cover commences.

Name and Title

Signature

Date

IMPORTANT NOTICES

Your Duty of Disclosure

It is important that you read and understand your Duty to Take Reasonable Care not to Make a Misrepresentation as outlined here and in the PDS in relation to the information you have provided to us to ensure that our records are correct.

Privacy Notice

Allied World Company, Ltd (Australia Branch) (ABN 54 163 304 907, AFSL 548668) is committed to comply with the Australian Privacy Principles under the Privacy Act 1988 (Cth). Allied World may collect, use and disclose personal information for the purposes of conducting its insurance business and to provide you and manage insurance products and services, including to:

- (a) identify you when you do business with us;
- (b) establishing your requirements and providing the appropriate product or service;
- (c) consider and process your application;
- (d) vary, cancel and renew your insurance;
- (e) deal with and/or process any claims under your policy, including settlement and to conduct necessary investigations;
- (f) complete due diligence and background checks that are either required by law or regulation or have been put in place by Allied World;
- (g) respond to your queries and administer your policy, including correspondence with you;
- (h) investigate fraud, misconduct or any unlawful act or omission in relation to your policy;
- (i) enable us to comply with our legal obligations;
- (j) for research and statistical purposes, including data analysis, improving our financial products and services, and training and developing our staff and representatives;
- (k) for marketing (subject to applicable law) of other services provided by us; and
- (l) any purpose directly related to the above.

Personal information may be obtained by Allied World directly from you or from a third party such as an insurance intermediary. We request for and rely on information that is relevant. If this information is not provided to Allied World, we may not be able to provide insurance services to you.

Allied World's Australia Personal Data Privacy Statement contains information on the kinds of personal information we collect and hold, how we do so and the purposes for which we collect, hold and disclose personal information. It also contains information on how Allied World can access the personal information of an insured or other individuals (each a "personal information subject"), how a personal information subject can seek correction of such information or make a privacy related complaint and when Allied World is likely to disclose personal information to third parties, including other insurers; reinsurers; intermediaries; insurance associations, federations or similar organisations; related companies; our advisers, service providers and agents; external claims data collectors and verifiers; parties that have an insurance scheme in place under which you purchased your policy; parties involved in claims investigation and management; government and statutory agencies; and as otherwise required or allowed by law, in each case both within and outside Australia. The countries in which these third parties may be located will vary from time to time, but may include Bermuda, the United States of America, the United Kingdom, Ireland, Singapore and Hong Kong.

A copy of Allied World's Australia Personal Data Privacy Statement can be obtained by contacting Allied World by telephone (+61 2 8015 2500) or by visiting Allied World's website (<http://www.alliedworldinsurance.com/australia>). You can, subject to applicable law, request access to and correction of any personal data concerning yourself held by Allied World.

By providing Allied World with your personal information, you consent to its collection, use and disclosure as outlined above and in Allied World's Australia Personal Data Privacy Statement. By providing Allied World with another individual's personal information, you confirm that you are authorised to disclose their personal information and to consent to the collection, use and disclosure of such individual's personal information on their behalf.

Consent

I consent to Allied World collecting, using and disclosing personal information as set out in the Privacy Notice. If I have provided or will provide information to Allied World about any other individuals, I confirm that I am authorised to disclose his or her personal information to Allied World, and to give this consent on both my and their behalf.

IMPORTANT NOTICES CONTINUED

Marketing Consent

I consent to Allied World sending me marketing, advertising and promotional messages relating to its insurance business, and conducting consumer, marketing-related and other similar research and analysis relating to the insurance products and services that Allied World provides. I also consent to Allied World disclosing my personal data to third parties and their representatives in order for such third parties to use and process my personal data for such purposes. I acknowledge and accept the Australia Personal Data Privacy Statement, which explains how Allied World will collect, hold and disclose personal information. I can be contacted by:

- ☐ Voice call
- ☐ Text message
- ☐ Electronic transmission to or through my email addresses and social media accounts
- ☐ Post