

Comprehensive Enrolment Form

Policy number (Agents must complete) **C C P**

Traveller and Contact Details

Adult Traveller(s)

#	Title	First Name	Surname	D.O.B.
1				/ /
2				/ /

Children And Infants (0-20 years)

3				/ /
4				/ /
5				/ /

Contact Details

Street Address	
Suburb	
Postcode	State
Daytime Phone ()	
Mobile	
Email	

Policy and Travel Details

Single Trip <input type="checkbox"/>	Area of Travel Choose from 1-5 <input type="checkbox"/>	Country Most Time Spent In <input type="text"/>	Travel Start Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Travel End Date <input type="text"/> / <input type="text"/> / <input type="text"/>	OR	Travel Duration <input type="text"/>
Annual Multi-Trip <input type="checkbox"/>	Area of Travel Choose from 1, 2 or 5 <input type="checkbox"/>	Country Most Time Spent In <input type="text"/>	Travel Start Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Maximum Duration Per Trip	15 days <input type="checkbox"/>	30 days <input type="checkbox"/>
				45 days <input type="checkbox"/>	60 days <input type="checkbox"/>	

Options To Vary Cover

Choose Level Of Cancellation Cover International Plan Only
 Include all prepaid travel tickets, hotels, tours or other travel related expenses for all travellers on this policy.

\$Unlimited \$3,000

\$Nil \$100 \$250

Increase Luggage Item Limit (Pg 13) Tick to increase

Increase Rental Car Insurance Excess Cover (Pg 14) Tick to increase

Add Motorcycle/Moped Riding Cover (Pg 14) Tick if cover required

Add Snow Skiing, Snowboarding And Snowmobiling (Pg 13) Tick if cover required
 Snow Skiing
 Snowboarding
 Snowmobiling

Existing Medical Conditions/Pregnancy (Pages 14-17)

Conditions That Require Assessment (Extra Cost Applies):
 List travellers who require cover (e.g. travellers 1 & 3)

Declaration

- The PDS was given to me before I applied for this insurance.
- I understand that this policy does not automatically cover some Existing Medical Conditions or some known pregnancies.
- I understand the duty of disclosure (Pages 21-22) and declare all information supplied in this enrolment form and any attachments is truthful.
- I have been advised of any current Cover-More Travel Advice.

Total Amount Payable (based on the information I provided) \$

Travellers To The Americas and Africa Only

If You are not completely sure about the answer to the following questions please get advice from Your doctor.

1. Tick if any traveller has ever been diagnosed with a heart condition or a lung condition (not including Asthma if You are under 60 years)
2. Tick if any traveller has reduced immunity e.g. as a result of medical treatment or a medical condition

If You have ticked either of the above boxes, You must complete an online medical assessment. We will then advise if We can provide a policy, and if so, on what terms.

Note: If You need additional space, please provide extra information on a separate sheet.

#	Applicant's Signature(s)	Date
1		/ /
2		/ /