

GROUP PERSONAL ACCIDENT AND ILLNESS PROPOSAL

INTRODUCTION - FORM COMPLETION

Please answer all questions. Please tick appropriate boxes (✓) and provide details as requested. If there is not enough space provided to answer a question please complete your answer on a separate sheet of paper and attach it to this **Proposal**.

There are certain words that are used in this **Proposal** that start with a capital letter and are printed in bold. These words have special meanings that are set out in the **DEFINITIONS** section of the **Policy**.

IMPORTANT - YOUR DUTY OF DISCLOSURE

Before **You** enter into a contract of insurance with an insurer, **You** have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is material to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before **You** renew, extend, vary or reinstate a contract of general insurance.

You are to give **Us** in writing as soon as possible details of any change materially varying any of the facts or circumstances existing at the commencement of this insurance. **Your** duty, however, does not require disclosure of a matter:

- That diminishes the risk undertaken by the insurer;
- That is common knowledge;
- That **Your** insurer knows or, in the ordinary course of his/her business, ought to know; and
- As to which compliance with **Your** duty is waived by the insurer

NON-DISCLOSURE

If **You** fail to comply with **Your** duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract.

If **Your** non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its inception.

WHO NEEDS TO TELL US?

You must answer **Our** questions in this way for **You** and for anyone else **You** wish to be covered by the **Policy**.

PRIVACY

The information collected in this **Proposal** will be used to assess **Your** request for insurance and to provide other insurance services in accordance with our privacy policy. The information is collected and held by Insurance Wholesale Limited. The **Insured** has rights of access to and the right to correct this information in accordance with the provisions of the Privacy Act 1993.

THE POLICY OWNER

Full name of **Policy Owner**

Address for notices:

Phone:

Mobile:

Email:

Relationship to the people to be **Insured**:

Employer

Member of Association

Beneficiary

CLAIMS INFORMATION

Have there been any incidents which have lead to an Insured person being off work for more than 7 days?

YES NO

If yes, please provide details:

HEALTH AND SAFETY LOG

Please attach your Health & Safety incident log.

DECLARATION

I / We declare that all information provided in this **Proposal** form is true and correct, and that no material facts have been misstated or omitted after enquiry with all applicants.

I / We understand that the information provided will form the basis of any insurance contract and that the contract may be avoided if any statement in this **Proposal** is substantially incorrect and material to the contract.

I / We agree that if any of the information provided in this **Proposal** form changes between the date of this **Proposal** and the inception date of the insurance policy then **I / We** will advise the changes to TAI.

Authorised Signature:

Full name of individual:

Position:

Date: