

### SECTION 1 Employee Details

Employee name	Nationality/Citizenship	Date of Birth	<input type="text" value="DD   MM   YYYY"/>
*Spouse name	Nationality/Citizenship	Date of Birth	<input type="text" value="DD   MM   YYYY"/>
*Children names	Nationality/Citizenship	Date of Birth	<input type="text" value="DD   MM   YYYY"/>
	Nationality/Citizenship	Date of Birth	<input type="text" value="DD   MM   YYYY"/>
	Nationality/Citizenship	Date of Birth	<input type="text" value="DD   MM   YYYY"/>
	Nationality/Citizenship	Date of Birth	<input type="text" value="DD   MM   YYYY"/>

\*Only provide Spouse/Dependant details if they are accompanying you on your assignment.

### SECTION 2 General Details

Name of Insured

City of origin in Australia

Intended country of domicile

Cover to incept from

Period of contract/cover in intended country from  to

Employees occupation

### SECTION 3 Medical History

Please note, pre-existing medical conditions (including pregnancy prior to cover inception) are automatically excluded from policy coverage. All possibilities must be considered prior to departure. Please disclose your or any accompanying family members medical history as follows:

a. Details of all **medication and drugs** which you are currently taking or have taken in the **past twelve (12) months**.


Insured Person(s)	Name of Medication	Dosage	Medical condition for which prescribed	Name of treating doctor	Date of last visit	Phone no. of treating doctor

### SECTION 3 Medical History (continued)

b. The medical conditions for which **treatment or advice** has been sought in the past **twelve (12) months** from a general practitioner, specialist, psychologist, physiotherapist, naturopath, chiropractor or other.

Insured Person(s)	Condition	Treatment	Name of treating practitioner	Date of last visit	Phone no. of treating doctor


c. Ever been diagnosed with abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis, rheumatism, any disorder of the mental, respiratory, nervous, genite-urinary, digestive or circulatory system of the back, spine, eyes or heart?

No      Yes       If yes, please provide details below

Insured Person(s)	Condition	Date occurred	Last treatment date

### SECTION 4 Previous Treatment


Have you needed previous treatment of any other illness or injury in the last five (5) years?

No      Yes       If yes, please provide details below

Insured Person(s)	Name of Medication	Dosage	Medical condition for which prescribed	Name of treating doctor	Date of last visit	Phone no. of treating doctor

## SECTION 5 Previous Insurance


Are you presently or have previously been insured for this class of risk?

No Yes  If yes, please provide details below

Insured Person(s)	Insurer/Health fund	Policy number	Date cover commenced	Date cover cancelled

## SECTION 6 High Risk Activities

Are there any activities connected with any Insured Person(s) which may be considered hazardous or render him/her susceptible to injury or illness (e.g. Welding, bulldozer driving, football, scuba diving, sky diving, rock climbing, mountaineering, motor-sport and the like)?

No Yes  If yes, please provide details below

Insured Person(s)	Details

## SECTION 7 Declaration

The employee declares that:

1. The employee has read and understands the Policyholder's duty of disclosure.
2. The answers given in this Application are in every respect true and correct.
3. The employee has not withheld any information likely to affect the decision of AFA Pty Ltd as to the employee's eligibility for insurance.

Signature of employee

Date

DD | MM | YYYY

The policyholder declares that:

I/We hereby agree that this Declaration and Application together with any statements made in connection herewith and signed by the employee to be insured are true and correct in every respect.

Signature of policyholder or authorised representative

Date

DD | MM | YYYY

Once form is completed: sign, date and return the form to the address below.

Return form to

AFA Pty Ltd  
PO Box 463 North Sydney NSW 2059  
enquiries@afainsurance.com.au  
Fax: 029259 8220

Further Information

If you have any questions, or if you need assistance with understanding or completing this form, you can contact us on (toll free) 1300 728 997 or email enquiries@afainsurance.com.au

Please ensure that you keep copies of all documentation sent to AFA

## Duty of Disclosure

For insureds who are not a natural person, before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

### Individuals

If you are the insured and you are a natural person, a different duty of disclosure to the one set out above applies to you. Contact your intermediary or us to ensure you are notified of your duty.

### If You Do Not Tell Us Something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

## Privacy

In this Privacy Notice, 'We', 'Us', 'Our' means Zurich and AFA. 'You', 'Your' or 'Yours' means the insured or an insured person as applicable.

Zurich and AFA are bound by the Privacy Act 1988 (Cth). We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to assess applications, administer policies, contact you, enhance our products and services and manage claims ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, affiliates of Zurich Insurance Group Ltd, affiliates of AFA, other insurers and reinsurers, our banking gateway providers and credit card transactions processors, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. If you give us information about another person (such as an insured person, their spouse, dependent children, or close family member), we will rely on you to have told them that you will provide their information to us and to have provided them with this privacy text. If the information is sensitive (eg health) information, we will rely on you to have obtained their consent to give the information to us. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984 (Cth), Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), Corporations Act 2001 (Cth), Autonomous Sanctions Act 2011 (Cth), A New Tax System (Goods and Services Tax) Act 1999 (Cth) and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at [www.zurich.com.au](http://www.zurich.com.au) or by telephoning Zurich on 132 687 and AFA's Privacy Policy is available at [www.afainsurance.com](http://www.afainsurance.com) or by telephoning 1300 728 997, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.