



Overseas Medical Expenses Insurance Proposal form



YOUR DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION

Before entering into or renewing a contract of insurance, you have a duty to take reasonable care not to make a misrepresentation under the Insurance Contracts Act 1984 (Cth). This duty is very important, as it may impact your insurance cover. A misrepresentation is an answer or statement that is not true, only partially true, or does not fairly reflect the truth.

When applying for or renewing insurance, we may ask you clear and specific questions that are relevant to our decision to insure you. Your answers in response to our questions are crucial, as they help us determine the terms of your policy and the premium we will charge. This means that you should respond fully, honestly, and accurately when answering our questions.

NEW BUSINESS

When you apply for insurance, we will ask questions relevant to our decision to insure you. The duty to take reasonable care not to make a misrepresentation applies when you:

- a. Complete an initial insurance application;
- b. Extend or make changes to an existing insurance policy; or
- c. Reinstate a previous contract of insurance.

RENEWALS

When renewing your insurance, we may ask you to confirm or update information you previously provided. If we do this, you must tell us about any changes or confirm that there are none. If you do not inform us of changes, we will assume the information remains the same. This duty applies until we agree to renew the contract.

GUIDANCE FOR ANSWERING OUR QUESTIONS

Please ensure that you take care when providing your answers in relation to your insurance application or renewal. If you do not, it may affect your insurance cover. Here are some tips to guide you:

- a. Think carefully about your responses. If you do not understand a question or require further explanation, please ask us before responding;
- b. Make sure your answers are truthful, accurate, and complete;
- c. Provide all relevant information in response to our questions. If you are unsure what information to include, please include it or consult with us, your broker, or adviser;
- d. Do not assume we will contact others for the information we request;
- e. Review each answer you provide before submitting it to us. You are responsible for your responses, even if you have received help in preparing your application (e.g., from a broker or advisor);
- f. Before your insurance cover starts, tell us of any changes that may be required to your answers. This may save time, as changes could require further investigation or risk assessment;
- g. If, after your insurance cover starts, you think you may not have complied with your duty, please contact us, your broker, or advisor immediately. We will inform you of any impact on your cover.

Your duty to take reasonable care not to make a misrepresentation applies to all communication methods, including written, electronic, online, in person, or via telephone.

IF YOU DO NOT COMPLY WITH YOUR DUTY

If you do not take reasonable care not to make a misrepresentation, it may have serious consequences for your insurance. If you have failed to comply with your duty, we have certain rights, which may depend on what your insurance offer would have been had you not made a misrepresentation and whether or not it was fraudulent. Possible actions include:

- a. Avoiding your insurance cover, meaning the contract will be treated as if it never existed;

- b. Changing the amount of cover; for example, reducing the level of cover;
- c. Changing the terms of your contract; for example, excluding certain events from coverage.

This may result in an insurance claim not being paid, a reduction in the benefit amount, or an increase in premiums.

If we suspect that you may have breached your duty, we will:

- a. Explain our reasons why we believe you have breached your duty; and
- b. Provide you with an opportunity to respond and give further information.

If we decide to make changes to your cover, we will notify you of our decision and provide details of the review process and complaints procedure if you disagree.

IF YOU NEED HELP

It is crucial that you understand this information, the questions we ask, and your duty. If you need support due to a disability, language barrier, or other reasons, please contact us so that we can assist you.

If you have any questions, please contact us, your broker, or advisor.

PRIVACY

Delta Insurance Australia Pty Ltd is committed to protecting your privacy. **We** have adopted the Australian Privacy Principles (APPs) contained in the Privacy Act 1988 (Cth) (Privacy Act). The APPs govern the way in which **We** collect, use, disclose, store, secure and dispose of your personal information.

Any personal information collected about you will only be used for the purposes indicated in Delta Insurance Australia's privacy policy and only in the instance where you have provided consent to Delta Insurance Australia, or as otherwise required by law.

Delta Insurance Australia will need to collect personal information from you or your insurance agent to assist with assessing your risk in order to provide the insurance that you are applying for.

Our Privacy Policy can be accessed at <https://deltainsurance.com.au/pages/resources/#Our-policies-and-procedures>

We, Our and **Us** means Delta Insurance Australia Pty Ltd. You and your refers to **Our** customers and prospective customers as well as those who use **Our** website.

FURTHER INFORMATION

Delta Insurance Australia understands that you may not want to share with Us the information which is requested to review your insurance Policy, and this may affect Our ability in providing and assessing an insurance Policy. For more information regarding how Delta collects, stores, uses and discloses your information, please read Our privacy policy located at www.deltainsurance.com.au or alternatively you can contact Us at (07) 3017 472.

POLICYHOLDER INFORMATION

1. Name of Insured:
2. Name of Person to be Insured:
3. Country/City of Origin:
4. Nationality:
5. Intended Country/State of Domicile:
6. Cover Inception Date:
7. Period of Contract/Cover:
8. Business Description:
9. Insured Person's Occupation:

EMPLOYEE AND FAMILY DETAILS

| Insured Person | Name | Nationality | Date of Birth |
|--------------------|------|-------------|---------------|
| Employee | | | |
| Spouse | | | |
| Dependent Children | | | |
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INSURANCE AND MEDICAL HISTORY

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

| Insured Person | Name of Medication | Dosage | Medical Condition | Treating Doctor | Last Visit | Doctors Phone No. |
|----------------|--------------------|--------|-------------------|-----------------|------------|-------------------|
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b. Medical conditions for which the Insured Person has sought treatment or advice in the past twelve (12) months from a Doctor, specialist, psychologist, physiotherapist, naturopath, chiropractor, or similar professional:

| Insured Person | Condition | Treatment | Treating Doctor | Last Visit | Doctors Phone No. |
|----------------|-----------|-----------|-----------------|------------|-------------------|
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c. Has the Insured Person ever been diagnosed with abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis, rheumatism, or any disorder affecting the mental, respiratory, nervous, genitourinary, digestive, circulatory system, back, spine, eyes, or heart? Yes No

If 'Yes', please provide details:

| Insured Person | Condition | Date Occurred | Last Treatment Date |
|----------------|-----------|---------------|---------------------|
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d. Details of all medications and drugs which you are currently taking or have taken in the past five (5) years:

| Insured Person | Name of Medication | Dosage | Medical Condition | Treating Doctor | Last Visit | Doctors Phone No. |
|----------------|--------------------|--------|-------------------|-----------------|------------|-------------------|
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HAZARDOUS ACTIVITIES

Are there any activities related to any covered individuals that could be considered hazardous (e.g., scuba diving, mountaineering, skydiving, motorsports)?

| Insured Person | Details of Activity |
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PREVIOUS INSURANCE

Have you or any covered individuals previously been insured for this class of risk?

Yes No

If 'Yes', please provide details:

| Insured Person | Insurer/Health Fund | Policy Number | Date Cover Incepted | Date Cover Ceased |
|----------------|---------------------|---------------|---------------------|-------------------|
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DECLARATION

This Declaration must be signed by the intending Insured. If the intending Insured is a company, partnership, or other business entity, the person signing this declaration must be authorised to sign on behalf of all persons/entities identified as the intending Insured.

Before completing this document, I/We have read and understood the information herein, including the Important Notices. I/We declare that the statements and particulars in this Proposal Form are true and correct and that I/We have taken reasonable care not to make a misrepresentation.

Signed:

Date:

Name:

Position/Title: