

Aussietravelcover Application

Please do not detach. Return the entire brochure to our agent.

INSURED'S SURNAME / FIRST NAME / SECOND NAME / DATE OF BIRTH / AGE

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RESIDENTIAL ADDRESS:

PCODE: CHILDRENS NAMES D.O.B. / /
 EMAIL: D.O.B. / /
 D.O.B. / /

PHONE AH () BUS () MOB ()

DEPARTURE DATE: / / PERIOD OF TRAVEL: DAYS MONTHS

RETURN DATE: / / MAJOR DESTINATIONS:

WARNING: YOU ARE NOT AUTOMATICALLY COVERED FOR PRE-EXISTING MEDICAL CONDITIONS. DO YOU WISH TO APPLY FOR COVER FOR NOMINATED PRE-EXISTING MEDICAL CONDITION?
 YES NO If yes, please complete our medical practioner's declaration.
 See pages 11/13.

Cover required single family duo

Plan selected		Cost
PLAN A	Super Plus <input type="checkbox"/>	\$
	Super <input type="checkbox"/>	\$
	Standard <input type="checkbox"/>	\$
	Economy <input type="checkbox"/>	\$
PLAN B	Super Plus Annual <input type="checkbox"/>	\$
PLAN C	Domestic <input type="checkbox"/>	\$
PLAN D	Budget <input type="checkbox"/>	\$
PLAN E	Non Residents <input type="checkbox"/>	\$

International Travellers 76 years or over Approval codes

Additional Cost \$

Pre-Existing Medical Conditions Approval codes

Additional Cost \$

ADDITIONAL LUGGAGE \$..... Additional Cost \$

Specified items and value \$ (receipts or valuations must be attached)

\$

Excess buy out for International Policies Additional Cost \$

TOTAL COST \$

I acknowledge that a copy of the policy wording containing the Duty of Disclosure was given to me before I applied for this insurance. I have carefully read the policy wording and the Duty of Disclosure contained in that brochure.

I authorise any doctor or clinic to provide Worldcare with information concerning my current or past medical history.

Signature..... Date.....

Signature..... Date.....

If duo has been selected both insured's must sign