

APPLICATION FORM



EXPAT INSURANCE SERVICE

Tel: +61 8 92218811

Fax: +61 8 92218274

Level 32 Exchange Plaza

2 The Esplanade Perth

Western Australia 6000

Email quotes@expatinsuranceservice.com.au

Please tick the appropriate entries.

A) Insured Person(s)

	Full Name	Date of Birth
Employee
Spouse
Child #1
Child #2
Child #3

B) General Details:

1. City and Place of departure:

2. Intended Place of Domicile (Exact Location):

3. Period of contract and inception date:

4. Employee Occupation:

C) Cover Options: (Please tick one)

Medical Amount in Australian Dollars (\$)

\$250 000

\$500 000

\$1 000 000

\$1 500 000

\$2 000 000

\$5 000 000

D) Excess Options: (Please tick one)

1) \$100 each and every claim

2) \$250 each and every claim

3) \$500 each and every claim

4) \$1000 each and every claim

5) \$500 per annum

6) \$1000 per annum

7) \$2000 per annum

Please note: For Excess options (5), (6), and (7) you will need to keep all medical bills. All costs that exceed this amount within that policy year are then refunded by the Insurer. Subject to the limits terms and conditions.

Pre-existing Medical Conditions (Including pregnancy prior to departure): These are automatically excluded by the policy.

To enable us to attempt to have the pre-existing condition included in the cover we require the Pre-Existing Form to be completed. **Please click on the Pre-Existing button.**

This applies to all persons wishing to be included in the cover under your policy.

D) Injury and Sickness Cover (Optional) (Please tick one)

1. Accidental Death and Capital Benefits

\$50 000 \$100 000 \$150 000 \$200 000 \$250 000 7 times annual salary

2. Weekly Injury (Please tick one)

- 1) \$1000 per week
- 2) \$1500 per week
- 3) \$2000 per week
- 4) \$2500 per week

3. Other state amount (Please tick one)

Weekly Sickness

- 1) \$1000 per week
- 2) \$1500 per week
- 3) \$2000 per week
- 4) \$2500 per week
- 5) Other state amount

