

# Application Form

OFFICE USE ONLY

Date

/ /

## PART A: Applicant Information

1. Full name

2. Contact details

Postal address

Suburb

State

Postcode

Street address

Suburb

State

Postcode

Email

Phone

3. Current occupation

4. Current employer

Business name

Contact name

Position

Email

Phone

## PART B: Insurance Information

5. Commencement date of cover

From

 /  / 

To

 /  / 

*Insurance cover does not apply until premium is paid and current.*

6. Have you had any insurance declined or cancelled, or had special terms imposed by an insurer?

YES

NO

If Yes, please detail

  


If applicable, provide details of previous insurer/provider

Date commenced

 /  / 

Policy No.

## PART C: Privacy

The Federal Privacy Act 2000 sets out the standards for the collection and management of personal information. With your consent, Windsor Management Insurance Brokers will only use your personal information in relation to general insurance services. This includes sharing information with Incolink for premium collection purposes and Rail, Tram & Bus Union as the distributor of this program. You can obtain a copy of Windsor Management Insurance Brokers' Privacy Policy Statement from our website [www.wmib.com.au](http://www.wmib.com.au).

## PART D: Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that of a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the policy, and if so, on what terms.

You do not have to tell us about any matter:

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know

If you do not disclose to us:

- we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

## PART E: Declaration

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants. I/We:

1. Have received a copy of the Accident & Illness Benefits Program Brochure, outlining the Policy Terms and Conditions.
2. Declare that all answers and statements made in the application are true, correct and complete in every respect.
3. Authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 and MLC Limited ABN 96 000 000 402 AFS License Number 230694 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.
4. Agree to share this information with Incolink for premium collection purposes and Rail, Tram & Bus Union as the distributor of this program.

Signature

Name in full (please print)

Position held

Email

Phone

The insurance policy is arranged by Windsor Management Insurance Brokers and distributed by the Rail, Tram & Bus Union (RTBU). RTBU does not give any advice in relation to the insurance policy. The personal Accident & Illness Leisure Time policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFS License number 239545. The funeral policy is underwritten by MLC Limited ABN 96 000 000 402 AFS License Number 230694. The Discretionary Cover is provided via Incolink's Discretionary Fun and is governed by the Discretionary Guidelines.

## Completed Form

Please send your completed form to Windsor Management Insurance Brokers and your payroll officer.

**enquiries@wmib.com.au**

