

Application for Additional Insurance

PERSONAL DETAILS

PLEASE USE BLOCK LETTERS AND BLACK INK WHEN COMPLETING THIS FORM.

MR/MRS/MS/MISS/DR/OTHER SURNAME

GIVEN NAMES

STREET ADDRESS / PO BOX

SUBURB / TOWN / CITY STATE POSTCODE

DATE OF BIRTH (DD/MM/YYYY) TELEPHONE (AH) (BH) MOBILE

EXISTING MEMBERSHIP NUMBER (IF APPLICABLE) EMAIL ADDRESS (OPTIONAL)

INSURANCE COVER

	Death	TPD	Income Protection	Underwriting requirements
AUTOMATIC COVER	\$100,000 (2 units)	\$100,000 (2 units)	\$300 per week	None
ADDITIONAL COVER	> \$100,000 (3 or more units)	> \$100,000 (3 or more units)	>\$300 per week (4 or more units)	Personal Health Statement OR Comprehensive Health Statement, Questionnaire, Medical Report and/or Blood Test

- Maximum 20 units of cover available.
- Members working less than 15 hours per week, or employed on a casual basis, are NOT eligible for Income Protection cover.
- Insurance Premium pricing table is found in the Member Product Disclosure Statement.
- For advice or assistance on the amount of cover you may require, or assistance in completing this form, please contact Australian Christian Services on 1800 646 777.

Death and Total & Permanent Disablement Cover

I would like a total of units of death cover and units of TPD cover .

Salary Continuance Cover (Income Protection)

I would like a total of units. Current Salary p.a. \$

DECLARATION

I understand that I am not covered for additional insurance until I receive confirmation in writing that my application has been approved.

SIGNATURE OF MEMBER

DATE (DD/MM/YYYY)