

Inpatient Medical Insurance

Application Form

Important Information

Duty of Disclosure

Before You enter into this contract of insurance, You have a duty of disclosure under the Insurance Contracts Act 1984.

The duty applies until We first agree to insure You, and where relevant, until We agree to any subsequent variation, extension, reinstatement or renewal (as applicable).

Answering our questions

In all cases, if We ask You questions that are relevant to Our decision to insure You and on what terms, You must tell Us anything that You know and that a reasonable person in the circumstances would include in answering the questions.

It is important that You understand You are answering Our questions in this way for Yourself and anyone else that You want to be covered by the contract.

Variations, extensions and reinstatements

For variations, extensions and reinstatements, You have a broader duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

Renewal

Where We offer renewal, We may, in addition to or instead of asking specific questions, give You a copy of anything You have previously told Us and ask You to tell Us if it has changed. If We do this, You must tell Us about any change or tell Us that there is no change.

If You do not tell Us about a change to something You have previously told Us, You will be taken to have told Us that there is no change.

What You do not need to tell Us

You do not need to tell Us anything that:

- reduces the risk We insure You for; or
- is common knowledge; or
- We know or should know as an insurer; or
- We waive Your duty to tell Us about.

If You do not tell Us something

If You do not tell Us anything You are required to tell Us, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

Section 1 - Employee (Covered Person) Details				
	Name	Nationality	Date of Birth	Email
Employee				
Spouse				
Children				
Dependent Children				

* Only provide Spouse/Dependent details if they are accompanying you on your assignment

Section 2 - General Details

a) Name of Policyholder/Employer	
b) Country/City of origin	
c) Intended State of Domicile	
d) Cover to incept from	
e) Period of contract/cover in Australia	
f) Employee's occupation	

Section 3 - Medical History

Please note, pre-existing medical conditions (including pregnancy prior to cover inception) are automatically excluded from policy coverage. All possibilities must be considered prior to departure. Please disclose your or any accompanying family members medical history as follows:

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

Covered Person/s	Name of Medication	Dosage	Medical Condition for which Prescribed	Name of Treating Doctor	Date of Last Visit	Tel. no. of Treating Doctor

b) The Medical conditions for which **treatment or advice** has been sought in the **past twelve (12) months** from a general practitioner, specialist, psychologist, physiotherapist, naturopath, chiropractor or other.

Covered Person/s	Condition	Treatment	Name of Treating Practitioner	Date of Last Visit	Tel. no. of Treating Doctor

c) Ever been diagnosed with abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis, rheumatism, any disorder of the mental, respiratory, nervous, genite-urinary, digestive or circulatory system of the back, spine, eyes or heart? Yes No

If Yes, please provide details

Covered Person/s	Condition	Date occurred	Last Treatment Date

Section 4

Previous Treatment? Yes No

Please provide details of any other illness or injury which you have sought treatment for in the last five years.

Covered Person/s	Name of Medication	Dosage	Medical Condition for which Prescribed	Name of Treating Doctor	Date of Last Visit	Tel. no. of Treating Doctor

Section 5

Are you presently or have previously been insured for this class of risk? Yes No

If you answered Yes, please give full details of Insurance below:

Covered Person/s	Insurer/Health Fund	Policy Number	Date Cover Commenced	Date Cover Cancelled

Section 6 - High Risk Activities?

Are there any activities connected with any Covered Person/s which may be considered hazardous or render him/her susceptible to injury or illness (e.g. Welding, bulldozer driving, football, scuba diving, sky diving, rock climbing, mountaineering, motor-sport and the like)? Yes No

If Yes, please provide details

Covered Person/s	Details

Declaration

The Employee declares that:
 1. The Employee has read and understands the Policyholder’s duty of disclosure.
 2. The answers given in this Application are in every respect true and correct.
 3. The Employee has not withheld any information likely to affect the decision of Chubb Insurance Australia Limited as to the Employee’s eligibility for Insurance.

Signature of Employee:	
Date	

The Policyholder declares that:
 I/We hereby agree that this Declaration and Application together with any statements made in connection herewith and signed by the employee to be insured are true and correct in every respect.

Signature of Policyholder or Authorised Representative	
Date	

Privacy Statement

In this Statement “We”, “Our” and “Us” means Chubb Insurance Australia Limited (**Chubb**).

“You” and “Your” refers to Our customers and prospective customers as well as those who use Our Website.

This Statement is a summary of Our Privacy Policy and provides an overview of how We collect, disclose and handle Your Personal Information. Our Privacy Policy may change from time to time and where this occurs, the updated Privacy Policy will be posted to Our website.

Why We collect Your Personal Information

The primary purpose for Our collection and use of Your Personal Information is to enable Us to provide insurance services to You. Sometimes, We may use Your Personal Information for Our marketing campaigns, in relation to new products, services or information that may be of interest to You. If You wish to opt out of Our marketing campaigns You can contact Our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com.

How We obtain Your Personal Information

We collect Your Personal Information (which may include sensitive information) at various points including but not limited to when You are applying for, changing or renewing an insurance policy with Us or when We are processing a claim. Personal Information is usually obtained directly from You but sometimes via a third party such an insurance intermediary or Your employer (e.g. in the case of a group insurance policy). Please refer to Our Privacy Policy for further details.

When information is provided to Us via a third party We use that information on the basis that You have consented or would reasonably expect Us to collect Your Personal Information in this way. We take reasonable steps to ensure that You have been made aware of how We handle Your Personal Information.

When do We disclose Your Personal Information?

We may disclose the information We collect to third parties, including service providers engaged by Us to carry out certain business activities on Our behalf (such as claims assessors and call centres in Australia). In some circumstances, in order to provide Our services to You, We may need to transfer Your Personal Information to other entities within the Chubb group of companies such as the regional head offices of Chubb located in Singapore, UK or USA (Chubb Group of Companies), or third parties with whom We (or the Chubb Group of Companies) have sub-contracted to provide a specific service for Us, which may be located outside of Australia (such as in the Philippines or USA). These entities and their locations may change from time to time. Please contact us, if you would like a full list of the countries in which these third parties are located.

Where access to Our products has been facilitated through a third party (for example: insurance broker, online marketing agency etc) We may also share Your information with that third party.

In the circumstances where We disclose Personal Information to the Chubb Group of Companies, third parties or third parties outside Australia We take steps to protect Personal Information against unauthorised disclosure, misuse or loss.

Your Consent

In dealing with Us, You agree to Us using and disclosing Your Personal Information as set out in this Privacy Statement and Our Privacy Policy. This consent remains valid unless You tell Us otherwise. If You wish to withdraw Your consent, including for things such as receiving information on products and offers by Us or persons We have an association with, please contact Our Privacy Officer.

Access to and correction of Your Personal Information

If you'd like a copy of your Personal Information or wish to correct or update it, want to withdraw Your consent to receiving offers of products of services from Us or persons We have an association with, or You would like a copy of Our Privacy Policy, please contact Our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com.

To request access to, update or correct your personal information held by Chubb, please complete Our Personal Information Request Form online or download it from www2.chubb.com/au-en/footer/privacy.aspx and return to:

Email: CustomerService.AUNZ@chubb.com

Fax: + 61 2 9335 3467

Address: GPO Box 4907 Sydney NSW 2001

How to Make a Complaint

If You have a complaint or would like more information about how We manage Your Personal Information, please review Our Privacy Policy for more details, or contact:

Privacy Officer
Chubb Insurance Australia Limited
GPO Box 4907 Sydney NSW 2001
+61 2 9335 3200
Privacy.AU@chubb.com

General Insurance Code of Practice

We are a signatory to the General Insurance Code of Practice (the Code). The objectives of the Code are to further raise standards of service and promote consumer confidence in the general insurance industry. Further information about the Code and your rights under it is available at www.codeofpractice.com.au and on request.

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for almost 100 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base. Chubb is a major insurer of many of the country's largest companies. With five branches and over 500 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

More information can be found at www.chubb.com/au

Contact Us

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