

Application Form

Income Protection, Life and Total and Permanent Disablement Insurance for young doctors

This is an application form for income protection, life and total and permanent disablement (TPD) insurance. This is a legal document, which will form the basis of the contract of insurance.

Avant Insurance Limited ABN 82 003 707 471 and AFS Licence 238765 has entered into an arrangement with Hannover Life Re of Australasia Ltd ABN 37 062 395 484 to provide eligible members of Avant Mutual Group Limited ABN 58 123 154 898 (Avant) with insurance cover for income protection, life and TPD.

When reading this application form:

- a reference to 'the insurer' means Hannover Life Re of Australasia Ltd ABN 37 062 395 484;
- a reference to 'we', 'our' and 'us' means Avant Insurance Limited ABN 82 003 707 471 and AFS Licence 238765; and
- a reference to 'you' or 'your' means the insured person.

We only provide general financial product advice. This advice does not take into account your objectives, financial situation or needs. You should read and consider the product disclosure statement (PDS) and consider the appropriateness of the advice before deciding to purchase this product through us. The PDS is available at www.avant.org.au or by contacting us on 1800 128 268.

This application only applies if you meet the following eligibility criteria

You are:

1. a registered medical practitioner currently employed by an Australian public teaching hospital or enrolled in a specialist training program;
2. at the 'entry age' (between the ages of 20 and 40 years old) at the time the policy starts; and
3. a member of Avant.

How to apply

1. You need to meet the eligibility criteria outlined above.
2. Read the duty of disclosure overleaf and ensure that you disclose the matters you are required to in order to comply with that duty.
3. Carefully read the combined financial services guide (FSG) and product disclosure statement (PDS) which contains the terms and conditions of the insurance.
4. Complete every section of the form.
5. You must read and confirm that you agree to the declarations.

If you are unsure about the information to be supplied please contact Member Services on 1800 128 268.

The duty of disclosure

Under the *Insurance Contracts Act 1984* (Cth), before you enter into a contract of insurance you have a duty to disclose every matter that you know, or could reasonably be expected to know, which is relevant to the insurer's decision to accept the risk of the insurance and, if so, on what terms. Any disclosure made to us in relation to this insurance application or insurance cover will be considered to have been made to the insurer.

You have the same duty to disclose those matters before this policy is extended or varied.

You do not have to tell us about:

- a) a matter that diminishes the risk undertaken by the insurer; or
- b) a matter that is considered to be common knowledge; or
- c) facts that the insurer knows or should know in the ordinary course of business; or
- d) matters that we tell you we or the insurer do not need to know.

If in doubt you should disclose a matter to us.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms had the matter you failed to disclose been known then the insurer may avoid the contract within 3 years from the date you entered into the contract. If your non-disclosure is fraudulent the insurer can avoid the contract at any time.

If you have failed to comply with your duty of disclosure and the insurer is entitled to avoid the contract but the insurer elects not to avoid the contract, they may, within 3 years from the date the contract was entered into, reduce the insured amount in accordance with a formula which takes into account the premium the insurer would have charged had you not failed to comply with your duty of disclosure.

1. Insured details

Avant Member ID		
Title	Given name	Middle name
Last name		
Gender	Date of birth	
Residential Address (post office boxes not accepted - please supply street address)		
State		Postcode
Telephone	Mobile	
Email		

Would you like to receive your annual certificate of insurance documentation electronically? No Yes

2. Insurance cover options

This insurance is offered as a package with all three types of cover – Income Protection, Life and Total and Permanent Disablement (TPD) cover.

2.1 I wish to apply for the following cover:

2.1.1 Life and TPD cover (select 1 option)

I do not require Life & TPD cover; or

\$100,000 \$200,000 \$300,000

2.1.2 Income protection cover with a two year maximum benefit period (select the applicable annual benefit and waiting period below)

Annual Benefit	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
If your annual income:	is up to \$65,000 then you are entitled to an income protection annual benefit of \$40,000	is \$65,000 or more and less than \$80,000 then you are entitled to an income protection annual benefit of \$50,000	is \$80,000 or more and less than \$95,000 then you are entitled to an income protection annual benefit of \$60,000	is \$95,000 or more and less than \$105,000 then you are entitled to an income protection annual benefit of \$70,000	is \$105,000 or more and less than \$115,000 then you are entitled to an income protection annual benefit of \$80,000	is \$115,000 or more and less than \$130,000 then you are entitled to an income protection annual benefit of \$90,000	is more than \$130,000 then you are entitled to an income protection annual benefit of \$100,000
Select	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: The definition of annual income is: gross income earned before tax from personal exertion, less business expenses incurred in earning that income.

2.1.3 I wish to apply for the following waiting period in respect of income protection cover (this is the time before the monthly benefits will begin):

30 days 90 days

3. Other insurance details

Do you currently have any income protection insurance in force that you intend to retain if your application is approved?

No Yes ... *If yes, provide details:*

Insurer	Type of insurance	Amount covered

4. Hazardous or sporting activities

Do you engage in any of the following?:

Hazardous or sporting activities including underground activities, activities involving heights, motor sports (land or water), rock or mountain climbing, scuba diving below 40 meters and/or dives in caves or wrecks, aviation activities (other than as a fare paying passenger) or other (*please specify*)

No Yes ... *If yes, provide details:*

Type of activity

5. Medical/health details and history

5.1 What is your weight? kg

5.2 What is your height? cm

5.3 Do you smoke or have you smoked in the last 12 months?

No Yes ... *If yes, please provide details:*

How many per day? How many years?

5.4 Do you consume alcohol?

No Yes ... *If yes, please provide details:*

Standard drinks: Weekly quantity? How many would you typically consume per sitting?

5.5 Have you ever used by mouth, inhalation or injection, any drug not prescribed by a doctor (including self-prescription), other than medicines ordinarily purchased at a chemist or supermarket?

No Yes ... *If yes, please provide details:*

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5.6 To the best of your knowledge have your parents or siblings (alive or dead) ever suffered from diabetes, heart disorders, respiratory disorders, high cholesterol, mental disorder, cancer, kidney disease, cystic fibrosis, muscular dystrophy, Huntington's disease or any other hereditary disease?

No Yes ... *If yes, please provide details:*

Condition	Relationship	Age at diagnosis

5.7 To the best of your knowledge have you ever had any symptoms or suffered from diabetes, heart disorders, respiratory disorders, high cholesterol, mental disorder, kidney disease, cystic fibrosis, muscular dystrophy, ulcers, epilepsy, back, neck or muscle pain, arthritis, sexually transmitted disease, blood disorders, hearing or sight disorders, bowel or stomach disorders, high blood pressure or circulatory disorders, cancer or tumour, skin disorders, hepatitis or any other medical condition or illness (aside from colds, flu, or birth control, pap smears for females)?

No Yes ... *If yes, please provide details:*

Condition	Treatment	Date of last symptoms	Name and address of Dr consulted

6. Release of medical information

Dear Doctor,

I hereby authorise you to release details of my medical history to Avant Insurance Limited and Hannover Life Re of Australasia Ltd or any company appointed by these entities to obtain my medical history. A photocopy, facsimile or scanned copy of this authority shall be considered as valid as if it were the original.

Signature of the person to be insured	Date
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7. Nominated beneficiaries – life insurance

As the insured person, you have the option to nominate a beneficiary or beneficiaries to receive your insurance benefit payable on your death. If you do not nominate a beneficiary or beneficiaries your life insurance benefit will be paid to your estate.

If you wish to make a nomination that will be followed at the time of your death you must comply with the following conditions:

- complete the table below with your nominated beneficiary or beneficiaries' details (all details must be included before this application may be processed);
- you acknowledge that:
 - this nomination will remain valid until you revoke or replace this nomination in writing to us and it has been received by us;
 - payment of the life insurance benefit will be made to the latest nominated beneficiary or beneficiaries whose details have been received by the insurer; and
 - a nominated beneficiary or beneficiaries have no rights under the policy other than to receive the life insurance amount in the event of your death.

Full name of beneficiary	Date of birth	Address of beneficiary	Proportion of benefit %	Relationship to the life insured

Total = 100%

8. Declaration and signature

I hereby apply for Avant's income protection, life and total and permanent disablement cover offered through Avant and as selected above at Section 2.

I declare that:

- the information I have given in this application form and in any accompanying documents is true and correct, and I understand that this information will be relied upon in deciding whether to provide me with an insurance contract and on what terms and conditions, and that this application forms the basis of my contract;
- I understand my duty of disclosure exists until the contract of insurance is entered into, extended or varied and that I have an obligation to inform Avant Insurance of any material alteration of the risk;
- I have read and understood the PDS which contains the terms and conditions of the insurance cover;
- I authorise Avant Insurance to collect my health and other personal information for the purposes of assessing my application for this insurance cover and for the provision of ongoing services by Avant or Avant Insurance and to disclose this information to Hannover Life Re of Australasia Ltd ABN 37 062 395 484 or related entities in connection with this application for insurance and any subsequent claims made under the insurance cover;
- I confirm that as at the date of this application I am not absent from work from any reason due to illness or injury; and
- I understand this application is subject to approval and that cover will not commence unless and until my application has been approved.

Signature of applicant	Date
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Payment Options - Life Risk Insurance Options

1. Choose your payment frequency

Annual payment Monthly instalments

2. Choose your payment method (subject to your application being accepted)

Please note that when you choose either the direct debit or credit card option, we will deduct the initial payment on the date your application is accepted.

<input type="checkbox"/> Credit Card	<input type="checkbox"/> AMEX	<input type="checkbox"/> Diners	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
	Name on card			
	Card number			
	Expiry date			
	Signature		Date	
<input type="checkbox"/> Direct Debit Request	I/We request Avant Insurance Limited (under User ID 407295) to arrange for payments to be debited from my/our nominated account through the Bulk Electronic Clearing System (BECS) in accordance with terms described in the Avant Insurance Direct Debit Service Agreement.			
	Financial Institution			
	Branch			
	BSB Number		Account number	
	Account name			
	Signature 1		Date	
	Signature 2		Date	
	<p>If debiting from a joint bank account, both signatures are required.</p> <p>By submitting this Direct Debit Request (DDR) you are providing us with a valid instruction in respect to your DDR, and confirming that you have read, understood and agreed to the terms and conditions governing the debit arrangements between you and Avant Insurance as set out in this DDR and in our Direct Debit Service Agreement. Subject to the terms of Direct Debit Service Agreement, 14 days notice is required if the terms of the above DDR are to be changed.</p>			
<input type="checkbox"/> Cheque	<p><i>Payment in full only.</i> Please do not include with this payment any other Avant Insurance product or membership subscription.</p> <p>Please make the cheque payable to "Avant Insurance Limited - Trust Account No: 550025"</p>			

Direct Debit Request Service Agreement

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between Avant Insurance Limited (Avant Insurance) ABN 82 003 707 471 (under User ID 407295 or User ID 010731, as identified in the DDR) and you.

Avant Insurance is a subsidiary of Avant Mutual Group Limited ABN 58 123 154 898 (Avant). Avant Insurance collects payments and debits member nominated accounts for insurance premiums and Avant membership subscriptions.

In this document a reference to 'our', 'we' or 'us' means Avant Insurance and Avant. It sets out your rights, our commitment to you and your responsibilities to us, together with where you should go for assistance.

Debiting your account

- By confirming your acceptance of the DDR, you provided us with a valid instruction and you have authorised us to arrange for funds to be debited from your account. You should refer to the DDR and this agreement for the terms of the arrangement between us and you.
- We will only arrange for funds to be debited from your account as authorised in the DDR.
- If there are insufficient clear funds in your account to meet a debit payment:
 - (a) you may be charged a fee and/or interest by your financial institution;
 - (b) you may also incur fees or charges imposed or incurred by us; and
 - (c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

Our commitment to you

- We undertake to debit your nominated account for Avant Insurance premium and related monies as determined by the DDR made between us and accepted by you
- We will give not less than 14 days written notice should we make any change to the DDR including the amount, except where an amount has dishonoured
- We will keep any information (including your account details) in your DDR confidential

- We will only disclose information that we have about you to the extent specifically required by law or for the purposes of this agreement (including disclosing information in connection with any query).

Your commitment to us

It is your responsibility to ensure that:

- your nominated account can accept direct debits as the Bulk Electronic Clearing System (BECS) may not be available on all accounts (your financial institution can confirm this)
- you validate your account details against a recent bank statement
- you check with your financial institution if you are unsure how to complete the DDR
- there are sufficient clear funds in your account to allow a debit payment to be made
- you advise us if the nominated account is transferred or closed
- you pay your Avant Insurance premiums by an alternate method if the direct debit arrangements are cancelled either by you or by us
- your payments are up to date, whether advice is received from us or not
- you will check your account statement to verify that the amounts debited from your account are correct
- if your drawing is returned or dishonoured by your financial institution you may be charged fees or charges by the financial institution and you may also incur a fee or charges by imposed or incurred by us for the failed transaction.

Your rights

Members may:

- request we alter the DDR (e.g. frequency and amount) at any time by notifying us in writing not less than 14 days before the next lodgement
- dispute any debit drawing or terminate the deductions at any time by notifying us in writing not less than 14 days before the next lodgement.

Enquiries

For all general enquiries please contact Member Services on Freecall **1800 128 268**.

All disputes, requests for payment changes to the initial term of the arrangement and/or to defer, cancel or stop a debit should be directed in writing to us rather than to your financial institution. All communications addressed to us should include your Avant member ID.

Adelaide Office

Level 6, 108 King William Street Adelaide SA 5000

GPO Box 1263 ADELAIDE SA 5001

Telephone 08 7071 9800 **Facsimile** 08 7071 5250

Brisbane Office

Level 5, 307 Queen Street Brisbane QLD 4000

GPO Box 5252 Brisbane QLD 4001

Telephone 07 3309 6800 **Facsimile** 07 3309 6850

Hobart Office

Level 2, 29 Salamanca Place Hobart TAS 7000

PO Box 895 Hobart TAS 7000

Telephone 03 6220 7800 **Facsimile** 03 6224 0899

Melbourne Office

Level 2, 543 Bridge Road Richmond VIC 3121

PO Box 1019 Richmond North VIC 3121

Telephone 03 9026 5900 **Facsimile** 03 8673 5015

Perth Office

Level 18 Central Park 152-158 St Georges Terrace Perth WA 6000

Telephone 08 9288 4582 **Facsimile** 08 9288 1882

Sydney Office – Registered Office

Level 28 HSBC Centre 580 George Street Sydney NSW 2000

PO Box 746 Queen Victoria Building NSW 1230

Telephone 02 9260 9000 **Facsimile** 02 9261 2921

Freecall 1800 128 268

www.avant.org.au

Avant Insurance Limited ABN 82 003 707 471 AFSL 238765 is a subsidiary of Avant Mutual Group Limited ABN 58 123 154 898.