



Expatriate medical expenses insurance



**Liberty**  
International Underwriters

**Proposal form**

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# Important Notices

## Trade Sanctions Notice

Due to current trade sanctions requirements LIU will not provide any cover to any Insured or Insured Person that has any direct or indirect exposure to Iran, Sudan, Syria, North Korea and Cuba, including any persons on temporary assignment in Australia from those countries, nor shall we make any claims payments to any person that has a claim in Australia requiring payment back to any of those named countries.

## Duty of Disclosure

Before you enter into an insurance contract with us, you have a duty of disclosure under section 21 of the Insurance Contracts Act 1984 (Cth), to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept this insurance risk and if so, on what terms. This duty of disclosure applies until the commencement of the policy.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance. Your duty, however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or should know in the ordinary course of the insurance business; or
- where we waive your duty of disclosure.

If you fail to comply with your duty of disclosure, we may be entitled to reduce the amount we would pay you if you make a claim, cancel your insurance contract, or both.

If your non-disclosure is fraudulent, we may refuse to pay your claim and treat the contract as if it never existed.

## Privacy Notice

We are bound by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles when we collect and handle your personal information. This notice provides some key information about our privacy practices in relation to personal information. For full details, please see our privacy policy.

We collect personal information in order to provide our services and products, manage claims and for purposes ancillary to our business. We may collect, use and disclose your personal information for those purposes. Your personal information may include sensitive information such as information or opinion about your health and/or medical records. Personal information is in some circumstances collected from third parties, such as health providers and insurance brokers.

We may disclose personal information to third parties involved in this process such as our related companies, reinsurers, agents, loss adjusters, health providers and other service providers.

We may store your information with third party cloud or other types of networked or electronic storage providers.

Third party providers may be located overseas including in the United States, Canada, United Kingdom, Singapore, Hong Kong and Malaysia.

Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from LIU. If you do not provide all of the personal information LIU or other relevant third parties require to offer or provide you with specific products or services, LIU may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal information, make a privacy complaint, or if you have any query about how LIU collects or handles your personal information please write to LIU's Privacy Officer at:

- Level 27, 1 Macquarie Place, Sydney NSW 2000; or
- Email: [privacy.officer.ap@libertyiu.com](mailto:privacy.officer.ap@libertyiu.com).

To obtain a copy of LIU's privacy policy go to LIU's website ([www.liuaustralia.com.au](http://www.liuaustralia.com.au)) or request a copy from LIU's Privacy Officer at the above email or postal address.

## HOW TO FILL OUT THIS FORM

Please ensure you answer all questions. Any unanswered or illegible questions will delay our decision as to whether we can offer insurance cover.

Insured Organisation or Company

Name of Insured Person on Temporary Assignment

Nationality

Date of Birth

Occupation

Accompanying Spouse or Partner

Accompanying Dependent Children

(Dependant Children who accompany parents are automatically covered by this policy under the family premium)

Address in Australia

Period of Cover:

From

To

Address of Temporary Assignment

Period of Cover:

From

To

Medical Expenses Sum Insured: Maximum A\$2m per insured person

A\$

### 1. Have you or any Family Member accompanying you:

a. ever had any disorders which affected your heart, lungs, bowels, bladder, liver, kidneys, blood circulation, digestive system, genitals, back, ears or eyes? Yes  No

b. ever had any nervous disorder, paralysis, rheumatism, tuberculosis, ulcer or cancer? Yes  No

c. lost all or part of a limb or have any other physical defect or infirmity? Yes  No

d. had any other illness, injury, operation or treatment in the last 5 years which required hospitalisation? Yes  No

**2. Is there any foreseen recurrence of any illness or injury previously suffered or the possibility of You or an Accompanying Family Member undergoing surgery or other treatment?** Yes  No

**3. Are you or any of your Family members:** Yes  No

a. pregnant? Yes  No

b. required to have a medical examination prior to leaving for overseas assignment? Yes  No

c. on a waiting list for medical treatment? Yes  No

**4. Do you or any Family Member take medication or drugs on a regular basis?** Yes  No

**5. Do you or any Family Member wear glasses or have vision impairments?** Yes  No

**6. Do you or any Family Member intend to go the dentist in the next 12 months?** Yes  No

If Yes to any of the above, please provide details, including description of injury or illness, duration (dates), the cause, nature of treatment and results, current condition and names and addresses of doctors and hospitals consulted:

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Have you previously been insured for this type of insurance?

Yes  No

If Yes, with whom?

Have you ever had any losses for this type of insurance, regardless of whether you were insured or not?

Yes  No

If Yes, please provide details:

Date of loss	Details of the loss	Amount (\$)

If you have additional losses, please attach a full listing from your previous insurer(s).

**DECLARATION:**

I, \_\_\_\_\_, the undersigned, declare and acknowledge as agent of the Insured:

1. I am authorised as agent of the Insured to complete this proposal;
2. that after enquiry of the Insured, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, are true and correct and that until a contract of insurance is entered into, the Insured is aware that it is obliged to inform LIU of any changes to any information supplied or of any new information that is relevant;
3. that after enquiry of the Insured, the Insured understands LIU relies on the accuracy of the information and documentation supplied proposing for this insurance;
4. that if a contract of insurance is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such contract of insurance;
5. that after enquiry of the Insured, the Insured have read and understood the Important Notices which form part of this proposal; and
6. that we understand that no insurance is in force until a contract of insurance is entered into, which is upon the proposers' acceptance of an offer by LIU, if any.

Name of signatory \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_