



# Group personal accident and sickness insurance

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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

Address of Insured

Nature of Business

Period of Cover

From

To

Category	Insured Persons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number	Duties of Insured Persons
A	<b>24 hours a day</b> All employees of the Insured (including directors and contractors whilst acting under the auspices of the Insured only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
B	<b>Working Hours only</b> All employees of the Insured (including directors and contractors whilst acting under the auspices of the Insured only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
C	<b>Working Hours only with Journey</b> All employees of the Insured (including directors and contractors whilst acting under the auspices of the Insured only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
D	<b>Outside Working Hours with Journey</b> All employees of the Insured only	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
E	<b>Journey</b> Cover applies whilst commuting from the Insured Person's normal place of residence directly to their normal place of work. All employees of the Insured only	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
F	<b>Voluntary Workers</b> All Voluntary Workers of the Insured only	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
G	<b>Education</b> All employees, teachers and students of the Insured	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

# Group personal accident and sickness insurance Proposal Form

## Benefits Required

Death and Capital Benefits:  salary, maximum \$

	Loss of Income					
	Weekly Injury			Weekly Sickness (Category A&G only)		
	\$	pw		\$	pw	
Excess Period	<input type="checkbox"/> 7 days	<input type="checkbox"/> 14 days	<input type="checkbox"/> 21 days	<input type="checkbox"/> 7 days	<input type="checkbox"/> 14 days	<input type="checkbox"/> 21 days
Benefit Period	<input type="checkbox"/> 52 weeks	<input type="checkbox"/> 104 weeks	<input type="checkbox"/> 156 weeks	<input type="checkbox"/> 52 weeks	<input type="checkbox"/> 104 weeks	<input type="checkbox"/> 156 weeks

Aggregate Limit of Liability	
Any One Occurrence	Non-Scheduled Flying
\$	\$

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).

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**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 I 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 \_\_\_\_\_