



Group Personal Accident & Sickness

Proposal Form

Motor | Liability | Accident & Sickness

Call **1300 650 670** or email **brokers@rynoinsurance.com.au**
rynoinsurance.com.au



IMPORTANT NOTICES

Please read these notices carefully. If you have any questions, please contact us.

The Insurer's Agent

Ryno Insurance Services (we, us) act under a binding authority given to us by the insurer/s to arrange, issue and administer policies. Additionally, for those policies insured by certain Underwriters at Lloyd's, we also settle claims on their behalf. When acting under such authorities, we act on behalf of the insurer/s and not for you.

Your Duty of Disclosure

You have a Duty of Disclosure under law which requires that before a policy is entered into, you must give us certain information we need to decide whether to insure you and anyone else under the policy, and on what terms. Your Duty of Disclosure differs depending on whether you are entering into a new policy or not.

New Policy

Before you enter into an insurance contract, you have a duty of disclosure under the *Insurance Contracts Act 1984*.

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.

You have this duty until we agree to insure you.

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.

Renewals

Before you renew this contract of insurance, you have a duty of disclosure under the *Insurance Contracts Act 1984*.

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.

Also, we may 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 not change.

You have this duty until we agree to renew the contract.

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.

Reminder – your duty of disclosure

You have previously been given a notice informing you of your duty of disclosure in relation to an eligible contract of insurance.

This is a duty to tell us, in response to our questions, anything that you know, and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

Change of your risk and/or circumstances

Advise us immediately of any change to the risk or your circumstances.

Motor Vehicle: change of vehicle, drivers traffic history including licensing conditions, criminal convictions and bankruptcy, drivers claims history, garaging location, modifications and accessories.

Accident & Sickness: occupation, change in your health.

Cooling-off

You are entitled to a minimum 14 day cooling-off period from the date cover commences during which you may return the policy and receive a premium refund (less amounts lawfully deducted). This is subject to legal requirements and terms and conditions of the policy. You should check your PDS/Policy Wording and schedule/certificate of insurance when you receive it to be sure you have the cover you need.

Refunds and Our Remuneration

We reserve the right to retain any commission paid by the insurer or any fee paid by you in relation to any refund premium applicable to any policy transaction, other than under Cooling-off as above.

Privacy

We are committed to protecting the privacy of the personal information you provide to us in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles. We collect your personal information to assess your application for insurance, administer your policy and pay your claim. We may need to share your information with others to decide whether to accept your policy, administer your policy and manage and pay your claims. Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas.

We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information. If you do not provide the information that we request, your insurance application may not be accepted or we may not be able to administer your policy or a claim and you may breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by phone **1300 650 670**, email privacy@rynoinsurance.com.au or visit our website www.rynoinsurance.com.au

Your satisfaction

If you have any complaints about how we handle your personal information or about our service or advice, please let us know. We have internal dispute resolution procedures in place.

As agent to insurer/s, any complaint about policies and associated service may also be handled under the relevant insurer's internal dispute resolution procedures, and the external dispute facility for insurers and consumers, the Financial Ombudsman Service. Further details can be viewed in each Product Disclosure Statement and our Complaints and Disputes Policy, both located on our website. You can also call us or the insurer/s for a copy of the relevant Complaints Policy.

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Please answer all questions below. This will help us to process your application quickly.

PERIOD OF INSURANCE (Both at 4.00pm Local Standard Time)								
From:	___/___/___	To:	___/___/___					
BROKER NAME								
BROKER EMAIL								
APPLICANTS DETAILS								
Insured Company Name:								
						ABN:		
Address:								
						State:		Postcode:
Phone Number:						Fax:		
Mobile:						Email:		
Occupation:								
DETAILS OF PERSONS TO BE INSURED								
NUMBER OF:	QLD	NSW	ACT	VIC	SA	TAS	WA	NT
Employees								
Directors / Executive Directors								
Non-Executive Directors								
Committee Members								
Voluntary Workers								
TOTAL GROSS ANNUAL PAYROLL								
\$								

COVER OPTIONS (Please tick)

24 Hours, 365 Days	YES		NO	
Working Hours Cover Only	YES		NO	
Accident Only	YES		NO	
Accident & Sickness	YES		NO	

POLICY COVERAGE (Please tick)

Lump Sum Benefit	YES		NO	
If Yes, please state the amount of cover you wish to apply for:			\$	
Weekly Injury Benefit	YES		NO	
If Yes, please state the amount of cover you wish to apply for:			\$	
Weekly Sickness Benefit	YES		NO	
If Yes, please state the amount of cover you wish to apply for:			\$	
Benefit Period (Please circle)	52 Weeks	104 Weeks	Other	_____ Weeks
Excess Period (Please circle)	7 Days	14 Days	21 Days	28 Days

AGGREGATE LIMIT OF LIABILITY

\$

ADDITIONAL BENEFITS (Please tick)

Non-Medicare Medical Expenses <small>(Note: A limit of \$1,000 automatically included unless specified in the schedule)</small>	YES		NO	
If Yes, please state the amount of cover you wish to apply for:			\$	

INSURANCE & MEDICAL HISTORY

Has the Insured had any accident, sickness, disability or life insurance declined, withdrawn, modified, cancelled, renewal declined or increased terms imposed?

YES

NO

Has the Insured ever claimed for benefits under any accident, sickness, disability, life insurance or workers compensation insurance?

YES

NO

If Yes to any of the above, please provide full details:

Declaration

By signing this application form:

You hereby declare that:

- You have received, read and understood the product disclosure statement and policy wording (PDS), in particular your duty of disclosure and what is excluded.
- You agree to be bound by the terms and conditions.
- The disclosed information is true and correct.
- You have not withheld or suppressed any information concerning the details in this application.
- If there is more than one insured and all have not signed this application, you sign for and on their behalf.

You agree:

- That you will inform all insured persons covered under the policy of any non-renewal variation avoidance or cancellation of the policy by you or us;

and

- That you not act on our behalf in entering into this insurance for the benefit of such insured persons and we do not hold anything in trust for you or them.

You consent to the use and disclosure of your personal information for the purposes shown in the Privacy section of our PDS and our Privacy Statement (available at www.rynoinsurance.com.au); and

You confirm that if you have disclosed personal information about any insured person or any other person you have made them or will make them aware that you have provided their personal information to us and the types of third parties we may provide it to, the relevant purposes we and third parties will use it for, and how the Insured Person or other person can access it.

SIGNATURE

DATE

PLEASE PRINT NAME

POSITION HELD AT COMPANY

East West Insurance Brokers Pty Ltd
Trading As Ryno Insurance Services

ABN 83 010 630 092
AFS Licence No. 230041
19 Rosedale Street
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Coopers Plains Qld 4108

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