

Kiwi Holiday Insurance Application Form

Please do not detach. Return the entire brochure to your agent. If you have insufficient space to complete your answers, please attach a separate sheet.

Traveller's details

| | | | |
|-------------------|------------|-------|---------------|
| | | | |
| INSURED'S SURNAME | FIRST NAME | TITLE | DATE OF BIRTH |
| | | | |
| INSURED'S SURNAME | FIRST NAME | TITLE | DATE OF BIRTH |

Children's details

| | | | |
|-------------------|------------|-------|---------------|
| | | | |
| INSURED'S SURNAME | FIRST NAME | TITLE | DATE OF BIRTH |
| | | | |
| INSURED'S SURNAME | FIRST NAME | TITLE | DATE OF BIRTH |
| | | | |
| INSURED'S SURNAME | FIRST NAME | TITLE | DATE OF BIRTH |
| | | | |
| INSURED'S SURNAME | FIRST NAME | TITLE | DATE OF BIRTH |

Traveller's contact details

| | | | |
|---------------------|------------------------|----------------|----------|
| | | | |
| RESIDENTIAL ADDRESS | SUBURB | STATE | POSTCODE |
| | | | |
| EMAIL | | | |
| | | | |
| PHONE (AFTER HOURS) | PHONE (BUSINESS HOURS) | PHONE (MOBILE) | |

Travel details

| | |
|--------------------------------|---------------------------|
| | |
| DEPARTURE DATE | RETURN DATE / EXPIRY DATE |
| | |
| PERIOD OF TRAVEL (DAYS/MONTHS) | MAJOR DESTINATIONS |

Declaration

- I/we acknowledge that a copy of the Policy Wording was provided to me/us before I/we applied for this insurance, and that I/we have made the decision to purchase the policy after carefully reading the terms, conditions and exclusions contained in the Policy Wording, and agree that this product is suitable for my/our needs.
- I/we acknowledge that I/we have read and understood the Duty of Disclosure and the consequences of non-disclosure.

Cover required Single Duo Family
 Individual (applies to Plan G (Non-Medical Cover & Basic Non-Medical Cover only))

Plan selected - Traditional

| | | |
|---------------|--|-----------------------------|
| PLAN A | <input type="checkbox"/> Super Plus <input type="checkbox"/> Super <input type="checkbox"/> Standard | Base Premium |
| | <input type="checkbox"/> Economy <input type="checkbox"/> Australia/Indonesia/Fiji | \$ |
| PLAN B | Annual Multi-Journey | <input type="checkbox"/> \$ |
| PLAN C | Domestic | <input type="checkbox"/> \$ |
| PLAN D | Medical & Liability | <input type="checkbox"/> \$ |
| PLAN E | Non-Residents | <input type="checkbox"/> \$ |
| PLAN F | Domestic Advance Purchase | <input type="checkbox"/> \$ |
| PLAN G | Non-Medical Cover | <input type="checkbox"/> \$ |

OR

Plan selected - Basic

| | |
|--|-----------------------------|
| <input type="checkbox"/> Basic Super Plus <input type="checkbox"/> Basic Super <input type="checkbox"/> Basic Standard | |
| <input type="checkbox"/> Basic Economy <input type="checkbox"/> Basic Australia/Indonesia/Fiji | \$ |
| Basic Annual Multi-Journey | <input type="checkbox"/> \$ |
| Basic Domestic | <input type="checkbox"/> \$ |
| Basic Non-Residents | <input type="checkbox"/> \$ |
| Basic Non-Medical Cover | <input type="checkbox"/> \$ |

Additional costs

Pre-existing Medical Conditions

You are not automatically covered for Pre-existing Medical Conditions. Please refer to the definition of, and guidelines for, Pre-existing Medical Conditions on pages 9 to 12 of the Policy Wording.

- Do you have any Pre-existing Medical Conditions (as outlined in the Policy Wording)? Yes No
- Are any of your Pre-existing Medical Conditions listed on page 10 under the heading 'Medical conditions/circumstances which automatically exclude all cover for medical or hospital expenses'? Yes No

If 'Yes', please note that we are unable to offer a travel insurance policy that provides any benefits for medical or hospital expenses whatsoever.

If you have any of the conditions/circumstances which are excluded, travel insurance is still available to you if you purchase *Plan G (Non-Medical Cover)* or *Basic Non-Medical Cover*, however, there will be no provision to claim under certain sections of the policy for any claims arising from, related to or associated with any Injury or Sickness suffered by you. Please refer to the "Pre-existing Medical Conditions" section of the Policy Wording for details (pages 10 to 12).

- Are all of your Pre-existing Medical Conditions listed on pages 11 & 12 under the heading 'Pre-existing Medical Conditions which may be covered with no additional premium payable'? (not available Plan G or Basic Non-Medical Cover) Yes No

If 'Yes', we will provide automatic cover for the Pre-existing Medical Conditions listed, at no additional premium, **provided you have not** been hospitalised (including Day Surgery or Emergency Department attendance) for the condition(s) in the past 18 months.

- Do you have a Pre-existing Medical Condition which is not listed on pages 10 to 12, and for which you would like to apply for cover for the Journey? (not available Plans D, E, F, G, Basic Non-Residents or Basic Non-Medical Cover) Yes No

If 'Yes', please contact your Kiwi Holiday Insurance agent.

If your application for cover is approved, an additional premium may be payable.

Please note that if you have a Pre-existing Medical Condition and:

- you do not apply for cover; or**
- you apply for cover and we do not agree to provide cover; or**
- we agree to provide cover and you do not pay the relevant additional premium, we will not pay any claims arising from, related to or associated with your Pre-existing Medical Condition.**

- If approved, what is your medical assessment number? _____ / _____

Approved Pre-existing Medical Conditions premium(s) \$

Travellers 51-74 years additional premium(s) \$

Travellers 75 years or over additional premium(s) \$

Approval Code(s) _____ / _____

Specified Luggage and Personal Effects Cover (not available under Plans D, E, F or Basic Non-Residents)

| | |
|------|----------------|
| Item | Sum Insured \$ |
|------|----------------|

| | |
|------|----------------|
| Item | Sum Insured \$ |
|------|----------------|

| | |
|------|----------------|
| Item | Sum Insured \$ |
|------|----------------|

Total Sum Insured \$ _____ \$

Removal of Standard Excess (not available under Plan F) \$

TOTAL COST \$ _____

- I/we authorise any doctor or clinic to provide Allianz Global Assistance with information concerning my/our current or past medical history. I/we have read the Privacy Notice and I/we consent to the collection, use and disclosure of my/our personal information by Allianz or Allianz Global Assistance to such persons and for such purposes stated in the Privacy Notice.
- I/we acknowledge that this policy does not automatically provide cover for Pre-existing Medical Conditions.

- I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

Insured/Sponsor Signature _____ Date _____

Insured/Sponsor Signature _____ Date _____

If Duo cover has been selected, both insureds must sign.