

# Application Form

## Voluntary Medical Expenses and Income Protection Insurance for Teams

Name of Union \_\_\_\_\_

Name of Club \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

Email Address \_\_\_\_\_

Team Name/Grade \_\_\_\_\_

Team Numbers (inc players, coaches & managers) \_\_\_\_\_

**Policy Options** (Please tick which team option you would like)

**Team Standard Cover** – \$665.00 (inc GST), Per Team   
(Medical Expenses \$5,000 & Income Protection 80% of first weeks wages/salary limited to \$400)

or

**Team Premier Cover** – \$845.00 (inc GST), Per Team   
(Medical Expenses \$5,000 & Income Protection 80% of first weeks wages/salary limited to \$800)

### PRIVACY ACT 1993 DECLARATION

Pursuant to the Privacy Act 1993 the following is brought to your attention:

1. This questionnaire collects information about you and your team/club.
2. The information has been collected to enable us to evaluate the insurance you seek.
3. The intended recipients of the information are JLT Sport (a division of Jardine Lloyd Thompson Limited) and ACE Insurance Limited (the Insurer).
4. The information is collected and held by Jardine Lloyd Thompson Limited, PO Box 11145, Wellington and ACE Insurance Limited, PO Box 734, Auckland.
5. The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory.
6. You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

### Declaration

### I/We declare that:

1. I/We have not withheld any information likely to affect the acceptance of this insurance.
2. I/We agree that this questionnaire shall be the basis of the contract between me/us and the insurer, and I am/we are willing to accept cover subject to the Insurer's policy terms and conditions.

Name:.....

Signature:.....

Date:.....