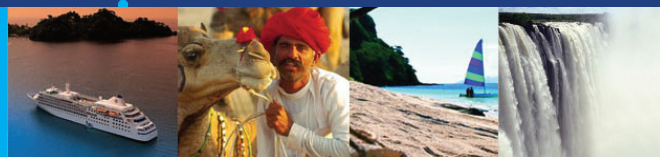


Flysure – a SureSave World Assistance Partner

If there is insufficient space to complete your answers, please attach a separate sheet



APPLICATION FORM

Please complete and return this form to Flysure and we will arrange Travel Insurance for you. Once your policy is issued, details such as your period of insurance, premium, options, and excess will be shown on your Certificate of Insurance.

Select Your Plan

- ☐ Comprehensive Plan
☐ Basic Plan
☐ Domestic Plan
☐ Annual Frequent Traveller (30 Days)
☐ Annual Frequent Traveller (50 Days)

Your Details

Primary Traveller 1

Name

Date of Birth: / / (DD/MM/YYYY)

Primary Traveller 2

Name

Date of Birth: / / (DD/MM/YYYY)

Dependant 1

Name

Date of Birth: / / (DD/MM/YYYY)

Dependant 2

Name

Date of Birth: / / (DD/MM/YYYY)

Dependant 3

Name

Date of Birth: / / (DD/MM/YYYY)

Street Address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
State	Postcode

Phone Number

Email

Your Insurance

Destinations - list where you will be spending the majority of your time.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Departure: / / (DD/MM/YYYY)

Return: / / (DD/MM/YYYY)

Existing Medical Conditions

You may not be automatically covered for existing medical conditions. Please read pages 15-19 in the PDS to learn how to apply for cover for your existing medical condition/s.

Do you have any existing medical conditions that are not automatically covered (as outlined in the PDS on pages 15-19)?

☐ Yes ☐ No

Do you need to apply for cover for your existing medical condition(s) (as outlined in the PDS on pages 15-19)?

☐ Yes ☐ No



Your Options

Extra Cancellation Cover

Cancellation value is the pre-paid cost of your trip that would be forfeited if the trip were cancelled. The standard trip limit provided for cancellation claims is outlined in the PDS on pages 3-7.

Do you wish to increase your cancellation value?

☐ Yes ☐ No

If so, to what amount?

New for Old Luggage Option

Your policy includes cover for up to \$700 per item as standard, up to the maximum trip limit. You may increase this limit to \$4,000 for specific items up to a total of \$10,000 combined. Any items you specify will be listed under the New for Old Luggage Option on your COI.

Item 1 Sum Insured \$

Item 2 Sum Insured \$

Winter Sports Option

Are you taking part in a winter sport? Note: If Yes, you will need to purchase this option. (see pages 23-24 of the PDS).

☐ Yes ☐ No

Rental Vehicle Excess Option

Your policy includes cover for rental vehicle insurance excess up to \$5,000. For an additional premium you can increase this cover in increments of \$500 up to a maximum \$3,000 additional limit.

Increase excess to: \$

Excess Buy-out Option

A removable excess of \$150 applies to most events claimed under the Comprehensive and Basic plans. By paying an additional premium you can reduce your excess to \$0.

Would you like to remove the excess?

☐ Yes ☐ No

Payment Method

(please tick) ☐ Cash ☐ Cheque ☐ Electronic Funds Transfer ☐ Credit Card

Electronic Funds Transfer (EFT) - please transfer the funds into the following bank account.

Bank: ANZ Banking Group, 116 Miller Street, North Sydney NSW 2060

Account Name: General Travel Services Pty Ltd t/a FLYSURE Insurance Trust Account

BSB: 012 361 Account No.: 2291 65874

It is important that you notify our office when transfer funds into our bank account Email: flysure@gtaus.com.au or Fax: +61 2 9954 0421.

Please ensure that you include the insured's family name in these details.

Credit card payments - in lieu of my credit card imprint, I the undersigned

holder of credit card

☐ MasterCard ☐ VISA ☐ American Express

Card number:

Expiry date:

CVC Number: or MasterCard and VISA payments

CD number: for American Express payments

hereby authorise FLYSURE Travel Insurance, as merchant account holder, to charge my credit card for \$

being the premium relating to my travel insurance.

Cardholder's name:

Cardholder's signature:

Please return the completed form to Email: flysure@gtaus.com.au or Fax: +61 2 9954 0421

Declaration

- I/we acknowledge that a copy of the Combined Financial Services Guide (FSG) and Product Disclosure Statement (PDS) and any available Supplementary Product Disclosure Statement (SPDS), which contains the Duty of Disclosure, was given to me/us before I/we applied for this insurance and that I/we have made the decision to purchase this insurance after carefully reading the terms of the policy and agree that this product is suitable for my/our needs.
- I/we authorise any doctor or clinic to provide Cerberus with information concerning my/our current or past medical history. I/we have read the Privacy Policy and I/we consent to the collection, use and disclosure of my/our personal information by the insurer or Cerberus to such persons and for such purposes stated in the Privacy Policy.
- I/we acknowledge that this policy does not automatically provide cover for Existing Medical Conditions except as specified in the PDS.
- I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

Signatures

Primary Traveller 1

Date: / / (DD/MM/YYYY)

Primary Traveller 2

Date: / / (DD/MM/YYYY)

Contact Details

A: Level 3, 53 Berry Street, North Sydney NSW 2060 PO Box 208, North Sydney NSW 2059 **T:** +61 2 9954 2662 **F:** +61 2 9954 0421 **E:** flysure@gtaus.com.au
24 hour emergency assistance T: +61 2 9234 3113 or +61 2 8256 1513 **E:** help@uresave.com.au **Claims - T:** 1300 625 229 **E:** claims@uresave.com.au