

Enrolment Form Comprehensive Care and Essentials Care

Cover-More

TRAVEL INSURANCE

Effective 11 April 2018

Policy number (agent must complete):

Traveller and contact details

Adult traveller(s)

#	Title	First name	Surname	D.O.B
1				
2				

Children and infants (0-20 years)

#	Title	First name	Surname	D.O.B
3				
4				
5				

Contact details

Street address		
Suburb	Postcode	State
Daytime phone ()	Mobile	
Email		

Policy and travel details

Single Trip	Area of travel	Country most time spent in	Travel start date	Travel end date OR travel duration	Domestic Cancellation Plan
<input type="checkbox"/>					\$ <small>per person</small> (\$200, \$400, \$600, \$800, \$1,500)

OR

Annual Multi-Trip	Area of travel	Country most time spent in	Travel start date	Maximum duration per trip (days)
<input type="checkbox"/>				15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/>

Options to vary cover

Choose level of international cancellation cover: if applicable \$Nil <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$Unlimited <input type="checkbox"/>	
Choose level of cancellation cover for domestic only: if applicable \$Nil <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/>	
Choose your excess: International Plan: \$Nil <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/>	Domestic plan excess fixed at \$50
Increase luggage item limit: Tick to increase <input type="checkbox"/>	Additional cover: Cruise Cover <input type="checkbox"/> Adventure Activities <input type="checkbox"/> Cancel for Any Reason <input type="checkbox"/> Motorcycle/Moped riding cover <input type="checkbox"/> Snow Sports <input type="checkbox"/> Motorcycle/Moped riding cover+ <input type="checkbox"/>
Existing Medical Conditions/pregnancy: This applies only to conditions not listed under the heading Conditions We Automatically Cover or Pregnancy that does not meet the requirements for automatic cover. see Travel and Health section of the Combined FSG/PDS.	Traveller requiring cover for an Existing Medical Condition <input type="text"/>

Declaration

- I have read and understood the Combined FSG/PDS that was given to me before I applied for this insurance.
- I understand that this policy does not automatically cover some Existing Medical Conditions or some known pregnancies and that some limits and policy conditions will apply.
- I understand my duty of disclosure and declare all information supplied to Cover-More is accurate and complete for myself and anyone else covered on the policy.
- I have been advised of any current Cover-More travel advice.
- I am aware that my personal information (including sensitive information where relevant) may be used and disclosed in accordance with the Privacy Notice found in the combined FSG/PDS.

#	Applicant signature(s)	Date
1		
2		