

## POLICE TRAVELPAC INSURANCE APPLICATION

If additional space is required, please note details together with section reference on a separate sheet and attach to this Application.

### MEMBER DETAILS

Name of Member:  Member Number:

Address:  Email:

Town/City:  Work Phone: (  )  Home Phone: (  )

### INSURED PERSON(S)

Health Plan Member(s)  or Non-Health Plan Member(s)  (add 15% to premium)

Full Names of Insured(s) to be covered

Insured Person(s):	Date of Birth:	Insured Person(s):	Date of Birth:
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

### TRAVEL DETAILS

Principal Destination(s):

Other Stopovers:

Date of Departure:  /  /  Date of Return:  /  /

Total Number of Travel days:

Plan Selected:  A  B  C  Individual OR  Family

Premium Calculation	
Premium for Plan Selected	\$ <input type="text"/>
Plus Age Loading if applicable	\$ <input type="text"/>
Plus Specified Items	\$ <input type="text"/>
<b>Total Premium Paid</b>	<b>\$ <input type="text"/></b>

### SPECIFIED ITEMS

Do you, or anyone travelling under this Policy require cover for any item or set of items of luggage (including laptops) that have a market value of more than \$1,000 or a video camera valued over \$2,000? If so, please list below and provide a current valuation:

Description of Item:	Value:	Premium 2% of Current Valuation:	Specified Items Premium
a. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	a. \$ <input type="text"/>
b. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	b. \$ <input type="text"/>
c. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	c. \$ <input type="text"/>

### COVER FOR PRE-EXISTING MEDICAL CONDITION(S) CAN BE APPLIED FOR BY CALLING 0800 367 244

Have you or anyone travelling under this policy called to apply for cover of a pre-existing medical condition?  Yes  No

Date Called:  /  /

Will you or anyone travelling under this policy engage in any work related activity during the travel?  Yes  No

If 'Yes', please provide details:

Do you or anyone travelling under this policy expect to engage in any non-scheduled flying activities?  Yes  No

### DECLARATION – YOU MUST COMPLETE THIS SECTION

If the following statements are correct, answer "Yes". If not correct, answer "No".

- I/We declare that the information provided in this application is true and correct.  Yes  No
- I/We have never had any application for insurance, or any insurance policy or claim declined by any insurance company because I/we supplied incorrect or misleading information to the insurance company or because I/we lodged a fraudulent or dishonest claim.  Yes  No
- I/We know of no reason why I/we would not be able to complete the planned travel.  Yes  No
- I/We have told the Insurer everything which is likely to affect their decision to accept this insurance.  Yes  No
- All persons on whom this travel depends are in good health (e.g. members of travelling party, parents, siblings etc).  Yes  No
- I/We undertake that I/We will seek free or reduced cost health treatment where it is available (e.g. New Zealand has reciprocal health agreements in place with Australia & UK).  Yes  No
- I/We understand that:
  - The Insurer is collecting this information to evaluate my/our insurance and that failure to provide any required information may result in the Insurer refusing to provide this insurance or the Insurer being entitled to decline any claim under the policy or void the insurance policy altogether.  Yes  No
  - I/We are obliged to disclose to the Insurer any information that may be material to the Insurer's decision to accept this insurance.  Yes  No

Office Use Only

U/W By:

Premium Paid:

\$

Payment Type:

- Credit Card  Cheque

This Insurance Application Form collects personal information about you and anyone travelling under this policy so Chartis can consider your application for Police Travelpac Insurance. The information is received and held by Police Welfare Fund Insurances Limited, P O Box 12 344, Wellington and Chartis, PO Box 1745, Auckland. You may request access to, and correction of, this information according to the provisions of the Privacy Act 1993. Any failure to provide requested personal information may result in the Insurer refusing to provide this insurance, or refusing to meet a claim or voiding the insurance policy altogether.

Name of person providing above information:  Signature:  Date:  /  /