

APPLICATION FORM

Voluntary Medical Expenses and Income Protection Insurance for Teams

Name of Union _____

Name of Club _____

Address _____

Contact Person _____

Telephone Number _____

Email Address _____

Team Name/Grade _____

Team Numbers
(including players, coaches
and 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 Marsh Limited and AIG Insurance New Zealand Limited (the insurer).
4. The information is collected and held by Marsh Limited, PO Box 2221, Auckland, 1140 and AIG Insurance New Zealand Limited, PO Box 10238, Wellington
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 contact 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: