



Accident & Health

GROUP PERSONAL
ACCIDENT & SICKNESS
HEALTH DECLARATION

libertyspecialtymarkets.com.au



Liberty
Specialty Markets

Important Notices**Trade Sanctions Notice**

Due to current trade sanctions requirements Liberty will not provide any cover to any Insured or Insured Person that has any direct or indirect exposure to Afghanistan, Chechnya, Cuba, Iran, Iraq, Nigeria, North Korea, Myanmar, Pakistan, the Republic of Belarus, Somalia, Sudan, Syria, Russia, the Ukraine (including the territories of the Crimea, the Donetsk Region and the Luhansk Region), Venezuela and Yemen including any persons on temporary assignment in Australia from those countries, nor shall we make any claims payments to any person that has a claim in Australia requiring payment back to any of those named countries.

Duty to take reasonable care not to make a misrepresentation

Whenever you interact with us in relation to this policy, you have a duty to take reasonable care not to make a misrepresentation.

This means you have an obligation to take reasonable care to be honest, accurate and complete in the answers to the questions we ask you, including questions which may relate to anyone else to whom this insurance applies.

If you make a misrepresentation, we can exercise any available legal rights against you, including refusing or cancelling your policy, or reducing our liability in respect of any claims.

If you are unsure about any question(s) we ask you, please tell us or discuss these with your insurance broker.

HOW TO FILL OUT THIS FORM

The insured person must answer all questions. Note that any unanswered or illegible questions will delay our decision as to whether we can offer insurance cover.

Insured organisation or company

Name of insured person

Nationality

Date of birth

Occupation

Address (please specify a street address only)

Street

City

State

Postcode

Country

Period of cover

from

to

Period of cover

from

to

HEALTH STATUS OF INSURED PERSON

1. Have you:

a. ever had any disorders which affected your heart, lungs, bowels, bladder, liver, kidneys, blood circulation, digestive system, genitals, back, ears or eyes?

Yes

No

b. ever had any nervous disorder, paralysis, rheumatism, tuberculosis, ulcer or cancer?

Yes

No

c. lost all or part of a limb or have any other physical defect or infirmity?

Yes

No

d. had any other illness, injury, operation or treatment in the last 5 years which required hospitalisation?

Yes

No

2. Is there any foreseen recurrence of any illness or injury previously suffered or the possibility of you or an accompanying family member undergoing surgery or other treatment?

Yes

No

3. Are you:

a. pregnant?

Yes

No

b. on a waiting list for medical treatment?

Yes

No

4. Do you or any family member take medication or drugs on a regular basis?

Yes

No

5. Do you or any family member wear glasses or have vision impairments?

Yes

No

6. Do you or any family member intend to go the dentist in the next 12 months?

Yes

No

If yes to any of the above, please provide details, including description of injury or illness, duration (dates), the cause, nature of treatment and results, current condition and names and addresses of doctors and hospitals consulted:

7. Have you previously been insured for this type of insurance? Yes No
If yes, with whom?

8. Have you ever had any losses for this type of insurance, regardless of whether you were insured or not? Yes No
If yes, please provide details in the table below:

Date of loss	Details of the loss	Amount (\$)
		\$
		\$
		\$
		\$
		\$
		\$
		\$

If you have additional losses, please attach a full listing from your previous insurer(s).

DECLARATION OF INSURED PERSON

I, _____, the undersigned, declare and acknowledge:

1. that all information supplied in this declaration is true and correct and I am aware that I am obliged to inform Liberty of any changes to any information supplied or of any new information that is relevant to the provision of coverage under this insurance;
2. I understand Liberty relies on the accuracy of the information and documentation supplied by me or on my behalf to determine if it will provide cover under this insurance; and
3. that I have read and understood the Important Notices which form part of this declaration.

Signature

Date

Name (please print)

Privacy Notice

We are bound by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles when we collect and handle your personal information. This notice provides some key information about our privacy practices in relation to personal information. For full details, please see our privacy policy.

We collect personal information in order to provide our services and products, manage claims and for purposes ancillary to our business. We may collect, use and disclose your personal information for those purposes. Your personal information may include sensitive information such as information or opinion about your health and/or medical records. Personal information is in some circumstances collected from third parties, such as health providers and insurance brokers.

We may disclose personal information to third parties involved in this process such as our related companies, reinsurers, agents, loss adjusters, health providers and other service providers.

We may store your information with third party cloud or other types of networked or electronic storage providers.

Third party providers may be located overseas including in the United States, Canada, United Kingdom, Singapore, Hong Kong and Malaysia.

Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from Liberty. If you do not provide all of the personal information Liberty or other relevant third parties require to offer or provide you with specific products or services, Liberty may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal information, make a privacy complaint, or if you have any query about how Liberty collects or handles your personal information please write to Liberty's Privacy Officer at:

Address: Locked Bag 18, Royal Exchange, Sydney NSW 1225, Australia

Email: privacy.officer.ap@libertyglobalgroup.com

To obtain a copy of Liberty's privacy policy go to Liberty's website (libertyspecialtymarkets.com.au) or request a copy from Liberty's Privacy Officer at the above email or postal address.