

Personal Accident and Sickness Income Protection Application Form

Please complete form below

First Name	<input type="text"/>			Surname	<input type="text"/>		
Date of Birth	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	Occupation	<input type="text"/>		
Residential Address	<input type="text"/>						
Suburb/Town	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact Number	<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"/>	Email	<input type="text"/>				

Choose your Cover

- 1 **Weekly Sum Insured** \$ Please note maximum amount is \$2500 per week
- 2 **Accident Only** or **Accident and Sickness**
- 3 **Capital Benefits**
 \$25,000 \$50,000 \$100,000 (Maximum) \$ Other amount
- 4 **Benefit Period** (Select one only) 52 weeks or 104 weeks
- 5 **Waiting Period** (Select one only) 7 days 14 days 21 days 28 days

In the last three (3) years?

- Has the insured person ever been declared bankrupt, put into receivership or voluntary administration? No Yes
- Has the insured person had any previous insurance declined, cancelled or renewal refused? No Yes
- Has the insured received treatment for or is aware of any pre existing conditions? No Yes If yes, please specify below
- Has the insured person ever been charged or convicted of any criminal offence, excluding traffic offences? Yes No

Signature

Date

 / /

Email completed form to: enquiries@pointinsurance.com.au