**PRIVATE TRAVEL INSURANCE APPLICATION**

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| **Your Details** | | | |
| Is this cover in addition to cover provided by the University? | |  | Your Category ( 1 ) Refer Schedule of Benefits |
| **If Yes and the period below exceeds the University provided cover you will be charged only for the extra days of cover.**  **If No you will be charged for the total period of travel either as an individual or as a family** | | | Date(s) of Birth: |
| Insured Person  (Authorised University member) |  | | /     / |
| Spouse / Partner |  | | /     / |
| Accompanying Dependent |  | | /     / |
| Accompanying Dependent |  | | /     / |
| Full Postal Address |  | | |
| Phone Number |  | | |
| Email Address |  | | |
| **Travel Details** | | | |
| Country or Countries visiting |  | | |
| **Total Period of Travel** | | | |
| From | /     /      leave Home in Australia | | |
| To | /     /      return to Home in Australia | | |
| **Pre-Existing Medical Condition** | | | |
| **Do you have a pre-existing medical condition?**  **If Yes, please provide details:**    **Do you have any condition that prevents your doctor from agreeing to your travel?**  If Yes, you will need to obtain and complete a medical declaration or cover may be affected | | | |

**This Application should be returned to Arthur J. Gallagher**

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| **Arthur J Gallagher & Co (Aus) Ltd**  **A.B.N. 34 005 543 920** | **PO Box 10016**  **Adelaide SA 5063** |
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