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# ADDITIONAL TOP UP TRAVEL PROPOSAL FORM

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**Insured Persons**

Undergraduate Students of Flinders University requiring extension of the University travel insurance program

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| **Premiums** |
| **Daily Insurance Rate** |
| **Single Person** | **$5.50 per day**  |
| **Minimum Premium Payable is:****Single $172.00**  |
| **Policy Excess:****Section 4 - Luggage & Business Property**$100 each and every loss, but$250 each and every loss for Electronic EquipmentDeprivation of baggage – consecutive 8 hour wait**Section 5 – Personal Accident** Weekly Benefits B & E – 7 daysor as otherwise shown in the schedule of policy wording |
| **POLICY CONDITIONS*** Minimum premiums applies
* Payment of premium is required prior to commencement of journey
* Pre-existing conditions *may* be covered subject to policy conditions and subject to your general practitioner providing written confirmation that you are fit to travel

**Applications must be forwarded to the Broker****for acceptance prior to the commencement of the journey** |
| **OPTIONS FOR APPLICATION COMPLETION (Last page)*** You can print the page and hand write the form;

 Scan and e-mail it to us, or Post it to us (allow extra time)* Fill in the page in the soft copy

 save the page to a .pdf and e-mail it to us, or save the entire document (.doc or .pdf) and e-mail it to us  |
| The policy wording is available from the Broker |
| **DFAT WARNING**Please note thatescalating DFAT warnings may have an effect on the level of cover under the University’s insurance policy |

**APPLICATION TO PURCHASE TRAVEL INSURANCE**

**UNDERGRADUATE STUDENT TOP-UP BEYOND THE STANDARD UNIVERSITY COVER**

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| Your Details |
| Do you have University authorisation for your trip?Have you effected other travel insurance forany portion of this trip?Student ID: |  | Undergraduate student (Cat 2) |
| Insured Person (Mr, Mrs, Ms / Your Name) |   | Date of Birth // |
| Full Postal Address |  Suburb  State  P/Code  |
| Phone Number |   |
| Email Address |  |
| Travel Details |
| Country(s) of PrimaryStudy or Business |  |
| Total Period of Travel (Your total trip away) |
| From | // leave Home in Australia |
| To | // return to Home in Australia |
| **PRIVATE** travel details within your total travel period(DO NOT includestudy or businessperiods here) | // to //Country // to //Country // to //Country // to //Country // to //Country // to //Country  |
| Pre-Existing Medical Condition |
| Do you have any pre-existing medical conditions?If yes, please detail: Do you have any condition that prevents your doctor from agreeing to your travel? If Yes, we will request additional information prior to providing a quotation |

**This Application should be returned to Aon as follows;**

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| --- | --- |
| **Aon Risk Services Pty Ltd**  | **Level 22, 91 King William Street, Adelaide SA 5000** |
| **Tom Burrows** | Mobile: +61 422 062 713Email: tom.burrows@aon.com |
| **Teresa Marfea** | Telephone: +61883011188Email: teresa.marfea@aon.com  |

**Payment Methods**

There are a variety of payment options available all of which are detailed on our tax invoice. Some options may incur additional cost.

**Please note**

* You will require an Aon invoice to enable you to complete payment. This will be e-mailed to you.
* You confirm the information provided is accurate to the best of your knowledge
* You should allow a minimum of 7 working days for your application to be processed
* If payment has not been received prior to commencement of journey, NO cover will attach - *no exceptions*!