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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 Equipment  Deprivation of baggage – consecutive 8 hour wait  **Section 5 – Personal Accident**  Weekly Benefits B & E – 7 days  or 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 for  any 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 Primary  Study 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 include  study or business  periods 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: +61 422 062 713  Email: [tom.burrows@aon.com](mailto:tom.burrows@aon.com) |
| **Teresa Marfea** | Telephone: +61883011188  Email: [teresa.marfea@aon.com](mailto: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*!