**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** |
| **David Clarke** | Telephone: +61 8 8172 8000Facsimile: +61 8 8172 8100Email: david.clarke@ajg.com.au  (david.clarke@ajg.com.au) |