

GROUP

PILOT INCOME

PROTECTION

AND

LOSS OF LICENCE

APPLICATION FORM



GROUP PILOT INCOME PROTECTION AND LOSS OF LICENCE APPLICATION FORM

Important Information

1. This application form can be completed electronically or manually, and a copy should be retained for your records.
2. Please complete all sections of this application form and return by email to your intermediary named in Section 6.
3. Where the space provided is insufficient for your replies, please provide these separately and attach to this application form.
4. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
5. The term company, whenever used in this application form shall mean the insured listed and all subsidiary companies of the insured for which coverage is proposed under this application.

Duty of Disclosure

Before you enter into a contract of insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to insurers every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. The same duty arises on renewal, extension, reinstatement or variation of a contract of General Insurance.

The disclosure required is especially important in matters relating to the physical risk, past claims, cancellation of insurance covers, the imposition of increased premiums, insolvency or criminal convictions. Disclosure is not limited to specific questions in a application form or matters applying to the Insured named in the Policy, but includes other relevant matters including past business or businesses or private insurances. If you breach the duty, even innocently, the insurer may be able to reduce its liability in respect of a claim or may cancel the contract. If the non-disclosure is fraudulent the insurer may also have the option of avoiding the Policy from inception.

WHAT YOU MUST TELL INSURERS

When answering our questions, you must be honest and you have a duty under law to tell an insurer anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. An insurer will use the answers to decide whether to insure you and on what terms.

IF YOU DO NOT TELL INSURERS

If you do not answer questions in this way, insurers may reduce or refuse to pay a claim, or cancel your insurance.

If you answer the questions fraudulently, insurers may refuse to pay a claim and treat your insurance as if it never existed.

Privacy

Aircrew Insurance respects your right to privacy and is committed to safeguarding the privacy of our customers. We adhere to the Australian Privacy Principles contained in the Privacy Act 1988 (Cth). This policy sets out how we collect and treat your personal information.

Further information about our privacy practices can be located in our Privacy Policy which can be viewed on our website at www.aircrewinsurance.com.au.

Section 1 – Company details

Insured / Company:

ABN:

Business address:

State:

Post Code:

Telephone number(s):

Email address:

Type of flying activities/operation:

Section 2 – Aircrew to be covered

Are all persons included in this group scheme Australian nationals or permanent residents of Australia? Yes No

If **No**, please give details including the number of employees and the nationalities involved:

Are all persons to be insured located in the same State/Territory? Yes No

Is joining this group scheme policy compulsory? Yes No

Will 75% or more of the proposed group be insured under the policy? Yes No

If **No**, please estimate the total number of persons that will participate:

If you have employee or member data available in xl format (position, employment status, date of birth and salaries), please provide when returning this application form. Alternatively, please provide details in the tables below.

	Captains	First Officers	Second Officers	Flight Engineers	Other
Up to 29					
30 to 34					
35 to 39					
40 to 44					
45 to 49					
50 to 54					
55 to 59					
60 to 64					
65+					

Please state salary scales by age band if not provided separately in xl format with this application.

Salary Scale	Salary Scale
Up to 29	30 to 34
35 to 39	40 to 44
45 to 49	50 to 54
55 to 59	60 to 64
65+	

What was the total number of aircrew employed by the company in each of the previous 3 years?

Year:

Total number of aircrew:

Eligibility rules - If applicable, please state the guidelines established to determine which persons become eligible to join the policy.

Section 3 – Other insurance

Does the company have, or has the company ever been insured for any other forms of insurance cover of the types listed below?

a.	Income Protection Insurance?	Yes	No
b.	Salary Continuance Insurance?	Yes	No
c.	Pilot Loss of Licence Insurance?	Yes	No
d.	Personal Accident and Sickness Insurance?	Yes	No
e.	Other forms of Disability Income Insurance?	Yes	No

If **Yes** to any of the above, please provide details for each type of cover below.

Types of cover: (a. - e.)

Sums insured / levels of benefits:

Insurers:

Periods of Insurance: (inception / expiry dates)

Any other information such as waiting periods, benefit periods, automatic acceptance levels, eligibility criteria, benefit ceasing age, if policy covers mental health conditions:

Section 4 – Previous loss history

Please provided details of any claims lodged in relation to a. - e. (described in section 3) in the last 5 years.

Year	Cause of loss	Age	Status (open or finalised)	Total benefit paid to date
------	---------------	-----	-------------------------------	-------------------------------

Are there any aircrew currently unfit for duties for more than 30 days? Yes No

If 'Yes', please provide details below including age, date first absent and cause of unfitness:

Has any Insurer, in respect of the risks to which this application relates, ever?

Declined the company's application? Yes No

Cancelled or refused renewal of a policy? Yes No

Required an increased premium or imposed special terms? Yes No

If, 'Yes' to any of the above, please provide details here:

Section 5 – Benefits and scope of cover

INCOME PROTECTION (STANDARD COVER)

This cover provides a monthly benefit if due to disability a pilot is unable to fly, irrespective of the status of their Class 1 medical certificate. Please select the coverage you require below.

Waiting period (days): 30 60 90 120 180

Other:

Benefit period (weeks): 52 104 156 Other:

The percentage of monthly salary to be insured: 75% 85% Other:

Maximum benefit amount: \$ per month

Automatic Acceptance Limit (AAL): \$ per month

LOSS OF LICENCE (OPTIONAL EXTRA COVER)

This cover provides a capital lump sum benefit if due to a disability, a pilots Class 1 medical certificate is revoked and it's unlikely they will return to a flying career.

Would you like Permanent loss of licence cover (lump sum benefit)? Yes No

If 'Yes', please give details of the benefit levels required (multiple of salary or fixed amount).

VALUE ADD

Would you like include Accidental Death Cover? Yes No

Would you like accident and sickness coverage for employees other than pilots? Yes No

Section 6 – Form submission details

Please complete all questions and email your application or send any queries to your intermediary named below (if left blank, please return to support@aircrewinsurance.com.au).

Name of Insurance Intermediary:

Contact person:

Contact Number:

Email Address:

Data protection act

By signing this application form you consent to YourCover Pty Ltd using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Declaration

I/We the undersigned duly authorised person(s) declare that:

1. The above statements are correct, true and complete; and
2. No information material to this Application Form has been withheld; and
3. I/We have read the important facts which you have put before me/us and I/we understand the advice given in relation to necessary and detailed enquiries in order to comply with the duty of disclosure; and
4. I/We undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
5. I/We acknowledge that the Insurer relies on the information and representations in this Application Form and otherwise made by me/us in relation to this insurance; and
6. I/We agree that this application and declaration shall form the basis of the contract between us and the insurer should our application be approved.

Signature of Insured or Authorised Representative:

Printed Name:

Date:

Position:

The insurer reserves the right to refuse to accept an application for insurance, or to impose special conditions. If a policy is issued, this Application Form, together with any other information supplied prior to inception, shall form the basis of any contract of insurance effected thereon.

Please email your application or send any queries to support@aircrewinsurance.com. If you've sent us the documents and haven't heard from us after 24 hours, please contact us just in case we haven't received your email. If you need any help, please contact us on 1300 089 847.