



# PROBUS Travel Insurance Application Form

For travel cover activated between 01 December 2019 and 30 November 2020

## Applicant 1 (Please print clearly)

PROBUS/ROTARY CLUB OF:					
<b>Please tick relevant box below</b>					
Probus/Rotary Member			Probus/Rotary Membership No.		
Family Member (Complete Family Member section below)				Guest	
Salutation	Mr	Mrs	Ms	Dr	Other (please specify)
Given Names				Last Name	
Date of Birth	/	/		Age at start of journey	
Postal Address					
Suburb/Town/City			State/Territory		Postcode
Phone	( )		Mobile		
Email*					

\*By providing an email, you agree to have all correspondence relating to this application sent to you by email.

## Applicant 2 (Please print clearly)

PROBUS/ROTARY CLUB OF:					
<b>Please tick relevant box below</b>					
Probus/Rotary Member			Probus/Rotary Membership No.		
Family Member (Complete Family Member section below)				Guest	
Salutation	Mr	Mrs	Ms	Dr	Other (please specify)
Given Names				Last Name	
Date of Birth	/	/		Age at start of journey	
Postal Address					
Suburb/Town/City			State/Territory		Postcode
Phone	( )		Mobile		
Email*					

\*By providing an email, you agree to have all correspondence relating to this application sent to you by email.

## Family Member

Please complete this section only if the applicant(s) is/are a Family member. A Family member is a Spouse/Partner, Mother, Father, Daughter, Son, Sister or Brother of a Probus or Rotary Member as per the Probus Travel Insurance policy wording.

I/we confirm I/we meet the definition of a Family Member of

Probus or Rotary member full name:	
Probus or Rotary Club name:	
Probus or Rotary Club membership number:	

## Plan Selection

For information about the coverage available including policy terms and conditions please refer to the:

- Probus South Pacific Limited Standard Travel Insurance Single Trip Policy (Probus Standard Travel Insurance Single Trip)
- Probus South Pacific Limited Premier Travel Insurance Single Trip Policy (Probus Premier Travel Insurance Single Trip)
- Probus South Pacific Limited Premier Travel Insurance Annual Multi-Trip Policy (Probus Premier Travel Insurance Annual Multi-Trip)

Terms, conditions, exclusions and limited apply. Policies can be viewed on the Probus South Pacific Limited website at [www.probusouthpacific.org](http://www.probusouthpacific.org) Please contact Probus South Pacific Limited if you wish to be provided with a hard copy.

Please indicate the Plan you wish to access by ticking the relevant boxes.

	Standard Travel Insurance Single Trip	Premier Travel Insurance Single Trip	Premier Travel Insurance Annual Multi-Trip <sup>1</sup>
Applicant 1			
Applicant 2			

<sup>1</sup> Please note, for **Premier Travel Insurance Annual Multi-Trip** the maximum length of any one trip is 45 days.

Applicant(s) that have selected **Probus Standard Travel Insurance Single Trip** must submit a current fit to travel report with this application form.

For more information visit [www.probusouthpacific.org](http://www.probusouthpacific.org)

Applicant(s) that have selected **Probus Travel Insurance Annual Multi-Trip** go to page 3 (do not complete trip information below)

## Trip Information

Period of journey <sup>2</sup>		First travel date	/ /	Last travel date	/ /
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Does your trip include a cruise <sup>^</sup> ?	Yes	No
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<sup>^</sup> Domestic Plan Types exclude medical expenses cover. If your cruise is within domestic waters and you require medical expenses cover, please select Pacific Plan Type. Payment of any medical expenses is subject to the terms, conditions, exclusions and sub limits within the Policy, including Australian (for Journeys departing Australia) or New Zealand (for Journeys departing New Zealand) legislation which may prevent Chubb from paying the medical expense claim.

<sup>2</sup> Please note that your trip starts when you leave your residential address and ends when you arrive back at your residential address in accordance with your travel dates. The maximum length of a trip for Probus Standard Travel Insurance is 120 days and Probus Premier Travel Insurance Single Trip is 180 days. The Insurer will only activate an application for Probus Travel Insurance within 270 days of your first travel date.

Plan Type	Covered Locations	Tick Destination
Worldwide <sup>3,4</sup>	Americas (excluding Cuba for US citizens) and Africa and locations covered by Plans Worldwide excluding the Americas and Africa, South East Asia, Pacific, Plan Trans-Tasman and Plan Domestic.	
Worldwide excl. The Americas & Africa	UK, Europe, Japan, Hong Kong, China, the Middle East, and Indian Sub-Continent and locations covered by Plans South East Asia, Pacific, Trans-Tasman and Domestic. <sup>5</sup>	
South East Asia	South East Asia and locations covered by Plans Pacific, Trans-Tasman and Domestic. <sup>5</sup>	
Pacific	For Australian and New Zealand residents travelling to Indonesia, South West Pacific and locations covered by Plan Trans-Tasman and Domestic. <sup>5</sup>	
Trans-Tasman	For Australian or New Zealand residents travelling between Australia and New Zealand and locations covered by Plan Domestic. <sup>6</sup>	
Domestic (Australian residents)	Australia Only	
Domestic (New Zealand residents)	New Zealand Only	

<sup>3</sup> It is compulsory for Probus Premier Travel Insurance Single Trip applicants to choose Plan Type – Worldwide, where more than 20% of Your Journey is in the Americas and/or Africa.

<sup>4</sup> If you are travelling to the USA and/or North America, please take into consideration that health care and medical costs in these locations can be quite expensive. Please also note the extent of Medical Expenses Cover available under these policies, including what cover, if any, is available for Pre-Existing Medical Conditions and ensure you choose suitable cover for your needs.

<sup>5</sup> Covered locations for Probus Premier Travel Insurance Single Trip include the Americas (excluding Cuba for US Citizens) and Africa if less than 20% of Your Journey occurs in the Americas and/or Africa.

<sup>6</sup> Covered location relevant to Your country of origin.

## Declaration Statement

All applicants should review and sign to accept the below terms before proceeding to pay to access the insurance cover I/We :

- confirm that I am/We are either an Australian resident/s (if the Journey commences in Australia) or a New Zealand Resident (if the Journey commences in New Zealand) and meet the eligibility criteria, including that one of the applicants taking out the Probus Travel Insurance is a current financial member of an accredited Probus or Rotary club or meet the criteria of a Family Member as defined in the relevant Probus Standard Travel Insurance Policy or the Probus Premier Travel Insurance Single Trip Policy or the Probus Premier Travel Insurance Annual Multi-Trip Policy;
- confirm that the information provided in this application is complete and accurate and understand that any incomplete or inaccurate information may impact any potential claim I/We submit in the future;
- have read and understood the Probus Standard Travel Insurance Policy or the Probus Premier Travel Insurance Single Trip Policy or the Probus Premier Travel Insurance Annual Multi-Trip Policy , made available to me/us and which is available at [www.probusouthpacific.org](http://www.probusouthpacific.org), and agree to pay the access fee to access an insurance Policy subject to its terms, conditions, exclusions and limitations;
- understand that Probus South Pacific Limited (Probus) is the Policyholder under the relevant Policy provided by Chubb Insurance Australia Limited (Chubb) and that Probus does not hold an Australian Financial Services Licence and does not act on behalf of Chubb. Probus cannot provide any recommendation or advice regarding any of the Probus Travel Insurance policies. Any information or documentation provided by Probus is general information only;
- understand and consent to the collection, use, retention and disclosure of my/our personal information in accordance with relevant laws and regulations and with the Privacy Statement within the relevant Probus Travel Insurance Policy, [Chubb's Privacy Policy](#) and Probus South Pacific Limited's [Privacy Policy](#) and any consent provided in this declaration;
- understand and consent to the information in this application and any information provided regarding a claim being provided to Chubb, Probus and Aon Risk Services for the purpose of administering and managing the Policy;
- consent to receiving the relevant Probus Travel Insurance Policy, Confirmation of Cover and any notices and documents via email, where an email address has been provided; and
- agree to receive information about Probus Travel Insurance offers and acknowledge that I/We can unsubscribe from these offers at any time.

### This Declaration Statement must be signed by applicant 1

Please tick - By ticking this box and emailing/sending this application form, I acknowledge that I have read, understood and agreed to the terms of the Declaration Statement above.

Full Name (required):	
Signature*:	
Date:	

### This Declaration Statement must be signed by applicant 2 (if applicable)

Please tick - By ticking this box and emailing/sending this application form, I acknowledge that I have read, understood and agreed to the terms of the Declaration Statement above.

Full Name (required):	
Signature*:	
Date:	

\* Please note, a physical signature is not required if you have ticked the box(es) above and you have completed your application form digitally before submitting via email.

## Payment Instructions

### Credit card authority form

Card Type: (Please tick one)    Mastercard    VISA    Amount AUD\$:

Card number:

				/					/					/				
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Expiry date:

		/			
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I understand that all payments debited to my credit card will be in Australian Dollars.

### This form must be signed by the Card Holder

I authorise Probus South Pacific Limited to debit my credit card with the amount shown above.

Name of Card Holder:

Signature\*:

\* Please note, a physical signature is not required if you have ticked the box(es) above and you have completed your application form digitally before submitting via email.

### Paying by cheque

The cheque must be made payable to Probus South Pacific Limited.

### How to submit your completed application form

**1. Email to:** [travelinsurance@probussouthpacific.org](mailto:travelinsurance@probussouthpacific.org)

**2. Fax to:** +61 2 9633 4779

**3. By post to:**

Probus South Pacific Limited  
PO Box 1294 Parramatta NSW 2124

### If you require assistance please contact Probus South Pacific Limited

Phone: Australia 1300 630 488 New Zealand: 0800 1477 6287 Fax: +61 2 9633 4779

Email: [travelinsurance@probussouthpacific.org](mailto:travelinsurance@probussouthpacific.org)

Website: [www.probussouthpacific.org](http://www.probussouthpacific.org)