



**CHARTIS
MATURE AGE ASSESSMENT FORM
LEISURE TRAVEL INSURANCE INTERNATIONAL & DOMESTIC SINGLE TRIP
POLICY**

Please note that one form per applicant is required. If you are aged 85 years and over or are otherwise ineligible for automatic acceptance and wish to apply for consideration of cover you need to complete the Mature Age Assessment Application.

Simply complete the Application and return to Chartis for assessment and processing. Please note, the medical section must be completed by your usual doctor.

Chartis will fairly assess the application and will contact you as soon as possible to advise the terms of cover and applicable premium, together with an Acceptance Number.

PERSONAL DETAILS

Mr/Mrs/Miss/Ms _____

(Full Name) _____

Address _____

State _____ Postcode _____

Telephone _____ Mobile _____

Fax _____

Email Address _____

Date of Birth ____/____/____ Age _____

Height _____ Weight _____

TRAVEL DETAILS

Commencement Date ____/____/____ End Date ____/____/____

Duration of Trip: _____ Days / Weeks / Months (inclusive)

Destination(s):

Please indicate below if your travel will be mainly by:

Airline Road Cruise

PLAN

Please indicate below the Plan for your journey:

International Platinum Gold Silver Bronze

Australian Travel

CONSENT ACKNOWLEDGEMENT.

By signing the Travel Insurance Mature Age Assessment Application and any associated form you consent to the uses of your private information that have been disclosed by Chartis.

Your Signature _____

Date: ____ / ____ / ____

ALL QUESTIONS MUST BE FULLY COMPLETED TO ENABLE ASSESSMENT

PLEASE WRITE CLEARLY OR ASSESSMENT WILL BE IMPOSSIBLE

THIS SECTION MUST BE COMPLETED BY THE APPLICANT

Please provide details for "Yes" answers in full below (e.g. when, why)

Hospitalised in the past 3 years?	Yes / No	
Terminal or Malignant illness or condition?	Yes / No	
Rheumatic Fever or Heart Disease of any kind?	Yes / No	<i>If heart disease, please include copies of relevant reports e.g. angiogram stress tests, cardiology reviews</i>
Suffered a Stroke or Transient Ischaemic attack?	Yes / No	
Suffered Airways Limitation (e.g. Asthma, Emphysema)?	Yes / No	

Are you a smoker? YES / NO (Please circle)

List details of visits to all doctors in the last 12 months, reasons, outcome, and current state of health.

To be signed by APPLICANT

I declare that I have not been refused cover for this journey by any other insurer.

Signed: _____

Date: ____ / ____ / ____

THIS SECTION MUST BE COMPLETED BY YOUR USUAL DOCTOR

How long have you been the Applicant's usual Medical Practitioner?

Last examination date: ____ / ____ / ____

Any other chronic illness/disease? YES /NO Nature of Condition?

Please list diagnoses, treatment, medication and current status:

	1.	2.	3.
Condition/Diagnosis			
Treatment/Medication			
Symptoms/Current Status			

Does the Applicant have any special needs in flight or on the ground?

Have you provided a referral to any overseas hospital or medical advisor?

Do you consider the Applicant fit and able to complete this journey without needing any additional medical treatment, assistance or advice in relation to the above conditions?

Are there any other details we should know?

To be signed by the APPLICANT

I hereby authorise Chartis or its appointed medical provider, Travel Guard™, to contact the medical practitioner who completed this Application should further information be required on my past or present medical history with respect to this Application.

Applicant's Signature _____

Date: ____ / ____ / ____

Doctor's Name: _____

Doctor's Telephone No: _____

Doctor's Fax No: _____

Doctor's Signature: _____

Date: ____ / ____ / ____

NOTES FOR APPLICANTS

Please note this section of the form is not to be sent to Chartis.

Please return the completed Mature Age Assessment Application to our office, where we will determine if cover is available to you. We will provide you with a response as soon as possible.

You may forward your Mature Age Assessment Application by fax to 1800 008 474, or by post to the following address:

Chartis
Mature Age Assessment
GPO Box 4588
Melbourne VIC 3000

FAX: 1800 008 474

FREE PHONE: 1800 017 682

YOUR DUTY OF DISCLOSURE

What You Must Tell Us

When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

Who Needs to Tell Us

It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

If You Do Not Tell Us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel a policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having worked.

Does the Applicant have any special needs in flight or on the ground?

Have you provided a referral to any overseas hospital or medical advisor?

Do you consider the Applicant fit and able to complete this journey without needing any additional medical treatment, assistance or advice in relation to the above conditions?

Are there any other details we should know?

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Applicant's Signature _____

Date: ____ / ____ / ____

Doctor's Name: _____

Doctor's Telephone No: _____

Doctor's Fax No: _____

Doctor's Signature: _____

Date: ____ / ____ / ____

Your complaint will be reviewed and you will be provided with a written response. If it cannot be resolved, your complaint will be referred to Chartis' Internal Dispute Resolution Committee within 15 working days of receipt. In either case the matter will be reviewed by a person or persons with appropriate authority to deal with the complaint.

Should your complaint not be resolved by Chartis' internal dispute resolution process, you may take your complaint to the Privacy Commissioner for a review of the determination.

Consent Acknowledgement

By providing your personal information to enable completion of the application of insurance (including any associated form) and payment of the premium, you consent to the use of your personal information stated in the privacy statement above.

