

Cancellation & Claims:

The Travel Insurance fee may only be refunded within 14 days of the application and payment being processed by Probus South Pacific Limited.

Applicants can make a claim under the PSP Optional Travel Insurance up to 48 months from the first travel date.

Statement:

I/We the undersigned agree that one of the applicants taking out the PSP Optional Travel Insurance is a current Probus club member.

I/We the undersigned have read the PSP Optional Travel Insurance Summary, Important Information Document, Product Disclosure Statement, Product Information Sheet and Financial Services Guide.

I/We understand that the documentation issued to me by Probus South Pacific Limited in relation to the PSP Optional Travel Policy has been prepared by Probus South Pacific Limited for general information only. For information about the actual policy terms and conditions I will refer to the Policy Document which can be viewed on the Probus South Pacific Limited website at www.probusouthpacific.org or Probus will provide me with a hard copy, should I request them to do so.

I/We understand that the Policy Document should be read before a decision is made to purchase this travel insurance.

I/We understand that Probus South Pacific Limited does not hold an Australian Financial Services License and does not act on behalf of ACE Insurance Limited. Probus South Pacific Limited cannot provide any recommendation or advice regarding cover or the Travel Policy.

If after I have read the Policy Document and if I still have any questions, I can contact the Insurance Brokers at Aon Risk Services on 1800 786 682 or +61 7 3223 7500.

This form must be signed by all applicants.

Name:

Signature:

Date:

Name:

Signature:

Date:

Credit Card Payment Form

CARD TYPE:

Mastercard VISA

CARD NUMBER:

____ / ____ / ____ / ____

EXPIRY DATE:

__ / __

TOTAL AMOUNT:

\$

CARD HOLDER'S NAME:

.....

.....

ADDRESS:

.....

.....

POSTCODE:

CITY:

COUNTRY:

I authorise Probus South Pacific Limited to debit my credit card with the amount shown above. I understand that all payments debited to my/our credit card will be in Australian Dollars.

SIGNATURE:

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PRE-EXISTING CONDITIONS WAIVER

The exclusions for pre-existing medical conditions on the PSP Optional Travel Insurance policy has been waived. However, the following conditions still apply

1. The Covered Person must obtain a letter from their doctor advising that they are fit to travel. The Covered Person must obtain this letter before applying for this travel insurance. This letter must be dated no later than 21 days prior to this application. A copy of this letter must be provided with this application.
2. The Covered Person cannot travel solely for the intention of having treatment for an existing medical condition.
3. The policy will not cover expenses incurred for any medication for a condition commenced prior to the commencement of the journey which such medication the Covered Person has been advised to continue during travel.

ACE ASSISTANCE

www.aceassistance.com

If you require assistance anywhere in the world, contact the local telephone operator and ask for a reverse charge call to ACE Assistance on

61 2 8907 5995
Country City Number

Policy Number: 04PP005613

PROBUS SOUTH PACIFIC LIMITED

ABN: 38 726 423 979
ACN: 152 374 395

PO BOX 1294 Parramatta AUSTRALIA NSW 2124

Ph: +61 2 9806 0100 - Fax: +61 2 9633 4779

Within Australia Toll Free: 1800 630 488

Within New Zealand Toll Free: 0800 1477 6287

Within The Philippines: +63 9157 036 553

Email: admin@probussouthpacific.org

www.probusouthpacific.org



PSP Optional TRAVEL INSURANCE



Travel Anywhere...

With Anyone...

For travel between 1st December 2011

to 30th November 2012

OPTIONAL TRAVEL INSURANCE SUMMARY

COVERED PERSON – Any Probus member and guest on authorized Probus Travel and/or Private Travel.

AGE LIMITS – 100 years (noting limitations below)

GEOGRAPHICAL LIMITS

Domestic and Worldwide

COVERAGE – All figures are in Australian dollars. All claims will be paid in Australian dollars.

Section 1 - Personal Accident and Sickness

Probus Travel

Accidental Death - \$20,000

Permanent Loss of Use – up to a maximum of \$20,000

Private Travel

Accidental Death - \$10,000

Permanent Loss of Use – up to a maximum of \$10,000

Section 2 - Kidnap & Extortion - \$100,000 per event

Section 3 - Hijack & Detention

Daily Benefit \$100 (Maximum 60 Days)

Legal Costs \$3,000

Section 4 - (A) Medical & Additional Expenses - \$100,000

Excess: \$500 Covered Persons over 80 years

\$100 all others

Note:

1. Medicare gap exclusion applies.
2. The excess applies to each Covered Person.
3. The maximum sum insured payable for a Covered Person aged over 90 to 100 years is \$5,000

(B) Cancellation & Curtailment Expenses - \$5,000, Excess: \$200

Note:

1. The excess applies to each Covered Person.
2. For Covered Persons over 80 years of age there is no cover for cancellation/curtailment of a journey due to illness.
3. For Covered Persons over 90 years of age there is no cover for cancellation/curtailment of a journey.
4. Claims in relation to trips to Norfolk Island attract an excess of \$500 per Covered Person.

(C) Continuous Bed Confinement

Daily Benefit - \$60 (Maximum 30 Days)

(D) Trauma Counselling

Daily Benefit - \$500 (Maximum \$5,000)

Section 5 - ACE Rescue (Emergency Assistance) - included

Section 6 - Loss of Deposit \$5,000

Excess \$200

Note

1. The excess applies to each Covered Person.
2. For Covered Persons over 80 years of age there is no cover for loss of deposits due to illness.
3. For Covered Persons over 90 years of age there is no cover for loss of deposits.
4. Claims in relation to trips to Norfolk Island attract an Excess of \$500 per Covered Person.

Section 7 - (A) Baggage/Business

Property \$5,000 - limit any one item \$1,500

Excess \$100

(B) Electronic Equipment \$5,000

Excess \$250

(C) Deprivation of Baggage \$2,000

(D) Money & Travel \$1,000

Excess \$100

Section 8 - Alternative Employee Expenses - Not Insured

Section 9 - Personal Liability - \$5,000,000

Section 10 - Rental Vehicle Excess Waiver - \$3,000

(cover applies for domestic trips greater than 50 kmls within Australia only)

Section 11 - Extra Territorial Workers Compensation - Not Insured

Section 12 - Missed Transport Connection \$5,000

Section 13 - Over Booked Flight \$2,500

Section 14 - Political Evacuation - \$10,000 (aggregate \$100,000)

Section 15 - Search & Rescue Expenses - \$20,000 (aggregate \$100,000)

Aggregate Limit of Liability

(A) \$2,000,000 any one Period of Cover

(B) \$500,000 non scheduled aircraft

Pre-Existing Conditions Included - See overleaf for more information

Insurer ACE Insurance Limited

ABN: 23 001 642 020

Policy Number 04PP005613

APPLICATION FORM

Please select one of the following:

For Australian residents

Domestic travel within Australia excluding Norfolk Island

Travel from Australia to New Zealand
(Direct to New Zealand, no other destinations permitted)

Worldwide travel from Australia including Norfolk Island

For New Zealand residents

Domestic travel within New Zealand

Travel from New Zealand to Australia
(Direct to Australia, no other destinations permitted)

Worldwide travel from New Zealand

For Philippines residents

Domestic travel within The Philippines

Worldwide travel from The Philippines

Please refer to attached PSP Optional
Travel Insurance price list.

Please detach and post completed form with credit
card authorisation OR with cheque made payable to:
Probus South Pacific Limited
Post Office Box 1294 PARRAMATTA NSW 2124

Applicant 1

Probus Club:

Member Name/Guest Name (circle where applicable):
.....
.....

Age:

Postal address:

Contact Tel No:

Email:

Applicant 2

Probus Club:

Member Name /Guest Name (circle where applicable):
.....
.....

Age:

Postal address:

Contact Tel No:

Email:

Trip Information

Destination:

No. of Days Travelling:

Probus Club Tour Organiser (if applicable):

Contact No:

Probus Club:

Indicate your travel dates below:

PRIVATE TRIP DATES From: ____ / ____ / 20____

To: ____ / ____ / 20____

PROBUS TRIP DATES From: ____ / ____ / 20____

To: ____ / ____ / 20____

**Please ensure all sections are complete.
Please complete sections overleaf.**