

PROPOSAL FORM

Accident & Health
Expatriate Medical Expenses

libertyinternational.com/au

Liberty®

Proposal form

Important Notices

Trade Sanctions Notice

Due to current trade sanctions requirements Liberty will not provide any cover to any Insured or Insured Person that has any direct or indirect exposure to Afghanistan, Central African Republic (CAR), Cuba, Democratic Republic of Congo (DRC), Haiti, Iran, Iraq, Lebanon, Libya, Myanmar, North Korea, Republic of Belarus, Republic of Guniea-Bissau, Russia, Somalia, South Sudan, Sudan, Syria, Ukraine (including the territories of Donetsk Region, Luhansk Region and Crimea), Venezuela, Yemen or Zimbabwe including any persons on temporary assignment in Australia from those countries, nor shall we make any claims payments to any person that has a claim in Australia requiring payment back to any of those named countries.

Duty to take reasonable care not to make a misrepresentation

Whenever you interact with us in relation to this policy, you have a duty to take reasonable care not to make a misrepresentation.

This means you have an obligation to take reasonable care to be honest, accurate and complete in the answers to the questions we ask you, including questions which may relate to anyone else to whom this insurance applies.

If you make a misrepresentation, we can exercise any available legal rights against you, including refusing or cancelling your policy, or reducing our liability in respect of any claims.

If you are unsure about any question(s) we ask you, please tell us or discuss these with your insurance broker.

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Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**)

Proposal form

1. HOW TO FILL OUT THIS FORM

Please ensure you answer all questions. Any unanswered or illegible questions will delay our decision as to whether we can offer insurance cover.

Insured organisation or company

Member name (last name/given name)	Relationship (employee spouse/child)	Gender	Date of birth (dd/mm/yyyyy)	Nationality/ citizenship	Host country

(Dependant children who accompany parents are automatically covered by this policy under the family premium)

Address of temporary assignment

Period of cover: From To

Medical expenses sum insured: Maximum AU$2m per insured person AU$

a. Have you or any family member accompanying you:
   1. ever had any disorders which affected your heart, lungs, bowels, bladder, liver, kidneys, blood circulation, digestive system, genitals, back, ears or eyes? Yes ☐ No ☐
   2. ever had any nervous disorder, paralysis, rheumatism, tuberculosis, ulcer or cancer? Yes ☐ No ☐
   3. lost all or part of a limb or have any other physical defect or infirmity? Yes ☐ No ☐
   4. had any other illness, injury, operation or treatment in the last 5 (five) years which required hospitalisation? Yes ☐ No ☐

b. Is there any foreseen recurrence of any illness or injury previously suffered or the possibility of you or an accompanying family member undergoing surgery or other treatment? Yes ☐ No ☐

c. Are you or any of your family members:
   1. pregnant? Yes ☐ No ☐
   2. required to have a medical examination prior to leaving for overseas assignment? Yes ☐ No ☐
   3. on a waiting list for medical treatment? Yes ☐ No ☐

d. Do you or any family member take medication or drugs on a regular basis? Yes ☐ No ☐

e. Do you or any family member wear glasses or have vision impairments? Yes ☐ No ☐

f. Do you or any family member intend to go the dentist in the next 12 months? Yes ☐ No ☐

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If yes to questions a to f, please provide details, including description of injury or illness, duration (dates), the cause, nature of treatment and results, current condition and names and addresses of doctors and hospitals consulted:

Have you previously been insured for this type of insurance? Yes ☐ No ☐

If yes, with whom?

Have you ever had any losses for this type of insurance, regardless of whether you were insured or not? Yes ☐ No ☐

If yes, please provide details:

Date of loss	Details of the loss	Amount ($)

If you have additional losses, please attach a full listing from your previous insurer(s).

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2. DECLARATION

I, , the undersigned, declare and acknowledge as agent of the Insured:

- I am authorised as agent of the Insured to complete this proposal;
- that after enquiry of the Insured, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, are true and correct and that until a contract of insurance is entered into, the Insured is aware that it is obliged to inform Liberty of any changes to any information supplied or of any new information that is relevant;
- that after enquiry of the Insured, the Insured understands Liberty relies on the accuracy of the information and documentation supplied proposing for this insurance;
- that if a contract of insurance is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such contract of insurance;
- that after enquiry of the Insured, the Insured have read and understood the Important Notices which form part of this proposal; and
- that we understand that no insurance is in force until a contract of insurance is entered into, which is upon the proposers' acceptance of an offer by Liberty, if any.

Signature Date

Name (please print)

Privacy Notice

Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**) is part of the Liberty Mutual Group headquartered in the United States.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about another individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Hong Kong, Singapore and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with Liberty, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm Liberty does not currently use automated decision-making (**ADM**).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting Liberty's Privacy Officer: privacy.officer.ap@libertymutual.com. If you require a physical mailing address, please contact the Privacy Officer via email.

For more information, and to view the relevant privacy policy for your jurisdiction, visit: Australia Privacy Policy.

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