

Dear new employee,

The following provides information about CARE Australia's Expatriate Medical & Accident/Illness and Travel Insurance for expatriate employees undertaking assignments in designated CARE Australia Country Offices. Enclosed in your pre-employment paperwork is the CARE Australia Information Booklet – Expatriate Medical & Accident/Illness (Benefits for employees on overseas assignment) which will provide you with important information concerning the extent of cover provided under CARE Australia's Expatriate Medical & Accident/Illness Insurance policy.

If you require further information, clarification or have further questions please contact CARE Australia's HR Manager – Michael Rennick, Michael.Rennick@care.org.au or +61 2 6279 0204.

NOTE: The Expatriate Medical Expenses Insurance Application Form MUST be completed and submitted to the CARE Australia HR branch prior to your departure to the designated Country Office to ensure you are covered by CARE Australia's travel insurance policy while travelling to the designated Country Office

EXPATRIATE MEDICAL & ACCIDENT/ILLNESS INSURANCE & ASSISTANCE

Also enclosed is a copy of the wallet card for AHI Assist which we encourage you (and any family members that are covered by the policy) to keep this on you at all times.

AHI Assist will provide day to day medical advice and emergency assistance for you and your family. AHI Assist have trained medical staff available to assess your situation and provide assistance in getting you appropriate health care. They are available 24 hours a day, 7 days a week.

A few tips for obtaining the right help for your queries:

1. **In the event of an emergency your FIRST call is to AHI Dynamic/Assist** - they will organise the emergency evacuation, medical care, travel etc. for you and any family members (if needed).
2. **If you cannot find appropriate medical services** - AHI Assist can provide medical advice on practitioners in your area, answers to medical questions. No question is a dumb question where your health is concerned!!!
3. AHI Assist is available 24 hours a day, 7 days a week.
4. Do not rely on some else's advice, AHI Assist is there to provide you with the most relevant and up to date medical advice. Do not make a decision to "just get on a plane" you may run the risk of not being able to claim your expenses, seek advice from AHI Assist. You can always contact the HR Manager – Michael Rennick for assistance.
5. Policy & Claim queries should be directed to the HR Manager – Michael Rennick for assistance.
6. Medical & Travel claims are made on-line through iclaim (How to make an online claim Guide will be enclosed in your pre-employment paperwork. If you have any problems please contact the HR Manager – Michael Rennick.

NOTE: Queries relating to policy coverage or assessments of medical claims are **outside** AHI Assist's terms of business and **should not be directed to AHI Assist** these should be directed to the brokerage services – Gow Gates , Account Manager – Melissa Commerford, MCommerford@gowgates.com.au or +61 2 8267 9976.

TRAVEL INSURANCE

Alongside CARE Australia's Expatriate Medical & Accident/Illness Insurance is the Corporate Travel Insurance. When you are undertaking travel sponsored by CARE Australia that takes you more than 100kms (25kms Vanuatu) from your home base (i.e. location of posting) CARE Australia's Travel Insurance policy provides cover. This means that if your employment contract provides for CARE sponsored travel for home leave or R&R leave, CARE Australia's travel insurance policy will provide cover throughout the journey. Corporate travel insurance provides for items such as:

- Lost or delayed luggage / stolen items etc.
- Airline cancellation fees
- Unplanned additional travel expenses
- Rental car excess insurance.

AHI ASSIST WALLET CARD

In a medical emergency or if your personal safety is in danger call AHI Assist reverse charge anytime and from anywhere in the world on **+61 2 8016 9292** or **+61 2 8016 9299** (Both are Reverse Charge numbers).



APPLICATION FORM

EXPATRIATE MEDICAL EXPENSES INSURANCE

HOW TO FILL OUT THIS FORM

Please fill out every question neatly and clearly. This will assist us in evaluating your application and if we are unable to read the information you have given us, we may not be able to provide your insurance.

Organisation or Company _____

Name of Employee _____

Nationality _____ Date of Birth _____

Occupation _____

Accompanying Spouse or Partner _____

Accompanying Dependant Children _____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

City or Country of Posting _____

Address of Posting _____

Period of Cover: From _____ To _____

Medical Expenses Sum Insured _____ Excess/Deductible _____

Evacuation Cover and Personal Safety (Dynamiq Assist) _____

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

1. Have you or any Family Member accompanying you: YES NO
- a. ever had any disorders which affected your heart, lungs, bowels, bladder, liver, kidneys, blood circulation, digestive system, genitals, back, ears or eyes? b. ever had any nervous disorder, paralysis, rheumatism, tuberculosis, ulcer or cancer?
- c. lost all or part of a limb or have any other physical defect or infirmity?
- d. had any other illness, injury, operation or treatment in the last 5 years which required hospitalisation?

EXPATRIATE MEDICAL EXPENSES INSURANCE

2. 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?

3. **Are you or any of your Family members:**

a. Pregnant?

b. Required to have a medical examination prior to leaving for overseas assignment?

c. On a waiting list for medical treatment?

4. Do you or any Family Member take medication or drugs on a regular basis?

5. Do you or any Family Member wear glasses or have vision impairments?

6. Do you or any Family Member intend to go the dentist in the next 12 months?

NOTE

If any of the above were answered "Yes", please provide details including description of injury or illness, duration (dates), the cause, nature of treatment and results, current condition, name and addresses of doctors and hospitals consulted.

IMPORTANT INFORMATION

PRIVACY

I/we agree that, by submitting this form, the personal information I/we provide to Accident & Health International Underwriting Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the [AHI] Privacy Policy found at www.acchealth.com.au, including for the processing of this application and providing me/us with cover.

EXPATRIATE MEDICAL EXPENSES INSURANCE

INSURER

The Insurer for your policy is CGU Insurance Limited. Accident & Health International Underwriting Pty Limited are an agent acting on behalf of the Insurer under an authority (binding agreement) agreed by the Insurer.

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract with us, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance.

The Act imposes a different duty the first time you enter into the policy with us to that which applies when you vary, renew, extend, reinstate or replace your policy. We set these two duties out below.

Your Duty of Disclosure when you enter into this policy with us for the first time:

You will be asked various questions when you first apply for this policy. When you answer these questions, you must:

- give us honest and complete answers,
- tell us everything you know, and
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

Your Duty of Disclosure when you renew, vary, extend, reinstate or replace your policy:

When you renew, vary, extend, reinstate or replace the policy your duty is to tell us before the renewal, variation, extension, reinstatement or replacement is made, every matter known to you which:

- you know, or
- a reasonable person in the circumstances could be expected to know, is relevant to our decision whether to insure you and whether any special conditions need to apply to your policy.

What you do not need to tell us for either duty:

You do not need to tell us about any matter:

- that diminishes our risk,
- that is of common knowledge,
- that we know or should know as an insurer, or - that we tell you we do not need to know.

Who do the above two duties apply to? Everyone who is insured under the policy must comply with the relevant duty. What happens if you or they do not comply with either duty? If you or they do not comply with the relevant duty, we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

Renewal Procedure

Before this policy expires we will normally offer renewal by sending a renewal invitation advising the amount payable to renew this policy. It is important that you check the information shown before renewing each year to satisfy yourself that the details are correct.

DECLARATION: I/WE HEREBY DECLARE AND WARRANT that the answers given above are in every respect true and correct, and that I/We have not withheld any information within My/Our knowledge likely to affect the decision of the company as to My/Our eligibility for Insurance. The application and declaration shall be the basis of the contract between the Company and Myself/Ourselves, and I/We agree to accept the Company's Policy subject to the terms and conditions to be contained therein.

I further authorise the Company to consult my doctor regarding any condition declared on this application and authorise my doctor to release any information relevant to same.

Date _____ Signature of Insured Person _____

