

School Group Application Form

Name of School

Address

..... State Postcode

Applicant D.O.B

Address

..... State Postcode

Travel Details

Destination Departure Date Return Date

Period of Journey Days Weeks Months

Selected Plan

International Adult Student Domestic Adult Student

Premium \$ \$ Premium \$ \$

GST is included in Domestic Premium \$

I/we are not travelling to obtain medical or surgical advice and/or treatment. I/we understand that there is no cover under this policy for an existing health disorder (including pregnancy) unless I/we have applied for cover and acceptance was given in writing. The insured person(s) authorise Easy Travel Insurance or its authorised agent to give or obtain from other insurers, an insurance reference bureau or medical provider, any information relating to any insurance held or claim made. I/we have received a copy of the combined PDS, Policy Wording and FSG before being offered insurance. I/we have read those documents carefully. I/we have read our Duty of Disclosure, as set out in the PDS. I/we agree to abide by the terms and conditions of the policy and all the above information is correct.

Signature Date

If the applicant is under the age of 18 years a parent/guardian must sign this application.

Please Return completed forms to Easy Travel Insurance

info@easytravelinsurance.com.au

PO Box 1921, Oxenford, Queensland 4210