

Travel questionnaire

This statement should be completed by the person to be insured.

Application/policy number:

Full name:

Date of birth:

Please answer the following questions

1 What is the main reason for travelling or residing overseas?

Holiday Business

Other, please give details

2 Please provide details of your travel plans:

Countries	Cities or towns	Date arriving	Date departing

3 Please provide details of travel that you have taken over the last 2 years.

Countries	Cities or towns	Date of travel	Length of stay

4 How often do you expect to travel or reside outside of Australia or New Zealand?

5 Will you be residing outside of major cities?

Yes, please give details No

6 What type of residence(s) will you be staying in? (eg. Apartment, house, hotel, secured compound, temporary shelter etc)

7 What will be your mode(s) of travel within the country? (eg. Public or private transport, private aircraft, regular scheduled air service, etc)

8 Will you be within reasonable distance of medical facilities (eg. doctor, hospital)? Yes No, please give details

9 Please provide any additional information which you feel is important:

Declaration

I declare that the answers given are true and correct to the best of my knowledge and I agree that they shall form part of my application for insurance.

Your duty of disclosure, as outlined in the PDS, continues to apply. Please tick which of the following applies:

I declare that there has not been any change in my occupation, health or pastimes since completing my application for insurance.

I declare there has been a change in my personal circumstances as outlined below.


Name of life insured:


Date: / /


Signature:

Macquarie Life

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FORWARD thinking

