



**APPLICATION for Members of
The CEPU – Communications Division
GROUP PERSONAL ACCIDENT & SICKNESS PLAN
Underwritten by Certain Underwriters at Lloyd’s**

Applicant’s Name: _____

Employer: _____

Location: _____

Occupation: _____

Union Membership No. _____

Date of Birth: _____

Home Address: _____

_____ Post Code _____

E-Mail: _____

Mobile: _____

Weekly Benefit: \$ _____

I, _____ hereby apply to join the plan established for Members of The CEPU - CWU under the General Contractor & Employee Plan and attach the completed Direct Debit Request which indicates the premium for the selected Weekly Benefit and confirm that I have read and understood the Product Disclosure Statement and Policy Wording provided.

Signature: _____ Date: _____

PLEASE RETURN FORM TO:

POST

AusInsure

P.O. Box 149

Castle Hill NSW 1765

FAX – (02) 9634 6610 – **EMAIL:** ten4@nationw.com.au