



**APPLICATION for Members of  
GENERAL CONTRACTOR & EMPLOYEE PLAN  
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 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