



**APPLICATION for Members of
The General Employee or Contractor
GROUP PERSONAL ACCIDENT & SICKNESS PLAN
Underwritten by Wesfarmers General Insurance Limited,
Trading as Lumley Insurance, ABN 24 000 036 279**

Applicant's Name: _____

Employer: _____

Location: _____

Occupation: _____

Date of Birth: _____

Home Address: _____

_____ Post Code _____

E-Mail: _____

Mobile: _____

Weekly Benefit: \$_____

I, _____ hereby apply to join the plan established for employees or contractors 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 (no stamp required) –
AusInsure Pty Ltd
Reply Paid 242
P.O. Box 242
Mittagong NSW 2575
or **FAX** – (02) 4872 2480