



**APPLICATION for Members of *The TWU*
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: _____

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 TWU 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