

『メディパック』申込書  
Aon Medipack Application Form

(Aon Fax No. 61-2-9253-7114)

会社名\* (Organization or Company) \_\_\_\_\_

\*個人契約の場合は記入不要 (If you are an individual member, please leave this section blank)

会社住所 (Business Address) \_\_\_\_\_

役職(Occupation) \_\_\_\_\_ 会社電話 (Business Phone) \_\_\_\_\_

お名前 (Applicant Name) ローマ字 \_\_\_\_\_ 生年月日 (Date of Birth) \_\_\_\_\_

自宅住所 (Home Address) \_\_\_\_\_

Email \_\_\_\_\_ 自宅電話 (Home Phone) \_\_\_\_\_

単身カバー (Single)  家族カバー (Family)

家族カバーの場合、ご加入されるご家族の名前・生年月日を以下にご記入下さい (Please provide details of other family members)

配偶者名 (Spouse or Accompanying Person) \_\_\_\_\_ 生年月日 (Date of Birth) \_\_\_\_\_

お子様氏名・生年月日 (Name of Dependant Children/Date of Birth) \_\_\_\_\_ ( / / )

\_\_\_\_\_ ( / / ) \_\_\_\_\_ ( / / )

保険期間 (Period of Cover) 契約開始日 (From) \_\_\_\_\_ 契約満期日 (To) \_\_\_\_\_

カバータイプ (Type of Cover) ACE ゴールド (Gold)  スーパー (Super)  プレミア (Premier)  ベーシック (Basic)  エコノミー (Economy)

M/S スーパー (Super)  プレミア (Premier)  ベーシック (Basic)  エコノミー (Economy)

免責金額削除希望 (Is Excess Elimination Required?) はい (Yes)  いいえ (No)

個人傷害保険希望 (Is Personal Accident Insurance Required?) はい (Yes)  いいえ (No)

個人賠償責任保険希望 (Is Personal Liability Insurance Required?) はい (Yes)  いいえ (No)

分割払い希望 (Is Premium Funding Required?) はい (Yes)  いいえ (No)

オーストラリアの健康保険に加入していましたか。 はい (Yes)  いいえ (No)  加入されていた場合は詳細を添付下さい。

Do you have or have you had Australian Health Insurance? If Yes, please attach copy of policy or details.

既往症に関しては自動的にカバード適用とはなりません。以下の質問にお答えいただき、その内容に基づいて可能な限りカバード適用になるよう検討いたします。

YOU ARE NOT AUTOMATICALLY COVERED FOR PRE-EXISTING MEDICAL CONDITIONS. YOU MUST ADVISE BELOW WHAT THEY ARE. THEY ARE THEN SUBJECT TO ACCEPTANCE OR EXCLUSION BY INSURER.

1. 貴方(およびご家族)は過去 5 年間に病気、怪我に対する治療を受けられたり、入院されたりしたことがありますか。あれば以下にご記入下さい。(記入個所が足りない場合は別紙を添付下さい)  
Have you or any Family member accompanying you had Medical or Surgical advice or treatment, or been hospital – confined during the past 5 years? If Yes, please answer the following for each condition: (if insufficient space, use separate page)

はい (Yes)  いいえ (No)

氏名 (Name) \_\_\_\_\_ 症状 (Type of Condition) \_\_\_\_\_

症状が現れた日 (Date Occurred) \_\_\_\_\_

怪我の場合、どのような状況で負傷しましたか。 If an injury, how did it occur? \_\_\_\_\_

怪我や病気のため休職した期間 (Period Unable to Work) \_\_\_\_\_

病院名 (Name of Hospital) \_\_\_\_\_ 入院期間 (Period of Stay) \_\_\_\_\_

主治医とその住所 (Doctor's Name and Address) \_\_\_\_\_

その症状が再発や悪化したり、別症状で現れる恐れはありますか。あればご記入下さい。

Do you foresee any further problems regarding the above condition? If so, what?

はい (Yes)  いいえ (No)

2. 貴方(およびご契約いただくご家族)は高血圧、潰瘍、糖尿病、結核、癌、麻痺症状、関節炎またはリウマチなどの症状、または精神的、呼吸器系、神経系等、泌尿生殖器系、消化器系または脊髄、視覚、心臓などの異常がありますか。あれば以下にご記入下さい  
Have you or any Family Member accompanying you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, nervous, gentile-urinary, digestive or circulatory systems, or of the back, spine, eye or heart? If Yes, please answer the following for each condition:

はい (Yes)  いいえ (No)

氏名 \_\_\_\_\_ 症状 (Type of Condition) \_\_\_\_\_

症状が現れた日 (Date Occurred) \_\_\_\_\_

その症状に関連した直近の受診日 (Date Last Consulted Doctor for this condition) \_\_\_\_\_

常用する医薬品名 / 投与量 (Described Name / Quantity of On-going Medication) \_\_\_\_\_

主治医とその住所 (Doctor's Name and Address) \_\_\_\_\_

その症状が再発や悪化したり、別症状で現れる恐れはありますか。あれば下記にご記入下さい。 Do you foresee any further problems regarding the above condition? If so, what?

はい (Yes)  いいえ (No)

DECLARATIONS

申告した内容は事実であり、上述の通り相違ありません。また保険引受に影響を及ぼすような申告漏れや故意による虚偽の申告はないと考えます。さらに保険証券約款の規定する諸条件を受諾します。

I/We DECLARE AND WARRANT that the answer given above are in every respect true and that I/We have not withheld any information within My/Our eligibility for Insurance. The application and declaration shall be the basis of the contract between the Company and Myself/Ourselves, and I/We agree to accept the Company's Policy subject to the terms and conditions to be contained therein further authorise the Company to consult my doctor regarding any condition declared on this application and authorise my doctor to release any information relevant to same.

被保険者署名 (SIGNATURE OF INSURED PERSON) \_\_\_\_\_ 日付 (DATE) \_\_\_\_\_

## Your Duty of Disclosure

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### New Customers

If the applicant(s) (You/Your) are purchasing this policy for the first time, Your duty of disclosure is as follows:

#### What You must tell Us

When answering the insurer's (We/Our/Us) questions in the application form, You must be honest and You have a duty under law to tell Us anything known to You and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure You and anyone else to be insured under the policy and on what terms.

If We ask You to tell Us about exceptional circumstances, You are required to tell Us about each exceptional circumstance which is known to You and which You know or a reasonable person would be expected to know is relevant to Our decision to insure You and anyone else to be insured under the policy.

You are not required to tell Us about a matter:

- that diminishes the risk to be undertaken by Us;
- that is of common knowledge;
- that We know or in the ordinary course of Our business ought to know; or
- if We have waived the requirement for You to tell Us.

#### Who needs to tell Us

You and other insured person(s) must answer Our questions in this way for You and for anyone else whom You want to be covered by the policy.

#### If You do not tell Us

If You do not answer Our questions in this way, We may reduce or refuse to pay a claim or cancel the policy. If You answer Our questions fraudulently, We may refuse to pay a claim and treat the policy as never having been in existence.

## Privacy Statement

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We want to ensure that Our policyholders are confident that any personal information collected by Us is treated with the appropriate degree of confidentiality and privacy. To ensure this, the insurer of this insurance belongs to the General Insurance Information Privacy Code, a voluntary code aimed at providing policyholders with best practice for privacy queries and complaints. Full details of Our Privacy Policy are available on request.

### Privacy Commitment

The following points explain why We collect and how We use Your information:

#### Collection of Your personal information

We collect only relevant information necessary to provide competitive insurance products and services.

#### How We use Your personal information

We use the information to provide insurance products and services and to issue and administer insurance policies.

#### Disclosure of Your information

We limit the release of personal information. We will not sell customer information to telemarketing companies. We will share information only when necessary to market and administer Our own insurance products and services and when required by law.

#### Your medical information is confidential

We will not use or share, internally or with any third parties, medical information for any purpose other than insurance underwriting or administration of a customer's policy or claim, as required by law or as authorized by You.

#### We require strict privacy protection in Our business relationships

We only engage in ventures with strategic partners that follow strict confidentiality requirements.

### How to make a privacy complaint

Should You be unhappy about our treatment of Your personal information, please write to the Privacy Officer of the insurer of this insurance (see contact details on Our Product Disclosure Statement) clearly setting out the nature of Your concern and Our Privacy Disputes Panel will respond within fifteen (15) working days. If You require assistance in lodging Your complaint please call the number on Our Product Disclosure Statement.

The Privacy Officer has the appropriate authority to deal with Your complaint and can refer Your complaint, if You are not satisfied with the result to the Privacy Compliance Committee at IEC Limited. Should Your complaint not be resolved by the Privacy Compliance Committee it can be referred to the Federal Privacy Commissioner. If another code adjudicator or the Federal Privacy Commissioner could more appropriately deal with Your complaint, then We or IEC Limited can refer it to them.