

# Seniors Accident Insurance Plan

## Application Form

Please complete these 3 easy steps and mail to the Reply Paid address below.



ace insurance



### Step 1. Your details

Given Names

Surname

Address

Suburb

State

Postcode

Date of Birth

Telephone

Home

Work

Spouse

Date of Birth

**Your privacy is protected.** If you do not wish to receive further information regarding insurance products and services, please tick the box.

### Step 2. Please tick the level of cover you require

Monthly Premiums	Value	Essential	Extended	Deluxe	Deluxe
You Only	<input type="checkbox"/> \$7.95	<input type="checkbox"/> \$11.95	<input type="checkbox"/> \$14.95	<input type="checkbox"/> \$18.95	<input type="checkbox"/> \$22.95
You and Your Spouse/Partner	<input type="checkbox"/> \$14.95	<input type="checkbox"/> \$21.95	<input type="checkbox"/> \$28.95	<input type="checkbox"/> \$35.95	<input type="checkbox"/> \$42.95

All premiums include statutory charges.

### Step 3. Choose your preferred payment option (Choose either A, B or C)

#### Option A - Credit Card

I/We authorise ACE Insurance to charge the premium (shown in step 2) to my (please tick)

MasterCard  Visa

Credit Card Number:

Credit Card Expiry Date:

Credit Card Holders Name:

Card Holder Signature:

#### Option C - Cheque

If you wish to pay by cheque please make your cheque payable for 11 x monthly payments to ACE Insurance. Please attach the cheque to your application form and return by mail to the Reply Paid address below.

I attach my cheque/money order for

\$

#### Option B - Direct Debit

I/We authorise ACE Insurance (user ID 1320), until further notice in writing to debit my/our account (described below) with the amount advised on this form, through the direct debit system.

Bank/Financial Institution

BSB No.

Account No.

Account Name

Signature

I understand that my premiums will be automatically charged monthly or annually. I understand that I have 30 days to examine the Policy that will be sent to me. If I am not completely satisfied I can cancel in writing to ACE Insurance. Any premium charged during this period will be refunded in full. ACE Insurance may cancel this policy for failure to pay a premium instalment exceeding one (1) month.

Signature

Date

For further information please ring ACE Insurance on FREECALL 1800 024 848 between 8.30am and 5.00pm (EST)  
Fax to (02) 9335 3259 or mail to: Reply Paid, Seniors Accident Insurance Plan, GPO Box 4907, Sydney NSW 2001.