



REBUS TRAVEL INSURANCE APPLICATION FORM

This document is an application for cover under a master travel insurance policy held by Rebus Clubs in New Zealand which are affiliated to Rebus NZ Incorporated (Rebus).

Before submitting your application please check that:

- Each applicant has read the Policy which is available through the website of <http://rebus.nz/>
- Each applicant has read and signed the declaration
- Cover is able to be applied for and confirmed three (3) months prior to the trip commencement date only
- Each applicant has provided a Fit to Travel Report which is dated not more than twenty one (21) days before the date of this application
- The Access Fee paid has been calculated per person

Please pay the required Access Fee Per Person and forward your Rebus NZ Incorporated Travel Insurance application along with your Fit to Travel Report to Willis New Zealand Limited

For any travellers over 86 years or duration of trips that are required to be referred, please call or email Willis for a quote on the details below:

Cheque Payee: Willis NZ Limited
Address: Willis Towers Watson PO Box 10 446 The Terrace Wellington 6143
Email: christine.braakhuis@willistowerswatson.com
Phone: +64 4 494 7938

The Access Fee can be paid:

- By cheque, sent to the postal address above, or
- By Direct Debit into the following account.

Bank Name:	Westpac Banking Corporation
Account Name:	Willis New Zealand Limited
Branch Address:	318 Lambton Quay, Wellington, New Zealand
Account Number:	03-0502-0975537-003

APPLICANT 1

Salutation	Mr [] Mrs [] Ms [] Dr [] Other (please specify) []	
Given Name(s)		
Last Name		
Date of Birth	Age	
Postal Address		
Suburb	Town/ City	
Postcode	Country	
Email	By providing an email address you agree to have correspondence relating to this application sent by email	
Phone	Mobile	
Rebus Club Name		
Rebus Club Registered Number		

	Please contact your club secretary or Rebus if you do not know the registered number of your Rebus Club
Are you a Member of the Club or the guest of a Member?	MEMBER [] GUEST [] Please tick one

APPLICANT 2 (applicable if two applicants)		
Salutation	Mr [] Mrs [] Ms [] Dr [] Other (please specify) []	
Given Name(s)		
Last Name		
Date of Birth	Age	
Postal Address		
Suburb	Town/ City	
Postcode	Country	
Email	By providing an email address you agree to have correspondence relating to this application sent by email	
Phone	Mobile	
Rebus Club Name		
Rebus Club Registered Number	Please contact your club secretary or Rebus if you do not know the registered number of your Rebus Club	
Are you a Member of the Club or the guest of a Member?	MEMBER [] GUEST [] Please tick one	

TRIP DETAILS		
Trip commencement date	/ /	Trip completion date / /
Trip duration	Please note any trips with a duration of more than 60 days will need to be referred to Willis	
Type of Trip	REBUS TRIP [] PRIVATE TRIP [] Please tick one	
Trip Destination(s)	Please specify all destinations	

PRE-EXISTING MEDICAL CONDITIONS
<p>This Policy does not contain a General Exclusion of Pre-Existing Medical Conditions, however the following conditions and/or limitations still apply to cover under Section 2: Medical and Additional Expenses:</p> <p>(1) Each COVERED PERSON must have obtained a letter from their DOCTOR confirming they are fit to undertake the planned travel before making an application for cover under this POLICY. This letter must be dated no more than twenty-one (21) days before the date of the application for cover.</p> <p>(2) There is no cover for costs incurred where a JOURNEY is undertaken against the advice of a DOCTOR, if a COVERED PERSON is unfit to travel, or if a COVERED PERSON is travelling for the purpose of obtaining medical attention or treatment of any kind.</p> <p>(3) There is no cover for costs associated with continuation of any medication or treatment a COVERED PERSON had been prescribed or using prior to the JOURNEY.</p> <p>For full details of cover provided please refer to the Policy.</p>

CANCELLATION

The Access Fee is only refundable on request in writing within fourteen (14) days of the original application and payment being processed. No refund will be provided if the trip has commenced or if a claim has been made under the Policy.

CLAIMS

Covered Persons entitled to make a claim under this Policy must give written notice of any occurrence likely to give rise to a claim within 30 days or as soon as practicable after the date of occurrence. A claim form is available on request.

Please refer to the Policy for additional detail about what is required in the event of a claim.

PRIVACY, DISCLOSURES, DECLARATION AND AUTHORISATION

PRIVACY STATEMENT

DUAL New Zealand is committed to acting in accordance with the Privacy Act 1993 in order to protect your personal information.

The personal information you provide will be used for the purpose of considering your travel insurance application and/or managing your travel insurance cover, including the assessment or management of any claim you make. We may need to provide that information to our underwriters and those we appoint to assist us with management of the policy and/or any claim.

We will not trade, rent or sell your information. You can check the personal information we hold about you at any time. If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. For more information about our Privacy Policy, please refer to: www.dualnewzealand.co.nz

OTHER DISCLOSURES

Personal information may be disclosed to:

- Brokers and agents who refer your business to us, your superannuation fund and any organisations appointed by them to administer your insurance related matter;
- Any person acting on your behalf, including your financial adviser, solicitor or accountant, executor, administrator, trustee, guardian or attorney;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide), claims investigations and reinsurers (so that any claim you make can be accessed and managed);
- Organisations, including overseas organisations, to whom we outsource certain functions.

In all circumstances where our contractors, agents and outsourced service providers become aware of personal information, confidentiality arrangements apply. Personal information may only be used by our agents, contractors and outsourced service providers for our purposes.

We may also be allowed or obliged to disclose information by law, e.g. Under Court Orders or Statutory Notices, pursuant to taxation or social security laws.

DECLARATION AND AUTHORISATION

- I/We declare that all the information contained in this application and any attaching documentation is complete and correct.
 - I/We declare and agree that at least one (1) of the applicants is a current Rebus Club Member belonging to a club which is registered with Rebus Clubs in New Zealand
 - I/ We understand that any documentation issued by Rebus in relation to Rebus Travel Insurance is general information only, and that for information about the cover provided I/ we will refer to the Policy.
 - I/ We have read the Rebus Travel Insurance Policy or coverage summary which is available from <http://rebus.nz/> If after reading the Policy I/we still have questions about Rebus Travel Insurance I/we can contact the Insurance Brokers at Willis New Zealand on +64 4 494 7937

SIGNATURE – APPLICANT 1

Your signature below indicates your consent to our privacy statement, declaration and authorisation noted above.

SIGNATURE

NAME

DATE

SIGNATURE – APPLICANT 2 (applicable if two applicants)

Your signature below indicates your consent to our privacy statement, declaration and authorisation noted above.

SIGNATURE

NAME

DATE