



AMP Workplace Protection Package

Application form

Please read the sections relating to the Privacy Act 1993 and Duty of Disclosure before completing the following application form.

Proposer details

Proposed policy owner (Employer)

Street address

Suburb

Town/City

Postcode

Contact name and address /telephone (Broker or Intermediary to advise)

Is this a new plan? ☐ Yes ☐ No

Is it transferring from a previous insurer? ☐ Yes ☐ No

Policy details

Total number of employees on payroll

Proposed policy commencement date

D	D	M	M	Y	Y	Y	Y
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Annual review date

D	D	M	M	Y	Y	Y	Y
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Frequency of payment of premiums (please tick one)

☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly

At work certificate

Please list those proposed persons insured who were at work on the policy commencement date, who were properly performing all the normal and usual duties of his or her paid employment or would have been if the relevant day had not been a public holiday, weekend or day of leave other than due to injury or illness.

Privacy Act 1993

The following relates to the personal information provided in this application (and any accompanying documents and communications) and the personal information that may be held about the proposed persons insured by AMP already or in the future.

- The personal information collected will be held securely by AMP and used to evaluate and process the application and to administer and service any product the proposed persons insured may have with AMP and to consider any claims. If any of the information asked for is not provided this application may be declined or the service may be withdrawn.

- The Policy Owner may be told of the proposed persons insured health assessment and may receive or provide, on their behalf any personal information for or related to, the purposes for which this application relates.

- The information may also be used to provide the Policy Owner and, or the proposed persons insured with information about other products or services offered by or through AMP that may be suitable, and to offer those products.

- The Policy Owner and any proposed persons insured have the right to ask and see the personal information AMP holds about them. If you believe the information is wrong you may ask that it be corrected by contacting the Policy Owner or AMP.

Duty of disclosure:

Until your application has been accepted and we have communicated our acceptance in writing to you for AMP Workplace Protection Package, you have a continuing legal duty to tell AMP everything you know (or ought to know) that is material to the risk to be insured under that AMP Workplace Protection Package. This duty applies from the time you complete this application until we have accepted your application by communicating in writing our acceptance of the AMP Workplace Protection Package and issued a Policy Document And Schedule. If you fail to do so, AMP may at its discretion decline a claim, avoid or void your AMP Workplace Protection Package from inception, decline to pay any Benefits or take other action as specified in the policy.

Insurer financial strength rating

The National Mutual Life Association of Australasia Limited is the insurer offering insurance under the Workplace Protection Plan and has an AA- financial strength rating given by Standard & Poor's Australia Pty Ltd, an approved rating agency, on 12 May 2011.

Financial strength ratings may change from time to time. Contact AMP or your Adviser to confirm AMP insurers' current ratings or go to the rating agency's website at www.standardandpoors.com

A summary of the Standard & Poor's Financial Strength Rating Scale is as follows:

Secure Range				Vulnerable Range				
AAA Extremely strong financial security characteristics	AA Very strong financial security characteristics	A Strong financial security characteristics	BBB Good financial security characteristics	BB Marginal financial security characteristics	B Weak financial security characteristics	CCC Very weak financial security characteristics	CC Extremely weak financial security characteristics	R Regulatory action has been taken

Plus (+) or minus (-) signs following ratings from 'AA' to 'CCC' show relative standing within the major ratings categories.

For more information contact your Adviser or call AMP on 0800 808 267.

Declaration and agreement

Please read each statement and sign below to show you, on behalf of the Policy Owner, understand and agree with all of them:

1. Please provide insurance cover to which this application relates:

AMP Workplace Protection Plan policy quote no.

2. I declare the truth, accuracy and completeness of all statements given in support of this application for AMP Workplace Protection Package (whether in this application, given orally or in any other document in connection with this application) which shall form the basis of any contract of insurance resulting from this application.
3. I declare that I have read and agree to the "Duty of Disclosure" section above.
4. I acknowledge that no cover is provided until written confirmation from the insurer that AMP Workplace Protection Package has commenced and a final Policy and Schedule issued by the insurer has been received.
5. I acknowledge that cover will not commence in respect of persons insured under the Policy until all information requested by the insurer is supplied (including proposed persons insured under takeover/transfer terms or cover subject to acceptance terms) by us and assessed and accepted in writing by the insurer.
6. I acknowledge that this application and supporting documents form part of the contract/s of insurance entered into between the insurer and me.
7. I declare that I have read the Privacy Act 1993 acknowledgement above and will make all persons insured covered under the AMP Workplace Protection Package aware of the privacy obligations; and
8. I authorise AMP (including its agents) to obtain from, and to disclose to, anyone personal information to the extent that is reasonably necessary for AMP to evaluate and administer this application, administer and service the policy and consider any claim. I agree that a photocopy of this authority shall be sufficient evidence to anyone of my consent to such release of personal information to AMP (including its agents). If I do not authorise AMP to request and obtain such information, AMP may be unable to evaluate or administer this application, administer or service the policy or consider any claim.

Signature of proposed Policy Owner

Name

Position title

Policy Owner:

Company name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Name

Position title

Policy Owner:

Company name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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