

No invitation to apply for Manchester Unity Pet Health Insurance is made to anyone who has not agreed to receive and has not received a copy of the Product Disclosure Statement (PDS) and Financial Services Guide (FSG) that are available from our website www.manchesterunity.com.au or telephoning us on 1800 630 681. Please use a black pen and print in CAPITALS.

1. Your details:

HCF / Manchester Unity Membership or Policy Number: (if applicable)

Title: Mr Mrs Miss Ms Other

Surname:

First Name:

Address:

Suburb:

State: Postcode:

Home Phone: -

Work Phone: -

Mobile:

Email:

Date of Birth: / /

Referred By:

Usual Vet Practice Visited:

Name of your Vet:

Vet's Phone Number: -

2. Payment options:

Choose your Payment Frequency:

Would you like to pay Annually Monthly* Fortnightly*
 * A premium collection fee of \$1 applies for monthly and fortnightly paid policies.

Choose your Payment Method (please select either (a) or (b) payment method):
 All premiums are inclusive of GST and Stamp Duty where applicable.

a Credit Card Payments

Please debit my: Mastercard Visa

Cardholder's Name:

Card Number:

Expiry Date: / Signature(s):

b Direct Debit from my account

I/We:

Authorise The Hollard Insurance Company Pty Ltd (user ID 068616) to debit funds from my/our account at the financial institution identified below and as prescribed by the Bulk Electronic Clearing System (BECS). I/We further authorise the following:

- The Debit user to verify the details of the account with my/our financial institution.
- The financial institution to release information allowing the Debit user to verify the following account details:

Bank/Financial Institution:

Branch Location/Suburb:

BSB Number (6 digits): Account Number:

Account Name:

Type of Account:

Signature(s): Date:

Note: Please ensure that adequate funds are available to pay for your premiums on the due date. Manchester Unity Pet Health Insurance will not be responsible for dishonour fees charged by your bank or financial institution if sufficient funds are not available.

3. Your pet's details:

	Pet Number 1	Pet Number 2
Pet's Name:	<input type="text"/>	<input type="text"/>
Sex:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Male <input type="checkbox"/> Female
Breed:	<input type="text"/>	<input type="text"/>
Colour:	<input type="text"/>	<input type="text"/>
Desexed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth:	<input type="text"/>	<input type="text"/>
Microchip Number: where required by law	<input type="text"/>	<input type="text"/>

4. Choose your level of cover:

Plan cover: Petmate Petmate Executive

Per-condition excess: \$50 \$100 \$200 \$50 \$100 \$200

PetFit (Wellbeing Plan): Yes No Yes No

Please provide detailed information for any condition (current or previous) your pet has had treatment for, or you anticipate having treatment for.

If there is insufficient space, please provide details on a separate sheet. If your pet has never had any vet treatment please answer 'None'.

Date of Last Vaccination:

If you wish to insure more than 2 pets please give details on a separate sheet. If your pet has a long medical history, please give details on a separate sheet, or attach a medical history printout from your vet.

Cooling-off period:

I understand that if I am not satisfied with the policy, I may return the policy documents within 14 days and any unpaid premium will be refunded, provided no claims have been submitted or paid.

Your Duty of Disclosure:

I declare that the answers provided in this application are true and I have not withheld any requested information. I acknowledge that if I fail to comply with my duty of disclosure, that the insurer may be entitled to reduce their liability under contract in respect of claim, or may cancel the contract.

I authorise the veterinary surgeon who has treated my pet to provide the insurer with any details regarding my pets health they may require.

By submitting an application for Manchester Unity Pet Health Insurance, I acknowledge that I have agreed to receive and have received (by printing or downloading from the website at www.manchesterunity.com.au) the PDS and FSG referred to in this application and considered them.

Signature: Date:

For office use only