

4 Payment method

Please specify how you would like to pay

- Annually by credit/debit card
- Semi annual by credit/debit card
- Quarterly by credit/debit card
- Monthly by credit/debit card

Annually by bank transfer
- details supplied on request

Service fees - credit/debit card

Annual payment	0%
Semi annual payments	+4%
Quarterly payments	+5%
Monthly payments	+8%

- If paying by credit/debit card please complete attached payment form


Service fees - bank transfer

Annual bank transfer	\$30
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The bank transfer fee does not need to be included as long as the payee selects to pay all charges.

5 Declaration

- a. I/We have read the policy wording and I/we understand it to be part of the contract of insurance. In particular I/We have read, understand, and accept the definitions, benefits and exclusions of the policy.
- b. I/We have read, understand and accept Section 6 of this proposal on data protection.
- c. I/We am consenting for my insurance broker to act on my behalf for the purposes of transferring sensitive data.
- d. To the best of my/our knowledge and belief the information given in connection with this proposal, whether in my hand or not, is true and I/we have answered all questions about this policy honestly and fully. I/We also understand that I/we must tell the insurer straight away if anything that I/we have already told the insurer changes. I/we understand that non-disclosure or misrepresentation of any facts may entitle the insurer to void the insurance. This proposal and the information provided contains statements upon which the insurers will rely in deciding whether to accept this insurance and in determining the terms and conditions of such acceptance.
- e. I/We understand that the signing of this proposal does not bind me/us to complete, or insurers to accept this insurance.
- f. If I/we have elected to pay our premium by instalments using credit or debit cards and Morgan Price have agreed to this, I/we authorise Morgan Price to continue to deduct such instalments as and when they become due unless I/we cancel this credit/debit card authorisation by giving at least 14 days notice in writing. I/we understand that if I/we have made a claim, no refund will be due and I/we will have to pay any outstanding instalments due in the current period of cover.
- g. I/We confirm that I/we understand any claims submitted in the first six months of this policy that are not accident and emergency will be evaluated as pre-existing conditions and may not be covered under the benefits of this plan.

Signature of primary applicant 

Date