

Insurance Cover Includes:

- ▶ Injury cover
- ▶ Illness cover
- ▶ Death cover
- ▶ Lump-sum workers compensation top-up cover
- ▶ Extended between job cover

How do I join UPlus?

1. Complete this proposal form

Complete this proposal in full including your employee details and return the proposal to UPlus.

2. Receive your quotation and Monthly Premium Statement

Once we have received your completed proposal form, UPlus will send you (the employer) a written quotation and your first Monthly Premium Statement showing the total premium payable.

3. Your cover commences

Cover commences once all of the following have been completed:

- > You (the employer) have provided your completed proposal form to UPlus and received your first Monthly Premium Statement
- > The first premium due has been paid

How to complete this proposal form

When completing this proposal form:

- > first, ensure you have read the PDS carefully;
- > make sure you nominate all eligible employees for cover (if you need to include more employees than the space allows, please add extra pages or email an excel spreadsheet with your completed proposal form through to admin@uplus.com.au);
- > use a black pen and write in BLOCK LETTERS;
- > read, sign and date the declaration;
- > do NOT send any payments until you have received your written quotation and first Monthly Premium Statement.

Who should sign this proposal form?

Only a person with the authority to enter into contracts on behalf of the applicant company should sign the proposal form.

How are monthly premiums paid?

Monthly premiums are payable monthly in advance. Premiums for each month are payable by the 7th day of that month.

At the end of each month UPlus will send out a new Monthly Premium statement. The UPlus Monthly Premium Statement sets out:

- > employees covered under UPlus;
- > period of Cover;
- > type of Cover;
- > amount of premium due;
- > due date for payment; and
- > payment instructions.

Adjustments to employee details can be made on your Monthly Premium Statement and provided to UPlus. The premium you pay will depend on the number of employees you insure. If you do not pay the correct premium, cover may cease and your employees may not be covered by UPlus.

Where you have paid premiums in full for a specific month as required by the UPlus Premium Statement, and later wish to add new employees, simply notify UPlus of the employee details and we will extend Cover to the additional employee(s) without receiving premium provided the unpaid amount is paid in full by the date shown on your next UPlus Premium Statement. Where unpaid premium amounts are not paid in full by the date shown on the next UPlus Premium Statement, the relevant additional employee(s) will not have insurance Cover.

Returning Your Form

Please make a copy for your own records and return the completed document to UPlus via email, fax or post using the details below.

admin@uplus.com.au

Locked Bag 5273 Sydney NSW 2001

F 02 9223 1333

More information

For more information on UPlus or for assistance completing this proposal form please contact UPlus using the details below.

U-Plus Pty Ltd (ACN 164 305 285)
acts as Trustee for the U-Plus Trust
(ABN 30 779 952 012)

Authorised Representative no.
441222 of AFSL 238874
held by Coverforce Pty Ltd
ACN 067 079 261
ABN 31 067 079 261

Level 12, 9 Castlereagh Street

Sydney NSW 2000
Locked Bag 5273
Sydney NSW 2001

T 02 9376 7888
F 02 9223 1333
admin@uplus.com.au
www.uplus.com.au

Section 1: Employer Information

Organisation Details

Company name

ABN

ACN

Business type

Company

Partnership

Sole Trader

Other

(please specify)

Project/site name

Number of employees to be insured

Nature of business

Mailing address

Suburb

State

Postcode

Registered address

Suburb

State

Postcode

Main Contact Details

Name

Phone

Fax

Email

Mobile

Payroll And Premium Payments Contact Details

Name

Phone

Fax

Email

Mobile

Claim Payments Contact Details

Name

Phone

Fax

Email

Mobile

Section 1: Employer Information (continued)

Claim Payments Instructions

In the event that an employee is entitled to benefits from UPlus, those benefits should be paid to the; Employee Employer
If you have elected EMPLOYER, please provide bank details for claim payments below:

Account Name	BSB	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Current Workers Compensation Policy

Insurer	Policy Number	Expiry Date	State Held
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EBA Details

Please indicate the date that your current EBA expires

UPlus Policy Commencement Date

Please indicate the date that you wish this insurance cover to commence (you cannot nominate a date in the past, i.e. prior to the date that you submit this application form to UPlus).

UPlus Cover Options

Please tick the required insurance options below.

- Standard cover
- Premium cover
- Additional Full Death cover (\$25,000)
- Additional Full Death cover (\$50,000)
- Decrease the waiting period from 30 days to 14 days
- Decrease the waiting period from 30 days to 21 days

Section 2: Employee Information

Note: If you require additional space please either attach extra pages or if preferred, you may provide an excel spreadsheet to admin@uplus.com.au with your completed proposal form attached.

	Surname	First name	Date of birth	Employment start date	Address
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Section 3: Important Notices

Privacy Statement

Purpose of Collection

UPlus collects personal information (this is information or an opinion about an individual whose identity is apparent or can be reasonably ascertained and which relates to a natural living person) for the purposes of providing insurance intermediary services to you. This includes the following activities:

1. Evaluating your proposal for insurance; and
2. Evaluating any request for a change to your insurance; and
3. Providing, administering and managing the insurance intermediary services and insurance product/s provided, following acceptance of your proposal; and
4. Assisting with the management of claims made in relation to any insurance you have arranged with UPlus.

The personal information collected can be used or disclosed by us to underwriters, from whom we seek terms or policy changes on your behalf. It can also be used or disclosed by us for a secondary purpose related to those noted above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However, for sensitive information, the secondary purpose must be related to those purposes noted above.

Disclosure

UPlus may disclose your personal information, when necessary and in connection with the purposes listed above, to the following:

1. Insurers whom we approach on your behalf to seek terms or, if your proposal for insurance has come to us via another intermediary, to that intermediary.
2. Government bodies.
3. Loss assessors.
4. Claims investigators.
5. Claims reference providers.
6. Other services providers.
7. Medical and health professionals (life risk only).
8. Legal and other professional advisers.

Consequences if information is not provided

Signature

Date

Name

Position Held

If you do not provide us with the information we need, we, or underwriters to whom we would normally send your proposal, will be unable to consider your proposal for insurance cover and/or administer your policy and/or assist with the management of any claim under your policy.

Access

You can request access to your personal information by contacting our Privacy Officer on 02 9376 7888 or info@uplus.com.au

Authority and Declaration

Authority

I/We hereby authorise My/Our Workcover Fund Manager to furnish UPlus or its representative(s) with any and all Information as UPlus deem necessary in respect to any injury sustained by any of My/Our employees which is likely to give rise to a claim under this insurance, the subject of this proposal form.

Declaration

- > The information provided in this proposal form is in every respect true and complete.
 - > I have the authority to apply for cover on behalf of the organisations employees.
 - > I agree that upon acceptance, the insurance cover shall be subject to the Policy terms and conditions.
 - > We understand that any Policy arranged by UPlus vests absolutely in UPlus.
- I/We agree that a photocopy of this authorisation shall be considered as effective and valid as the original.