

Life Insurance quote form



Defence Health Member number

Are you a member of the Australian Defence Force ☐ Yes ☐ No

Are you a member of the Active Reserves ☐ Yes ☐ No

If you are not a Defence Health Insurance member or a member of the Australian Defence Force, are you related to someone in Australian Defence Force? ☐ Yes ☐ No

Your contact details

Your name

Address

Email

Mobile phone

Is this for a new Policy or are you replacing an existing Policy? ☐ New ☐ Replacement

If you are replacing existing insurance please attach a copy of your schedule of cover.

Select the products you wish to be quoted on and a desired sum to be insured

Cover & sum insured		Stepped or Level premiums?
Life Insurance	\$	
Trauma	\$	
Total & Permanent Disability (own occupation) (not available for Defence Force members)	\$	
Income Replacement (not available for Defence Force members)	\$	

Are you an Australian resident currently living in Australia? ☐ Yes ☐ No

Date of birth / / Gender ☐ Male ☐ Female

Smoker status ☐ Non-smoker (A non-smoker is defined as not having smoked any substance within the last 12 months.) ☐ Smoker

Current occupation

State/territory you reside? Your annual income \$

For + Super contributions cover % (please indicate the % of superannuation your employer contributes) \$ %

Please complete below if you would like a quote on income protection/replacement

Insured monthly benefit required (Income Protection only)	\$
Waiting period: 30/60/ 90days/1yr or 2years (Income Replacement only or business overheads)	
Waiting Period The Waiting Period is the period that you must wait before being eligible to receive Income Benefit payments after suffering a Sickness or Injury and being unable to earn your Pre-Disability Income from personal exertion.	
Benefit periods: 2 years/ 5 years/ 65 or 70 (Income Replacement only or business overheads)	
Benefit Period The Benefit Period is the maximum length of time that we will pay an Income Benefit to you for disability from the same or related cause. Benefits are payable for the selected period, depending on which of these you chose at application. The Benefit Periods for Injury and Sickness are the same.	

If you have any questions relating to the completion of this form please call **1800 676 465** between Mon-Fri 8.30 am – 5.00 pm AEST

Email your completed form to lifeinsurance@defencehealth.com.au