



U-PLUS INDUSTRY INSURANCE

Employer Application Form

INSTRUCTIONS

1. Complete the **Employer Details** Section in FULL
2. Provide details of each eligible Employee in the **Employee Details** Section
3. Contact Coverforce on 02 8814 4700 so that you can be informed of the premium payable in relation to your application.
4. Make payment of your premium and forward to Coverforce as per the **Payment Information** below;

PAYMENT INFORMATION

PAYMENT BY CHEQUE

Attach your cheque to your application and send to Coverforce.

Cheques are to be made payable to U-PLUS and posted to:

Coverforce Pty Ltd
PO Box 7899
BAULKHAM HILLS NSW 2153

PAYMENT BY DIRECT DEPOSIT

To pay U-PLUS by direct deposit, transfer the amount payable using the following banking details:

BANK: St George
ACCOUNT NAME: Coverforce Pty Ltd
BSB NUMBER: 332 084
ACCOUNT NUMBER: 5524 98396
REFERENCE: [COMPANY NAME](#)

Once you have transferred the amount payable, attach confirmation of the transfer to your U-PLUS Application Form and submit by:

FAX: 02 8814 7788
EMAIL: admin@coverforce.com.au

COVERFORCE

Interests in the Coverforce master group insurance policy are arranged
by Coverforce Pty Ltd
ACN: 067 079 261 ABN: 31 067 079 261
AFS Licence: 238 874
Level 4, 62 Norwest Boulevard, Norwest Business Park, Baulkham Hills NSW 2153
PO Box 7899, Baulkham Hills NSW 2153
Telephone: 02 8814 4700 Facsimile: 02 8814 7788
Email: admin@coverforce.com.au
Website: www.coverforce.com.au

Employer Information

ORGANISATION DETAILS

Company name:

ACN: ABN:

CONTACT DETAILS

Name:

Phone: Fax:

Mobile: Email:

REGISTERED OFFICE

Street

Suburb: State: Postcode:

POSTAL ADDRESS

Same as above

Postal

Suburb: State: Postcode:

INSURANCE DETAILS

If your entire organisation (including office staff) employs more than 19 people then you are classified as a Wholesale client.

Are you a Wholesale client? **YES**
 NO

Your current Workers Compensation Policy

Insurer:

Policy Number:

Expiry Date:

State Held:

Please indicate the date that you wish this insurance cover to commence:

Please tick the insurance that you require;

- 24 HOUR ACCIDENT AND WORKCOVER TOP-UP INSURANCE**
- 24 HOUR SICKNESS INSURANCE (OPTIONAL)**
- ADDITIONAL FULL DEATH COVER [\$25,000] (OPTIONAL)**
- ADDITIONAL FULL DEATH COVER [\$50,000] (OPTIONAL)**

IMPORTANT NOTE:

You cannot nominate a date in the past, i.e. prior to the date that you submit this application form to Coverforce Pty Ltd.

OFFICE USE ONLY

Date Payment Received: Received By:

EMPLOYEE DETAILS

	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					

IMPORTANT NOTICE - DUTY OF DISCLOSURE

Your Duty of Disclosure

Before Coverforce effects insurance cover with the insurer, Tower, it has a duty of disclosure to the insurer. It is a condition of your application for, and participation in the master group insurance policy, that you have the same duty of disclosure to Coverforce that Coverforce has to the insurer. Whilst Tower is the insurer, a reference below to it includes a reference to Coverforce. Before you enter into a contract of insurance with an insurer you have a legal duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of life insurance.

Your duty does not require disclosure of a matter;

- that diminishes the risk to be undertaken by the insurer,
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which the insurer waives compliance with your duty.

Your duty of disclosure continues until you have been informed of the acceptance or declination of your application for cover. This means you have a duty to notify Coverforce of any changes to the information contained in this application form up until you are notified of the acceptance or declination of cover

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of voiding the contract from its beginning.

Privacy

Information on Coverforce's Privacy Policy is contained on its website. It is important that you read the policy before completing this application form. To view our Privacy Policy go to www.uplus.com.au, or ask us for a copy.

Declaration

- The employees nominated on this application form are 'eligible employees' as explained in the PDS.
- The information provided in this application form is in every respect true and complete.
- I have the authority to apply for cover on behalf of the employees.
- I have not withheld any information likely to affect the acceptance of this application.
- I have read the Important Notices, which form part of this application.
- I agree that upon acceptance, the insurance cover shall be subject to the Policy terms and conditions and I further agree to pay the premium thereon.
- I give consent to Coverforce to make payment on my behalf of policy benefits directly to members.
- I have read and understood Coverforce's Privacy Policy.
- I have read and understood the terms of cover included in the attached PDS and accompanying Policy.
- I have provided a copy or access to a copy of the PDS to all employees who will be covered by the Policy.
- I understand that it is my responsibility to be satisfied with the level of cover applied for and will not hold Coverforce accountable if the level of cover falls short of my actual needs.
- We understand that any Policy arranged by Coverforce vests absolutely in Coverforce.

Authority

I/We hereby authorise My/Our Workcover Fund Manager to furnish Coverforce or its representative(s) with any and all Information as Coverforce 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 application form.

I/We agree that a photocopy of this authorisation shall be considered as effective and valid as the original.

APPLICANTS SIGNATURE

DATE

APPLICANTS NAME AND POSITION

Print Form