

**AUSSIETRAVELCOVER TRAVEL INSURANCE  
APPLICATION FORM**

**MANDATORY DETAILS REQUIRED TO BE COMPLETED ON THE FORM.**

**Traveller's details:**

- |   |   |               |
|---|---|---------------|
| 1 | Insured's Surname / First Name / Title<br><b>(As it appears in passport!)</b> | Date of Birth |
|---|---|---------------|

**Traveller's contact details:**

- 1 Residential Address / Suburb / State / Postcode
- 2 Email (if you want)
- 3 Phone (mobile only will do)

**Travel details:**

Leave blank - Morcombe travel will do all of this for you.

**Cover required:**

Leave blank - Morcombe travel will do all of this for you.

**Plan selected:**

Leave blank - Morcombe travel will do all of this for you.

**Pre-existing Medical Conditions: (Most important to acknowledge this)**

- 1 Do you have any pre-existing medical conditions? (if No – sign form)
- 2 If yes - read page 24 & 25 of policy
- 3 Do you have a pre-existing medical condition which is **not** listed on page 24 & 25?  
If yes – contact Morcombe Travel on 9325 5557 & speak to Deidre Kail regarding the procedure required.

**Insured Signature - must be signed off by parent**

Please scan completed form and email to [louise@igssa.org.au](mailto:louise@igssa.org.au), or post to:  
IGSSA (Louise Carson)  
PO Box 25  
Mt Lawley, 6929

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