

BT Protection Plans Premium Holiday Request Form

Insurer: Westpac Life Insurance Services Limited ABN 31 003 149 157 AFSL 233728.

This form can be used for suspending your policy for a maximum of 12 months under the Premium Holiday option.

- We will allow you to suspend your policy only when you have held your policy for at least 6 months.
- However, you will **NOT** be eligible to claim for death, sickness, injury or any other event that happens in the period that the premium was not being paid.
- You may only exercise this option once in any 12 month period. You must be an Insured Person as well as a Policy Owner and must show evidence of financial hardship as requested below.


Please complete a separate form if there is more than one Insured Person. Please note that acceptance of your application for a Premium Holiday will mean that your entire Policy will be suspended.


Policy number:


Premium Holiday period: months

SECTION 1 – REASON(S) FOR FINANCIAL HARDSHIP

Please indicate the reason(s) for your financial hardship by choosing one of the below.

Being Unemployed  Please attach proof of having registered with a recognised employment agency
OR
Please attach a letter of termination of employment from your last employer (*signed and dated*).

Being on sabbatical, maternity, paternity or long term leave from work.  Please attach a letter, signed and dated by your employer, confirming your absence from work.

Your household income for the last three months reduced by 30% or more (*as compared to the household income over the preceding three month period*).  Please complete the below declaration.

I declare that I have had a decrease in my household income of at least 30% in the last 3 months as compared to the household income over the preceding three month period Agree Disagree

Name of Insured Person

Signature

Date

SECTION 2 – DECLARATION

I/We declare and agree that:

- I/we have held this BT Protection Plans policy for a continuous period of at least 6 months.
- I/we have read and understood the Premium Holiday section of the BT Protection Plans Product Disclosure Statement and Policy Document (PDS).
- I/we understand that I/we will **NOT** be able to claim for death, sickness, injury or any other event that happens to the Insured Person(s) while the Policy is on Premium Holiday as per the terms and conditions of the PDS.
- I/we understand that the Premium Holiday may only be activated for a maximum of 12 months in total over the duration of the policy.
- I/we have read and understood this completed form and declare that the statements made and the information completed herein is true and correct as at the date I/we signed this application.
- I/we have read the section titled 'Protection of your privacy' in the PDS and I/we agree to the various uses and disclosures of my/our personal information as set out in that section.
- I/we have read and understand the duty of disclosure contained in the PDS. I/We declare that I/we have complied with the duty of disclosure and I/we have not withheld any material information that may influence an assessment or acceptance of my/our insurance(s). Failure to disclose any material fact known to me/us may invalidate my/our insurance(s).
- this application for a Premium Holiday will not become effective until it is confirmed by the Insurer in writing.

Name of Policy Owner/Insured Member 1

Signature

Date

Name of Policy Owner 2

Signature

Date

Name of Policy Owner 3

Signature

Date

Name of Director/Secretary

Signature

Date

Name of Company

Signature

Date