



Barristers Sickness
and Accident Fund Pty Ltd.

Proposal Form

December 2024



PROPOSAL

ALL QUESTIONS MUST BE ANSWERED

If there is insufficient space, please attach details.

1. Contact Details

1a) Full Name:
1b) Preferred title:
1c) Chambers:
1d) Chambers Address:
1e) Phone - Office:
1f) Phone - Mobile:
1g) Preferred Email:
1h) Home Address:

2. Professional Details

2a) Are you currently a person whose principal occupation is the practice of law as a barrister?	Yes	No
2b) If yes, where is your practice based? Date when you were admitted to practice?	_____ /	_____ /
2c) Are you currently an Ordinary Member Class A or Class B of the NSWBA?	Yes	No
2d) If yes, please provide your membership number:		
2e) If no, what is the status of your application?		
2f) Are you currently in your first year as a reader?	Yes	No
2g) If yes, date you were admitted as a reader:	/	/

3. Personal

3a) Your date of birth:	/ /
3b) Your height:	
3c) Your weight:	
3d) Your current BMI:	
3e) Are you available to be examined by a doctor of our choosing (within Australia), if so required by us?	Yes No
3f) Have you smoked (tobacco) in the last 12 months?	Yes No
3g) If yes, please provide details of usual use:	
3h) What is your approximate average alcohol consumption: Past month (number of standard drinks per week): Past 12 months (number of standard drinks per week):	
3i) Have you used any other recreational drugs or non-prescription drugs in the last 5 years?	Yes No
3j) If yes, please provide details of drugs used and how often:	
3k) Have you, in the last 5 years received professional advice and/or counseling for drug use or excess alcohol consumption?	Yes No
3l) If yes, please provide details of drugs used and how often:	
3m) Do you, or do you intend to, participate in hazardous sporting, recreational or other activities?	Yes No
3n) If yes, please provide details:	
3o) So far as you are aware, do you have a family history of any significant illness including cancer or heart disease?	Yes No
3p) If yes, please provide details:	
3q) If female, are you pregnant?	Yes No
3r) If yes, please indicate the due date and any known complications:	

4. Other insurance for Sickness & Accident (or similar)

4a) Do you currently hold any other disability or income protection insurance?	Yes	No
4b) If "Yes", please provide details including - Name of insurer: Benefit amount: Benefit duration: Waiting period: Special conditions:		
4c) Has any application you have made for life, disability or income protection insurance, been declined, accepted on terms, or subsequently cancelled?	Yes	No
4d) If yes, please provide details:		
4e) Have you claimed benefits on any insurance policy arising out of illness or injury?	Yes	No
4f) If yes, please provide details:		

5. Health

Have you ever had, or been told you have had, or sought or received any advice or treatment for any of the following? If yes, please provide details on Page 6		
5a) Heart condition or risk factors including hypertension or lipid problems?	Yes	No
5b) Prostate or kidney or other urinary condition, or liver disorder?	Yes	No
5c) Gastrointestinal condition including colitis, Crohn's disease or coeliac disease?	Yes	No
5d) Diabetes or glucose intolerance or thyroid problem or metabolic disorder?	Yes	No
5e) Malignancy including skin or hematological cancer?	Yes	No
5f) Respiratory disorders including asthma or sleep apnea?	Yes	No
5g) Any neurological disorder including epilepsy, recurrent headaches, vertigo or balance disorder, TIA or stroke?	Yes	No
5h) Neck or back pain or spine disorder?	Yes	No
5i) Joint disorder including osteo arthritis, rheumatoid arthritis, or gout?	Yes	No

5j) Autoimmune disorder including Lupus, other autoimmune disorder(s)?	Yes	No
5k) Chronic or recurrent skin condition such as eczema or psoriasis?	Yes	No
5l) Dental conditions including oral and maxillofacial disorders?	Yes	No
5m) Any mental health, psychological or psychiatric condition or disorder?	Yes	No
5n) Any symptoms negatively affecting your mental health and your usual work and social activities or relationships, including depression, low mood, anxiety, stress, fatigue, panic, and disturbed sleep?	Yes	No
5o) Any blood disorder?	Yes	No
5p) Hepatitis, HIV or AIDS, or chronic infection?	Yes	No
5q) If female, any gynecological disorder including abnormal pap smear or HPV or breast lump?	Yes	No
5r) Any other illness or injury?	Yes	No

If your answer is YES to any of the questions in Section 5 above, please provide details for each illness, injury or circumstance

If additional space is required, please attach a separate sheet and include the following information:

The name(s) of each such illness or the injury, and/or further information in relation to the circumstance:

When the illness or injury was first suffered or diagnosed:

Information as to treatment including for recurrences:

Your current condition/status in relation to the illness or injury:

Names and addresses of doctors and hospitals consulted, and information as to recurrences and their duration:

Unless disclosed above:	
<p>5s) Have you been prescribed any medications in the last 5 years? <u>Other than:</u> Medication/treatments for minor illnesses such as upper respiratory tract infections Medication/treatments for short-term Musculo-skeletal injuries or contraceptives</p> <p>If yes, please provide details:</p>	<p>Yes No</p>
<p>5t) Have you in the last 12 months had symptoms or signs for which you have been advised to seek assessment or for which, you intend to do so?</p> <p>If yes, please provide details:</p>	<p>Yes No</p>
<p>5u) Have you in the last 5 years taken time off work for more than 3 consecutive days for any illness or injury?</p> <p>If yes, please provide details:</p>	<p>Yes No</p>
<p>5v) Are there any other circumstances with which Bar Cover should be made acquainted in order to form a proper estimate of risk?</p> <p>If yes, please provide details:</p>	<p>Yes No</p>

6. Weekly Benefit Required \$100 to \$10,000 per week (in increments of \$100)

6a) State the amount of your Weekly Benefit required:	
6b) Will the weekly benefit required exceed your average gross weekly income earned from the practice of the profession of barrister in the past 12 months?	<p>Yes No</p>
<p>6c) If "Yes", please explain why you are seeking a higher benefit: See: "Limitations on Benefits Paid", in the Product Disclosure Statement (PDS), which can be viewed on our website barcover.com.au</p>	

Please note depending on your responses, further information may be requested

7. Authority to Act

If you would like to nominate someone to act on your behalf in relation to your policy, please include their details below.

7a) Full Name:	
7b) Date of Birth:	
7c) Address of Person:	
7d) Relationship to Member:	

Statutory Notices and Declaration

Terms and Conditions

Our website www.bsaf.com.au contains further information about the Fund, including the Product Disclosure Statement (PDS), setting out the terms and conditions of your cover.

Notification of the above is given for the purpose of section 35 of the Insurance Contracts Act, 1984.

Duty to take reasonable care not to make a misrepresentation

You have a duty under the Insurance Contracts Act 1984 to take reasonable care not to make a misrepresentation to us.

This duty applies when you first take out cover with us and also when renewing, extending, varying or reinstating your existing policy/coverage with us.

If the duty is not met

Cover could be avoided and treated as if it never existed, terms may be altered, or a claim may be rejected, or a benefit reduced.

Declaration

1. I am the insured and all of the answers to the questions in this application are true to the best of my knowledge and belief.
2. I have read the notices set out above.
3. I agree to be bound by the provisions of the Trust Deed dated 23 March 1962 as amended, and made between the New South Wales Bar Association, Barristers' Sickness and Accident Fund Pty. Limited and such persons that become Contributors to the Fund.

Date

Signed

APPROVED (OFFICE USE ONLY)

Date

Director