

Retroactive Cover Proposal Form

| | |
|---------------|-------------------------------------|
| Full Name | |
| Member Number | Required Retroactive Date / / |

1. Please complete the table below for each year of additional retroactive cover required. If additional space is required please complete on a separate attachment

| Previous Years/ Period | Specialty or Field(s) of Practice | Gross Annual Billings* | Position Held Within Hospital (if applicable) e.g. Staff Specialist, Registrar, VMO | Do you have access to indemnity in respect of this work from any other party (e.g. employer, MDO, insurer)? |
|------------------------|-----------------------------------|------------------------|---|---|
| | | | | |
| | | | | |

2. For any of the periods listed above, did you engage in any obstetric practice or perform cosmetic procedures? YES NO

If YES, please provide details on a separate attachment.

* A procedure is regarded as cosmetic where the primary purpose is the alteration of the external appearance of a patient for non-pathological reasons.

3. Have you undertaken any practice since the required retroactive date that may not be considered standard practice for your specialty or field of practice at that time? YES NO

If YES, please provide a detailed description of each matter on a separate attachment including a brief summary of each incident, your involvement in the matter, details of any legal or indemnity payments made and the outcome (if known).

4. Claims, complaints, investigations or other proceedings

Understanding your history is important to us in making decisions about offering you cover. You must carefully read and answer the following questions.

4.1 Have you ever had any claims made or threatened against you or a current or previous employer arising from your provision of healthcare services, whether finalised or not? YES NO

4.2 Are you aware of any circumstances which may give rise to a claim against you or a current or previous employer arising from your provision of healthcare services? YES NO

4.3 Have you ever had any complaints made or threatened against you arising from your provision of healthcare services, whether they have been investigated or not? YES NO

4.4 Have you ever been involved in a dispute with an employer, employee or hospital arising from the provision of healthcare services under an employment contract? YES NO

4.5 Have you ever been the subject of any investigation, complaint, disciplinary or other proceeding or inquiry by a hospital, tribunal, professional registration board, court, statutory body (including but not limited to Medicare) or any other body? YES NO

4.6 Have you ever been arrested or had criminal charges made against you in any jurisdiction whether or not the arrest or charge relates to your provision of healthcare services? YES NO
For the purposes of this question, please disregard traffic or minor motor vehicle licensing offences.

4.7 Have you ever been the subject of a claim or investigation relating to alleged breaches of the Trade Practices Act 1974 (Cth) or the Competition and Consumer Act 2010 (Cth) or any equivalent state or territory fair trading legislation in relation to your provision of healthcare services? YES NO

If you have answered YES to any question in this section, please provide a detailed description of each matter on a separate attachment. For questions relating to claims, circumstances, inquiries or investigations please include in this description:

- whether the matter was notified to and dealt with by a Medical Defence Organisation or other insurer and, if so, the name of the organisation
- the date of the incident
- a brief summary of the matter and the relevant details (please do not identify the patient in this description)
- your involvement in the matter
- details of any legal or indemnity payments made, if you are aware of this
- the outcome if known (if unknown, please state the last known status).

Please do not send any original documents with this proposal

5. Important Notice

To have a thorough understanding of the cover provided under your policy please read the following information in conjunction with the current *Professional Indemnity Insurance Policy Combined Financial Services Guide, Product Disclosure Statement and Policy Wording* and any relevant *Supplementary PDS and Endorsement to the Policy Wording* available on mdanational.com.au.

In this notice "we", "our" and "us" means MDA National Insurance Pty Ltd and "you" and "your" means the proposed insured

Your duty of disclosure

Before you enter into an insurance contract, you have a duty, under the *Insurance Contracts Act 1984* (Cth) to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Claims made cover

The Professional Indemnity Insurance Policy is a claims made contract of insurance. This means that the policy responds to matters that have occurred on or after the retroactive date you first become aware of and notify to us in writing during the period of insurance.

Requirement to notify us

You must notify us in writing as soon as practicable of any material alteration of the risk during the period of insurance including any material change in:

- your field of practice or the nature of the healthcare services provided by you; or
- the risk category or billings bands you have previously declared.

You must also notify us as soon as practicable after you become aware of:

- any claim, investigation or inquiry;
- any circumstance that might lead to a claim against you or to an investigation or inquiry involving you;
- any other matter which might give rise to a claim for indemnity under this policy.

Rights under section 40(3) of the *Insurance Contracts Act*

If you have a policy with us and you notify us in writing of circumstances which may give rise to a claim during your period of cover, the fact that you do not give us written notice of a claim relating to those circumstances before your policy has expired will not, of itself, relieve us of liability in relation to the claim. However, you must notify us of a claim, investigation or inquiry as soon as you become aware of it.

Payments

All monies received will be paid into an Australian bank account and held in trust on your behalf until we agree to accept your proposal. If we do not accept your proposal, all monies will be refunded to you. MDA National is entitled to the interest earned on this bank account.

Privacy

Please note that any information you provide will be held and used by us, MDA National Limited and any companies, firms or individuals who assist us in providing services (including but not limited to reinsurers, medical specialists, solicitors and barristers) in accordance with the MDA National Group Privacy Policy.

6. Declaration

I acknowledge that I am not entitled to indemnity for any matters reported on or with this proposal or any matters that I know about, or could reasonably be expected to know about, at the date of this declaration and that have not been disclosed on this proposal. I understand that failure to provide accurate and complete answers on this proposal could affect my entitlement to indemnity under the policy.

Please Sign and Date Here

Signed

Date / /

Freecall: 1800 011 255 Member Services Fax: 1300 011 244 Email: peaceofmind@mdanational.com.au Web: mdanational.com.au
Registered Office: MDA National, level 3, 88 Colin Street, West Perth WA 6005 Phone: (08) 6461 3400 Fax: (08) 9415 1492