



Transport Workers Union WA Income Protection Application Form

This form is designed for assessing eligibility criteria and application for the union's income protection policy

First Name		Last Name	
TWU Member Number		Date of Birth	
Street Address		Suburb	
		Post Code	
Gender		Mobile	
E-mail Address			
Worksite / Company		Nature of work (please circle)	OWNER DRIVER / EMPLOYEE
Employment status (please circle)	Permanent Full-Time / Permanent Part-Time / Casual / Other (specify)		

Your union offers 2 price points for cover:

Option 1		Option 2	
85% of income maximum of \$1,000 a week		85% of income maximum of \$1,500 a week	
Maximum benefit is 104 weeks		Maximum benefit is 104 weeks	
21 Day waiting period. Injury benefit is available to members up to 70 years of age and sickness benefit up to 65 years of age.		21 Day waiting period. Injury benefit is available to members up to 70 years of age and sickness benefit up to 65 years of age.	
F/NIGHTLY Premium	\$26.10	F/NIGHTLY Premium	\$34.20
MONTHLY Premium	\$56.55	MONTHLY Premium	\$74.10
YEARLY Premium	\$678.60	YEARLY Premium	\$889.20

Payment Method, Frequency & Scheduled date, must be same as current membership.

(please note we can only facilitate fortnightly, monthly or yearly payments)

Please select one of the options below

<p>Credit Card</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%;">Name on Card</td><td colspan="3"></td></tr> <tr><td>Card No</td><td colspan="3"></td></tr> <tr><td>Card Type (please circle)</td><td colspan="3">Mastercard / VISA</td></tr> <tr><td>Expiry Date</td><td></td><td>CCV:</td><td></td></tr> <tr><td>Amount</td><td colspan="3"></td></tr> </table>	Name on Card				Card No				Card Type (please circle)	Mastercard / VISA			Expiry Date		CCV:		Amount				or	<p>Bank Account</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%;">Account Name</td><td colspan="3"></td></tr> <tr><td>BSB</td><td colspan="3"></td></tr> <tr><td>Account Number</td><td colspan="3"></td></tr> <tr><td>Amount</td><td colspan="3"></td></tr> </table>	Account Name				BSB				Account Number				Amount			
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Cover commences once all eligible criteria is met and receipt of first payment. Payment may be made via bank transfer, credit card, cash or EFT. I agree to the Terms and Conditions outlined by the Transport Workers Union WA Branch.

Please return completed form to: info@twuwa.org.au

This application form is current as at 27th September 2018

Authorised by our State Secretary Tim Dawson