

Dental Student Application and Proposal

- Application for Student Membership of Dental Protection Limited
- Proposal for Dental Indemnity Policy from MDA National Pty Ltd

This form includes an application for Student Membership of Dental Protection Limited (DPL) and a proposal for a Dental Indemnity Policy underwritten by MDA National Insurance Pty Ltd (MDA National Insurance) ABN 56 058 271 417, AFS Licence No. 238073. Information provided in this form may be used for both purposes.

Note: The issue of a policy is subject to our underwriting approval.

Please complete all relevant sections of the form and return to DPL Australia Pty Ltd by one of the following:

Post: DPL Australia Pty Ltd, PO Box 1013, Milton BC QLD 4064

Fax: (07) 3831 7255

Email: membership@dpla.com.au

If you have any queries or require assistance when completing this form, please contact our Member Services team on 1800 444 542.

1. Application for Student Membership

In completing this application, 'we', 'our' and 'us' means Dental Protection Limited. 'You' and 'your' means the proposed Member. Please provide your current contact details.

I am currently studying* to become a Dentist Oral Health Therapist Dental Therapist Dental Hygienist

Course of study

Surname

Middle name(s)

First name(s)

Sex

Female Male

Date of birth

Mailing address

Suburb

State

Postcode

Email

Mobile

Telephone

Name of training establishment

Study commencement date

Expected year of graduation

*If you have already completed any course in dentistry approved by the Dental Board of Australia this form is not appropriate for you. Please contact DPL Australia Pty Ltd.

2. Membership Application

I wish to apply for Dental Student Membership of the Medical Protection Society (MPS) A.R.B.N. 005 885 017 (incorporated in the United Kingdom) subject to the terms of the Memorandum and Articles of Association (available on the Dental Protection website or upon request). I confirm that the information I have provided is correct to the best of my knowledge.

Please SIGN and DATE below

X SIGN HERE	DD / MM / YYYY
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In order to provide you with the best possible service we would like to inform you of other products and services offered by us that we believe may be of interest to you. If you **do not** wish to receive such information, whether via post or email **please tick this box**.

PLEASE COMPLETE THE DENTAL INDEMNITY POLICY PROPOSAL OVER PAGE >

In completing this proposal, ‘we’, ‘our’ and ‘us’ means MDA National Insurance. ‘You’ and ‘your’ means the proposed insured. It is important that all information contained in this proposal is accurate and complete as this document will form the basis of the insurance contract between you and us. Where there is not sufficient room, please provide your answer on a separate attachment. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance contract. If you have any doubt as to whether any information is material, it should be disclosed. Please read the Important Notice before completing this form. Please ensure that you read and understand the terms and conditions of the Dental Indemnity Policy as outlined in the *Dental Indemnity Policy Important Information and Policy Wording*, and any *Supplementary Important Information and Endorsement to Policy Wording*.

3. Claims and Indemnity History

- 3.1 Have you ever been refused membership of a Medical Defence or Dental Indemnity Organisation, been refused dental indemnity, had your insurance or membership cancelled or not been offered renewal? YES NO
- 3.2 Has any Medical Defence or Dental Indemnity Organisation or insurer ever imposed any non-standard terms or conditions on your practice or dental indemnity cover, including any requirement that you participate in a risk management program, or have they advised you that such requirements, terms or conditions will be imposed on your current or future indemnity or practice? YES NO
- 3.3 Have you ever had any claims made or threatened against you or against a current or previous employer arising from your provision of dental services, whether finalised or not? YES NO
- 3.4 Are you aware of any circumstances which may give rise to any claim against you arising from your provision of dental services? YES NO
- 3.5 Have you ever been the subject of an investigation, complaint, disciplinary or other proceeding or inquiry by any hospital, tribunal, court, university, statutory body (including but not limited to Medicare) or any other body? YES NO
- 3.6 Have you ever been the subject of a criminal investigation or had criminal charges laid against you? YES NO

If you are aware of any claims, investigations or inquiries or circumstances which may result in a claim, complaint, investigation or inquiry, please ensure that you notify your current insurer prior to submitting this application. If you have answered YES to any question in this section, please provide a detailed description of each matter on a separate attachment. We may require you to obtain a full claims history from current and previous insurers. For questions relating to claims, circumstances, inquiries or investigations please include in this description:

- whether the matter was notified or dealt with by an insurer and, if so, which organisation;
- the date of the incident;
- a brief summary of the matter and the relevant details (if the matter involved a patient please do not identify the patient in any way);
- 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

4. Declaration

I declare that:

- 1. I acknowledge that I have been provided with access to the Important Information and Policy Wording and I agree to be bound by the terms and conditions of the policy.
- 2. I have read and understand the Important Notice and contents of this application and proposal and acknowledge that the information included in, or attached to, this form is accurate and complete.
- 3. I understand my duty of disclosure exists until the contract of insurance is entered into and that I have a continuing obligation to inform MDA National Insurance or its Corporate Authorised Representatives of any material alteration of the risk during the period of insurance including any material change in the nature of dental services provided by me.

Authorisation and Consent:

- 4. I authorise and request any Dental Board or other registration body to release all information requested by MDA National Insurance regarding my registration as a dental student, any conditions placed on it and any complaints, investigations or hearings by, or on behalf of the Dental Board or registration body involving me whether or not there has been a final resolution and I consent to the disclosure of such information to MDA National Insurance or its Corporate Authorised Representatives, reinsurers or advisers, as appropriate.

- 5. I authorise and request any current or former insurer or indemnity provider to release all information requested by MDA National Insurance regarding all requests for indemnity or assistance including details of claims, complaints, investigations or inquiries involving me, whether or not there has been a final resolution and I consent to the disclosure of such information to MDA National Insurance and any of its reinsurers or advisers, as appropriate.
- 6. I consent to MDA National Insurance and any companies, firms or individuals who assist in providing services including reinsurers, Corporate Authorised Representatives, solicitors and barristers, holding and using the information I provide, any information provided about me or my practice by a registration body or current or former insurer or indemnity provider, in accordance with the MDA National Group Privacy Policy.

Please SIGN and DATE below

X SIGN HERE

DD / MM / YYYY

Please read the information on this page in conjunction with the current *Dental Indemnity Policy Important Information and Policy Wording* and any *Supplementary Important Information and Endorsement to Policy Wording* to ensure you have a thorough understanding of the policy cover.

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 a contract of general insurance.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is of 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 Dental Indemnity 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 and that you first become aware of and notify 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 the nature of the dental services provided by you. You must also notify us as soon as practicable after you become aware of:

- (a) any claim, investigation or inquiry; or
- (b) any circumstance that might lead to a claim against you or to an investigation or inquiry involving you; or
- (c) 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.

Privacy Statement

The protection of your personal information is important to MDA National Insurance. We comply with the Privacy Act 1988 (Cth) to ensure that your personal (including sensitive) information (Information) is protected.

We collect disclose and store Information in order to process and decide whether to accept your application.

MDA National Insurance will disclose the Information to service providers who assist us in the administration of our business including but not limited to reinsurers, insurance brokers, auditors and actuaries, medical specialists, lawyers staff members of insureds, courts, registration authorities, complaints commissions, boards and tribunals, government departments and bodies to whom by law we are obliged to disclose Information or to whom we have informed you we disclose Information and anyone else to whom you authorize us to disclose Information.

MDA National may be unable to perform these functions or only perform them to a limited extent if you do not provide us with your Information. By making an application for an MDA National Insurance product or service, you consent to your Information being collected by MDA National Insurance and used for these purposes. Your information is unlikely to be disclosed overseas.

MDA National Insurance collects, uses and discloses your Information in accordance with its privacy policy which is available at mdanational.com.au or by contacting our member services team on 1800 011 255 to obtain a copy. This privacy policy contains further information about how MDA National Insurance will handle your Information. This includes information on how you can access and/or seek the correction of your Information that is held about you as required by law and make a complaint about the way your Information is being handled by MDA National Insurance and how MDA National Insurance will deal with your complaint. If you have any questions about how MDA National Insurance handles your Information, please contact us by writing to the Privacy Officer

E-mail: privacy@mdanational.com.au

Phone: (08) 6461 3400

Registered office: MDA National, Level 3 88 Colin Street WEST PERTH WA 6005 | Web: mdanational.com.au

The policy is underwritten by MDA National Insurance Pty Ltd, ABN 56 058 271 417, AFS Licence No. 238073. Dental Protection Limited Australia Pty Ltd CAR No. 326134 and Corporate Authorised Representatives of MDA National.

The MDA National Group is made up of MDA National Limited ABN 67 055 801 771 and MDA National Insurance Pty Ltd (MDA National Insurance) ABN 56 058 271 417 AFS Licence No. 238073.

Privacy: Please note that any information you provide will be held and used by us 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. 187.5