

American Express® Getaway Guardian Application Form

Fax to: 0800 440 709 Post to: American Express Financial Services, PO Box 1497, Auckland

1. PLEASE COMPLETE YOUR DETAILS

Title Mr Mrs Ms Miss Other

Full Name _____

Email _____

Phone Number:

(W) (____) _____ (H) (____) _____ (M) (____) _____

Date of Birth ____/____/____

Address _____

Spouse / Partner Details

Full Name _____

Date of Birth ____/____/____

Dependent Children Details

Full Name _____

Date of Birth ____/____/____

Full Name _____

Date of Birth ____/____/____

2. PERIOD OF TRAVEL

Start Date ____/____/____

End Date ____/____/____

3. PLEASE TICK (✓) YOUR PREFERRED PLAN AND LEVEL OF COVER (NB these premiums are per person)

	Days						Weeks					
	5	8	12	16	23	31	5	6	7	8	9	10
Plan A+	<input type="checkbox"/> \$127	<input type="checkbox"/> \$154	<input type="checkbox"/> \$207	<input type="checkbox"/> \$227	<input type="checkbox"/> \$277	<input type="checkbox"/> \$322	<input type="checkbox"/> \$362	<input type="checkbox"/> \$402	<input type="checkbox"/> \$430	<input type="checkbox"/> \$457	<input type="checkbox"/> \$482	<input type="checkbox"/> \$507
Plan A	<input type="checkbox"/> \$107	<input type="checkbox"/> \$127	<input type="checkbox"/> \$156	<input type="checkbox"/> \$170	<input type="checkbox"/> \$220	<input type="checkbox"/> \$260	<input type="checkbox"/> \$290	<input type="checkbox"/> \$319	<input type="checkbox"/> \$335	<input type="checkbox"/> \$362	<input type="checkbox"/> \$376	<input type="checkbox"/> \$390
Plan B	<input type="checkbox"/> \$100	<input type="checkbox"/> \$114	<input type="checkbox"/> \$144	<input type="checkbox"/> \$160	<input type="checkbox"/> \$207	<input type="checkbox"/> \$234	<input type="checkbox"/> \$252	<input type="checkbox"/> \$270	<input type="checkbox"/> \$293	<input type="checkbox"/> \$317	<input type="checkbox"/> \$340	<input type="checkbox"/> \$363
Plan C	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65	<input type="checkbox"/> \$83	<input type="checkbox"/> \$96	<input type="checkbox"/> \$110	<input type="checkbox"/> \$132	<input type="checkbox"/> \$160	<input type="checkbox"/> \$175	<input type="checkbox"/> \$195	<input type="checkbox"/> \$210	<input type="checkbox"/> \$235	<input type="checkbox"/> \$250

3. PLEASE PROVIDE YOUR AMERICAN EXPRESS CARDMEMBER NUMBER

Expiry date ____/____

I understand that my premiums will be automatically charged to my nominated American Express Card Account
 Exclusions include: being a pilot or crew member of any aircraft, war or war like activities, any existing medical condition, any claim in relation to pregnancy where there is prior knowledge of the pregnancy or after the 24th week of pregnancy, hunting, racing (other than on foot), polo playing, professional sports, mountaineering or rock climbing, bungee jumping, scuba diving, motorcycling, all aerial activities, insolvency of any tourism services provider and acts of terrorism. There is a \$100 Excess on some benefits of this policy. (Please refer to the benefit table). Please note that premiums which are unpaid for at least one month can result in cancellation of your policy without notice. Please refer to your policy documents for full details.

Cardmember's Signature: _____