

Application Form



QANTAS Flight Attendants WageCover Income Protection Plan

Please print clearly

Full name of Applicant (Person to be Insured)

Mr/Mrs/Miss

Full postal address

Postcode

Date of Birth

Home Phone

Mobile Phone

Employer/Company/Name

QANTAS Airways Limited

e-mail address

Occupation/Classification

Union Number as per Membership Card

Please Circle one the following:

Long Haul **Short Haul**

Authority To Deduct



QANTAS Flight Attendants WageCover Income Protection Plan

I,
Surname (please print name)

Given Name:

Staff N°

Pay Group

CAB

Authorise my employer QANTAS Airways Limited to deduct an amount of:

\$ per fortnight

from my wages and remit this amount to WageCover Australia Pty Limited (ABN 31 070 231 748)
PO Box 590 Newport NSW 2106. The Plan will be subject to an annual review, which may or may not result
in a change to the fortnightly premium. 30 days written notice of any such change will be advised.

Employee Signature **X**

WageCover Australia Pty Ltd ABN 31 070 231 748
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