Retroactive Cover Proposal Form

MDA National
Support Protect Promote

Full Name	
Member Number	Required Retroactive Date / /

1. Please complete the table below for each year of additional retroactive cover required

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 or cosmetic* practice? ☐ 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. Are you aware of any complaints or claims against you, or circumstances that may give rise to a claim or investigation (including an inquiry, disciplinary or administrative proceeding) against you, arising from your medical practice that you have not already notified to us or a previous insurer or indemnity provider? ☐ 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. Have you undertaken any practice since the required retroactive date that may not be regarded as normal for your specialty or field of practice at that time and that does not appear in the table above? ☐ YES ☐ NO

If **YES**, please describe the nature and extent of this practice on a separate attachment.

Important - Non Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract of insurance with respect to a claim or may cancel the contract of insurance. If your non disclosure is fraudulent, the insurer may also have the option of avoiding the contract of insurance from its beginning. For further information regarding your duty of disclosure, please refer to the Product Disclosure Statement available on our website or by calling Member Services on 1800 011 255

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** / /

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