



Coal Mines Insurance

## Attachment 2

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### ELECTION TO TAKE EXTENDED COVER FOR ACCIDENT PAY

**To:** Coal Mines Insurance Pty Limited ACN 000 011 727  
Level 21  
44 Market Street  
SYDNEY NSW 2000

(GPO Box 5319 SYDNEY NSW 2001 or by email: [cmi.sydney@coalservices.com.au](mailto:cmi.sydney@coalservices.com.au))

**From:**

*[Complete the Employer's details to the same extent required in CMI's proposal form]*

of:

*[Include the Employer's email address for the purposes of this election]*

("Employer")

1. I have read CMI's "Offer to extend Accident Pay coverage" information that prefaced this election form.
2. I have had the opportunity to seek independent advice with respect to the offer (the Employer relies on its own enquiries in making this election).
3. The Employer elects to take the extended coverage for accident pay in clause 37A in the CMI workers compensation insurance policy.

Signed for and on behalf  
of the Employer  
by:

.....

[Print the authorised officer's name position with the Employer]

Date:

[Insert date signed]