



Coal Mines Insurance

Attachment 2

ELECTION TO TAKE EXTENDED COVER FOR ACCIDENT PAY

To: Coal Mines Insurance

E. employerservices@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]