

DIGNITY OF RISK CONSUMER WAIVER PERSONAL ACCIDENT INSURANCE SOLE TRADERS

I, _____ (name of Consumer)
have been advised by Trilogy Care that my Sole Trader Provider does not hold Personal Accident Insurance. I agree that I am aware of this fact and choose to waive this coverage. I understand that this means that I will be financially responsible for any claims and / or costs incurred as a result.

I am completing this form with the full understanding that I have the right to waive my coverage through my own choice exercising my choice through Dignity of Risk Principles – this process having been undertaken by me, understanding my responsibilities and the consequences.

Trilogy Care Pty Ltd provide no reassurance that they either do or do not recommend my further engagement with any Provider who does not hold Personal Accident Insurance as a completely separate party to the engagement agreement between us.

Print name	
Signed	
Date	

RECEIVED BY TRILOGY CARE

Name	
Position:	
Date	
Outcome:	

Name of Trilogy Care representative	
Position of Trilogy Care representative	
Email of Trilogy Care representative	
Date	

