Suspension of Cover Benefit Application Form

Please email the completed form to **lifeservice@nib.co.nz**, along with the relevant evidence to support this application.

Section 1.

Policy Number

Section 2. Policy Owner(s) Details

Policy Owner 1

Full name (required)

Email address or phone (required)

Address (only if changed) Postcode

Policy Owner 2

Full name (required)

Email address or phone (required)

Address (only if changed) Postcode

Policy Owner 3

Full name (required)

Email address or phone (required)

Address (only if changed) Postcode

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Policy Owner 4

Full name (required)

Email address or phone (required)

Address (only if changed) Postcode

Section 3. Person Insured

Please specify the name of the person insured that the Suspension of Cover Benefit request applies to.

Full name (required)

Section 4. Request to Suspend

Suspension period

to

(You can suspend your policy or selected insurance cover(s) for a minimum of **90 days** and a maximum of **12 months**)

Policy number(s) to be suspended

What would you like to suspend: ☐ Entire Policy ☐ Selected Insurance Cover(s)

If selecting specific cover(s), please list them below:

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Section 5.

Have you previously requested a suspension to this policy or selected insurance cover(s)?

☐ Yes ☐ No

If yes, please list prior suspension periods (include start and end date(s) and cover(s) affected.

Specific Cover	Previous suspension period (start and end dates)
	to
	to
	to
	to
	to
	to

You can only suspend a specific cover once in any 12-month period and you can only suspend that specific cover, for a total of 24 months within any 10-year period.

Section 6. Reason for applying for suspension

You must apply for the suspension, and tell us how long you want it to last, within three months of one of the listed events below occurring.

Select the listed event that applies to the person insured:

☐ Redundancy or Unemployment
☐ Bankruptcy
☐ Undertaking tertiary study
☐ Reduction in revenue by at least 30% (self-employed)
☐ Leave without pay
☐ Travelling overseas
☐ Reduction in salary or wages by at least 20%
☐ Any other event (subject to nib approval)

Date the listed event occurred or started:

If you selected "Any other event", please describe the event

Please attach supporting evidence that the selected event occurred and the date it occurred or started. This may include a letter from your employer, payslip, travel documents, enrolment confirmation, or other relevant document(s).

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Section 7. Declaration and Privacy Notice and Consent

Privacy notice

nib collects, uses, and discloses personal information in relation to this application in accordance with the **nib nz Privacy Policy** and as set out below.

Collection and use

nib collects personal information provided with this application to:

- assess the application, including determining eligibility for the benefit;
- issue and administer the policies, and make any updates to the insurance contracts and premiums as required following this application;
- assess any claims, and provide the benefits and related services under the policies; and
- undertake and carry out the purposes outlined in the nib nz Privacy Policy.

Intended recipients

Personal information provided in this application may be shared with:

- all policy owners and insured persons under this policy;
- your authorised insurance adviser;
- others involved by nib in the administration of your policy or the assessment of a claim, including our necessary service providers, contractors, and reinsurers;
- other companies in the nib Group; and
- other third parties as set out in the nib nz Privacy Policy.

The named person insured and policy owner(s) declare and agree that:

- I/We declare that the information provided in this application for the Suspension of Cover Benefit is true, complete, and correct to the best of my/our knowledge and belief;
- I/We acknowledge that I/We may be required to provide supporting documentation and authorise the insurer to request and rely on such information for the purpose of assessing this application;
- I/We declare that I/We have the authority from all individuals concerned to provide nib with the personal information in this application, and for nib to use that information as set out above and in the **nib nz Privacy Policy**;
- I/We confirm that I/We have informed those individuals that their personal information has been provided to nib, made those individuals aware of the information set out in the **nib nz Privacy Policy** and this application;
- I/We confirm that I/We have informed those individuals that they are entitled to request access to, and correction of, their information by contacting nib;
- I/We acknowledge that this application forms the basis of the change to the contract of insurance, that premiums may be adjusted accordingly, and that the suspension of cover will not take effect unless accepted by the insurer in writing;
- I/We authorise nib to share the information I/We have provided in this application with its advisers, reinsurers, and other relevant third parties where reasonably necessary to administer this application and for the purposes outlined in the **nib nz Privacy Policy**;
- I/We also acknowledge that nib may be required to collect and disclose personal information where this is required by law, including to government agencies or regulatory authorities.
- I/We acknowledge and understand that during the period of suspension:
  - No premiums will be payable for the suspended, for either the policy as a whole or the selected insurance cover(s) (whichever is applicable), and no cover will be provided under the policy or the selected insurance cover(s) (whichever is applicable);
  - No cover will apply, and no claim will be payable for any event that occurs during the suspension period, including any event that may give rise to a claim under the policy or particular insurance cover;
  - The suspension cannot be backdated to a date prior to the insurer receiving my application;
  - Cover cannot be resumed before the end of the suspension period I have chosen.

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Declaration

I/We have read and understood and make the declarations above

Person Insured name

Signature	Date
Policy Owner 1 signature:	Date:
Policy Owner 2 signature	Date
Policy Owner 3 signature:	Date:
Policy Owner 4 signature:	Date:

If the policy has more than 4 Policy Owners, please attach a separate Suspension of Cover Application Form providing the details of the additional Policy Owners.

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