

Easy Health™ Application



This form can also be used to request changes to any existing Hospital Cover EasyCare policy.

For new applications, use nibAPPLY. It's easier, and faster!

Policy number

Adviser number

This application is for: A new policy Replacing an existing policy Reducing an excess Adding an Option
 Adding an additional member over 4 months of age. If adding a child aged under 4 months please do this online.

1.0 Details of person(s) to be insured (applicants)

1.1 Personal details – first applicant

Policyowner Yes No
Applying to be insured? Yes No

Base Cover: Easy Health
 Hospital Cover EasyCare

Excess: Nil \$250 \$500 \$1,000
 \$2,000 \$4,000 \$6,000

Options: Non-PHARMAC Plus Option:
 \$20,000 \$50,000 \$100,000
 \$200,000 \$300,000
 Serious Condition Lump Sum Option/
Serious Care Option:
Easy Health Option: \$20,000 \$50,000
EasyCare Option: \$10,000 \$20,000
 Proactive Health Option

Title Mr Mrs Ms Miss Dr Other:

Surname

First name(s)

Date of birth

Gender assigned at birth Male Female

Height (cm) Weight (kg)

Have you smoked any form of tobacco, e-cigarettes, vaping or any other substance in the last 12 months? Yes No

Are you a permanent New Zealand resident, New Zealand or Australian citizen residing in New Zealand? Yes No

If "No", are you eligible for publicly funded Health Services? Yes No (unfortunately nib cannot offer you health insurance at this time)

Eligibility criteria can be found on Ministry of Health website under "Guide to Eligibility for Publicly funded Health Services".

Please note: It is your responsibility to remain eligible while your policy is in force.

Contact details

Preferred phone number

Email

Physical Address Line 1

Physical Address Line 2

City

Post Code

1.2 Personal details – second applicant (if applicable)

Policyowner Yes No
Applying to be insured? Yes No

Base Cover: Easy Health
 Hospital Cover EasyCare

Excess: Nil \$250 \$500 \$1,000
 \$2,000 \$4,000 \$6,000

Options: Non-PHARMAC Plus Option:
 \$20,000 \$50,000 \$100,000
 \$200,000 \$300,000
 Serious Condition Lump Sum Option/
Serious Care Option:
Easy Health Option: \$20,000 \$50,000
EasyCare Option: \$10,000 \$20,000
 Proactive Health Option

Title Mr Mrs Ms Miss Dr Other:

Surname

First name(s)

Date of birth

Gender assigned at birth Male Female

Height (cm) Weight (kg)

Have you smoked any form of tobacco, e-cigarettes, vaping or any other substance in the last 12 months? Yes No

Are you a permanent New Zealand resident, New Zealand or Australian citizen residing in New Zealand? Yes No

If "No", are you eligible for publicly funded Health Services? Yes No (unfortunately nib cannot offer you health insurance at this time)

Eligibility criteria can be found on Ministry of Health website under "Guide to Eligibility for Publicly funded Health Services".

Please note: It is your responsibility to remain eligible while your policy is in force.

Contact details

Preferred phone number

Email

Physical Address Line 1

Physical Address Line 2

City

Post Code

Please attach an nib illustration.

Note: The policyowner(s) must be age 16 and over. Additional applicants cannot be policyowners.

All correspondence will be sent to the email address of the policyowner(s) where a valid email address is provided.

Note: A parent or legal guardian must sign the declaration for all applicants under age 16. The parent / legal guardian must be eligible for publicly funded health services.

Applicant details

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 Hospital Cover EasyCare

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 \$2,000 \$4,000 \$6,000

Options: Non-PHARMAC Plus Option:
 \$20,000 \$50,000 \$100,000
 \$200,000 \$300,000
 Proactive Health Option

Surname

First name(s)

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Gender assigned at birth Male Female

If child is 12 years or above please complete the following:

Height (cm)								Weight (kg)					
-------------	--	--	--	--	--	--	--	-------------	--	--	--	--	--

Applicant details

Base Cover: Easy Health
 Hospital Cover EasyCare

Excess: Nil \$250 \$500 \$1,000
 \$2,000 \$4,000 \$6,000

Options: Non-PHARMAC Plus Option:
 \$20,000 \$50,000 \$100,000
 \$200,000 \$300,000
 Proactive Health Option

Surname

First name(s)

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Gender assigned at birth Male Female

If child is 12 years or above please complete the following:

Height (cm)								Weight (kg)					
-------------	--	--	--	--	--	--	--	-------------	--	--	--	--	--

Applicant details

Base Cover: Easy Health
 Hospital Cover EasyCare

Excess: Nil \$250 \$500 \$1,000
 \$2,000 \$4,000 \$6,000

Options: Non-PHARMAC Plus Option:
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 \$200,000 \$300,000
 Proactive Health Option

Surname

First name(s)

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Gender assigned at birth Male Female

If child is 12 years or above please complete the following:

Height (cm)								Weight (kg)					
-------------	--	--	--	--	--	--	--	-------------	--	--	--	--	--

Applicant details

Base Cover: Easy Health
 Hospital Cover EasyCare

Excess: Nil \$250 \$500 \$1,000
 \$2,000 \$4,000 \$6,000

Options: Non-PHARMAC Plus Option:
 \$20,000 \$50,000 \$100,000
 \$200,000 \$300,000
 Proactive Health Option

Surname

First name(s)

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Gender assigned at birth Male Female

If child is 12 years or above please complete the following:

Height (cm)								Weight (kg)					
-------------	--	--	--	--	--	--	--	-------------	--	--	--	--	--

1.4 Personal details – applicants aged 16 and over

Note: All applicants aged 16 and over must sign the declaration.

Applicant details

Base Cover: Easy Health
 Hospital Cover EasyCare

Excess: Nil \$250 \$500 \$1,000
 \$2,000 \$4,000 \$6,000

Options: Non-PHARMAC Plus Option:
 \$20,000 \$50,000 \$100,000
 \$200,000 \$300,000
 Serious Condition Lump Sum Option/
 Serious Care Option:
 Easy Health Option: \$20,000 \$50,000
 EasyCare Option: \$10,000 \$20,000
 Proactive Health Option

Surname _____

First name(s) _____

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Gender assigned at birth Male Female

If child is 12 years or above please complete the following:

Height (cm)						Weight (kg)				
-------------	--	--	--	--	--	-------------	--	--	--	--

Have you smoked any form of tobacco, e-cigarettes, vaping or any other substance in the last 12 months? Yes No

Are you a permanent New Zealand resident, New Zealand or Australian citizen residing in New Zealand? Yes No

If “No”, are you eligible for publicly funded Health Services?
 Yes No (unfortunately nib cannot offer you health insurance at this time)

Eligibility criteria can be found on Ministry of Health website under “Guide to Eligibility for Publicly funded Health Services”.
Please note: It is your responsibility to remain eligible while your policy is in force.

Preferred phone number () _____

Email _____

Applicant details

Base Cover: Easy Health
 Hospital Cover EasyCare

Excess: Nil \$250 \$500 \$1,000
 \$2,000 \$4,000 \$6,000

Options: Non-PHARMAC Plus Option:
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 Easy Health Option: \$20,000 \$50,000
 EasyCare Option: \$10,000 \$20,000
 Proactive Health Option

Surname _____

First name(s) _____

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Gender assigned at birth Male Female

If child is 12 years or above please complete the following:

Height (cm)						Weight (kg)				
-------------	--	--	--	--	--	-------------	--	--	--	--

Have you smoked any form of tobacco, e-cigarettes, vaping or any other substance in the last 12 months? Yes No

Are you a permanent New Zealand resident, New Zealand or Australian citizen residing in New Zealand? Yes No

If “No”, are you eligible for publicly funded Health Services?
 Yes No (unfortunately nib cannot offer you health insurance at this time)

Eligibility criteria can be found on Ministry of Health website under “Guide to Eligibility for Publicly funded Health Services”.
Please note: It is your responsibility to remain eligible while your policy is in force.

Preferred phone number () _____

Email _____

Note: If there is not enough space for details of relevant persons to be insured, please complete an additional application form for those persons.

2.0 Premium payment details (new applications only)

If the payment date and the start date of your policy are not in the same payment cycle, you may pay a double deduction. Change requests for existing nib policies will retain the current payment method and frequency, unless otherwise requested.

Note: Please select your preferred payment type and choose the relevant payment frequency from the following.

2.1 Direct Debit

Please also complete the attached Direct Debit Authority

Weekly Fortnightly

Please select a day of the week for payments to be deducted:

Mon Tues Wed Thu Fri

(Note: Weekend days cannot be selected)

Monthly Quarterly Half yearly Yearly

Please select a date between the 1st and 28th for payments to be deducted:

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

(unless otherwise specified the payment date will be in line with the start date)

2.2 Credit Card

- If you would like to pay by credit card, please tick here. The nib new business team will contact you to arrange your credit card payments. Please note, nib will accept Visa or MasterCard only and only for payments that are either monthly, quarterly, half yearly or annual.

2.3 Start date

The start date is the date the application is received by nib or an alternative date nominated by you or us. The nominated start date is subject to the following provisions:

- No later than six weeks from the date this application is signed;
- No earlier than the date the application is received by us; and
- The application is accompanied by a valid, signed Direct Debit Authority or credit card information.

Nominated start date	d	d	m	m	y	y	y	y
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3.0 Pre-existing conditions

Easy Health and Hospital Cover EasyCare do not cover any pre-existing conditions for the first three years of cover commencing or an Option being added and some pre-existing conditions are never covered. It is important that you are aware of these limitations.

3.1 What is a pre-existing condition?

It is any sign, symptom, treatment, or surgery of any condition that happened on or before the insured person's join date that the policyowner(s) or another insured person:

- were aware of; or
- had an indication that something was wrong; or
- sought investigation or medical advice for; or
- would cause a reasonable person to seek diagnosis, care, or treatment.

3.2 Pre-existing conditions - what we do not to pay for in the first three years

In the first three years following your join date, we won't pay any claims that directly or indirectly relate to any pre-existing conditions.

We will not pay any claim:**Cardiovascular conditions**

We don't pay for any health services relating to any pre-existing:

- Congenital or acquired cardiovascular condition of the heart, coronary arteries, heart valves or arteries; or
- Cardiovascular condition of the heart, coronary arteries, heart valves or arteries where any of the following risk factors applied to you at your start date or join date:
 - Diabetes of over 10 years' duration
 - Diabetes of any duration if associated with either of the following risk factors:
 - Laboratory proven HbA1C of 64mmol/mol or higher on two or more consecutive tests, with one or more of the following:
 - hypertension
 - dyslipidaemia
 - obesity
 - chronic kidney disease
 - BMI (Body Mass Index) score of 30 or over at any time during the three-year period before your application
 - Laboratory and clinically confirmed hypercholesterolemia.

Cancer

We don't pay for any health services relating to any pre-existing cancers. For example, this includes melanoma, leukaemia, lymphoma and invasive cancer of the cervix. We do cover pre-malignant, pre-existing cancers if there's been appropriate treatment from a specialist or GP who's qualified to carry out that treatment. Examples of cancers we'd cover in those circumstances are:

- HGIL
- CIN-2 or CIN-3 of the cervix
- polyps of the bowel
- melanoma in situ
- basal cell carcinoma
- squamous cell carcinoma.

If treatment hasn't been undertaken, the pre-malignant pre-existing cancer won't be covered.

Hip or knee condition

We don't pay for any health services relating to any pre-existing hip or knee conditions, including any degenerative condition, disease of, or injury to hip(s) and/or knee(s). The following are also not covered:

- the cost of any prostheses due a pre-existing condition of either hip or knee
- any corrective or revision surgery, including surgery to replace earlier joint replacements

Back condition

We don't pay for any health services relating to any pre-existing condition of, or injury to, the back. This includes any condition relating to:

- the spinal cord or spinal vertebrae from the cervical spine (neck) to the lumbosacral spine (lower back)
- vertebrae (bones)
- soft tissues (the nerves, ligaments, tendons, discs and muscles)
- the joints of the spine

We also don't cover any corrective or revision surgery, including previous back surgery.

Transplant surgery

We don't pay for any health services relating to any transplant surgery, or any follow-up health services or complications of the surgery.

Reconstructive or reparative surgery

We don't pay for any health services relating to any reconstructive or reparative surgery performed before your join date. This includes repairing scars and treating complications from the previous surgery.

We will not pay any claim under this option for trauma conditions which are connected in any way with a pre-existing condition.

4.0 Additional notes and information

Applicant name: _____

Notes:

Applicant name: _____

Notes:

Applicant name: _____

Notes:

Applicant name: _____

Notes:

5.0 Business replacement

The Financial Markets Conduct Act requires advisers to exercise care, diligence and skill when providing clients with financial advice. That advice should include an accurate explanation of the differences between your existing and proposed policy/benefits, the advantages and disadvantages of switching, and the reasons why replacement is your best option.

Note: If your or a previously insured person's health has changed since the start date of the policy(ies) to be replaced, you may not be able to obtain the same acceptance terms. If the existing policy is with another insurer, you'll need to contact the old insurer directly to cancel the policy. We strongly suggest you do not cancel any existing policy until everything necessary has been disclosed to nib, the new policy has been issued and you are happy that you and any previously insured persons are appropriately insured.

Business replacement advice

Is this application for health insurance to replace any existing health insurance policy for any of the lives insured, or any health insurance policy that has been cancelled in the last six months?

Yes No

Applicant to confirm

I confirm that I have been provided with all the information and advice in relation to moving the health insurance for all lives insured to nib, or replacing an existing nib policy.

Adviser to confirm

I, _____ confirm that I have provided the applicant(s) all the necessary information and advice for them to make an informed decision to move their insurance to nib, or replace an existing nib policy. I confirm that this change is in the best interests of the applicant(s).

6.0 Important information and declaration

Start of cover

Cover commences under the nib health policy on the date shown on the Acceptance Certificate for the applicable:

- start date (new policy), or
- join date (new person on policy)

subject to any waiting period referred to in the policy.

Privacy Act 2020 and Health Information Privacy Code 2020

Collection and use

This Application collects each applicant's and insured person's personal and health information. nib will use the information it collects to:

- determine each applicant's and insured person's eligibility for the policies and options applied for, and
- administer the policies, and
- promote and/or market our current and future health and related services and health related products of nib's business partners, and
- consider claims and provide the benefits and health related services under the policies.

Insurance law requires each applicant and insured person to comply with his or her duty of disclosure to nib when applying for insurance. To the extent nib collects personal and health information under that duty, the supply of it to nib is mandatory. If any applicant or insured person fails to provide information required by the duty of disclosure, nib may decline the application or, if nib has issued a policy, it may have the right to cancel the policy retrospectively.

Intended recipients

In providing our health and related services and using personal information, we may collect information from or disclose personal information to:

- nib and its related companies and business partners, and

- all other co-applicants named in this application and all insured persons, and any applicant's insurance adviser or other individual who a person has granted authority to access information on their behalf, and
- at claim time:
 - all necessary health service providers
 - any of nib's contractors or service providers assisting it with administering and meeting each applicant's and insured person's claim

Each applicant and insured person authorises the collection of information from and the disclosure of information to the intended recipients named for the purposes set out above.

Access and correction

The accuracy of personal information is important to us. We will take reasonable steps to ensure a person's information is accurate, complete and up-to-date. We rely on the applicant and/or insured person to advise of any changes to their contact details and any other personal information. Each applicant and insured person has the right to access and correct their personal and health information held by nib. nib nz limited, 48 Shortland Street, Auckland collects and holds the personal and health information.

All information provided is true and complete

Each applicant and insured person declares that:

- all the information he or she has provided in this Application is true and complete, and
- where he or she has provided information on behalf of a co-applicant and/or an insured person, he or she has the authority to do so.

Signature

Note: Before signing, please ensure you have answered all the questions and have read and understood **section 3.0** 'Pre-existing conditions' and **section 6.0** 'Important information and declaration' above.

Policyowner(s) and applicants age 16 or over

To be signed by all applicants aged 16 and over, including the policyowner(s).

Note: The Policyowner(s) must be age 16 and over. Policyowner(s) are also signing on behalf of all dependent children under age 16.

Full name of applicant(s)	Today's date	Signature of applicant(s)
	d d m m y y y y	
	d d m m y y y y	
	d d m m y y y y	
	d d m m y y y y	

Sign here

Adviser details

Adviser number

Agreement number

Upfront or Hybrid or Spread

Note: If left unticked, upfront will be selected by default.

The default process for all policy acceptance information is to be emailed to the client and a copy email to the Adviser. Please tick here if you also want a hard copy of the Welcome Pack sent to you.


To speed up acceptance of this application, may we contact your customer direct for further information?
 Yes No

Name of adviser

Phone ()

Financial strength rating

nib nz limited has an A (Strong) financial strength rating given by S&P Global Ratings Australia Pty Ltd.

	AAA (Extremely Strong)	B (Weak)	SD or D (Selective Default or Default)
	AA (Very Strong)	CCC (Very Weak)	R (Regulatory Action)
	A (Strong)	CC (Extremely Weak)	NR (Not Rated)
	BBB (Good)		



Your personal details

Policy Number: []

Office use only: STB []

Policyholder name:

[]

I would like to pay: [] Weekly [] Fortnightly [] Monthly [] Quarterly [] Half-yearly [] Annually

Preferred start date: [D][D]/[M][M]/[Y][Y][Y][Y]

Account information

Name of my account to be debited (acceptor)

[]

Name of my bank:

[]

[][]

Bank

[][][][]

Branch

[][][][][][][][][][]

Account

[][]

Suffix

Initiator's Authorisation Code

[0][6][5][4][4][8][3]

Approved

5448

11/17

From the acceptor to [insert name of acceptor's bank] (my bank):

I authorise you to debit my account with the amounts of direct debits from nib with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
• The specific terms and conditions listed below.

Account Holders signature/s

Authorised signature/s:

X

Date [D][D]/[M][M]/[Y][Y][Y][Y]

Specific conditions relating to notices and disputes

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I don't receive a written notice of the amount and date of each direct debit from the initiator, or
• I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give a written notice of the amount and date of each direct debit in a series of direct debits no later than the date of the first direct debit in the series. The notice is to include:

- the dates of the debits, and
• the amount of each direct debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice:

- no less than 30 calendar days before the change, or
• if the initiator's bank agrees, no less than 10 calendar days before the change.

Please return completed form to: newbusinesssteam@nib.co.nz

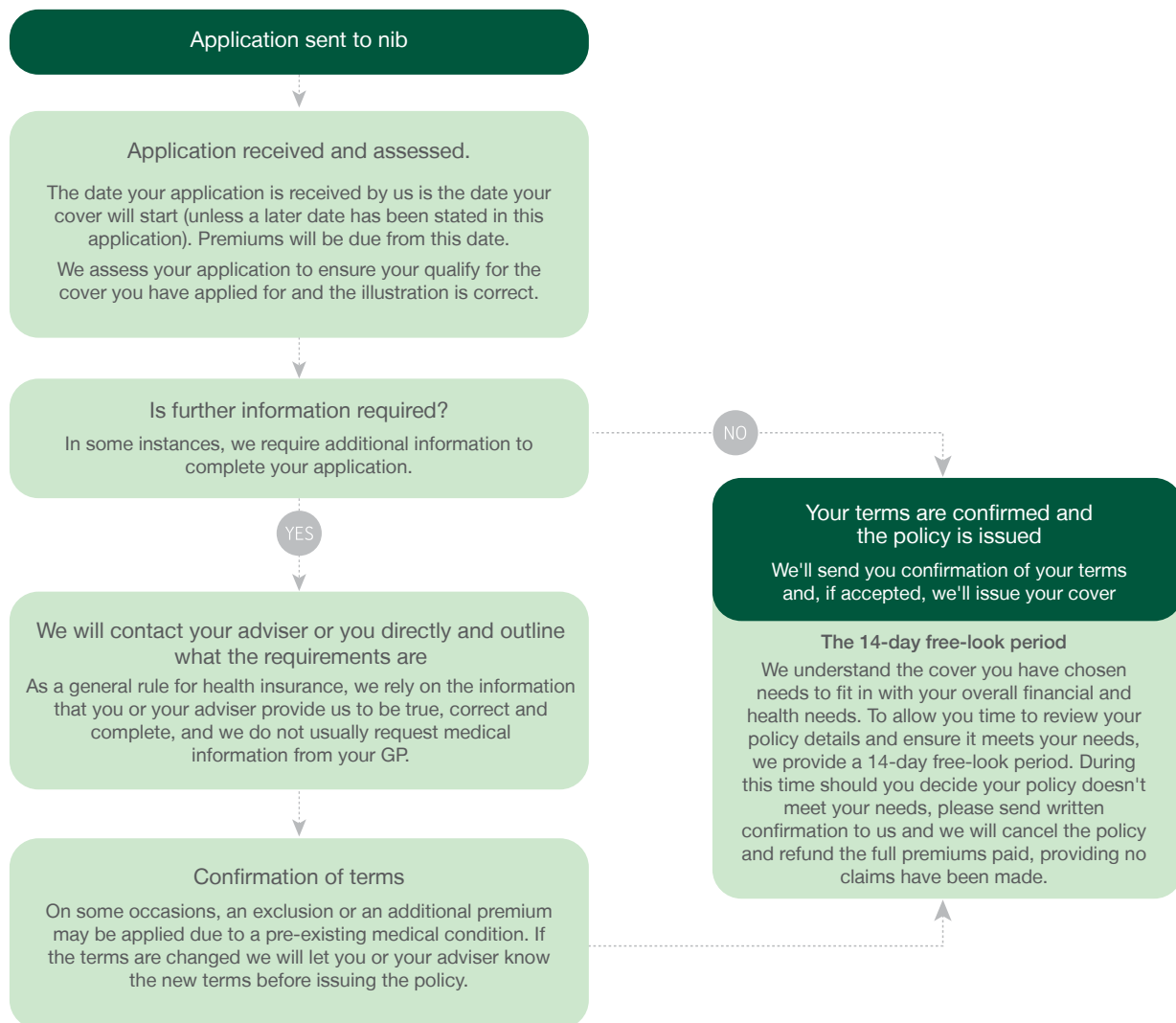
Checklist

Please check that you have completed the following:

- Answered all the questions
- Carefully read and understood **sections 3.0** 'Pre-existing conditions' and **6.0** 'Important information and declaration', and signed where requested
- Relevant payment details completed
- If any information has been completed on a separate sheet, it has been attached to this application, signed and dated
- An nib illustration is attached to this application.
- If any person is not a permanent New Zealand resident or New Zealand or Australian citizen, a copy of their work permit(s) and passport have been attached to this application

Next steps for your application

We want to make the application process as easy as possible. Below is an outline of the process.
If you have any questions, please contact your financial adviser or email us at newbusiness@nib.co.nz.





For more information

nib nz limited

PO Box 91630, Victoria Street West, Auckland 1142
Email: newbusiness@nib.co.nz

nib.co.nz