Special Life Events Increase Benefit application form

If you have Ultimate Life Insurance, Ultimate Trauma Insurance or Ultimate Total & Permanent Disability Insurance, you may be able to apply to increase the amount insured if the person insured has experienced a special life event.

Before you apply, please refer to your relevant policy document for a full explanation of the terms, conditions, exclusions and any limitations that apply to the Special Life Events Increase Benefit.

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

Section 1. Policy number

Policy number

Section 2. Policy Owner(s) details

Policy Owner 1

Full name (required)

Email address or phone (required)

Address (only if changed)

Policy Owner 2

Full name (required)

Email address or phone (required)

Address (only if changed)

Policy Owner 3

Full name (required)

Email address or phone (required)

Address (only if changed)

Policy Owner 4

Full name (required)

Email address or phone (required)

Address (only if changed)

If the policy has more than 4 Policy Owners, please attach an additional copy of this form providing the details of the remaining Policy Owners.

Section 3. Person insured

Please specify the name of the person insured that this request applies to.

Full name (required)

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Section 4. Special Life Events Increase Benefit reason

Please select the Special Life Event that applies to the person insured. The table below sets out the type of evidence (if any) you'll need to provide with your application. Where we've used words in **bold** in this section, they have the same meaning as in your policy document for the relevant cover.

Select one	Select the Special Life Event that applies to the person insured	Evidence to include with your form
☐	Gets married, enters into a civil union, or first meets the definition of living with someone in the **nature of marriage**	Certified copy of a marriage certificate, certified copy of a civil union certificate or evidence showing at least 3 years of living together, for example joint bank accounts, joint utility bills, or shared property ownership or rental.
☐	Gets divorced, dissolves a civil union or separates from a relationship that was in the **nature of marriage**	Certified copy of the dissolution order of marriage or civil union, separation agreement.
☐	Their **partner** dies, or is diagnosed with a **terminal illness** or **terminal condition**	Certified copy of the death certificate or terminal illness diagnosis for the partner. Or letter from an appropriate specialist confirming the terminal condition for the partner. We may require confirmation of the diagnosis from another specialist chosen by us.
☐	Completes five continuous years of Ultimate Life, Trauma or Total & Permanent Disability cover (every five-year period counts)	No document required
☐	Takes on **full-time care** (for the first time) of their **close relative**	Statutory Declaration or court papers
☐	Pregnancy at 28 weeks gestation	Letter from appropriate medical practitioner
☐	They or their **partner** give birth to, or legally adopt a **child**	Certified copy of birth certificate for the child or adoption papers
☐	Increases their existing residential mortgage	Signed mortgage document and confirmation of the loan from the lender
☐	Takes out a new mortgage to purchase a new home, residential investment property, holiday home, or a bare block of residential-zoned land	Change of title, signed mortgage document or confirmation of the loan from the lender
☐	Their **child** has started secondary school or full-time tertiary education for the first time	Confirmation of the acceptance of enrolment
☐	Their annual salary has been increased as an employee	Written statement from the employer or copy of payslip showing new annual income
☐	They are self-employed, and their annual net business profit has increased	Finalised annual accounts

Your relevant policy document explains when you can use the Special Life Events Increase Benefit, and any exclusions or limitations that may apply.

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Section 5. Cover increase details

How much can I increase my cover by?

You can apply to increase your **amount insured** following a special life event by up to the lesser of:

- 50% of the **original amount insured**; or
- $300,000.

The total of all increases made under this benefit cannot exceed the lesser of:

- the **original amount insured**; or
- $750,000.

The **amount insured** cannot be increased once it has reached the maximum that we set.

In addition, when taking out or increasing an existing mortgage, the individual increase to the **amount insured** cannot exceed the amount of the new mortgage, or the increase in the existing mortgage.

For an annual salary increase or annual increase in net business profits, the individual increase to the **amount insured** cannot exceed five times the increase in salary or net business profits.

When can I apply for the increase?

You must apply by no later than either:

- 180 days after the special life event; or
- 60 days after the first **policy anniversary date** following the special life event.

The last opportunity to apply for the Special Life Events Increase Benefit under Ultimate Life or Ultimate Total & Permanent Disability is no later than 60 days after the last **policy anniversary date** before the **person insured** turns 60.

The last opportunity to apply for the Special Life Events Increase Benefit under Ultimate Trauma is no later than the last **policy anniversary date** before the person insured turns 60.

The exclusions differ for the Special Life Events Increase Benefit depending on the relevant policy, either Ultimate Life, Ultimate Trauma, or Ultimate Total & Permanent Disability. Please refer to your relevant policy document for a full explanation of the relevant exclusions, and other terms and conditions that apply.

Section 6. Increase request details

Please provide the current amount insured (as shown in your policy schedule), the amount of increase requested, and the new amount insured.

Select	Cover	Current monthly amount insured	Amount of increase requested	New monthly amount insured
☐	Ultimate Life Insurance	$	$	$
☐	Ultimate Trauma Insurance	$	$	$
☐	Ultimate Total & Permanent Disability Insurance	$	$	$

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Section 7. Disclosure, privacy notice and consent and declaration

Disclosure

Insurance law requires both the person insured and all the policyowners to comply with their duty of disclosure to nib when applying for any increase to existing insurance or applying for additional cover. To the extent nib collects personal and health information under that duty, the supply of it to nib is mandatory. If the person insured or the policyowner 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.

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;
- 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 increased cover is true, complete, and correct to the best of my/our knowledge and belief.
- 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, and have 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 increase in cover will not take effect unless accepted by the insurer in writing.
- I/We agree to notify nib if any of the information provided changes, or if any new information about the person insured's health or lifestyle arises before the Special Life Events Increase is processed. Failure to do so may affect the person insured's cover or any future claim.
- 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.

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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 an additional copy of this form providing the details of the additional Policy Owners.

NIBNZ125 1026