Life & Living Insurance Application

Life & Living Insurance is provided by nib nz insurance limited. nib nz insurance limited is the only organisation responsible for claims under the cover.

Applicant 1

1. About you

To apply for Life & Living Insurance cover you need to be living in New Zealand and have one of the following (tick which applies):

- ☐ New Zealand or Australian passport/citizenship
- ☐ New Zealand or Australian Permanent Resident Visa (with no travel conditions on your visa)
- ☐ New Zealand Resident Visa (for Life cover and/or Serious Illness Trauma cover only)

Holders of 'other' visas are not eligible to apply for Life & Living Insurance.

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

☐ Other (if other please specify)

First name

Middle name/s

Last name

Gender assigned at birth Date of birth

☐ Male ☐ Female

Address

Postcode

If we need to contact you about your insurance application and policy, now or in the future, can we email you?

☐ Yes ☐ No

What's the best email to contact you on?

Applicant 2

To apply for Life & Living Insurance cover you need to be living in New Zealand and have one of the following (tick which applies):

- ☐ New Zealand or Australian passport/citizenship
- ☐ New Zealand or Australian Permanent Resident Visa (with no travel conditions on your visa)
- ☐ New Zealand Resident Visa (for Life cover and/or Serious Illness Trauma cover only)

Holders of 'other' visas are not eligible to apply for Life & Living Insurance.

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

☐ Other (if other please specify)

First name

Middle name/s

Last name

Gender assigned at birth Date of birth

☐ Male ☐ Female

Address

Postcode

If we need to contact you about your insurance application and policy, now or in the future, can we email you?

☐ Yes ☐ No

What's the best email to contact you on?

Life & Living Insurance Application

Applicant 1 (continued)

What's the best number to call you on?

What's your employment status? (tick which applies):

- ☐ Employee
- ☐ Contract worker
- ☐ Seasonal worker
- ☐ Self-employed
- ☐ Retired
- ☐ Student
- ☐ Not in paid employment

Please specify, eg. houseperson, unemployed

What's your main occupation or job?

If you're an employee, contract worker, seasonal worker, self-employed, how many hours a week do you work in this occupation?

hours per week

If you're a seasonal worker, how many months a year do you work in this occupation?

months per year

What's your current annual income before tax?
(if you've a secondary occupation where you generate income from personal exertion please include that too)

$ gross per annum

In the last 12 months have you smoked cigarettes, tobacco in any form, or vape (including any non-nicotine vape)?

☐ Yes ☐ No

Applicant 2 (continued)

What's the best number to call you on?

What's your employment status? (tick which applies):

- ☐ Employee
- ☐ Contract worker
- ☐ Seasonal worker
- ☐ Self-employed
- ☐ Retired
- ☐ Student
- ☐ Not in paid employment

Please specify, eg. houseperson, unemployed

What's your main occupation or job?

If you're an employee, contract worker, seasonal worker, self-employed, how many hours a week do you work in this occupation?

hours per week

If you're a seasonal worker, how many months a year do you work in this occupation?

months per year

What's your current annual income before tax?
(if you've a secondary occupation where you generate income from personal exertion please include that too)

$ gross per annum

In the last 12 months have you smoked cigarettes, tobacco in any form, or vape (including any non-nicotine vape)?

☐ Yes ☐ No

2. Choose your Life & Living Insurance

Please select from the Life & Living Insurance cover options and enter the amount of cover you need.

Life Insurance

Life cover – pays a lump sum of money if you die, or if you're diagnosed as terminally ill and expected to die within the next 12 months. Maximum amount of cover: No maximum.

$ Lump sum

$ Lump sum

Life & Living Insurance Application

Applicant 1 (continued)

Applicant 2 (continued)

If you choose Living Insurance – you can apply to have some or all of the covers below:

Living Insurance

Serious Illness Trauma cover – pays a lump sum of money if you're diagnosed with a defined medical condition, such as a severe cancer or severe heart attack. Maximum amount of cover: $1 million.

$ _____ Lump sum

$ _____ Lump sum

Income Protection Illness cover – pays a monthly amount if you're unable to work because of illness, where you were previously working at least 25 hours per week for a single employer. The monthly payment may be reduced by your other income. You can select a cover period of two or five years which will be the maximum period of time we'll make payments for any one illness (and any related or similar illness). The cover may also pay a further lump sum if you're likely to be permanently unable to work, and to need permanent assistance with defined activities of daily living. Maximum amount of cover: 55% of your gross income, up to a maximum of $6,000 per month. You can select a maximum cover period of two or five years.

$ _____ Monthly amount

Maximum cover period ☐ 2 years ☐ 5 years

$ _____ Monthly amount

Maximum cover period ☐ 2 years ☐ 5 years

Funeral Expenses cover

☑ **Funeral Expenses cover** – this is complimentary. Whichever cover you've chosen, as long as it's in place, you'll get one lump sum payment of $15,000 to help with funeral expenses if you die, or if you're diagnosed as terminally ill and expected to die within the next 12 months.

$ 15,000 Lump sum

Please note the full details of the cover are set out in the Life & Living Insurance Cover wording.

3. Indicative premium

Any premium we've discussed may change based on your answers to the health and lifestyle questions in your application. It can also change if you have a birthday between now and when your application is approved because premiums will increase as you get older.

4. Beneficiary details

If your application is approved, as the policy owner you can name any living person as your beneficiary. This means the beneficiary named will receive any Life cover or Funeral Expenses cover claim payments. If the beneficiary was not alive to receive the payment, or you choose not to name a beneficiary, it would be paid to your estate.

Would you like to choose a beneficiary?

☐ Yes ☐ No

***If YES*, please complete the details below**

What's your beneficiary's relationship with you?
e.g. spouse/child/parent etc

First names

Last name

Gender

☐ Male ☐ Female

Date of birth

Would you like to choose a beneficiary?

☐ Yes ☐ No

***If YES*, please complete the details below**

What's your beneficiary's relationship with you?
e.g. spouse/child/parent etc

First names

Last name

Gender

☐ Male ☐ Female

Date of birth

Life & Living Insurance Application

Applicant 1 (continued)

Address

Postcode

Applicant 2 (continued)

Address

Postcode

We recommend you review your beneficiary from time to time, especially as your life circumstances change – this includes things like getting married or divorced, and having children. You confirm that the beneficiary (the beneficiary named in this application and any other beneficiary you may nominate) agrees to provide personal information to nib nz insurance limited. We will only use personal information about a beneficiary to the extent necessary for the purpose of managing a claim.

5. Other insurance arrangements

Do you have any insurance cover with another insurer?

☐ Yes ☐ No

If YES

i. Please provide details including the type and amount of cover:

ii. Is this application intending to replace ANY of your existing insurance cover?

☐ Yes ☐ No

iii. ***If YES* to ii.** Please tell us which cover you intend to replace:

Do you have any insurance cover with another insurer?

☐ Yes ☐ No

If YES

i. Please provide details including the type and amount of cover:

ii. Is this application intending to replace ANY of your existing insurance cover?

☐ Yes ☐ No

iii. ***If YES* to ii.** Please tell us which cover you intend to replace:

Have you ever had an application for life, disability, sickness or accident insurance declined, deferred, withdrawn, or accepted on special terms (eg. with a premium increase or exclusion)?

☐ Yes ☐ No

If YES

i. Please provide details (include dates and reason):

☐ Yes ☐ No

If YES

i. Please provide details (include dates and reason):

Moving between insurance policies or insurance providers can sometimes result in adverse consequences, for example, pre-existing conditions being excluded, or an initial stand down period being required before claims can be made, or a reduction in the value or type of cover because of differences in policy wording. Before cancelling any existing insurance, it's important that you're satisfied that any new cover is appropriate, and that the existing insurance is no longer required.

Life & Living Insurance Application

6. Your information

How we can use your personal information

Any personal information you provide to us is collected and held by nib nz insurance limited to do the things insurers normally do, including:

- assessing your application;
- managing your premiums and cover;
- reviewing any claims you might make; and
- providing you with marketing communications and invitations and offers for products and services including new products or services that we or our third party business partners believe may be of interest to you to assist in developing new products and services.

Your personal information can be shared with:

- others who assist in providing the insurance, such as reinsurers;
- any future owner of the insurance;
- others who can assist us with completing and/or assessing your application or claim;
- your financial adviser, where you purchase your policy through an adviser;
- any named beneficiary for the purpose of making a payment in respect of a claim;
- with medical professionals as required to assess your application or claim; and
- other companies in the nib Group, for the purposes set out in our privacy policy.

For further information about how we treat your personal information, see **nib.co.nz/privacy-policy/**

Any information you provide us must be truthful

The information you give us, including the information you've already given or give us in any follow up discussion or correspondence must be truthful, correct and complete. If you don't tell us, there may be an issue later with your cover or claim. nib nz insurance limited relies on your information in deciding whether to provide insurance, and if so on what terms.

Applicant 1 (continued)

Applicant 2 (continued)

7. Health and lifestyle details

- Please ensure that all questions are answered.

1. What's your height? _____ cm

2. What's your weight? _____ kg

3. Have you ever been diagnosed with or suffered any of the following:

a. Stroke, brain haemorrhage, Multiple Sclerosis or other Neurological disorder?

☐ Yes ☐ No

If YES

i. Has this occurred in the last 12 months?

☐ Yes ☐ No

b. Stress, depression, anxiety, an eating condition, chronic fatigue, any other mental health condition?

☐ Yes ☐ No

***If YES* to stress, depression, anxiety**

i. Have you had any symptoms, medications or other treatment in the last 5 years?

☐ Yes ☐ No

1. What's your height? _____ cm

2. What's your weight? _____ kg

3. Have you ever been diagnosed with or suffered any of the following:

a. Stroke, brain haemorrhage, Multiple Sclerosis or other Neurological disorder?

☐ Yes ☐ No

If YES

i. Has this occurred in the last 12 months?

☐ Yes ☐ No

b. Stress, depression, anxiety, an eating condition, chronic fatigue, any other mental health condition?

☐ Yes ☐ No

***If YES* to stress, depression, anxiety**

i. Have you had any symptoms, medications or other treatment in the last 5 years?

☐ Yes ☐ No

Life & Living Insurance Application

Applicant 1 (continued)

***If YES* to i.**

a) Please provide all diagnoses, dates and medication details:

ii. Have you ever had any hospital OR A&E visits OR any self-harm OR suicide attempts? ☐ Yes ☐ No

***If YES* to ii.**

a) Please provide dates and details:

***If YES* to eating condition, chronic fatigue, other mental health condition**

i. Please describe the condition or diagnosis:

ii. When did the condition start? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. What is your current treatment (including names of all medications, dosage and frequency?

iv. When did you last have any symptoms? (tick which applies)

_____ ☐ months ago ☐ years ago

c. Cancer, tumour or growth? ☐ Yes ☐ No

If YES

i. Was this a skin lesion? ☐ Yes ☐ No

***If YES* to i.**

a) Was this burnt or frozen off (rather than being cut out)? ☐ Yes ☐ No

***If NO* to i.**

a) What was the diagnosis?

b) When were you diagnosed? (tick which applies)

_____ ☐ months ago ☐ years ago

c) What was (or is) the treatment?

d) When did you last have treatment? (tick which applies)

_____ ☐ months ago ☐ years ago

Applicant 2 (continued)

***If YES* to i.**

a) Please provide all diagnoses, dates and medication details:

ii. Have you ever had any hospital OR A&E visits OR any self-harm OR suicide attempts? ☐ Yes ☐ No

***If YES* to ii.**

a) Please provide dates and details:

***If YES* to eating condition, chronic fatigue, other mental health condition**

i. Please describe the condition or diagnosis:

ii. When did the condition start? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. What is your current treatment (including names of all medications, dosage and frequency?

iv. When did you last have any symptoms? (tick which applies)

_____ ☐ months ago ☐ years ago

c. Cancer, tumour or growth? ☐ Yes ☐ No

If YES

i. Was this a skin lesion? ☐ Yes ☐ No

***If YES* to i.**

a) Was this burnt or frozen off (rather than being cut out)? ☐ Yes ☐ No

***If NO* to i.**

a) What was the diagnosis?

b) When were you diagnosed? (tick which applies)

_____ ☐ months ago ☐ years ago

c) What was (or is) the treatment?

d) When did you last have treatment? (tick which applies)

_____ ☐ months ago ☐ years ago

Life & Living Insurance Application

Applicant 1 (continued)

d. Heart problem including heart murmur, raised blood pressure, high cholesterol, any other blood or vascular condition?

☐ Yes ☐ No

***If YES* to heart problems, other blood or vascular condition**

i. What was the diagnosis?

ii. When was the diagnosis? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. What is your current treatment (including names of all medications, dosage and frequency)?

iv. When did you last have a follow up for this condition? (tick which applies)

_____ ☐ months ago ☐ years ago

***If YES* to raised blood pressure**

i. When was the diagnosis? (tick which applies)

_____ ☐ months ago ☐ years ago

ii. What is your current treatment (including names of all medications, dosage and frequency)?

iii. Have you had any changes in your medication in the last 12 months?

☐ Yes ☐ No

iv. What was your most recent reading and when was this taken?

***If YES* to high cholesterol**

i. When was the diagnosis? (tick which applies)

_____ ☐ months ago ☐ years ago

ii. What is your current treatment (including names of all medications, dosage and frequency)?

iii. Have you had any changes in your medication in the last 12 months?

☐ Yes ☐ No

iv. What was your most recent reading and when was this taken?

Applicant 2 (continued)

☐ Yes ☐ No

***If YES* to heart problems, other blood or vascular condition**

i. What was the diagnosis?

ii. When was the diagnosis? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. What is your current treatment (including names of all medications, dosage and frequency)?

iv. When did you last have a follow up for this condition? (tick which applies)

_____ ☐ months ago ☐ years ago

***If YES* to raised blood pressure**

i. When was the diagnosis? (tick which applies)

_____ ☐ months ago ☐ years ago

ii. What is your current treatment (including names of all medications, dosage and frequency)?

iii. Have you had any changes in your medication in the last 12 months?

☐ Yes ☐ No

iv. What was your most recent reading and when was this taken?

***If YES* to high cholesterol**

i. When was the diagnosis? (tick which applies)

_____ ☐ months ago ☐ years ago

ii. What is your current treatment (including names of all medications, dosage and frequency)?

iii. Have you had any changes in your medication in the last 12 months?

☐ Yes ☐ No

iv. What was your most recent reading and when was this taken?

Life & Living Insurance Application

Applicant 1 (continued)

e. HIV or AIDS? ☐ Yes ☐ No

If YES

i. When were you diagnosed? (tick which applies)

_____ ☐ months ago ☐ years ago

ii. When did you last see your specialist? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. Please provide dates and details of your last blood tests:

f. Diabetes, raised glucose? ☐ Yes ☐ No

If YES

Raised glucose ☐ Yes ☐ No

Diabetes - pregnancy only ☐ Yes ☐ No

Diabetes ☐ Yes ☐ No

***If YES* to any of the above**

i. What is your current treatment (including names of all medications, dosage and frequency)?

ii. What was your last HbA1c reading and approximate date?

iii. Have you had any diabetic complications e.g. visual problems, kidney problems etc?

g. Hepatitis B, hepatitis C, any other liver condition? ☐ Yes ☐ No

If YES

Hepatitis B ☐ Yes ☐ No

Hepatitis C ☐ Yes ☐ No

Other liver condition ☐ Yes ☐ No

***If YES* to any of the above**

i. Have any of these conditions occurred in the last 12 months? ☐ Yes ☐ No

ii. When did you last have a follow up for this condition? (tick which applies)

_____ ☐ months ago ☐ years ago

Applicant 2 (continued)

e. HIV or AIDS? ☐ Yes ☐ No

If YES

i. When were you diagnosed? (tick which applies)

_____ ☐ months ago ☐ years ago

ii. When did you last see your specialist? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. Please provide dates and details of your last blood tests:

f. Diabetes, raised glucose? ☐ Yes ☐ No

If YES

Raised glucose ☐ Yes ☐ No

Diabetes - pregnancy only ☐ Yes ☐ No

Diabetes ☐ Yes ☐ No

***If YES* to any of the above**

i. What is your current treatment (including names of all medications, dosage and frequency)?

ii. What was your last HbA1c reading and approximate date?

iii. Have you had any diabetic complications e.g. visual problems, kidney problems etc?

g. Hepatitis B, hepatitis C, any other liver condition? ☐ Yes ☐ No

If YES

Hepatitis B ☐ Yes ☐ No

Hepatitis C ☐ Yes ☐ No

Other liver condition ☐ Yes ☐ No

***If YES* to any of the above**

i. Have any of these conditions occurred in the last 12 months? ☐ Yes ☐ No

ii. When did you last have a follow up for this condition? (tick which applies)

_____ ☐ months ago ☐ years ago

Life & Living Insurance Application

Applicant 1 (continued)

h. Paralysis, any loss of limb? ☐ Yes ☐ No

If YES

i. What is the condition?

ii. When did the condition occur? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. What is your current treatment (including names of all medications, dosage and frequency?

i. Back or neck pain, or any other muscle, tendon, ligament, bone or joint condition (e.g. Osteo-arthritis, any other form of arthritis, OOS/RSI)? ☐ Yes ☐ No

If YES

i. What was the diagnosis?

ii. When was the diagnosis? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. What area/joint was (or is) affected?

iv. What is your current treatment (including names of all medications, dosage and frequency)?

v. When did you last have symptoms? (tick which applies)

_____ ☐ months ago ☐ years ago

j. Eczema, dermatitis, any other skin condition? ☐ Yes ☐ No

***If YES* to eczema, dermatitis**

i. Is this mild, limited to a few small areas and easily controlled without prescription medication? ☐ Yes ☐ No

***If NO* to i.**

a) What areas are affected?

b) What treatment have you had (or are you taking)?

Applicant 2 (continued)

h. Paralysis, any loss of limb? ☐ Yes ☐ No

If YES

i. What is the condition?

ii. When did the condition occur? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. What is your current treatment (including names of all medications, dosage and frequency?

i. Back or neck pain, or any other muscle, tendon, ligament, bone or joint condition (e.g. Osteo-arthritis, any other form of arthritis, OOS/RSI)? ☐ Yes ☐ No

If YES

i. What was the diagnosis?

ii. When was the diagnosis? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. What area/joint was (or is) affected?

iv. What is your current treatment (including names of all medications, dosage and frequency)?

v. When did you last have symptoms? (tick which applies)

_____ ☐ months ago ☐ years ago

j. Eczema, dermatitis, any other skin condition? ☐ Yes ☐ No

***If YES* to eczema, dermatitis**

i. Is this mild, limited to a few small areas and easily controlled without prescription medication? ☐ Yes ☐ No

***If NO* to i.**

a) What areas are affected?

b) What treatment have you had (or are you taking)?

Life & Living Insurance Application

Applicant 1 (continued)

***If YES* to other skin condition**

i. Please describe the condition:

ii. When did you last suffer from the condition? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. What treatment have you had (or are you taking) for the condition?

iv. What areas are affected?

k. Migraines, epilepsy or fits, any other condition of the nervous system?

☐ Yes ☐ No

***If YES* to Migraines**

i. Has this been stable and mild (less than 2 per month with no aura or visual affects) for at least the last 2 years?

☐ Yes ☐ No

***If NO* to i.**

a) What frequency do you suffer migraines?

b) What treatment are you taking (or have you taken) for these migraines?

c) When did you last have a migraine? (tick which applies)

_____ ☐ months ago ☐ years ago

***If YES* to Epilepsy or fits**

i. What were you diagnosed with (including type of epilepsy if known)?

ii. When was the diagnosis? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. What is your current treatment (including names of all medications, dosage and frequency)?

Applicant 2 (continued)

***If YES* to other skin condition**

i. Please describe the condition:

ii. When did you last suffer from the condition? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. What treatment have you had (or are you taking) for the condition?

iv. What areas are affected?

k. Migraines, epilepsy or fits, any other condition of the nervous system?

☐ Yes ☐ No

***If YES* to Migraines**

i. Has this been stable and mild (less than 2 per month with no aura or visual affects) for at least the last 2 years?

☐ Yes ☐ No

***If NO* to i.**

a) What frequency do you suffer migraines?

b) What treatment are you taking (or have you taken) for these migraines?

c) When did you last have a migraine? (tick which applies)

_____ ☐ months ago ☐ years ago

***If YES* to Epilepsy or fits**

i. What were you diagnosed with (including type of epilepsy if known)?

ii. When was the diagnosis? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. What is your current treatment (including names of all medications, dosage and frequency)?

Life & Living Insurance Application

Applicant 1 (continued)

iv. When did you last see your GP or specialist? (tick which applies)

_____ ☐ months ago ☐ years ago

v. When did you last have a seizure/fit? (tick which applies)

_____ ☐ months ago ☐ years ago

***If YES* to other condition of the nervous system**

i. What were you diagnosed with?

_____

ii. When was the diagnosis? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. What is your current treatment (including names of all medications, dosage and frequency)?

_____

iv. When did you last see your GP or specialist? (tick which applies)

_____ ☐ months ago ☐ years ago

v. When did you last have any symptoms? (tick which applies)

_____ ☐ months ago ☐ years ago

Applicant 2 (continued)

iv. When did you last see your GP or specialist? (tick which applies)

_____ ☐ months ago ☐ years ago

v. When did you last have a seizure/fit? (tick which applies)

_____ ☐ months ago ☐ years ago

***If YES* to other condition of the nervous system**

i. What were you diagnosed with?

_____

ii. When was the diagnosis? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. What is your current treatment (including names of all medications, dosage and frequency)?

_____

iv. When did you last see your GP or specialist? (tick which applies)

_____ ☐ months ago ☐ years ago

v. When did you last have any symptoms? (tick which applies)

_____ ☐ months ago ☐ years ago

l. Eye condition, ear condition?

We don't need to know about simple long or short sightedness, treated by prescription lenses.

☐ Yes ☐ No

If YES

i. Please describe the condition:

_____

ii. What treatment have you had (or are you having) for the condition?

_____

☐ Yes ☐ No

If YES

i. Please describe the condition:

_____

ii. What treatment have you had (or are you having) for the condition?

_____

m. Gland or hormonal condition, for example thyroid problems?

☐ Yes ☐ No

If YES

i. What was the diagnosis?

_____

ii. When were you diagnosed? (tick which applies)

_____ ☐ months ago ☐ years ago

m. Gland or hormonal condition, for example thyroid problems?

☐ Yes ☐ No

If YES

i. What was the diagnosis?

_____

ii. When were you diagnosed? (tick which applies)

_____ ☐ months ago ☐ years ago

Life & Living Insurance Application

Applicant 1 (continued)

iii. When did you last have symptoms of the condition? (tick which applies)

_____ ☐ months ago ☐ years ago

iv. What treatment have you had (or are you having) for the condition?

n. Asthma, bronchitis, any other respiratory condition? ☐ Yes ☐ No

***If YES* to asthma**

i. Do you use a reliever inhaler more than twice a week? ☐ Yes ☐ No

ii. Have you been hospitalised, taken steroids (other than inhaler) or put on a nebuliser in the last 2 years? ☐ Yes ☐ No

iii. Do you work in a dusty environment or are you exposed to hazardous fumes or chemicals? ☐ Yes ☐ No

***If YES* to i, ii or iii.**

a) Please provide details, including age at diagnosis and all current medications with dosage and frequency:

***If YES* to other respiratory condition (e.g. bronchitis, pneumonia, emphysema, TB, sarcoidosis, COPD)**

i. Have you been hospitalised, given steroids or put on a nebuliser for the condition in the last 12 months? ☐ Yes ☐ No

o. Crohns, ulcerative colitis, reflux, any other digestive or bowel condition? ☐ Yes ☐ No

If YES

Crohns ☐ Yes ☐ No

Ulcerative colitis ☐ Yes ☐ No

***If YES* to either crohns or ulcerative colitis**

i. When did you last have symptoms? (tick which applies)

_____ ☐ months ago ☐ years ago

ii. What is your current treatment (including names of all medications, dosage and frequency?

Applicant 2 (continued)

iii. When did you last have symptoms of the condition? (tick which applies)

_____ ☐ months ago ☐ years ago

iv. What treatment have you had (or are you having) for the condition?

n. Asthma, bronchitis, any other respiratory condition? ☐ Yes ☐ No

***If YES* to asthma**

i. Do you use a reliever inhaler more than twice a week? ☐ Yes ☐ No

ii. Have you been hospitalised, taken steroids (other than inhaler) or put on a nebuliser in the last 2 years? ☐ Yes ☐ No

iii. Do you work in a dusty environment or are you exposed to hazardous fumes or chemicals? ☐ Yes ☐ No

***If YES* to i, ii or iii.**

a) Please provide details, including age at diagnosis and all current medications with dosage and frequency:

***If YES* to other respiratory condition (e.g. bronchitis, pneumonia, emphysema, TB, sarcoidosis, COPD)**

i. Have you been hospitalised, given steroids or put on a nebuliser for the condition in the last 12 months? ☐ Yes ☐ No

o. Crohns, ulcerative colitis, reflux, any other digestive or bowel condition? ☐ Yes ☐ No

If YES

Crohns ☐ Yes ☐ No

Ulcerative colitis ☐ Yes ☐ No

***If YES* to either crohns or ulcerative colitis**

i. When did you last have symptoms? (tick which applies)

_____ ☐ months ago ☐ years ago

ii. What is your current treatment (including names of all medications, dosage and frequency?

Life & Living Insurance Application

Applicant 1 (continued)

iii. Has any surgery been required to manage the condition?

☐ Yes ☐ No

***If YES* to iii.**

a) When was the surgery? (tick which applies)

_____ ☐ months ago ☐ years ago

***If YES* to reflux**

i. When were you diagnosed? (tick which applies)

_____ ☐ months ago ☐ years ago

ii. Have you been diagnosed with Barrett's oesophagus?

☐ Yes ☐ No

iii. When did you last have symptoms? (tick which applies)

_____ ☐ months ago ☐ years ago

iv. What is the frequency of your symptoms?

v. What is your current treatment (including names of all medications, dosage and frequency

vi. Have you had any investigations (e.g. endoscopy)?

☐ Yes ☐ No

***If YES* to vi.**

a) Please provide dates and details:

***If YES* to other digestive or bowel condition**

i. Is this irritable bowel syndrome, as diagnosed by your doctor?

☐ Yes ☐ No

***If NO* to i.**

a) Please describe the condition:

b) When did you last have symptoms of the condition? (tick which applies)

_____ ☐ months ago ☐ years ago

ii. What is your current treatment (including names of all medications, dosage and frequency?

Applicant 2 (continued)

iii. Has any surgery been required to manage the condition?

☐ Yes ☐ No

***If YES* to iii.**

a) When was the surgery? (tick which applies)

_____ ☐ months ago ☐ years ago

***If YES* to reflux**

i. When were you diagnosed? (tick which applies)

_____ ☐ months ago ☐ years ago

ii. Have you been diagnosed with Barrett's oesophagus?

☐ Yes ☐ No

iii. When did you last have symptoms? (tick which applies)

_____ ☐ months ago ☐ years ago

iv. What is the frequency of your symptoms?

v. What is your current treatment (including names of all medications, dosage and frequency

vi. Have you had any investigations (e.g. endoscopy)

☐ Yes ☐ No

***If YES* to vi.**

a) Please provide dates and details:

***If YES* to other digestive or bowel condition**

i. Is this irritable bowel syndrome, as diagnosed by your doctor?

☐ Yes ☐ No

***If NO* to i.**

a) Please describe the condition:

b) When did you last have symptoms of the condition? (tick which applies)

_____ ☐ months ago ☐ years ago

ii. What is your current treatment (including names of all medications, dosage and frequency?

Life & Living Insurance Application

Applicant 1 (continued)

iii. Has any surgery been required to manage the condition?

☐ Yes ☐ No

***If YES* to iii.**

a) When was the surgery? (tick which applies)

_____ ☐ months ago ☐ years ago

Applicant 2 (continued)

iii. Has any surgery been required to manage the condition?

☐ Yes ☐ No

***If YES* to iii.**

a) When was the surgery? (tick which applies)

_____ ☐ months ago ☐ years ago

p. Kidney condition, bladder condition, reproductive condition (other than infertility), including any gynaecological or prostate conditions?

☐ Yes ☐ No

If YES

i. What is the condition?

_____

ii. When did you last have symptoms of the condition? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. What is your current treatment (including names of all medications, dosage and frequency?

_____

iv. Has any surgery been required?

☐ Yes ☐ No

***If YES* to iv.**

a) Please provide dates and details:

_____

☐ Yes ☐ No

If YES

i. What is the condition?

_____

ii. When did you last have symptoms of the condition? (tick which applies)

_____ ☐ months ago ☐ years ago

iii. What is your current treatment (including names of all medications, dosage and frequency?

_____

iv. Has any surgery been required?

☐ Yes ☐ No

***If YES* to iv.**

a) Please provide dates and details:

_____

4. Do you have any additional conditions or, in the last 5 years have you had any other medical consultations, investigations, tests, treatment or medication?

You don't need to tell us about colds or flu, infertility, or routine tests where the results are normal.

☐ Yes ☐ No

If YES

i. Please provide dates and details:

_____

☐ Yes ☐ No

If YES

i. Please provide dates and details:

_____

5. Are you considering seeking or have you been advised to seek any medical advice, tests or treatment for any medical condition including cold or flu symptoms, or have you been in contact with anyone diagnosed with novel coronavirus (COVID-19)?

☐ Yes ☐ No

If YES

i. Please provide dates and details:

_____

☐ Yes ☐ No

If YES

i. Please provide dates and details:

_____

Life & Living Insurance Application

Applicant 1 (continued)

Applicant 2 (continued)

6. Have any of your biological parents, brothers or sisters before the age of 60 suffered from diabetes, cancer, haemophilia, polycystic kidney disease, heart disease, stroke, muscular dystrophy, cardiomyopathy, Motor Neurone disease, Huntington's disease, Multiple Sclerosis, or any other hereditary condition?

If you're unsure, please answer 'yes' and provide details.

☐ Yes ☐ No

***If YES* to Mother, Father**

i. Please provide age at diagnosis and details of the condition (including type of cancer if known)

***If YES* to Brothers/Sisters**

i. Please provide details, including how many siblings you have, how many have the condition and details of the condition (including type of cancer if known)

☐ Yes ☐ No

***If YES* to Mother, Father**

i. Please provide age at diagnosis and details of the condition (including type of cancer if known)

***If YES* to Brothers/Sisters**

i. Please provide details, including how many siblings you have, how many have the condition and details of the condition (including type of cancer if known)

7. How many standard drinks of alcohol would you have in a typical week?

A standard drink is 250 mls of beer, 1 small glass of wine (100ml) or 1 measure of spirits

_____ standard drinks of alcohol per week

_____ standard drinks of alcohol per week

8. Have you ever used any drug or substance in the last 10 years other than as prescribed by a doctor?

You don't need to answer yes for over-the-counter legal products like Panadol you may have purchased at the pharmacy or supermarket or if you use cannabis no more than once a week.

☐ Yes ☐ No

If YES

i. Please provide details of the drug or substance, frequency of use and date of last use:

☐ Yes ☐ No

If YES

i. Please provide details of the drug or substance, frequency of use and date of last use:

9. Do you currently participate in, or have definite plans to participate in any hazardous pursuits or activities, e.g. motor sports, aviation (other than as a fare paying passenger on a licenced airline), diving to greater than 30m, martial arts, skydiving etc.?

☐ Yes ☐ No

If YES

i. Please provide activity details, including how often you participate and whether you participate outside of New Zealand or Australia:

☐ Yes ☐ No

If YES

i. Please provide activity details, including how often you participate and whether you participate outside of New Zealand or Australia:

Life & Living Insurance Application

Applicant 1 (continued)

10. Do you intend to work, live or travel overseas?

☐ Yes ☐ No

If YES

i. Please provide details of destination, duration and purpose:

If you're applying for Income Protection Illness cover, please complete these additional questions (11-15)

11. What is your job title, name of employer, type of industry you work in and current occupational duties of your main occupation?

12. Do you have a secondary occupation?

☐ Yes ☐ No

If YES

i. Please provide details of this occupation including how many hours a week you work and your duties:

13. Do you have definite plans to change your occupation?

☐ Yes ☐ No

If YES

i. What do you intend to change your occupation to?

ii. What would your new duties be?

14. In the last 5 years have you been off work with a health-related condition for more than 1 week?
Health-related conditions include anything impacting on your physical or mental health.

☐ Yes ☐ No

If YES

i. Please provide details:

15. Are you currently off work with a health-related condition?

☐ Yes ☐ No

If YES

i. Please provide details:

Applicant 2 (continued)

10. Do you intend to work, live or travel overseas?

☐ Yes ☐ No

If YES

i. Please provide details of destination, duration and purpose:

If you're applying for Income Protection Illness cover, please complete these additional questions (11-15)

12. Do you have a secondary occupation?

☐ Yes ☐ No

If YES

i. Please provide details of this occupation including how many hours a week you work and your duties:

13. Do you have definite plans to change your occupation?

☐ Yes ☐ No

If YES

i. What do you intend to change your occupation to?

ii. What would your new duties be?

14. In the last 5 years have you been off work with a health-related condition for more than 1 week?
Health-related conditions include anything impacting on your physical or mental health.

☐ Yes ☐ No

If YES

i. Please provide details:

15. Are you currently off work with a health-related condition?

☐ Yes ☐ No

If YES

i. Please provide details:

Life & Living Insurance Application

Applicant 1 (continued)

Applicant 2 (continued)

8. Doctor's details

What's the name of your medical practice?

What's the name of your doctor?

Address of medical practice or doctor

Postcode

What's the name of your medical practice?

What's the name of your doctor?

Address of medical practice or doctor

Postcode

9. Premium payment details

Payment method

☐ **Direct Debit** – Please complete the Direct Debit Authority in section 11

☐ **Credit card** – Select this payment type if you would like to pay by credit card. We will contact you to arrange your credit card payments. Please note, we accept monthly payments only from Visa and Mastercard.

10. Final steps

In signing below, you confirm that:

- the information you've provided is true and correct
- you agree to let us know if any of the information you've given us changes, or if there's any new information about your health and lifestyle that comes up before the start date of your insurance. If you don't tell us, there may be an issue later with your cover or claim
- you authorise nib nz insurance limited to obtain information such as your medical records and disclose your personal information to other parties identified in section 6, including your financial adviser, where applicable.

No insurance is in place at this time. However, until your application is accepted, nib nz insurance limited provides you with Temporary Accidental Death Cover. If you die from a non-medical, unexpected accidental injury, nib nz insurance limited will pay any Life Cover you've applied for and/or Funeral Expenses cover of $15,000 (up to a maximum of $500,000). This cover is subject to terms and conditions including circumstances which are and aren't covered, who we'll pay and when the cover ends. The full terms and conditions are available on the nib website under Apply for Life & Living Insurance.

nib nz insurance may pay fees to third parties for referrals or for arranging Life & Living Insurance or making financial advice available on Life & Living Insurance (as applicable). You can find more information about this at **nib.co.nz/about-nib/financial-advice/** and from your financial adviser.

If you change your mind after the insurance starts, and you let us know you want to cancel it within 30 days of the start date, you'll get a refund of any of the premiums you've paid.

Applicant 1: Full name of life insured

Applicant 1 signature

Date

Applicant 2: Full name of life insured

Applicant 2 signature

Date

Life & Living Insurance Application

nib nz insurance limited has an A- (Strong) Financial Strength Rating from S&P Global Ratings Australia Pty Ltd.

Standard & Poor's rating scale

Rating	Description
AAA	Extremely Strong
AA	Very Strong
A	Strong
BBB	Good
BB	Marginal
B	Weak
CCC	Very Weak
CC	Extremely Weak
SD or D	Selective Default or Default
R	Regulatory Action
NR	Not Rated

Ratings from 'AA' to 'CCC' may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories. The rating scale above is in summary form. A full description of the rating scale can be found at **standardandpoors.com**

11. Direct Debit Authority

Bank account details

The account I/we want the money to come from: **Bank account number**

Bank account name

To: The Bank Manager

Name of bank

Name of branch

Town/city

Initiator's authorisation code

3	8	0	0	1	3	3

Information that will appear on your statement

N	I	B		N	Z		I	N	S		

Payer particulars

P	O	L	I	C	Y		N	O	#		

Payer code

R	E	F		N	O	#					

Payer reference

Payment frequency

☐ Fortnightly ☐ Monthly

Preferred payment date

Life & Living Insurance Application

Authorisation

I/we authorise you to debit my/our account with the amounts of direct debits from 'nib nz insurance limited' 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.

Authorised signature 1 | Authorised signature 2 | Date

Please return the completed form to lifeservice@nib.co.nz

Specific conditions relating to the notices and disputes

1. The initiator is required to give me a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before 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 initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give me notice no less than 10 calendar days before the change.
2. If my bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the original dishonour, the initiator is not required to give me a second notice of the amount and date of the direct debit.
3. 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.
4. I may ask my bank to reverse a direct debit up to 9 months after the date the initiator sent the first direct debit under the authority if I am not reasonably satisfied that the authority authorised my bank to debit my account with the amount of the direct debit.

RESET

Bank use only – Original – retain at Bank

Approved 0013		Date received	Recorded by	Checked by	BANK STAMP
03	22				

Need help?

Call: **0800 555 642 (option 3)**

Email: **lifeservice@nib.co.nz**

Please return your completed form via

Email:
lifeservice@nib.co.nz

nib41052O 0623

Life & Living Insurance Application

For ADVISER USE ONLY

Adviser UAN

Adviser name

Adviser email

Name of Adviser Business that has Intermediary Agreement with nib

Is the applicant applying for nib Health alongside this application or do they have an existing nib Health policy?

☐ Yes ☐ No

☐ **Have you attached a Life & Living Insurance quote?**

☐ **Accreditation done?**

☐ **Variation to the nib Intermediary Agreement signed and returned?**

Business replacement

Where the applicant has existing life insurance cover, do you confirm that: you have provided the applicant with all necessary information and advice to make an informed decision to move their insurance to nib, or replace an existing nib policy?

☐ Yes ☐ No

This change is in the best interest of the applicant?

☐ Yes ☐ No

Any other comments: