

# Declaration of health



Policy number

Adviser use only: Adviser number

This application is for:

☐ **Reinstating a lapsed health insurance policy:**

This applies when a policy has fallen into arrears. If nib agrees to reinstate the policy, it will be reinstated on the terms and conditions of the original policy. However, additional terms may be added as a result of health conditions arising since the date the policy was paid up to prior to cancellation (paid to date).

Please complete this declaration with information arising since policy was paid up to.

☐ **Renewing an original application for health insurance:**

This applies when an original application for health insurance was signed more than six weeks ago. This Declaration of Health must be completed, signed and returned to nib within three months of the date the original application was signed otherwise a full application form will be required.

Please complete this declaration with information arising since signing the application.

Paid to date

Date of original application

## 1.0 Personal details

### 1.1 Policyowner one

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr  
☐ Other:

Surname

First name(s)

Contact details

Home phone ( )

Work phone ( )

Mobile ( )

Fax ( )

Email

Address details

Street number

Street name

Suburb

Town / City

Postcode

### 1.2 Policyowner two (if applicable)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr  
☐ Other:

Surname

First name(s)

Contact details

Home phone ( )

Work phone ( )

Mobile ( )

Fax ( )

Email

### 1.3 Additional people to be insured

Full name

Full name

Full name

Full name

Full name

If there are more people to be insured, please provide their details on a separate Declaration of Health.

## 2.0 This section must be completed for all people to be insured on this Declaration of Health

Since the cancellation date of the existing policy or the date the original application was signed (whichever applies), has any person named on this declaration of health:

	First applicant:	Second applicant:	Child one:	Child two:	Child three:	Child four:
(a) Suffered any illness or injury	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(b) Consulted any medical professional, e.g. doctor, specialist, physiotherapist etc, or any current intention to consult a medical professional	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(c) Been admitted to hospital for any reason or been advised that a hospital admission or diagnostic or investigative tests may be required in the future	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(d) Been prescribed or taken regular medication	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(e) Had an application for health or life insurance declined or accepted on non-standard terms, e.g. an exclusion or additional premium applied	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

If you have answered "Yes" to any of the questions above, please provide further details on the next page.

## 2.1 Additional information

If you have answered 'Yes' to any of the questions in 2.0, please provide full details below:

Question number	Name of person to be insured	Date of consultation	Please provide full details of nature, dates and duration of illness, treatment received, name and address of the doctor consulted
		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	
		d d m m y y y y	
		d d m m y y y y	

## 3.0 Important information and declaration

### Commencement of the policy

Cover will commence on the date shown on the acceptance certificate as the commencement date (new policy), effective date (changes to policy) or join date (new person on policy) (as applicable), subject to any waiting period.

### Privacy Act 1993 and Health Information Privacy Code 1994

This application collects your personal and health information.

The information we collect is used to:

- provide benefits for health and related services;
- determine eligibility to provide or receive an nib health or related service;
- administer this policy; and
- promote or market our current and future health and related services.

In providing our health and related services and using personal information in accordance with this policy, we may be required to disclose an insured person's personal information to:

- Other nib companies.
- Your financial adviser.
- Health service providers including private health insurers, recognised private hospitals and public hospitals, doctors and medical specialists, and professional medical authorities, including the ACC and the Ministry of Health.
- Our contractors and service providers performing services including (but not limited to) legal services, marketing, market research, mail house services, and product development services.
- Our existing and future strategic partners in respect of co-branded covers and services.

Each policyowner and insured person authorises the collection of this information and the disclosure of this information by such parties for the purposes set out above.

We may also be required to disclose an insured person's personal information to

other individuals on their nib policy, or to individuals to whom the insured person has granted authority to act on their behalf. You authorise us to share information with other individuals on the policy.

The accuracy of personal information is important to us. We will take reasonable steps to ensure an insured person's personal information is accurate, complete and up-to-date. We rely on the insured person to advise of any changes to their contact details and any other personal information. Where possible please provide an email address. If an insured person believes that any personal information we hold is not accurate, complete or up-to-date, the insured person should contact us immediately.

Your personal information is collected and held by nib nz limited at 48 Shortland Street, Auckland.

### Policy terms

The illustration attached to this application forms part of the application and sets out the nib cover that you are applying for. The terms of your policy are set out in the Contract of Insurance for the nib cover you have selected. nib may accept the application on non-standard terms and this will be set out in the acceptance certificate or renewal certificate (whichever is the later). A 14-day free-look period applies to all nib covers. Each nib cover can be amended from time to time in accordance with its terms.

### All information is true and correct

Each policyowner and insured person declares that all information given by them is true, correct and complete. If it is not, we may, at our discretion, cancel this policy from the commencement date, effective date or join date (as applicable). If we cancel this policy, any premiums paid may be retained by us. If we have already made any claims payments, we may recover these from the policyowner.

If you have provided information on behalf of another person, you confirm that you are authorised to do so.

## Signatures

To be signed by all policyowner(s) and applicant(s) aged 16 and over named in this Declaration of Health. To be signed on behalf of all applicants under age 16 by the relevant applicant's parent / legal guardian. Before signing, please ensure that you have answered all the questions and have read and understood the 'Important information and declaration' above.

Full name of applicant(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