

# Smoking Status Questionnaire



Policy number

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Date

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**Note:** The following question must be answered by each person(s) on the above policy where the insured person is aged 21 years or older

## 1.0 Insured person's details

1 Insured person's name (please print full name)

Have you smoked any form of tobacco or any other substance in the last 12 months?

☐ Yes ☐ No

2 Insured person's name (please print full name)

Have you smoked any form of tobacco or any other substance in the last 12 months?

☐ Yes ☐ No

3 Insured person's name (please print full name)

Have you smoked any form of tobacco or any other substance in the last 12 months?

☐ Yes ☐ No

4 Insured person's name (please print full name)

Have you smoked any form of tobacco or any other substance in the last 12 months?

☐ Yes ☐ No

You have an important duty to ensure that the information you just provided is complete and correct. If you make any false declaration it may result in the policy being avoided from the commencement date and nib not paying any claim.

## 2.0 Privacy Act Requirements

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

nib is collecting information about you or anyone named in this form to evaluate, administer and assess your benefits. 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, mail house services and product development services.
- Our existing and future strategic partners in respect of co-branded covers and services.

You have the right to access and correct your personal information under the Privacy Act 1993 and the Health Information Privacy Code 1994. If you believe that any personal information we hold is not accurate, complete or up-to-date, you should contact us immediately. The information is being collected and held by nib whose contact details are set out at the bottom of this page.

## 3.0 What do I do next?

Please complete, sign and return this questionnaire to nib in the enclosed postage paid envelope or to the address shown below.

### Signature

Each policyowner and insured person signing below declares that all the information given by them is true, correct and complete.

Full name

Date

Signature

Sign here