

Office use only:

Policy number

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Adviser number

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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 less than 4 months please call 0800 123 642.

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
 Excess: Nil \$250 \$500 \$1,000
 \$2,000 \$4,000 \$6,000
 Options: Proactive Health Option
 Serious Condition Lump Sum Option:
(This option is only available to applicants age 18 and over)
 \$20,000 \$50,000
 Title Mr Mrs Ms Miss Dr
 Other:
 Surname
 First name(s)
 Date of birth

d	d	m	m	y	y	y	y
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 Gender Male Female
 Height (cm)

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 Weight (kg)

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 Have you smoked any form of tobacco or any other substance in the last 12 months? Yes No
 Are you a permanent New Zealand resident/citizen 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

Home phone ()
 Work phone ()
 Mobile ()
 Email

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

Address details (physical)

Street number
 Street name
 Suburb
 Town / City
 Postcode

1.2 Personal details – second applicant (if applicable)

Policyowner Yes No
 Applying to be insured? Yes No
 Excess: Nil \$250 \$500 \$1,000
 \$2,000 \$4,000 \$6,000
 Options: Proactive Health Option
 Serious Condition Lump Sum Option:
(This option is only available to applicants age 18 and over)
 \$20,000 \$50,000
 Title Mr Mrs Ms Miss Dr
 Other:
 Surname
 First name(s)
 Date of birth

d	d	m	m	y	y	y	y
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 Gender Male Female
 Height (cm)

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 Weight (kg)

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 Have you smoked any form of tobacco or any other substance in the last 12 months? Yes No
 Are you a permanent New Zealand resident/citizen 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

Home phone ()
 Work phone ()
 Mobile ()
 Email

Address details (mailing – if different)

Street / Box number
 Street name
 Suburb
 Town / City
 Postcode

Advisers – please attach an nib illustration here.

Note: Additional applicants cannot be policyowners.

1.3 Personal details – applicants under age 16

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

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

Option: Proactive Health Option

Surname

First name(s)

Gender Male Female

Date of birth

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

Height (cm)

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 Weight (kg)

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Applicant details

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

Option: Proactive Health Option

Surname

First name(s)

Gender Male Female

Date of birth

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

Height (cm)

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 Weight (kg)

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Applicant details

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

Option: Proactive Health Option

Surname

First name(s)

Gender Male Female

Date of birth

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

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

Height (cm)

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 Weight (kg)

--	--	--	--	--	--

Applicant details

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

Option: Proactive Health Option

Surname

First name(s)

Gender Male Female

Date of birth

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

Height (cm)

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 Weight (kg)

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1.4 Personal details – applicants aged 16 and over

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

Applicant details

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

Options: Proactive Health Option

Serious Condition Lump Sum Option:
(This option is only available to applicants age 18 and over)
 \$20,000 \$50,000

Surname

First name(s)

Gender Male Female

Date of birth

d	d	m	m	y	y	y	y
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Have you smoked any form of tobacco or any other substance in the last 12 months? Yes No

Are you a permanent New Zealand resident/citizen 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.

Height (cm)

--	--	--	--	--	--

 Weight (kg)

--	--	--	--	--	--

Home phone ()

Work phone ()

Mobile ()

Email

Applicant details

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

Options: Proactive Health Option
 Serious Condition Lump Sum Option:
(This option is only available to applicants age 18 and over)
 \$20,000 \$50,000

Surname

First name(s)

Gender Male Female

Date of birth

d	d	m	m	y	y	y	y
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Have you smoked any form of tobacco or any other substance in the last 12 months? Yes No

Are you a permanent New Zealand resident/citizen 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.

Height (cm)

--	--	--	--	--	--

 Weight (kg)

--	--	--	--	--	--

Home phone ()

Work phone ()

Mobile ()

Email

2.0 Premium payment details

If the payment date and the start date of your policy are not in the same payment cycle, you may pay a double deduction.

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
(not available for credit cards)

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 day between the 1st and 28th for payments to be deducted:

Date

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

2.2 Credit Card

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 Commencement date

The commencement date is the date the application is received by nib or an alternative date nominated by you or us. The nominated commencement 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 commencement date

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

3.0 Pre-existing conditions

Easy Health does not cover any pre-existing conditions for the first three years 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 medical condition that occurs on or before the date:

- this policy commences, or
- the particular cover for an insured person commences, or
- the insured person is added to the policy whichever is applicable, and
 - which you or any insured person was aware of; or
 - of which you or any insured person had the first indication that something was wrong; or
 - for which you or the insured person sought investigation or medical advice; or
 - where the medical condition, or the sign or symptom of the medical condition existed that would cause a reasonable person in the circumstances to seek diagnosis, care or treatment.

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

We will not pay a claim for any medical condition occurring within the first three years after the commencement date, effective date or the join date (whichever is applicable) that is connected in any way with a pre-existing condition before the applicable date.

3.3 Pre-existing conditions – what we do not pay for at any time

3.3(a) Cardiovascular, cancer, hip or knee and back conditions

We will not pay any claim:

Cardiovascular condition:

- 3.3(a).1 That is connected in anyway with a pre-existing condition that relates to congenital or acquired diseases / disorders of the:
- heart (e.g. heart failure);
 - coronary arteries (e.g. angina and heart attack);
 - heart valves (e.g. rheumatic valve disease);
 - arteries (e.g. aneurysms, clots).
- 3.3(a).2 For any diseases/disorders of the:
- heart (e.g. heart failure);
 - coronary arteries (e.g. angina and heart attack);
 - heart valves (e.g. rheumatic valve disease);
 - arteries (e.g. aneurysms, clots),
- where any of the following medical circumstances applied to the insured person at the commencement date, effective date or the join date, (whichever is applicable) where an insured person is added to this policy:
- Diabetes of over 10 years' duration; or
 - Diabetes of any duration if associated with either of the following risk factors:
 - High blood pressure greater than 170/100 (the average recording taken over three years prior to application); or
 - Blood cholesterol greater than 9 mmol/L (the average of tests taken over three years prior to application)

Or

- BMI (Body Mass Index) score of over 30 at any time during the three-year period prior to application. BMI is determined by weight in

kilograms divided by height (in metres squared). For example, a person with a height of 1.8 metres and a weight of 100 kilograms would have a BMI of 30.9:

$$\frac{100 \text{ kg}}{1.8 \text{ m} \times 1.8 \text{ m}} \quad \text{BMI} = 30.9; \text{ or}$$

- Abnormal blood lipids where the average HDL (high density lipoprotein) ratio from all fasting cholesterol tests taken during the 12 months prior to application is over 5.5. The HDL ratio is part of a standard cholesterol test result. For example, a person with total cholesterol of 7 mmol/L and an HDL of 1.2 mmol/L would have an HDL ratio of 5.8:

$$\frac{7 \text{ mmol/L}}{1.2 \text{ mmol/L}} \quad \text{HDL ratio} = 5.8$$

If 3.3(a).1 or 3.3(a).2 above apply this means, for example (but not limited to): we will not pay for investigations by angiography, Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Positron Emission Tomography (PET), Radio-isotope imaging, stress echocardiography and arterial ultrasonography, or procedures for angioplasty, stenting, coronary artery bypass operation, valve replacement/valvuloplasty or reconstructive cardiac surgery, which arise from a cardiovascular condition.

Cancer:

That is connected in anyway with a pre-existing condition that relates to any cancer diagnosed or treated including (but not limited to): melanoma, leukaemia, lymphoma or invasive cancer of the cervix.

This does not apply to pre-malignant pre-existing conditions (for example, but not limited to HIGIL, CIN-2 or CIN-3 of the cervix, polyps of the bowel, melanoma in situ, basal cell carcinoma, squamous cell carcinoma) if there has been appropriate treatment from a registered specialist who is suitably qualified to carry out that treatment. If treatment has not been undertaken, investigations of, and treatment for, a pre-malignant pre-existing condition are not covered.

Hip or knee condition:

That is connected in any way with a pre-existing condition that relates to any degenerative condition or disease of, or injury to, a hip or knee.

The cost of any prostheses from a pre-existing condition of these joints is also not covered.

For example (but not limited to): we will not pay for reconstructive, reparative or replacement surgery of either hip or knee or any investigations by Magnetic Resonance Imaging (MRI), bone scans and arthroscopy, which arises from a pre-existing condition of the hip or knee.

Back condition:

That is connected in any way with a pre-existing condition that relates to any condition of or injury of 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) and the joints of the spine.

For example (but not limited to): we will not pay for investigations by Magnetic Resonance Imaging (MRI),

5.0 Important information and declaration

Commencement of the policy

Cover will commence on the date shown in 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 a 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 collect information from or 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 from and the disclosure of this information to 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, correct and complete

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

Note: Before signing, please ensure you have answered all the questions and have read and understood section 3.0 'Pre-existing conditions' and section 5.0 '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 18 and over. Policyowner(s) are also signing on behalf of all dependent children under age 16.


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

Adviser details

Adviser number		To speed up acceptance of this application, may we contact your customer direct for further information?
Agreement number	B	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Upfront <input type="radio"/> Hybrid or <input type="radio"/> Spread		Name of adviser
Note: If left unticked, upfront will be selected by default.		Phone ()
<input type="radio"/> 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.		

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)		
For more information, visit www.spratings.com/understanding-ratings			

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: / /

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
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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 / /

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: newbusinessteam@nib.co.nz

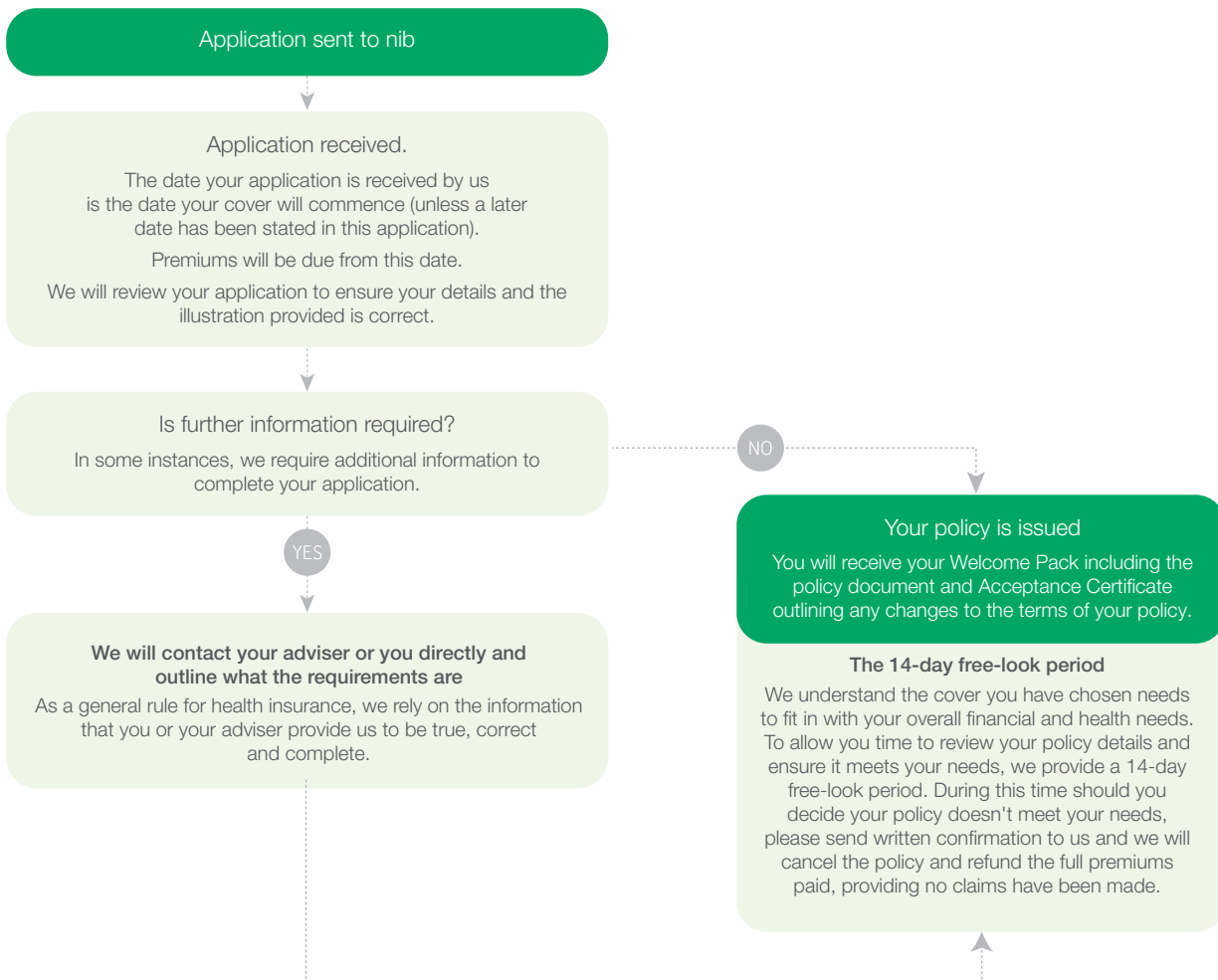
Checklist

Please check that you have completed the following:

- Answered all the questions
- Carefully read and understood sections 3.0 'Pre-existing conditions' and 5.0 '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.
- For advisers: An nib illustration is 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 call us on **0800 123 nib** (0800 123 642).





For more information

nib nz limited

PO Box 91630, Victoria Street West, Auckland 1142

Phone: 0800 123 nib (0800 123 642)

Fax: 0800 345 134

Email: newbusiness@nib.co.nz

nib.co.nz