

This form is to be used in conjunction with an nib Ultimate Health Max / Ultimate Health application form for each adult applicant who has also completed the full health questionnaire in an AIA application form within the last 30 days. Completing this form allows nib to use the information you have already provided to AIA. Please attach a copy of the AIA application. If we require any further information, we will get in contact with you.

1.0 Applicants (only adults who have also applied for AIA insurance within the last 30 days)

Surname	Surname
First name(s)	First name(s)

Important: This is a material part of your nib Ultimate Health / Ultimate Health Max application. You must disclose details of any sign, symptom, treatment or surgery of any medical condition. When in doubt, disclose. If you experience any change in health before you receive your acceptance certificate you must let us know.

2.0 Health conditions

Have you ever been diagnosed with, had signs, symptoms, treatment or surgery of, or you are currently experiencing any of the following (whether or not medical advice has been sought)?

	Applicant name	Applicant name
a. Any breathing problems including, chest, or bronchitis, TB, emphysema (If "Yes", please complete the "Asthma or Respiratory Disorders" questionnaire in the nib application section 4.1)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. Kidney stones or kidney infections (If "Yes", please complete the "Additional Health Information" questionnaire in the nib application section 3.2)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Multiple sclerosis, dizzy spells, head injury, Parkinson's disease or transient ischaemic attack (If "Yes", please complete the "Neurological Disorders" questionnaire in the nib application section 4.2)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
d. Rheumatism, or any disease or disorder, injury or ongoing pain to, tendons or joints, including hips, shoulders, back, neck, knees or wrists (If "Yes", please complete the "Musculoskeletal Disorders" questionnaire in the nib application section 4.3)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
e. Colitis, ongoing abdominal pain, or any other disease / disorder of the gastro-intestinal tract, pancreas (If "Yes", please complete the "Additional Health Information" questionnaire in the nib application section 3.2)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
f. High blood pressure and / or raised cholesterol (If "Yes", please complete the Additional Health Information questionnaire in the nib application section 3.2) (If "Yes", please complete the "High Blood Pressure or Raised Cholesterol" questionnaire in the nib application section 4.4)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
g. Reflux or difficulty with swallowing (If "Yes", please complete the "Indigestion, Reflux or Undiagnosed Chest Pain" questionnaire in the nib application section 4.6)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
h. Breast lump, abscess or ulcer (If "Yes", please complete the "Cysts, Lesions or Tumours" questionnaire in the nib application section 4.7)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
i. Psoriasis, eczema or any other disorder of the skin, or any other allergic or chemical sensitivity reaction (If "Yes", please complete the "Additional Health Information" questionnaire in the nib application section 3.2)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
j. Rectal bleeding, or any glandular condition (If "Yes", please complete the "Additional Health Information" questionnaire in the nib application section 3.2)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

	Applicant name	Applicant name
k. Eye disease other than wearing glasses (e.g. cataracts or glaucoma) (If “Yes”, please complete the “Additional Health Information” questionnaire in the nib application section 3.2)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
l. Disease including sinusitis, recurrent sore throat, tonsillitis, or hay fever (If “Yes”, please complete the “Ear Disorders” and “Nose, Sinus and Throat Disorders” questionnaire in the nib application sections 4.8 and 4.9)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
m. Disease or disorder of the mouth / oral cavity including unerupted or impacted wisdom teeth (do not declare routine / orthodontic dental treatment) (If “Yes”, please complete the “Additional Health Information” questionnaire in the nib application section 3.2)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
n. Males only –increased urinary frequency or urgency, slow urinary stream or problems passing urine, or sexual dysfunction likely to require treatment (If “Yes”, please complete the “Additional Health Information” questionnaire in the nib application section 3.2)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
o. Females only – abnormal cervical smear, endometriosis, pelvic examinations, irregular, heavy or painful menstrual bleeding, miscarriages, pregnancy complications, abnormal mammograms, abnormal ultrasounds or pelvic organ prolapse (If “Yes”, please complete the “Additional Health Information” questionnaire in the nib application section 3.2)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
p. Other genito-urological disorders, including urinary tract infections, blood in the urine, hypospadias, or disease or disorder of the urethra, ureters, and testicles (If “Yes”, please complete the “Additional Health Information” questionnaire in the nib application section 3.2)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
q. Any other illness, injury, condition, medical treatment, surgery or medication not covered either above or in the corresponding AIA application form (If “Yes”, please complete the “Additional Health Information” questionnaire in the nib application section 3.2)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

3.0 Declaration

Declaration and authorisation to obtain and use information
I/We, the person(s) completing this nib supplementary information form, confirm that I/we:

- Understand and agree that the information I/we have provided in the AIA application will be provided to nib nz limited (nib) and will form part of the information nib will rely on in assessing my/our application for health insurance. The information I/we provided in the AIA application is deemed to have been provided directly by me to nib.
- I/We confirm and declare that there has been no change in my/our health since I/we made the AIA application or I/we have provided nib with details of the change(s).
- Agree that this application and any other information obtained/ provided about persons to be included on my/our plan forms the basis of the contract.
- Declare that the information I/we have given is correct and complete and that no material fact has been omitted. I/We undertake to advise nib of any health condition or event that may affect me/us or any of the other people named in this application or any relevant information that may affect the policy between the date I/we sign this application and the date the policy commences with nib.
- Declare that any information supplied in this supplementary information form, whether written by me/us or not, is true and accurate.
- Understand that the information provided in this Supplementary Information Form is subject to the same terms and conditions as contained in Section 6.0 of the nib Ultimate Health / Ultimate Health Max Application.
- Understand that AIA has no business connection with nib.

Signatures

Note: Before signing, please ensure you have answered all the questions and have read and understood Section 6.0 of the nib Ultimate Health / Ultimate Health Max Application.

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	