

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 Asteron Life application form within the last 30 days. Completing this form allows nib to use the information you have already provided to Asteron Life. Please attach a copy of the Asteron Life application. If we require any further information, we will get in contact with you.

1.0 Applicants (only adults who have also applied for Asteron Life 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 or chest problems (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. Neurological disease, dizzy spells, migraines, 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
c. Any disease or disorder, injury or ongoing pain to muscles, bones, tendons or joints (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
d. Rheumatic fever (If “Yes”, please complete the “Heart Condition” questionnaire in the nib application section 4.5)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
e. Indigestion, reflux, difficulty with swallowing or ongoing abdominal pain, or undiagnosed chest pain (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
f. Moles, skin or any other lesion, 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
g. Varicose veins, haemorrhoids, bleeding disorder (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
h. Eye disease or vision disorder 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
i. Disease of the ears, nose or throat including sinusitis, recurrent sore throat, tonsillitis, ear infections, 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

	Applicant name	Applicant name
j. 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
k. 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
l. Females only – endometriosis, pelvic examinations, irregular, heavy or painful menstrual bleeding, miscarriages, pregnancy complications, 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
m. Other genito-urological disorders, including urinary tract infections, blood in the urine, hypospadias, 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
n. Any other illness, injury, condition, medical treatment, surgery or medication not covered already in this nib or the corresponding Asteron Life 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 Asteron Life 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 Asteron Life 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 Asteron Life 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.

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	