

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 a Partners Life application form within the last 30 days. Completing this form allows nib to use the information you have already provided to Partners Life. Please attach a copy of the Partners 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 Partners 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 problems including the chest (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. 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. Gout, occupational overuse syndrome (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. Ulcers, colitis, ongoing abdominal pain, or any other disease / disorder of the, pancreas, or gall bladder (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
e. Hernia (e.g. hiatus, inguinal, umbilical or incisional) (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. Rheumatic fever, heart murmur (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
g. Indigestion, 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. Cyst, breast lump, 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
i. Any 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 bleeding disorder (e.g. anaemia or haemophilia) (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. Disease of the 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
l. 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
m. 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
n. Females only – endometriosis, pelvic examinations, irregular, heavy or painful menstrual bleeding, miscarriages, pregnancy complications, 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
o. Other genito-urological disorders, including urinary tract infections, blood in the urine, hypospadias, 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
p. Any other illness, injury, condition, medical treatment, surgery or medication not covered either above or in the corresponding Partners 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 Partners 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 Partners 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 Partners 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.
- Understand that Partners Life 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	