

Easy Health Application



Policy number

Adviser number

This application is for: A new policy Replacing an existing policy Reducing an excess Adding an option
 Adding an additional person 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

Option: Proactive Health Option
 Serious Condition Lump Sum Option:
(This option is only available to applicants age 16 and over)
 \$20,000 \$50,000

Title Mr Mrs Ms Miss Dr
 Other:

Surname

First name(s)

Date of birth

Gender Male Female

Height (cm) Weight (kg)

Have you smoked any form of tobacco, e-cigarettes, vaping 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

Option: Proactive Health Option
 Serious Condition Lump Sum Option:
(This option is only available to applicants age 16 and over)
 \$20,000 \$50,000

Title Mr Mrs Ms Miss Dr
 Other:

Surname

First name(s)

Date of birth

Gender Male Female

Height (cm) Weight (kg)

Have you smoked any form of tobacco, e-cigarettes, vaping 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

Adviser – please attach an nib illustration.

Note: Additional applicants cannot be policyowners.

1.3 Personal details – applicants under age 16

Note: A parent or legal guardian must sign the declaration on page 6 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

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

Height (cm) 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

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

Height (cm) 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

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

Height (cm) 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

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

Height (cm) Weight (kg)

1.4 Personal details – applicants aged 16 and over

Note: All applicants aged 16 and over must sign the declaration on page 6.

Applicant details

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

Option: Proactive Health Option
 Serious Condition Lump Sum Option:
(This option is only available to applicants age 16 and over)
 \$20,000 \$50,000

Surname _____
 First name(s) _____

Date of birth

Gender Male Female

Height (cm) Weight (kg)

Have you smoked any form of tobacco, e-cigarettes, vaping 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.

Home phone _____
 Work phone _____
 Mobile _____
 Email _____

Applicant details

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

Option: Proactive Health Option
 Serious Condition Lump Sum Option:
(This option is only available to applicants age 16 and over)
 \$20,000 \$50,000

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, e-cigarettes, vaping 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.

Home phone

Work phone

Mobile

Email

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

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 Direct Debit Authority on page 7

Weekly Fortnightly

(not available for credit cards)

Please select a day of the week for payments to be deducted:

Mon Tue 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

Select this payment type if you would like to pay by credit card. nib will contact you to arrange your credit card payments. Please note, nib will accept payments that are either monthly, quarterly, half yearly, and annually for Visa and Mastercard only.

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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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), Radioisotope 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), bone scan, Computerised Axial Tomography (CAT) scan, myelogram or procedures for discectomy and surgical implants for correction of scoliosis, which arise from a pre-existing condition of the back.

3.3(b) Transplant surgery

We will not pay any claim for transplant surgery which is connected in any way with a pre-existing condition.

3.3(c) Reconstructive or reparative procedures or surgery

We will not pay any claim for reconstructive or reparative procedures or surgery which is connected in any way with surgery performed before the commencement date, effective date or the join date (whichever is applicable) after an insured person is added to this policy.

3.4 Serious Condition Lump Sum Option

We will not pay any claim under this option for trauma conditions which are connected in any way with a pre-existing condition.

4.0 Additional notes and information

Applicant name: _____

Notes:

Applicant name: _____

Notes:

Applicant name: _____

Notes:

Applicant name: _____

Notes:

5.0 Business replacement

The Financial Advisers Act requires Advisers to exercise care, diligence and skill when providing clients with financial advice. That advice should include an accurate explanation of the differences between your existing and proposed policy/benefits, the advantages and disadvantages of switching, and the reasons why replacement is your best option.

Note: If your or a previously insured person's health has changed since the commencement date of the policy(ies) to be replaced, you may not be able to obtain the same acceptance terms. You'll need to contact the old insurer directly to cancel any existing policy. We strongly suggest you do not cancel any existing policy until everything necessary has been disclosed to nib, the new policy has been issued and you are happy that you and any previously insured persons are appropriately insured.

Business replacement advice

Is this application for health insurance to replace any existing health insurance policy for any of the lives insured, or any health insurance policy that has been cancelled in the last six months? Yes No

Applicant to confirm

I confirm that I have been provided with all the information and advice in relation to moving the health insurance for all lives insured to nib.

Adviser to confirm

I, _____ confirm that I have provided the applicant(s) all the necessary information and advice for them to make an informed decision to move their insurance to nib. I confirm that this change is in the best interests of the applicant(s).

6.0 Important information and declaration

Commencement of cover

Cover commences under the nib health policy on the date shown on the Acceptance Certificate for the applicable:

- commencement date (new policy), or
- effective date (changes to policy), or
- join date (new person on policy)

subject to any waiting period referred to in the policy.

Privacy Act 1993 and Health Information Privacy Code 1994

Collection and use

This Application collects each applicant's and insured person's personal and health information.

nib will use the information it collects as follows:

- to determine each applicant's and insured person's eligibility for the policies applied for, and
- to administer the policies, and
- to create and promote to the applicants and insured persons other nib products, and health related products of nib's business partners, and
- to consider claims and to provide the benefits under the policies.

Each applicant and insured person authorises nib to collect his or her personal and health information for any of the above uses from anyone else. Insurance law requires each applicant and insured person to comply with his or her duty of disclosure to nib when applying for insurance. To the extent nib collects personal and health information under that duty, the supply of it to nib is mandatory.

If any applicant or insured person fails to provide information required by the duty of disclosure, nib may decline the application or, if nib has issued a policy, it may have the right to cancel the policy retrospectively.

Intended recipients

The intended recipients of each applicant's and insured person's personal and health information are:

- nib and its related companies and business partners, and
- all other co-applicants named in this Application and all insured persons, and
- any applicant's authorised insurance adviser, and
- at claim time:
 - all necessary health service providers
 - any of nib's contractors assisting it with administering and meeting each applicant's and insured person's claim

Each applicant and insured person authorises nib to disclose his or her personal or health information to the intended recipients named above.

Access and correction

Each applicant and insured person has the right to access and correct his or her personal and health information held by nib.

nib nz limited, 48 Shortland Street, Auckland collects and holds the personal and health information.

All information provided is true and complete

Each applicant and insured person declares that:

- all the information he or she has provided in this Application is true and complete, and
- where he or she has provided information on behalf of a co-applicant and/or an insured person, he or she has the authority to do so.

Signature(s)

Note: Before signing, please ensure you have answered all the questions and have read and understood section 3.0 'Pre-existing conditions' and section 6.0 '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 16 and over. Policyowner(s) are also signing on behalf of all dependent children under age 16.

Full name of applicant(s)	Today'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

Agreement number

Upfront Hybrid or Spread

Note: If left unmarked, upfront will be selected by default.

The default process for all policy acceptance information is to be emailed to the client and a copy email to the Adviser. Please select here if you also want a hard copy of the Welcome Pack sent to you.

To speed up acceptance of this application, may we contact your customer direct for further information?


Yes No

Name of Adviser

Phone

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)		



Direct Debit Authority

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:

D	D	/	M	M	/	Y	Y	Y	Y
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Account information

Name of my account to be debited (acceptor)

Name of my bank

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Bank

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Branch

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

Account

--	--

Suffix

Initiator's Authorisation Code

0	6	5	4	4	8	3
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Approved

5448		11/17
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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:

D	D	/	M	M	/	Y	Y	Y	Y
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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: newbusinesssteam@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', 5.0 Business Replacement, 6.0 'Important information and declaration', and signed where requested on page 6.
- Completed 'Business Replacement' section 5
- Relevant payment details completed
- If any information has been completed on a separate sheet, it must be attached to this application, signed and dated
- For Advisers: a nib illustration is attached to the application

Next steps for your application

We want to make your application 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)

