

Additional Children Application

Policy number

Adviser use only: Adviser number

This application is for: Adding children over four months and under 16 years old to an existing health policy

1.0 Details of the policyowner and child(ren) to be insured (policyowner must be a parent or legal guardian of the children to be insured)

1.1 Policyowner details

Title <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Dr <input type="radio"/> Other:	Email
Surname	Street number / Name
First names	Suburb
Home phone ()	Town / City Postcode

1.2 Children to be insured

Surname	First name(s)	Relationship	Gender	Date of birth	Height (cm)	Weight (kg)
			<input type="radio"/> M <input type="radio"/> F	d d m m y y y y		
			<input type="radio"/> M <input type="radio"/> F	d d m m y y y y		
			<input type="radio"/> M <input type="radio"/> F	d d m m y y y y		

2.0 Health declaration

Note: This is a material part of your application. You must disclose details of any sign, symptom, treatment or surgery of any medical condition. When in doubt, disclose.

Has any child named on this application ever had any signs or symptoms (or currently being treated) for any of the following:	Child name:	Child name:	Child name:
(a) Epilepsy or neurological disease	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(b) Rheumatic fever, heart murmur, heart disorder or defect	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(c) Any breathing problems e.g. asthma, lung, chest, respiratory diseases, bronchitis or TB	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(d) Disorder, disease or injury to joints, including hips, shoulders, back, neck, knees, wrists or ankles	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(e) Skin disease or disorder e.g. lesions, eczema, psoriasis or cysts	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(f) Diabetes or insulin resistance	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(g) Cancer, tumour, or leukaemia	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(h) Hernia, e.g. hiatus, inguinal, umbilical or incisional	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(i) Kidney disorder, kidney infection, disorder of the genito-urinary system, or urinary infection	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(j) Oral surgery, disease or disorder of the teeth or gums	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(k) Tonsillitis, ear infection, grommet operation, or advised one may be necessary in the future	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(l) Liver disease or disorder	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(m) Disease or disorder of the gastro-intestinal tract	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(n) Eye disease or vision disorder other than wearing glasses (e.g. squint or lazy eye)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(o) Consulted any medical professional, e.g. doctor, specialist, physiotherapist etc, or any current intention to consult a medical professional	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(p) Been admitted to hospital for any reason or been advised that a hospital admission or diagnostic or investigative tests may be required in the future	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(q) Been prescribed or commenced medication	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

If you have answered "Yes" to any of the questions above, please provide further details on the next page.

Adviser – please attach an nib illustration.

If you have answered “Yes” to any of the questions in sections 2.0, please provide full details below:
Please use additional paper if required.

Question number	Name of child to be insured	Date of consultation								Please provide full details of nature, dates and duration of illness, treatment received, name and address of the doctor consulted
		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	
		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	
		d	d	m	m	y	y	y	y	

3.0 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 an 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 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 and the disclosure of this information by 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, 22 Fanshawe 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 and correct

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

Important: Before signing, please ensure that you have read and understood the 'Important information and declaration' above.

Signatures – policyowner(s)

To be signed by all policyowners.

Full name of policyowner(s)	Date	Signature of policyowner(s)
	d d m m y y y y	
	d d m m y y y y	

Signatures – applicants under age 16

To be signed on behalf of all applicants under age 16 by the relevant applicant's parent / legal guardian.

Note: The applicant must be eligible for publicly funded health services.

Full name of applicant(s)	Full name(s) of Parent / legal guardian(s)	Date	Signature of Parent / legal guardian(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	

Sign here