

Declaration of Health



Policy number

Adviser use only: Adviser number

This application is for:

Reinstating a lapsed health insurance policy:
This applies when a policy has fallen into arrears. If nib agrees to reinstate the policy, it will be reinstated on the terms and conditions of the original policy. You will need to complete a full application form if new health conditions have arisen since the date that premiums were paid up to on your cancelled policy. (paid to date). Additional terms may be added to your policy.

Renewing an original application for health insurance:
This applies when an original application for health insurance was signed more than six weeks ago. This Declaration of Health must be completed, signed and returned to nib within three months of the date the original application was signed otherwise a full application form will be required.
Please complete this declaration with information arising since signing the application.

Paid to date

Date of original application

1.0 Personal details

1.1 Policyowner one

Title Mr Mrs Ms Miss Dr Other:

Surname

First name(s)

Contact details

Home phone ()

Work phone ()

Mobile ()

Email

1.2 Policyowner two (if applicable)

Title Mr Mrs Ms Miss Dr Other:

Surname

First name(s)

Contact details

Home phone ()

Work phone ()

Mobile ()

Email

All correspondence will be sent to the email address of the policyowner(s). A valid email address must be provided.

1.3 Additional policyowners (if applicable)

Full name

Full name

Full name

Full name

Full name

If there are more people to be insured, please provide their details on a separate Declaration of Health.

2.0 This section must be completed for all people to be insured on this Declaration of Health

Since the cancellation date of the existing policy or the date the original application was signed (whichever applies), has any person named on this declaration of health	First applicant:	Second applicant:	Child one:	Child two:	Child three:	Child four:
(a) Suffered any illness or injury	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<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) 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	<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) 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	<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) Been prescribed or taken regular 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	<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) Had an application for health or life insurance declined or accepted on non-standard terms, e.g: an exclusion or additional premium applied	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<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.

2.1 Additional information

If you have answered 'Yes' to any of the questions in 2.0, please provide full details below:

Question number	Name of person 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	

3.0 Important information and declaration

Start of the policy

Cover will start on the date shown on the acceptance certificate as the start date (new policy), or join date (new person on policy) (as applicable), subject to any waiting period.

Privacy Act 2020 and Health Information Privacy Code 2020 Collection and use

This form collects each applicant's and insured person's personal and health information. nib will use the information it collects to:

- determine each applicant's and insured person's eligibility for the policies and options applied for, and
- administer the policies, and
- promote and/or market our current and future health and related services and health related products of nib's business partners, and
- consider claims and provide the benefits and health related services under the policies.

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

In providing our health and related services and using personal information, we may collect information from or disclose personal information to:

- 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 insurance adviser or other individual who a person has granted authority to access information on their behalf, and
- at claim time:
 - all necessary health service providers

- any of nib's contractors or service providers assisting it with administering and meeting each applicant's and insured person's claim

Each applicant and insured person authorises the collection of information from and the disclosure of information to the intended recipients named for the purposes set out above.

Access and correction

The accuracy of personal information is important to us. We will take reasonable steps to ensure a person's information is accurate, complete and up-to-date. We rely on the applicant and/or insured person to advise of any changes to their contact details and any other personal information. Each applicant and insured person has the right to access and correct their personal and health information held by nib. nib nz limited, 48 Shortland Street, Auckland collects and holds the personal and health information.

Policy terms

The illustration attached (if there is one) 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 start 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

To be signed by all policyowner(s) and applicant(s) aged 16 and over named in this Declaration of Health. To be signed on behalf of all applicants under age 16 by the relevant applicant's parent / legal guardian. Before signing, please ensure that you have answered all the questions and have read and understood the 'Important information and declaration' above.

Sign here

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	
	d d m m y y y y	
	d d m m y y y y	