

Non-Smoker Declaration



You can update your smoking status online, or using the nib app, it's easier and faster!

Policy number

Date

Note: This form can be used to change your smoking status to non-smoker.

1.0 Insured person's details

1	Insured person's name (please print full name)	Have you smoked any form of tobacco, e-cigarettes, vaping or any other substance in the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No
2	Insured person's name (please print full name)	Have you smoked any form of tobacco, e-cigarettes, vaping or any other substance in the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No
3	Insured person's name (please print full name)	Have you smoked any form of tobacco, e-cigarettes, vaping or any other substance in the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No
4	Insured person's name (please print full name)	Have you smoked any form of tobacco, e-cigarettes, vaping or any other substance in the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No

You have an important duty to ensure that the information you just provided is complete and correct. If you make any false declaration it may result in the policy being avoided from the start date and nib not paying any claim.

2.0 Privacy Act Requirements

Privacy Act 2020 and Health Information Privacy Code 2020

Collection and use

This form collects personal and health information. nib will use the information it collects to:

- 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.

- any policyowner's insurance adviser or other individual who a person has granted authority to access information on their behalf, and
 - all necessary health service providers
 - any of nib's contractors or service providers assisting it with administering and meeting each policyowner's and insured person's claim

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

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 policyowners and insured persons, and

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 policyholder(s) and/or insured persons to advise of any changes to their contact details and any other personal information. Each 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.

3.0 What do I do next?

Complete, sign and return this declaration via email to contactus@nib.co.nz

Signature

Each policyowner and insured person signing below declares that all the information given by them is true, correct and complete.

Full name	Date	Signature
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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