CHUBB®

Specific Injury Cover Application Form

When adding to an existing policy

Please read these instructions before completing this application form

What is your Duty of Disclosure

So that we can assess your application accurately, we need you to tell us all material information about you. Material information is information which may affect our decision to insure you, and may determine the terms and conditions that we offer you as a contract of insurance.

You must answer all of the questions in this application honestly. It also means telling us anything else about your present or past circumstances which may influence our assessment in any way.

You must also tell us if any of the information you provide in this application form changes, or if there is any other material change to your personal, medical, occupational or financial circumstances between the date you complete this application and the date we issue your cover.

Your duty of disclosure also applies if you make any alterations to your cover, or if your policy lapses, and you apply to have it reinstated.

What are the consequences of Non-Disclosure?

If you leave out material information or provide information that is untrue, incorrect or incomplete, we can avoid your cover from the outset (which means we treat your cover as though it never existed), decline your claim and/or alter the terms and conditions of the benefits covered.

If someone else is completing your application form on your behalf, please make sure you check the information is correct and that nothing's been left out. If you're not sure, ask us or your Adviser, before submitting this application to us.

Any reference to "we", "our" and "us" is to Chubb Life Insurance New Zealand Limited.

Only use this form if you're adding a Specific Injury Cover to an existing Assurance Extra, or Assurance Extra Business policy

This application form can only be used when adding Specific Injury Cover to an existing Assurance Extra, or Assurance Extra Business policy, where the minimum amount of qualifying cover is held.

If you're wanting to increase existing cover or apply for additional new cover along with Specific Injury Cover at the same time, please complete the full Chubb Life Application Form to apply for all benefits.

Financial advice

If you've received financial advice in respect of this application, your financial adviser is responsible for providing you with personalised financial adviser services. In doing so, your financial adviser would have taken into account your personal circumstances when recommending the appropriate insurance cover(s) for you.

If you're replacing an existing insurance cover, any benefits and costs involved in doing so would be covered within the financial advice provided by your financial adviser. This could include any additional limitations or restrictions in or established costs in setting up a new policy. If you have any questions in relation to the financial advice provided to you, please discuss these with your financial adviser.

Please ensure the following sections are completed

Adviser to complete

☐ SECTION A – Sum Insured Details

Applicant must complete

☐ SECTION B – Applicant's details

☐ SECTION C – Medical details

☐ SECTION D – Occupation Details

☐ SECTION E – Declaration and Consent

Applicant to complete if applicable

☐ SECTION F – Questionnaires

Section A - Sum Insured details

Adviser to complete

A1 – Specific Injury Cover details

Sum insured is selected in increments of $500 up to a maximum of $5,000. Please provide the amount of cover being applied for using the Monthly Premium Table below.

Sum Insured Amount $

Monthly Premium Amount $

The Monthly Premium Table outlines the monthly premiums by sum insured for Specific Injury Cover. These monthly premiums are current as at October 2021 and are subject to change. Please write the applicable sum insured and monthly premium amount in the appropriate boxes provided above.

Monthly Premium Table - Specific Injury Cover

Occupation Class	Occupation 1		Occupation 2		Occupation 3		Occupation 4		Occupation 5	
Sum Insured	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
$500	$1.04	$0.76	$1.19	$0.88	$1.35	$0.99	$1.45	$1.07	$1.35	$0.99
$1,000	$2.07	$1.52	$2.38	$1.75	$2.69	$1.98	$2.90	$2.13	$2.69	$1.98
$1,500	$3.11	$2.29	$3.57	$2.63	$4.04	$2.97	$4.35	$3.20	$4.04	$2.97
$2,000	$4.14	$3.05	$4.76	$3.50	$5.39	$3.96	$5.80	$4.27	$5.39	$3.96
$2,500	$5.18	$3.81	$5.96	$4.38	$6.74	$4.96	$7.25	$5.34	$6.74	$4.96
$3,000	$6.22	$4.57	$7.15	$5.26	$8.08	$5.95	$8.70	$6.40	$8.08	$5.95
$3,500	$7.25	$5.33	$8.34	$6.13	$9.43	$6.94	$10.15	$7.47	$9.43	$6.94
$4,000	$8.29	$6.10	$9.53	$7.01	$10.78	$7.93	$11.60	$8.54	$10.78	$7.93
$4,500	$9.32	$6.86	$10.72	$7.88	$12.12	$8.92	$13.05	$9.60	$12.12	$8.92
$5,000	$10.36	$7.62	$11.91	$8.76	$13.47	$9.91	$14.50	$10.67	$13.47	$9.91

Any application for insurance with Chubb Life Insurance New Zealand Limited (Chubb Life) is subject to acceptance by Chubb Life following receipt of a completed application and all other required information. The monthly premium amount selected and stated above is subject to approval of this completed application and may differ if the incorrect occupation class, gender or sum insured have been used when selecting the premium from the table above.

A2 – Adviser details

Name

Company | Email

Contact Number | Adviser Code | FSP #

Section B - Applicant's details

Applicant must complete

B1 – A separate application form must be completed for each life assured

Details of life to be assured

Title Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐

First name | Middle name

Family name | Previous name (if applicable)

Date of birth DD / MM / YYYY | Gender

Email address

Home address

Postal address (if different)

Phone HOME | WORK | MOBILE

Current Occupation | Industry

May one of our staff contact you by phone or via email if we require further information?

Yes – Phone or Email ☐ Yes – Phone only ☐ Yes – Email only ☐ No ☐

B2 – Existing Policy Details

To be eligible to add specific injury to an existing policy, the relevant qualifying cover must already be in place. Please provide the policy number and details of the existing cover that this Specific Injury Cover will be added to.

In adding this Specific Injury Cover to your existing policy, the policy ownership and payment details will be the same as under that policy.

Policy Number

Cover Type	Current Sum Insured
	$
	$
	$
	$

B3 - Lifestyle Details

1. Do you have any intention of travelling (other than for holidays less than 1 month), or living outside New Zealand within the next 12 months? Yes ☐ No ☐
   If **yes**, please provide details

Destination	Purpose (business, holiday)	Departure Date	Duration
		DD / MM / YYYY	
		DD / MM / YYYY	
		DD / MM / YYYY	
		DD / MM / YYYY	

2. Have you ever used any recreational and/or non-prescription drugs (except for over the counter medications)? If **yes,** please provide further details Yes ☐ No ☐

3. Have you ever been advised to restrict your alcohol intake or received alcohol counselling or treatment? Some examples of this include: Your doctor advising you to reduce the amount of alcohol you drink, or to stop drinking alcohol, attending support groups such as AA, counselling, and rehabilitation services.
   If **yes**, please provide further details Yes ☐ No ☐

4. Do you engage in, or do you have any intention of engaging in, any hazardous or potentially hazardous activities, sports or pastimes (for example: Boxing/Martial Arts, Caving/Canyoning, Equestrian, Motocross, Motorcycle Racing, Motor Racing, Mountaineering, Powerboat Racing)?
   If **yes**, then please complete the Pastimes Questionnaire C on page 10 Yes ☐ No ☐

Section C - Medical Details

1. Have you ever had any signs or symptoms of, or been tested or treated for, or diagnosed with any of the following?

A. Stress, anxiety, fatigue, phobia, depression, chronic fatigue syndrome, or any other mental health condition or impairment? If **yes**, please complete Questionnaire A on page 8 Yes ☐ No ☐

B. Cancer Yes ☐ No ☐

C. Epilepsy, fits, seizures, dizziness, head injury, concussion(s) or persistent headaches or migraines, or any other neurological disease or disorder? Yes ☐ No ☐

D. Any abnormality affecting physical mobility or muscular power such as multiple sclerosis, Parkinson's disease or paralysis? Yes ☐ No ☐

E. Alzheimer's disease or dementia, or any diagnosed intellectual disability or cognitive impairment? Yes ☐ No ☐

F. Any disease or disorder of the bones, such as osteopenia, osteoporosis, brittle bone disease, osteomalacia, or any condition that means your bones are more likely to break? Yes ☐ No ☐

If you have answered yes to any of the questions (B-F) please complete the General Questionnaire B that follows on page 9

Section D - Occupation Details

1. What is your occupation?

2. Please tell us about the type of work you do (tick all that apply)

Category			Please describe your duties	% of time spent per week
Sedentary/Desk Bound	Yes ☐	No ☐		%
Site Visits	Yes ☐	No ☐		%
Supervising Manual work	Yes ☐	No ☐		%
Manual work Light	Yes ☐	No ☐		%
Manual work Heavy	Yes ☐	No ☐		%

Must add up to 100%

3. Do you have a second occupation? Yes ☐ No ☐

If **yes**, please advise

Occupation

Hours per week

Category			Please describe your duties	% of time spent per week
Sedentary/Desk Bound	Yes ☐	No ☐		%
Site Visits	Yes ☐	No ☐		%
Supervising Manual work	Yes ☐	No ☐		%
Manual work Light	Yes ☐	No ☐		%
Manual work Heavy	Yes ☐	No ☐		%

Must add up to 100%

4. Do you perform any hazardous duties in your primary or secondary (if applicable) occupation? Yes ☐ No ☐

Hazardous duties include working from heights, underground, handling dangerous substances, explosives/chemicals, handling needles, sharps or biohazardous material.

If **yes**, please provide further details

5. Are you considering a change in your current occupation(s) and or duties? Yes ☐ No ☐

If **yes**, please provide further details

Declaration and consent

Please read the summary of your duty of disclosure and the consequences of non-disclosure at the front of this application form carefully.

If we need more information, by signing this declaration and consent you give us your consent to request your personal information from other people. This enables us to get any other information that is necessary. Sometimes we might not get this information until you make a claim.

By signing below, you agree to be bound by the policy wordings that govern the insurance you're applying for. You can get a copy of the policy wordings from us at any time. You also agree and confirm that:

1. You have read and understood the duty of disclosure summary on this application form and you have checked all the information in this application (including any supplementary application forms and information completed by someone else) and it is true, correct and complete and no material information has been left out.
2. You will tell us immediately if, between the date of this application and the date we issue your policy or cover, any of the following changes for a life assured (or any children to be covered under this application):
   - **a.** mental or physical health
   - **b.** occupation
   - **c.** financial circumstances.
3. Your application (and basis of your contract with us) is made up of:
   - **a.** all statements made in this application (including any supplementary application forms and the illustration(s) submitted with your application)
   - **b.** any additional information forwarded to us on your behalf, including:
     - **i.** application forms for insurance with other companies
     - **ii.** any statement made to any medical practitioner
     - **iii.** any statement made by any medical practitioner on your behalf.

Acceptance and Commencement of Cover

4. You acknowledge that:
   - **a.** your insurance won't start until we have accepted your application and received either payment of the initial premium, your completed direct debit authority form, or submission of your credit/debit card details via our secure payment portal
   - **b.** we may offer cover on non-standard terms (such as specific exclusions, additional premium or conditions) after assessing your application and, if so, you authorise your adviser to accept such terms on your behalf.

Your personal information

5. You authorise us, our related companies, reinsurers and your adviser to use your personal information, whether provided by you or someone else and including your full medical history, for any of the following purposes:
   - **a.** managing, administering and/or processing the proposed offer of insurance including any alteration to your cover
   - **b.** maintaining, managing, administering and enforcing any resulting insurance including any alteration to your cover
   - **c.** letting you know about other products and services
   - **d.** undertaking market research and/or statistical analysis
   - **e.** comparing information about you with publicly available information or information held by government agencies or other companies or organisations that we have a continuing relationship with
   - **f.** complying with any policy, legal and/or regulatory requirements.
6. You consent to our disclosure of your personal information (whether provided by you or someone else) for any of the purposes stated in paragraph 5 to: any other life assured and/or policy owner under any insurance resulting from this application, our related companies, reinsurers, your adviser, agents, credit agencies, government agencies, any company or organisation that we have a continuing relationship with, third-party service providers or any other person, company or organisation that we may use. You consent to any such credit agency including your personal information on their agency databases and disclosing it to their clients.
7. You authorise us to request, and be given, your personal information for any purpose stated in paragraph 5 from any of the following:
   - **a.** any and all health treatment providers
   - **b.** any and all medical information providers
   - **c.** insurers
   - **d.** Accident Compensation Corporation
   - **e.** employers (whether current or not)
   - **f.** government agencies, organisations and enterprises
   - **g.** accountants and other financial advisers
   - **h.** banks and other financial institutions
   - **i.** any credit rating agencies

   and you authorise the persons and organisations listed in paragraph 7a. to i. above to disclose your personal information to us for those purposes.
8. You authorise your adviser named on this application form to receive and access your personal information including financial, medical and other matters, whether contained in this application form or obtained from third parties (e.g. doctors, accountants) for any of the purposes stated in paragraph 5.
9. You will notify us when there is a change to any authority regarding your personal information under paragraphs 5 to 8 of this declaration and consent, and if your adviser changes.
10. You understand that all personal information we hold about you is your information. You have the right to access that information, and ask us to correct it if it's wrong.
11. You acknowledge that our Privacy Policy, available at www.chubblife.co.nz/privacy, contains more information about how we collect, store, use, and disclose your personal information, including your rights to access and correct it.

Replacement insurance policy

12. You consent and give authority to us to cancel any Chubb Life covers and/or Chubb Life policies noted for discontinuance or replacement in this application form immediately when any insurance under this application form is issued.

General

13. A photocopy of this application can be treated as being as valid as an original.
14. If acting:
    - **a.** on behalf of a company or a trust, you confirm you have the capacity and authority to act on its behalf
    - **b.** as a guardian on behalf of a minor, you confirm you consent to this application and that you have consulted with all other guardians of the minor.

Our Financial Strength Rating

15. Chubb Life Insurance New Zealand Limited has an **A (Excellent)** financial strength rating given by A.M. Best Company Inc.

    The rating scale is: A++, A+ Superior | **A**, A- Excellent | B++, B+ Good | B, B- Fair | C++, C+ Marginal | C, C- Weak | D Poor | E Under Regulatory Supervision | F In Liquidation | S Suspended. For more rating information visit www.ambest.com/ratings/guide.pdf

Name of life to be assured (please print)

Today's Date DD / MM / YYYY

Signature of life to be assured ✗

Name(s) of policy owner(s) (please print)

Today's Date DD / MM / YYYY

Signature(s) of policy owner(s) ✗

Policy owner must be the policy owner named on the policy this Specific Injury Cover is being added to.

If the policy owner is a company, partnership, incorporated society or club, the authorised signatory(s) who signs on behalf of the entity must be identified below.

I/We acknowledge that we are signing on behalf of the policy owner and that I/we have authorisation to do so.

Name(s) of authorised signatory (signatories)

Today's Date DD / MM / YYYY

Signature(s) of authorised signatory (signatories) ✗

Name(s) of authorised signatory (signatories)

Today's Date DD / MM / YYYY

Signature(s) of authorised signatory (signatories) ✗

Questionnaire A – Mental Health

A1. Please select any conditions that you have experienced, sought medical advice or treatment for, been prescribed any medication or treatment for, or received any counselling for:

- Depression or low mood ☐
- Anxiety disorder ☐
- Panic disorder ☐
- Phobia or fears ☐
- Hyperventilation ☐
- Fatigue or chronic tiredness ☐
- Sleeplessness or insomnia ☐
- Stress ☐
- Obsessive compulsive disorder ☐
- Bipolar disorder (manic depression) ☐
- Schizophrenia ☐
- Post traumatic stress disorder ☐
- Psychosis ☐
- Alcohol or other substance abuse or addiction ☐
- Eating disorders including anorexia or bulimia ☐

A2. When did you first experience any signs or symptoms of any of the above conditions?

- More than 10 years ago ☐
- 6-10 years ago ☐
- 2-5 years ago ☐
- 6 months – 2 years ago ☐
- Less than 6 months ago ☐

A3. When did you last experience any signs or symptoms of any of the above conditions?

- More than 10 years ago ☐
- 6-10 years ago ☐
- 2-5 years ago ☐
- 6 months – 2 years ago ☐
- Less than 6 months ago ☐

A4. Have you experienced any of these conditions more than once? Yes ☐ No ☐

If **yes**, please provide further details

A5. Have you ever been recommended, prescribed or received treatment for any of these conditions e.g. medication or counselling? Yes ☐ No ☐

Please advise the type of treatment and the start and end dates

Medication (please specify names and dosage of medications)

Counselling	Start Date	DD / MM / YYYY	End Date	DD / MM / YYYY
Electro Convulsive Therapy	Start Date	DD / MM / YYYY	End Date	DD / MM / YYYY
Other (please specify)	Start Date	DD / MM / YYYY	End Date	DD / MM / YYYY

A6. Has this condition ever led you to intentionally or unintentionally harm yourself or have suicidal thoughts? If **yes**, please provide further details Yes ☐ No ☐

A7. How much time have you had off work, school, university or polytechnic for this condition (including any recurrences)?

- None ☐
- I am currently off work ☐
- 1 week or less ☐
- 2-4 weeks ☐
- 1-3 months ☐
- More than 3 months ☐

A8. Have you ever consulted a Psychiatrist or a Psychologist for this condition? Yes ☐ No ☐

If **yes**, then please advise

Name of Doctor/Medical Facility

Date last consulted DD / MM / YYYY

A9. Have you ever been hospitalised or admitted to a care facility due to this condition? (including attending Accident and Emergency). If **yes**, please provide further details Yes ☐ No ☐

Questionnaire B – General – Condition 1

B1. Please describe the condition, illness, disability or symptoms

B2. What investigations have you had for this condition?

Investigations

Results

B3. When did you first experience signs or symptoms of this condition?

More than 10 years ago ☐ 6-10 years ago ☐ 2-5 years ago ☐
6 months – 2 years ago ☐ Less than 6 months ago ☐

B4. How often have you experienced this condition?

Once ☐ Twice ☐ Three or more times ☐

B5. When did you last experience signs or symptoms of this condition?

More than 10 years ago ☐ 6-10 years ago ☐ 2-5 years ago ☐
6 months – 2 years ago ☐ Less than 6 months ago ☐

B6. What treatment have you had for this condition?

B7. How much time have you had off work, school, university or polytechnic for this condition in the last 5 years?

None ☐ I am currently off work ☐ 1 week or less ☐
2-4 weeks ☐ 1-3 months ☐ More than 3 months ☐

B8. Have you been referred to a specialist for treatment or investigations? If **yes**, then please advise Yes ☐ No ☐

Name of Doctor/Medical Facility Date of treatment DD / MM / YYYY

Tests performed

Questionnaire B – General – Condition 2

B1. Please describe the condition, illness, disability or symptoms

B2. What investigations have you had for this condition?

Investigations

Results

B3. When did you first experience signs or symptoms of this condition?

More than 10 years ago ☐ 6-10 years ago ☐ 2-5 years ago ☐
6 months – 2 years ago ☐ Less than 6 months ago ☐

B4. How often have you experienced this condition?

Once ☐ Twice ☐ Three or more times ☐

B5. When did you last experience signs or symptoms of this condition?

More than 10 years ago ☐ 6-10 years ago ☐ 2-5 years ago ☐
6 months – 2 years ago ☐ Less than 6 months ago ☐

B6. What treatment have you had for this condition?

B7. How much time have you had off work, school, university or polytechnic for this condition in the last 5 years?

None ☐ I am currently off work ☐ 1 week or less ☐
2-4 weeks ☐ 1-3 months ☐ More than 3 months ☐

B8. Have you been referred to a specialist for treatment or investigations? If **yes**, then please advise Yes ☐ No ☐

Name of Doctor/Medical Facility Date of treatment DD / MM / YYYY

Tests performed

Questionnaire C - Pastimes

C1. What pastimes do you participate in? (select all that apply)

Motocross, Motorcycle Racing, Motor Racing (Please complete C2) ☐

For the below pastimes, please complete C3

Mountaineering ☐ Equestrian ☐ Boxing/Martial Arts ☐

Caving/Canyoning ☐ Powerboat Racing ☐ Other ☐

C2. Motor Racing

A. Vehicle type?

B. Engine size?

C. Races per annum?

D. Maximum speed?

E. Class you participate in?

F. On what basis do you participate in this activity? Recreational ☐ Amateur ☐ Professional ☐

C3. All Other Pastimes

A. What is the name of the activity?

B. How many times do you participate per year?

C. On what basis do you participate in this activity? Recreational ☐ Amateur ☐ Professional ☐

A. What is the name of the activity?

B. How many times do you participate per year?

C. On what basis do you participate in this activity? Recreational ☐ Amateur ☐ Professional ☐

Talk to your Financial Adviser

Call us on 0508 464 999

Visit chubblife.co.nz

E Getintouch.NZ@Chubb.com

Chubb Life Insurance New Zealand Limited
Private Bag 92131,
Victoria Street West,
Auckland 1142

Chubb. Insured.℠

CIG0217 V3