

# ELECTRONIC APPLICATION DECLARATION



Policy Number

Life Insured  
First Name(s)

Surname

The disclosures made in this application are to both Fidelity Life Assurance Company Limited (the Life Insurer) and to nib. Even if any applicant has previously applied for insurance with the Life Insurer and/or nib, you must provide in this application all the information that is required to satisfy the duty of disclosure described below. The Life Insurer and nib are separate insurers and each will consider the application separately. Neither the Life Insurer nor nib will be bound by disclosures made to either of them in the past. If either the Life Insurer or nib seeks additional information as part of its separate underwriting process, that information does not become knowledge of the other insurer.



## Your Duty of Disclosure for the Life to be Insured and Policy Owner(s)

Before you enter a contract of insurance you have a duty to disclose to the Life Insurer every matter that is relevant to the Life Insurer's decision whether to accept the risk of insurance and if so on what terms. You have the same duty to disclose those matters to the Life Insurer that occur after signing this application and before your contract of insurance commences. You also have the same duty to disclose those matters to the Life Insurer before you apply to increase or reinstate your insurance. If you fail to comply with your duty of disclosure, the Life Insurer may cancel your policy from inception, or at its discretion, alter the amounts and terms of the insurance or decline to consider any claim/s. If the Life Insurer cancels your policy from inception, all premiums paid may be forfeited.

## Privacy Act 2020 and The Health Information Privacy Code 2020

- ▶ This application collects personal information about you, the **Life to be Insured and the Policy Owner(s)**. You have the right of access to, and correction of, your information.
- ▶ The personal information and any additional information obtained, (including medical and financial information) will be used by the Life Insurer, its subsidiaries, its officers, its advisers, reinsurers and other companies for processing on the Life Insurer's behalf, to calculate and administer the insurance you apply for and for the purposes and promotion of insurance and investment services to you. The information may also be used for statistical purposes provided you are not identified.
- ▶ Your personal information is securely held by Fidelity Life Assurance Company Limited at Fidelity Life House, Level 4/136 Fanshawe Street, Auckland, or at a secure location to be determined by us and through cloud-based services who store information on our behalf in New Zealand or Australia.
- ▶ The information may be disclosed outside of the Life Insurer's group of companies where the disclosure is necessary for one or more purposes for which the personal information was collected, to the adviser named on this application (or allocated to your business), where required by law, to the policy owner or with your consent.
- ▶ If blood tests are required in connection to this application, results will be provided to your general practitioner named in this application.

## Declaration and Authority by Life to be Insured and Policy Owner(s)

- ▶ I/We have read the notice explaining my/our duty of disclosure and have had an opportunity to discuss it with my/our adviser. I/We understand the contents in the Duty of Disclosure and wish to proceed with my/our application with that understanding. I/We have completed the sections in this application required to be completed. If I/we have not done this, I/we declare that I/we have read the completed application and the information given (including any personal statement) is true, accurate and complete. I/we have not withheld or misstated any material fact.
- ▶ No statement affecting this insurance has been made to any representative of the Life Insurer that is not recorded in this application.
- ▶ I/We acknowledge that the information I/we have provided and the information provided by anyone else on my/our behalf in this application will form the basis of the contract of insurance between me/us and the Life Insurer.
- ▶ I/We understand if additional information is required to process my/our application for insurance, I/we may be telephoned by an underwriter. The information that I/we provide to the underwriter will form part of my/our application for insurance.
- ▶ I/We will immediately notify the Life Insurer of any circumstances affecting the risk that may occur after signing this application and before the contract of insurance commences.
- ▶ I/We understand that the contract of insurance with the Life Insurer will not commence until this application has been accepted by the Life Insurer, acceptance terms have been agreed to by the policy owner(s) and received by the Life Insurer and until payment of the premium is received, or receipt of a valid direct debit to operate within 30 days.



## nib nz limited – important information and declaration

### All information is true, correct and complete

- ▶ Although we may obtain information from other parties (see nib Privacy Policy) disclosed in this application. We may request further information from you and your doctor.
- ▶ 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 the 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.
- ▶ For applications for nib's Easy Health cover, please note that your medical history is not reviewed by nib on application. Future claims will be assessed for preexisting conditions at the time of claiming.

## Privacy Act 2020 and The Health Information Privacy Code 2020

- ▶ This Application 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.

## 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

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