

Police Life Insurance Extra

Life and Critical Illness Cover Application Form

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Office Use Only

Choose the amount of cover required

Life Cover*

Do you already have Police Life Insurance Extra/Police Supplementary Life Plan?

Yes Current amount of cover \$

Additional amount of cover required \$

No Amount of cover required* \$

Critical Illness Cover*

Do you already have Police Critical Illness Cover?

(Amount of Critical Illness Cover must not exceed the total of your Police Life Insurance Extra Life Cover)

Yes Current amount of cover \$

Additional amount of cover required \$

No Amount of cover required \$

* If you are applying for Life Cover in excess of \$500,000 or Critical Illness Cover in excess of \$250,000, further health evidence will be required. Please contact Police Welfare Fund General Insurances Limited for further details on 0800 500 122.

Please note that you are not covered under the Police Life Insurance Extra - Policy Number NZP AIA 0496, until your application has been accepted by American International Assurance Company (Bermuda), Limited (AIA) and a Certificate of Insurance is issued to you. Completion of this Application does not constitute acceptance by AIA.

Person to be insured

Mr/Mrs/Miss/Ms/Other: Surname: Member Number:

First Names: Member: Spouse/Partner:

Date of Birth:

Address: Postcode:

Occupation:

Phone: Hm Bus Mobile

Email:

If person to be insured is a Spouse/Partner, please give the full name of the member.

Name and address of usual doctor or doctor who currently holds your medical records.

Personal Statement

Please answer each question. For each 'Yes' answer, please identify the question and give full details below.

	Yes	No		Yes	No
1. Has a proposal for insurance on your life ever been declined, deferred or offered on special terms?	<input type="checkbox"/>	<input type="checkbox"/>	(p) Physical defects or deformities.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had any of the following:			3. In the past five years have you for any other reason consulted a doctor, been medically examined, had any tests or investigations, been treated or hospitalised?	<input type="checkbox"/>	<input type="checkbox"/>
(a) Rheumatic fever/heart murmur, angina or chest pain	<input type="checkbox"/>	<input type="checkbox"/>	4. Females. Are you pregnant? Due Date <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	If yes, have there been any complications with your pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
(c) High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	5. Have you ever had AIDS/HIV, AIDS/HIV antibody blood test, or counselling and treatment in connection with AIDS/HIV or any sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Brain or neurological disorder, e.g. stroke, paralysis, epilepsy, any migraine or frequent headaches.	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you smoked any form of tobacco in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Cancer, tumour, cyst, mole or growth	<input type="checkbox"/>	<input type="checkbox"/>	7. (a) Do you consume alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
(f) Skin disorders	<input type="checkbox"/>	<input type="checkbox"/>	(b) If yes, please advise type and quantity consumed daily. <input type="text"/>		
(g) Liver disorders e.g. hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	8. (a) What is your height? <input type="text"/> cm or <input type="text"/> ft-in		
(h) Kidney, bladder or prostate disorders e.g. colic or stones	<input type="checkbox"/>	<input type="checkbox"/>	(b) What is your weight? <input type="text"/> kg or <input type="text"/> st-lb		
(i) Lung disease e.g. asthma	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you now, or do you intend to engage in any hazardous pursuit or pastime, e.g. private flying, hang-gliding, motor racing, underwater activities, climbing, any other hazardous activity or hobby?	Yes	No
(j) Gastric ulcers or any stomach or bowel disorders	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
(k) Diabetes or thyroid condition	<input type="checkbox"/>	<input type="checkbox"/>	10. Are you planning to work, live or travel overseas (other than for a holiday)?	<input type="checkbox"/>	<input type="checkbox"/>
(l) Blood disorders, e.g. anaemia	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please provide details of the country you intend to travel to, date, duration and purpose.		
(m) Disorders of joints, muscles, e.g. arthritis, spine or gout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
(n) Nervous or mental disorders, stress, depression, fatigue, anxiety or low mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
(o) Impaired speech, hearing or vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		

If you answered 'Yes' to any of the questions above, please complete the details below. If there is insufficient space, please attach details on a separate piece of paper.

Date	Nature Illness/Injury/Test	Duration	Time Off Work	Treatment Received	Name of Doctor or Hospital

Requirements for medical information/examination vary depending on age and amount of cover. You will be advised directly by AIA of these requirements.

Family History (Complete only if applying for Critical Illness Cover)

11. Is there any hereditary/familial disorder or family history of hypertension, heart disease, diabetes, asthma, epilepsy, kidney disease, stroke or cancer, bowel cancer and/or breast cancer? Yes No

If 'Yes', please complete details below.

	Living		Deceased	
	Age	State of health to the best of your knowledge	Age at death	Cause of death
Father				
Mother				
Brothers				
Sisters				

Disclosure Information to American International Assurance Company (Bermuda) Limited (AIA)

Definition: AIA shall mean AIA (as defined above) and/or any related companies and/or agents (including company officers acting in the scope of their authority) and AIA's advisers or reinsurers.

You are not insured:

- until this application has been accepted by AIA; and
- a Certificate of Insurance is issued to you.

AIA may decline this application, or may accept this application subject to certain conditions and exclusions.

Your duty of disclosure: When you apply for insurance with AIA, you have a legal duty of disclosure to AIA.

This means that:

1. All the statements you make to AIA (both written and oral) including the answers in this application, must be true and correct; and
2. You must disclose everything that you know, or could reasonably be expected to know, that is relevant to AIA's decision whether:
 - to accept your application for insurance; and
 - if AIA accepts your application, then on what terms AIA will accept it and how much it will cost.
3. This duty of disclosure continues from the time you complete this application until either:
 - AIA accepts your application for insurance; or
 - AIA declines your application for insurance.
4. You also have the same duty of disclosure to AIA at the time you extend, vary or reinstate your insurance.

Important

If you do not comply with your duty of disclosure, and AIA would not have accepted your application for insurance on the same terms or at the same premium if you had made full disclosure, then legally AIA may:

- decline any claim that you make; and/or
- avoid your insurance from inception.

IF YOU ARE NOT SURE WHETHER YOU NEED TO DISCLOSE A PARTICULAR FACT, PLEASE ASK AIA OR POLICE WELFARE FUND GENERAL INSURANCES LTD.

NOTE - U.S Citizens: By purchasing this policy and signing below, I represent that I am not a U.S citizen or resident for the purpose of U.S federal income tax and that I am not acting for, or on behalf of a U.S citizen or resident. A false statement or misrepresentation of tax status by a U.S citizen or resident could lead to penalties under U.S law. If your tax status changes and you become a U.S citizen or resident you must notify us within 30 days. (Citizens or residents of the United States must strike out this clause and initial the change on the left hand side.) I agree to indemnify AIA in respect of any false or misleading information regarding my U.S tax status.

Declaration to AIA

It is important for you to read and understand this declaration before signing the application, as there are terms and conditions that you may not be aware of and that will form part of your insurance if AIA accept your application:

1. I declare that the statements made in this application are true and complete and that I have disclosed all information material to this insurance.
2. I agree that this application and any other written statements made in connection with the proposed insurance shall form the basis of the contract between myself and AIA.
3. I understand that AIA reserves the right to recover any medical costs incurred in assessing this application should I decide to cancel this application.
4. I further declare that if the answers to the questions in this application are not in my writing, that they have been correctly written down at my dictation and read and approved by me.
5. I acknowledge that if I undergo any alteration in my mental or physical health or have a change of occupation between the date of this application and the date of AIA accepting the application, I agree to notify AIA immediately.
6. I acknowledge that personal information collected or held by AIA (whether contained in this application or otherwise obtained) is provided and may be held, used, and disclosed by AIA to:
 - process this application; and
 - any other application for insurance I make to AIA; and
 - for the purpose of assessing any claim I may make should this or any other application be accepted by AIA; and
 - for the purposes of any legal proceedings before a Court, or review or arbitration before a statutory or independent body.
7. I acknowledge that if I fail to provide any information requested in this application AIA may be unable to process the application for insurance.
8. I understand that access to my personal information is available to me under the Privacy Act 1993 by writing to AIA.
9. I authorise AIA to obtain personal information held about me relevant to my application, my insurance, or any claim that I may make. This declaration shall constitute sufficient authority to the party that AIA requests the information from and extends to personal information held about me by any government department, incorporated body or person, including (but not limited to) information held by:
 - registered medical practitioners and specialists
 - dentists
 - employers
 - Accident Compensation Corporation
 - private and public hospitals
 - medical laboratories
 - Police Health Plan Ltd
 - accountants and other financial advisers
 - counsellors, psychologists and therapists
 - government departments and bodies
 - banks and insurers
10. I understand the information contained in this application will be provided to Police Welfare Fund Insurances Limited (PWFIL) for the purpose of PWFIL assessing any current or future insurances.
11. I agree that a photocopy of this authority shall be treated as an original.

I declare that I have read and understood the following declaration and agree to be bound by these terms and conditions.

To be signed below by the Life Assured.

Please print full name of Life Assured

Signature of Life Assured Date / /

Please return you completed form to: Police Welfare Fund General Insurances, PO Box 12344, Wellington 6144.

Insurance issued by American International Assurance Company (Bermuda), Limited (AIA).