POLICE HEALTH PLAN

POLICY AMENDMENT FORM

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Office use only

Phone (04) 496 6800, Freephone 0800 500 122, Fax (04) 496 6819
PO Box 12344, Wellington 6144, Email membership@policeassn.org.nz, Web www.policeassn.org.nz.

Please note: *This form collects personal information about you and your family so Police Health Plan Limited can consider the requested amendments to your membership. The information is received and held by Police Health Plan Limited (contact details above). You may request access to, and correction of, this information according to the provisions of the Privacy Act 1993.*

POLICYHOLDER DETAILS

First name(s)	**Last name**	**Member No.**	
Postal address			**Postcode**
Physical address *if different from above*			**Postcode**
Phone	**Home** ( )	**Mobile** ( )	**Work** ( )
Preferred email		**Alternative email**	

ADDITIONS TO POLICY

Please complete the Medical Declaration on reverse in all cases.

Title	First name(s)	Last name	DOB	Gender M / F	Relationship to you	NZ Resident		Cover required			Voluntary excess	
						Yes	No	Compsive	Basic	Surgical	$500	$1000
						○	○	○	○	○	○	○
						○	○	○	○	○	○	○
						○	○	○	○	○	○	○
						○	○	○	○	○	○	○
						○	○	○	○	○	○	○
						○	○	○	○	○	○	○

Are any of the above transferring from another medical insurance scheme?

○ No ○ Yes – please provide proof of current medical policy, including Insurer, policy type and policy renewal date.

DELETIONS FROM POLICY

First name(s)	Last name	DOB	Gender M / F	Relationship to you	Transferring to own Police Health Plan policy?		
					○ Yes	○ No	***If you answered yes,*** *please ensure they complete a Transfer to Own Policy form, available at www.policeassn.org.nz*
					○ Yes	○ No	
					○ Yes	○ No	
					○ Yes	○ No	
					○ Yes	○ No	
					○ Yes	○ No	

UPGRADING / DOWNGRADING COVER

First name(s)	Last name	DOB	Gender M / F	Relationship to you	New level of cover required			Voluntary excess	
					Compsive	Basic	Surgical	$500	$1000
					○	○	○	○	○
					○	○	○	○	○
					○	○	○	○	○
					○	○	○	○	○
					○	○	○	○	○
					○	○	○	○	○
					○	○	○	○	○

PLEASE COMPLETE AND SIGN DECLARATIONS ON REVERSE

Financial Strength Rating: *AM Best Co. has assigned a Financial Strength Rating of A- (Excellent) and an Issuer Credit Rating of "a-" to Police Health Plan Limited. The outlook for both ratings is stable. The ratings reflect Police Health Plan's business profile, operating performance and favourable balance sheet.*
AM Best Co.'s Financial Strength Rating Scale:
Secure: *A++, A+ (Superior); A, A- (Excellent); B++, B+ (Good)*
Vulnerable: *B, B- (Fair); C++, C+ (Marginal); C, C- (Weak); D (Poor); E (Under Regulatory Supervision); F (In Liquidation); S (Suspended); NR (Not Rated)*

MEDICAL DECLARATION

Have any of the applicant(s):

1. Been admitted to hospital for treatment in the last two years? ○ Yes ○ No
2. Displayed evidence or recent symptoms of arthritis, asthma, bronchitis, bunions, deafness, diabetes, duodenal ulcer, eye problems (e.g. short sighted), gynaecological disorders, haemorrhoids, hernia, heart disease, high blood pressure, infertility, obesity, psychiatric or nervous disorders, rheumatism, squint, tonsillar disease, varicose veins, or any other illness which may require treatment in the future? ○ Yes ○ No
3. Been under medical treatment for any condition (such as those described in question 2), or been receiving continuing medications of any kind? ○ Yes ○ No

If you have answered YES to any of the above questions - please identify the question and give full details below. Use a separate piece of paper if more space is required.

Q.	Applicant's name	Operation, treatment or illness	Treatment given	Doctor or hospital	Date

GENERAL DECLARATION

Police Health Plan Ltd is a member of Health Funds Association of New Zealand (HFANZ). On behalf of its members, HFANZ manages an Integrity Registry for the purposes of detecting and preventing fraud and other serious probity concerns. The Integrity Registry is operated by PricewaterhouseCoopers. Police Health Plan Ltd may collect, use and disclose personal and health information about you for the purposes of the Integrity Registry. You can access and correct information held on the Integrity Registry. Contact Police Health Plan Ltd or HFANZ Integrity Registry Privacy Officer, Health Funds Association of New Zealand, PO Box 25161, Wellington 6146.

I declare that:

- All entries on this form are true and correct.
- Any false answer may forfeit all right to any benefits from Police Health Plan.
- I agree to be bound by Police Health Plan's Rules and that the information may be exchanged between Police Health Plan, NZ Police Association, Police Welfare Fund Limited and associated bodies for statistical, marketing and processing purposes.
- I understand that if I have agreed to take advantage of a discounted premium by selecting a voluntary excess, I agree to pay this excess amount towards any surgical procedures I may require.
- I understand that if I select a voluntary excess and then choose to switch to a lower or no-excess option, a 90-day stand-down period will apply before the lower or no-excess option commences, and that all conditions that were existing under the previous higher voluntary excess will still incur that excess, regardless of when any procedure on this condition is carried out.
- I authorise Police Health Plan to seek any further medical information as and when required.

Print name _____ **Signature** _____ **Date** / /

CHECKLIST

○ Attached proof of current policy where someone is being added to your policy and they are transferring from another medical insurance provider.

○ For anyone transferring from your policy to their own policy, arrangements have been made with them to complete a Transfer to Own Policy form.

Once completed, send this form to Police Health Plan

By email
membership@policeassn.org.nz

By post
Membership, PO Box 12344, Wellington 6144

By fax
04 496 6819