



POLICE LIFE INSURANCE EXTRA

Quality life insurance
you can afford



Police Welfare Fund provides quality life cover for members and their family, at very affordable prices.

Cover can be extended to provide protection from the large financial strains that can be placed on families in the event a critical illness or condition is diagnosed.

LIFE INSURANCE COVER

Life insurance protects you and your family. It creates an asset should you die or become terminally ill – providing a lump sum payment and financial security when your family need it.

Life insurance can be used to pay off your mortgage and other debts, provide for your children's education and act as a safeguard for your family's continued financial wellbeing.

VALID WORLDWIDE

Cover is provided anywhere in the world if you normally reside in New Zealand, and for those temporarily residing overseas (subject to continued premium payment) for up to 5 years. Please refer to the policy wording for further details at www.policeassn.org.nz

ABOUT AIA

This life insurance policy is underwritten by AIA International Limited trading as AIA New Zealand (AIA).

Since its arrival in New Zealand in 1981, AIA has developed from a niche provider to a market leader of specialist risk management products aimed at protecting the financial health and welfare of New Zealanders.

AIA is a member of the Investment Saving and Insurance Association (ISI), the Insurance Savings Ombudsman Scheme (ISO) and the Health Funds Association of New Zealand (HFANZ).

This is a summary of cover. For a full description of cover see the policy document available at: www.policeassn.org.nz, or by calling 0800 500 122.

Please return your completed application to: Police Insurances: PO Box 12344, Wellington or email: insurances@policeassn.org.nz

CRITICAL ILLNESS COVER

A lump sum payment when you need it most means a crisis of health doesn't become a crisis of wealth.

No one can predict a health crisis, but it is possible to protect yourself from the financial hardship that can follow critical illness.

This cover is based on the statistical reality that every year, many New Zealanders of working age are struck by one of the critical illnesses or conditions listed below.

On the first diagnosis of one of the many common conditions defined by your Critical Illness Cover, you will receive a lump sum payment (the amount of cover you select). Use this to cover things like the costs of your medical treatment and recovery, or whatever you like, to help achieve the security and peace of mind you deserve.

The costs of surviving a life-threatening critical illness include expensive medical treatment during and after the illness, as well as the costs of specialist care and the vital therapy and convalescence that follows. The costs are unknown but are likely to be substantial.

Many people also recover from life threatening illnesses but find their savings depleted and earning power severely reduced.

Critical Illness Cover provides financial support during the weeks and months of recovery after diagnosis of a defined critical illness.

The amount of Critical Illness Cover paid will reduce the total Life Cover benefit payable by the same amount.

CRITICAL ILLNESS COVERS:

- Accidental HIV infection
- Alzheimer's Disease
- Angioplasty
- Aplastic Anaemia
- Benign Tumour of the Brain or Spinal Cord
- Blindness
- Cardiomyopathy
- Chronic Liver Failure
- Chronic Lung Disease
- Coma
- Coronary Artery Bypass Surgery
- Critical Cancer
- Dementia
- Encephalitis
- Heart Attack (myocardial infarction)
- Heart Valve Surgery
- Intensive Care Treatment
- Kidney Failure
- Loss of Independence
- Loss of Use of Limbs / Sight of One Eye
- Major Burns
- Major Head Trauma
- Major Organ Transplant
- Meningitis / Meningococcal Disease
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Open Heart Surgery
- Out of Hospital Cardiac Arrest
- Paralysis
- Parkinson's Disease
- Peripheral Neuropathy
- Permanent Loss of Hearing
- Permanent Loss of Speech
- Pneumonectomy
- Pulmonary Arterial Hypertension (Primary)
- Significant Cognitive Impairment
- Stroke (resulting in functional loss)
- Surgery to Aorta

Please read the policy wording for the full definition of each condition covered.

POLICE LIFE INSURANCE EXTRA

LIFE AND CRITICAL ILLNESS COVER APPLICATION FORM

CHOOSE THE 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 Insurances on 0800 500 122.

Life Cover

Do you already have Police Life Insurance Extra?
(If you have Police Group Life Insurance, do not include this in your cover)

Critical Illness Cover

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

<input type="radio"/> Yes	Current amount of cover	\$	<input type="text"/>	<input type="radio"/> Yes	Current amount of cover	\$	<input type="text"/>
	Additional amount of cover required	\$	<input type="text"/>		Additional amount of cover required	\$	<input type="text"/>
<input type="radio"/> No	Amount of cover required	\$	<input type="text"/>	<input type="radio"/> No	Amount of cover required	\$	<input type="text"/>

Please note that you are not covered under Police Life Insurance Extra – Policy Number NZP AIA 0496, until your application has been accepted by AIA International Limited trading as AIA New Zealand (AIA) and a Certificate of Insurance is issued to you. Completion of this Application does not constitute acceptance by AIA.

PERSON TO BE INSURED

Member Spouse/Partner Member Number:

Mr / Mrs / Miss / Ms / Other: First Name(s):

Surname: Date of Birth:

Address:
 Postcode:

Occupation:

Phone: Home: Work:

Mobile: Email:

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.

- Has a proposal for insurance on your life ever been declined, deferred or offered on special terms? Yes No
 - Have you had any of the following:
 - Rheumatic fever/heart murmur, angina or chest pain Yes No
 - High blood pressure Yes No
 - High cholesterol Yes No
 - Brain or neurological disorder, e.g. stroke, paralysis, epilepsy, any migraine or frequent headaches Yes No
 - Cancer, tumour, cyst, mole or growth Yes No
 - Skin disorders Yes No
 - Liver disorders e.g. hepatitis Yes No
 - Kidney, bladder or prostate disorders e.g. colic or stones Yes No
 - Lung disease e.g. asthma Yes No
 - Gastric ulcers or any stomach or bowel disorders Yes No
 - Diabetes or thyroid condition Yes No
 - Blood disorders, e.g. anaemia Yes No
 - Disorders of joints, muscles, e.g. arthritis, spine or gout Yes No
 - Nervous or mental disorders, stress, depression, fatigue, anxiety or low mood Yes No
 - Impaired speech, hearing or vision Yes No
 - Physical defects or deformities Yes No
 - 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? Yes No
 - Females, are you pregnant? Yes Due Date: / / No
If yes, have there been any complications with your pregnancy? Yes No
 - 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? Yes No
 - Have you smoked (or chewed) tobacco or used nicotine replacement or smoked any other substance (e.g. Vapours) during the last 12 months? If yes, what type(s) and daily quantity? Yes No
 - (a) Do you drink alcohol? Yes No
(b) If yes, what type and how many standard* drinks per week?
- *1 standard drink = 1 glass (330mls) of ordinary strength beer OR 1 glass (100mls) wine or fortified wine OR 1 pub measure (30mls) of spirits.
- (a) What is your height? cm or ft-in
(b) What is your weight? kg or st-lb
 - 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
 - Are you planning to work, live or travel overseas (other than for a holiday)? Yes No
If yes, please provide details of the country you intend to travel to, date, duration and purpose.

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

PERSONAL STATEMENT

Date of treatment	Nature of Illness/Injury/Test	Duration of treatment	Time taken 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? If 'Yes', please complete details below. Yes No

	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 AIA INTERNATIONAL LIMITED, TRADING AS AIA NEW ZEALAND (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 or 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 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.

AIA Financial Strength Rating
 AIA International Limited, trading as AIA New Zealand, has a current insurer financial strength rating of **AA- (Very Strong)** from Standard and Poor's. A summary of the Standard and Poor's rating scale is:

AAA : Extremely Strong	AA : Very Strong	A : Strong
BBB : Good	BB : Marginal	B : Weak
CCC : Very Weak	CC : Extremely Weak	
R : Regulatory Action	D : Default	NR : Not Rated

Plus (+) or Minus (-): The rating from 'AA' to 'CCC' may be modified by the addition of a plus or minus sign to show relative standings within the major rating categories.

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
 - to process 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 purpose of any legal proceedings before a Court, or review or arbitration before a statutory or independent body;
 - for the purpose of complying with its legal and regulatory obligations.
7. I acknowledge that personal information may be made available to any agent, contractor or third party for the purpose of providing administrative or other services to AIA.
8. I acknowledge that if I fail to provide any information requested in this application AIA may be unable to process the application for insurance.
9. I understand that access to my personal information is available to me under the Privacy Act 1993 by writing to AIA.
10. 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
 - Police Health Plan Ltd
 - dentists
 - accountants and other financial advisers
 - employers
 - counsellors, psychologists and therapists
 - Accident Compensation Corporation
 - government departments and bodies
 - private and public hospitals
 - banks and insurers
 - medical laboratories

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- government departments and bodies
- private and public hospitals
- banks and insurers
- medical laboratories

11. I understand the information contained in this application will be provided to Police Welfare Fund General Insurances Limited (PWFGL) for the purpose of PWFGL assessing any current or future insurances.
12. I agree that a photocopy of this authority shall be treated as an original.

To be signed by the Insured: **I declare that I have read and understood the following declaration and agree to be bound by these terms and conditions.**

Print full name of Insured Signature of Insured Date / /

Please return your completed form to: Police Insurances PO Box 12344, Wellington 6144 or email to: insurances@policeassn.org.nz