

Employee Insurance Bridging form

This form is to be used to apply for covers under Employee Insurance, using an Asteron Life application form for personal insurance that has been completed within the last 30 days. Completing this Employee Insurance Bridging form allows us to utilise the information you have already provided to Asteron Life to assess your employee insurance application. Please attach a copy of the completed Asteron Life personal application. If we require any further information, we will get in contact with you.

Plan details

Plan Name

Plan Number

Person to be insured

Full name

Date of birth

Gender

Home address

Home phone

Work phone

Postcode

Email

Privacy Statement

For the purpose of the Privacy Act, we confirm that we collect and use your personal information and may disclose your personal information to third parties for the purpose of administering your policy or in order to comply with legal requirements. Your details are stored securely within Asteron Life and may also be securely stored electronically on servers located in New Zealand or overseas, by third parties on our behalf. You can contact us at any time to request access to and correction of your personal information. The collection of this information is required under the terms of your policy.

For further information about how we deal with your personal information, please refer to Asteron Life's Privacy Policy. It is available online at www.asteronlife.co.nz by phoning 0800 737 101, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

Personal Declaration

I, the person to be insured, authorise Asteron Life to utilise the information and answers disclosed in my Asteron Life personal insurance application for the purposes of assessing any application for employee insurance and providing an offer for that cover.

I confirm that the answers provided in the personal application are complete and correct. I repeat the consent, acknowledgement, authorisations, and declaration signed in that personal application, and those declarations apply equally to the current application for employee insurance.

I confirm that I am required to notify Asteron Life of any change that is material to either the application for personal or employee insurance from the information which was contained within the personal insurance application form. I also understand that this obligation continues until each of the personal insurance and the employee insurance have been issued.

Signature of the person to be insured

Date

Sign here

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