

(This policy is underwritten by nib nz limited)

This form is for existing members who leave a group and want to continue their policy. This form can't be used for adding a new insured person or adding any Options as a full application is required for this.

## 1.0 Details of applicants

### 1.1 Primary Insured

NEW POLICY START DATE: / /

Mr / Mrs / Ms / Miss / Dr Surname		Given names	
Email address			
All correspondence will be sent to the email address of the policyowner(s). A valid email address must be provided.			
Telephone: Home ( )		Mobile ( )	
Date of Birth	Age	Gender assigned at Birth	Smoker or Vaper
Height (cm)	Weight (kg)	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No
Current occupation			
Policy Number		Employment Cease Date	
Do you have New Zealand residency?	<input type="radio"/> Yes <input type="radio"/> No	If no, do you have a 2 year work permit?	<input type="radio"/> Yes (please attach) <input type="radio"/> No

### 1.2 Secondary Insured

Mr / Mrs / Ms / Miss / Dr Surname		Surname	
Given Names		Mobile ( )	
Home Phone ( )		Email address	
Date of Birth	Age	All correspondence will be sent to the email address of the policyowner(s). A valid email address must be provided.	
Height (cm)	Weight (kg)	Gender assigned at Birth	Smoker or Vaper
		<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No
Do you have New Zealand residency?	<input type="radio"/> Yes <input type="radio"/> No	If no, do you have a 2 year work permit?	<input type="radio"/> Yes (please attach) <input type="radio"/> No

### 1.3 Details of Dependent Children to be Covered Under Policy

Surname	First Name	Sex	Date of Birth

## 2.0 Plan Choices - (All members on the policy)

**Excess Option: (Select only if change is required. The Default is \$500 Excess)**

\$500 Excess    \$1,000 Excess    \$2000 Excess    \$4,000 Excess    \$6,000 Excess

## 2.1 Options (If you are not currently covered by these Options, full underwriting by nib nz limited will be required)

<input type="radio"/> GP Option	<input type="radio"/> Dental, Optical, and Therapeutic Option	<input type="radio"/> Specialist Option	<input type="radio"/> Non-PHARMAC Plus Option: <input type="radio"/> \$20,000 <input type="radio"/> \$50,000 <input type="radio"/> \$100,000 <input type="radio"/> \$200,000 <input type="radio"/> \$300,000
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(ALL family members on the same policy, Primary Insured, Spouse etc. must have the same products and options)

## Adviser Use Only - Continuation Option Quoted Premium

Primary Insured \$	+	Spouse/Partner \$	+	Child/Children (if applicable) \$	+	New Premium \$	Month / annual (circle one)
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## 3.0 Policy Payment Details

All Premiums for Continuation Options will be paid by the Insured via Direct Debit. A Direct Debit form accompanies this Continuation Application Form and must be completed by the Insured at the same time that this form is completed.

## 4.0 Important Information and Declaration

### Start of cover

Cover commences under the nib health policy on the date shown on the Acceptance Certificate for the applicable:

- start date (new policy), or
- join date (new person on policy) subject to any waiting period referred to in the policy.

### Privacy Act 2020 and Health Information Privacy Code 2020 Collection and use

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
- where he or she has provided information on behalf of a co-applicant and/or an insured person, he or she has the authority to do so.

## Signature

Full name	Date	Signature
Policyowner name	d d m m y y y y	
Policyowner name (if more than only policyowner)	d d m m y y y y	



Your personal details

Policy Number: [ ]

Office use only: STB [ ]

Policyholder name:

[ ]

I would like to pay: [ ] Weekly [ ] Fortnightly [ ] Monthly [ ] Quarterly [ ] Half-yearly [ ] Annually

Preferred start date: [D][D]/[M][M]/[Y][Y][Y][Y]

Account information

Name of my account to be debited (acceptor)

[ ]

Name of my bank:

[ ]

[ ][ ]

Bank

[ ][ ][ ][ ]

Branch

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Account

[ ][ ]

Suffix

Initiator's Authorisation Code

[0][6][5][4][4][8][3]

Approved

5448

11/17

From the acceptor to [insert name of acceptor's bank] (my bank):

I authorise you to debit my account with the amounts of direct debits from nib with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
• The specific terms and conditions listed below.

Account Holders signature/s

Authorised signature/s:

X

Date [D][D]/[M][M]/[Y][Y][Y][Y]

Specific conditions relating to notices and disputes

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I don't receive a written notice of the amount and date of each direct debit from the initiator, or
• I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give a written notice of the amount and date of each direct debit in a series of direct debits no later than the date of the first direct debit in the series. The notice is to include:

- the dates of the debits, and
• the amount of each direct debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice:

- no less than 30 calendar days before the change, or
• if the initiator's bank agrees, no less than 10 calendar days before the change.

Please return completed form to: newbusinessteam@nib.co.nz