



Application to add cover.

Special event additional cover benefit.

This application form allows you to apply for new or increased accelerated Trauma cover or accelerated Total and permanent disability cover on a policy that has Life cover, under the Life cover special event additional cover benefit.

Please return your completed form and supporting evidence.

Policy number

Insured person.

Last name

First name

Email address

Phone number

Policy owner/s.

Policy owner 1:

Last name

First name

Email address

Phone number

Policy owner 2:

Last name

First name

Email address

Phone number

Special event.

Select which special event applies to the insured person by placing a tick in the box.

| <input checked="" type="checkbox"/> | Special event. | Required documentation for additional cover. |
|-------------------------------------|--|--|
| <input type="checkbox"/> | Marriage or civil union. | Copy of marriage or civil union certificate. |
| <input type="checkbox"/> | Divorce or being subject to a separation agreement or order. | Copy of the dissolution order; Copy of the separation agreement or order. |
| <input type="checkbox"/> | Pregnancy at 28 weeks' gestation. | Copy of a certificate from a doctor or midwife naming who is pregnant. |
| <input type="checkbox"/> | Birth of a child. | Copy of the birth certificate. |



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Special event additional cover benefit.

Special event (continued).

Select which special event applies to the insured person by placing a tick in the box.

| ✓ | Special event. | Required documentation for additional cover. |
|--------------------------|--|--|
| <input type="checkbox"/> | Adoption of a child. | Copy of the adoption order. |
| <input type="checkbox"/> | Dependent child starting secondary school. | Copy of the acceptance of enrolment. |
| <input type="checkbox"/> | Financially supporting a dependent child through a first course of full-time tertiary education. | Both: <ol style="list-style-type: none"> Copy of the acceptance of enrolment, and A signed letter by the insured person which confirms their child is either partially or fully financially dependent on them. |
| <input type="checkbox"/> | Reaching ages 25, 30, 35, 40 or 45. | No proof is required. |
| <input type="checkbox"/> | The terminal illness of a spouse, de facto partner, child, or civil union partner. | A letter signed by the insured person which confirms that a spouse, de facto partner, child, or civil union partner has been diagnosed with a terminal illness by an appropriately qualified medical practitioner (confirming a prognosis of less than 12 months to live). |
| <input type="checkbox"/> | The death of a spouse, de facto partner, child, or civil union partner. | Copy of the death certificate of spouse, de facto partner, child, or civil union partner. |
| <input type="checkbox"/> | Permanently stops work to provide full-time physical care for the first time for a dependent relative. | A letter signed by the insured person which confirms: <ul style="list-style-type: none"> The name of the dependent relative and their relationship to the insured person; The date from which the dependent relative required full-time care and that the insured person has become responsible for their full-time care; The date the insured person stopped work. |
| <input type="checkbox"/> | Takes out or increases a mortgage on their own home, investment property, vacation home, or residential block of land. | Copy of both: <ul style="list-style-type: none"> A bank statement to show date loan was drawn (date and amount), and The executed loan agreement that confirms the date, value of the loan, and the signees of the loan. |
| <input type="checkbox"/> | Co-signs on a new mortgage for a child. | Copy of both: <ul style="list-style-type: none"> A bank statement to show date loan was drawn (date and amount); and The executed loan agreement that confirms the date, value of the loan, and the signees of the loan. |
| <input type="checkbox"/> | Has a salary increase of at least \$5,000 or a salary increase of at least 10% of their salary. | Employed 3x payslips or new employment contract. Self-employed Full business accounts for the last financial year. |

Date the special event occurred:



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Additional cover.

I/We would like the following cover to be added to the above policy number (select one cover type only).

| ✓ | Cover type. | Amount (select one). |
|--------------------------|---|---|
| <input type="checkbox"/> | Accelerated Trauma cover. | <input type="radio"/> Maximum OR <input type="radio"/> Other amount \$ |
| <input type="checkbox"/> | Accelerated Total and permanent disability cover. | <input type="radio"/> Maximum OR <input type="radio"/> Other amount \$ |

If Total and permanent disability cover has been selected above.

1. What is your principal earning occupation?

2. How many hours per week do you spend at your principal occupation?

 hours per week

3. Please describe the tasks involved in the duties of your occupation (including where applicable, details of heights, depths and locations at which you work, and chemicals, gases or any toxic substances used).

The Underwriting team may contact you if further details are required.

Other insurance and claims.

Has the insured person either had a claim paid or is entitled to be paid a claim under any policy with us or any other insurance company? *Note: you don't have to tell us about insurance claims that don't relate to your health or life.*

(tick one) Yes No

Please provide details:



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Other insurance and claims (continued).

Has the insured person either had a previous application for Trauma cover or Total and permanent disability cover (or similar benefits) deferred or was offered cover with special terms (such as loadings or exclusions) with us or any other insurance company?

(tick one) Yes No

Please provide details:

Conditions.

- This application must be received, with supporting evidence, within the later of either:
 - Six months following the event, or
 - 30 days of the following policy anniversary for this policy.
- The option can be exercised once per insured person in respect of all Life cover and/or similar benefits for that insured person across all Fidelity Life policies.
- The option must be exercised before the insured person's 50th birthday.
- Refer to the Life cover policy wording for the maximum sum insured available to be taken on the additional cover, and in total across all other similar cover types with any insurer.
- This option cannot be exercised if the Life cover currently has any special terms (such as loadings and exclusions).
- This option cannot be exercised if Trauma cover or Total and permanent disability cover (or similar benefits), have previously been applied for with any insurer in respect of the insured person and the decision was to defer cover or to offer cover with special terms (such as loadings or exclusions).
- This option cannot be exercised if the insured person has either had a claim paid or is entitled to be paid a claim under any policy with us or any other insurance company.
- The insured person must meet all standard eligibility criteria for the cover being added, as at the date the benefit is exercised (and, for the addition of Total and permanent disability cover, will have their occupation assessed to determine the premium rates that apply, if eligible).
- Your Policy premiums will increase in line with the additional cover. We will calculate your premium for the additional cover using the insured person's age at the date you exercise this option. The start date of the additional cover is the date we confirm our acceptance of the application to you, subject to the payment of the additional premium.
- Fidelity Life will not pay a benefit under the added Trauma cover or Total and permanent disability cover if, at any time before the cover was added, or within six months of it being added, the insured person:
 - Suffers any claim event for anything other than an accident;
 - Has any signs or symptoms leading to a claim event (whether or not a specialist medical practitioner has been consulted) that may result in a claim for anything other than an accident under the benefit.
- Refer to the policy wording for the full terms and conditions.



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Privacy.

This form collects personal information that will be used to assess your application and in the administration of any insurance issued. The way we collect, use, disclose and store your personal information is set out in our privacy statement, available at fidelitylife.co.nz

Disclosure.

Before you enter a contract of insurance you have a duty to disclose to Fidelity Life every matter that is relevant to Fidelity Life's decision whether to accept the risk of insurance and if so on what terms. You have the same duty to disclose those matters to Fidelity Life that occur after signing this application and before your contract of insurance commences. You also have the same duty to disclose those matters to Fidelity Life before you apply to increase or re-instate your insurance. If you fail to comply with your duty of disclosure, Fidelity Life may cancel your policy from inception, or at its discretion, alter the amounts and terms of the insurance or decline to consider any claim/s. If in doubt, please tell us and if there is anything you are unsure of, please contact us.

Declaration.

I/we declare that:

- The statements made are true and complete to the best of my/our knowledge and belief and that I/we have not withheld any material information that may influence the assessment or acceptance of this application.

I/we understand and agree that:

- Documents provided in support of this application will form part of the contract between the policy owner/s and Fidelity Life.
- Our premium/s will increase in line with the increased sum insured

Signature.

| | | |
|----------------------|---------------------------|----------------------|
| Insured person name: | Insured person signature: | Date: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Policy owner 1 name: | Policy owner 1 signature: | Date: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Policy owner 2 name: | Policy owner 2 signature: | Date: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please return your completed form to:

@ admin.services@fidelitylife.co.nz ✉ Freepost 1893, PO Box 37275, Parnell, Auckland 1151.

If you have any questions please contact us on 0800 88 22 88.