

Application declaration.

The disclosures made in this application are to both Fidelity Life and to nib.

Even if any applicant has previously applied for insurance with Fidelity Life and/or nib, you must provide in this application all the information that is required to satisfy the duty of disclosure described below. Fidelity Life and nib are separate insurers and each will consider the application separately. Neither Fidelity Life nor nib will be bound by disclosures made to either of them in the past. If either Fidelity Life or nib seeks additional information as part of its separate underwriting process, that information does not become knowledge of the other insurer.



Your Duty of disclosure for the life to be insured and policy owner(s).

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 reinstate 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 Fidelity Life cancels your policy from inception, all premiums paid may be forfeited.

Privacy Act 2020 and The Health Information Privacy Code 2020.

- This application collects personal information about you, the **life to be insured and the policy owner(s)**. You have the right of access to, and correction of, your information.
- The personal information and any additional information obtained, (including medical and financial information) will be used by Fidelity Life, its subsidiaries, its officers, its advisers, reinsurers and other companies for processing on Fidelity Life's behalf, to calculate and administer the insurance you apply for and for the purposes and promotion of insurance and investment services to you. The information may also be used for statistical purposes provided you are not identified.
- Your personal information is held at Fidelity Life's Auckland office, or by one of Fidelity Life's storage providers and through cloud-based services in New Zealand and Australia who store information on our behalf.
- The information may be disclosed outside of the Fidelity Life group of companies where the disclosure is necessary for one or more purposes for which the personal information was collected, to the adviser named on this application (or allocated to your business), where required by law, to the policy owner or with your consent.
- If blood tests are required in connection to this application, results will be provided to your general practitioner named in this application.

Declaration and authority by life to be insured and policy owner(s).

- I/We have read the notice explaining my/our duty of disclosure and have had an opportunity to discuss it with my/our adviser. I/ We understand the contents in the Duty of disclosure and wish to proceed with my/our application with that understanding. I/We have completed the sections in this application required to be completed. If I/we have not done this, I/we declare that I/we have read the completed application and the information given (including any personal statement) is true, accurate and complete. I/we have not withheld or misstated any material fact.
- No statement affecting this insurance has been made to any representative of Fidelity Life that is not recorded in this application.
- I/We acknowledge that the information I/we have provided and the information provided by anyone else on my/our behalf in this application will form the basis of the contract of insurance between me/us and Fidelity Life.
- I/We understand if additional information is required to process my/our application for insurance, I/we may be telephoned by an underwriter. The information that I/we provide to the underwriter will form part of my/our application for insurance.
- I/We will immediately notify Fidelity Life of any circumstances affecting the risk that may occur after signing this application and before the contract of insurance commences.
- I/We understand that the contract of insurance with Fidelity Life will not commence until this application has been accepted by Fidelity Life, acceptance terms have been agreed to by the policy owner(s) and received by Fidelity Life and until payment of the premium is received, or receipt of a valid direct debit to operate within 30 days.



nib nz limited – important information and declaration. All information is true, correct and complete.

- Although we may obtain information from other parties (see nib Privacy Policy) or from our historic files, we are not required to do so. All information must be disclosed in this application. We may request further information from you and your doctor.
- Each policy owner and insured person declares that all information given by them is true, correct and complete. If it is not, we may, at our discretion, cancel this policy from the commencement date, effective date or join date (as applicable). If we cancel the policy, any premiums paid may be retained by us. If we have already made any claims payments, we may recover these from the policyowner.
- If you have provided information on behalf of another person, you confirm that you are authorised to do so.
- For applications for nib's Easy Health cover, please note that your medical history is not reviewed by nib on application. Future claims will be assessed at the time of claiming for pre-existing conditions at the time of this application.

Privacy Act 2020 and The Health Information Privacy Code 2020.

- 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.



Statement of consent by life to be insured.

- I/We authorise Fidelity Life to obtain any information about me from any person and/or entity including, but not limited to, any and all health treatment providers (i.e. medical practitioner, specialist, hospital, clinic, counsellor, psychologist, therapist, dentist, alternative health practitioner), insurers, Accident Compensation Corporation, or any similar organisation, employers (whether current or not), accountants, consultants, financial advisers, banks, financial institutions, any credit rating agencies and public authorities.
- I/We authorise any person and/or entity, including any of those listed above, to give any information about me to Fidelity Life, or to other companies for collection on Fidelity Life's behalf.
- I/We agree that a photocopy of this statement of consent shall be as valid as an original and is sufficient evidence of my consent and authority to the disclosure of my information.

Acceptance of Fidelity Life's Policy terms.

- I/We understand that Fidelity Life decides whether to accept my/our application and, if so, on what terms. Subject to the 14-day free look period described below, I/we agree in advance to always accept Fidelity Life's terms including but not limited to the premium, any exclusions and any other variations to the standard terms. If my/our application is acceptable on terms that differ from those originally requested by me/us, my/our adviser/broker will contact me/us for approval of any changes.

14-day free look.

- I/We understand that my/our contract of insurance can be cancelled during the 14-day free look period and all premiums refunded to me/us.

Signature of life to be insured (1)

Date
(DD) (MM) (YY)

Signature of life to be insured (2)

Date
(DD) (MM) (YY)

Signature of parent/guardian/employer for person under age 18

Date
(DD) (MM) (YY)

Signature of policy owner(s).

(If company-owned, authorised signatory must sign and indicate they are signing on behalf of the company and their position in the company).

1. Date
(DD) (MM) (YY)

2. Date
(DD) (MM) (YY)

3. Date
(DD) (MM) (YY)

4. Date
(DD) (MM) (YY)

5. Date
(DD) (MM) (YY)

Policy Terms.

The illustration attached to this application forms part of the application and sets out the nib cover that you are applying for. The terms of your policy are set out in the Contract of Insurance for the nib cover you have selected. nib may accept the application on non-standard terms and this will be set out in the acceptance certificate or renewal certificate (whichever is the later). A 14-day free-look period applies to all nib covers. Each nib cover can be amended from time to time in accordance with its terms.

Signatures.

Policy owner(s) and applicants age 16 or over.

To be signed by all applicants aged 16 and over, including the policy owner(s). Note: The Policy owner(s) must be age 16 and over. Policy owner(s) are also signing on behalf of all dependent children under age 16.

Full Name of applicants

1.

Signature of applicant (1)

Date
(DD) (MM) (YY)

2.

Signature of applicant (2)

Date
(DD) (MM) (YY)

3.

Signature of applicant (3)

Date
(DD) (MM) (YY)

4.

Signature of applicant (4)

Date
(DD) (MM) (YY)

5.

Signature of applicant (5)

Date
(DD) (MM) (YY)

6.

Signature of applicant (6)

Date
(DD) (MM) (YY)

Fidelity Life has an A- (Excellent) financial strength rating given by A.M. Best.

A- Excellent	Secure	Vulnerable	
	A++, A+ (Superior)	B, B- (Fair)	E (Under Regulatory Supervision)
	A, A- (Excellent)	C++, C+ (Marginal)	F (In Liquidation)
	B++, B+ (Good)	C, C- (Weak)	S (Suspended)
	D (Poor)		

The A.M. Best financial strength rating relates to Fidelity Life's insurance and investment business. For the latest ratings, visit www.ambest.com. A.M. Best have not provided this rating as a recommendation. The scale of which this rating forms part of is available from Fidelity Life.

nib nz limited has an A- (Strong) financial strength rating given by S&P Global Ratings Australia Pty Ltd.

A- Strong	AAA (Extremely Strong)	B (Weak)	SD or D (Selective Default or Default)
	AA (Very Strong)	CCC (Very Weak)	R (Regulatory Action)
	A (Strong)	CC (Extremely Weak)	NR (Not Rated)
	BBB (Good)		

For more information, visit www.spratings.com/understanding-ratings.