



Health declaration.

Personal statement by the life insured submitted in support of their application for life insurance.

Duty of disclosure (what you need to tell us).

- 1. Always tell the truth** – You must tell us everything that may affect our decision to insure you. Insurance is based on the principle of utmost good faith. Put simply you have a positive duty to provide truthful, complete and correct information about yourself, including your health and medical history. Your duty of disclosure extends to the date the contract of insurance commences. For example, you are required to tell us if you are diagnosed with a medical condition after the date of your application, but before we agree terms of cover we may offer. If we offer to cover you, you will be insured on the basis of the information you have provided.
- 2. Answer questions as fully as you can** – Applying for insurance involves responding to a number of questions. Your answers need to include as much detail relating to your current and past circumstances as possible. While this may take time, it is important to ensure that we have all the information we need when we make the decision to insure you and on what terms.
- 3. If in doubt, tell us** – Be aware the law does not distinguish between innocent or deliberate non-disclosure. If you are uncertain of the relevance of any information, please include it on your form because, even if you aren't sure, it may be important to us. If someone else is completing the form on your behalf, it is important that you check that the information is correct and nothing has been left out.
- 4. If you don't know something, say so** – If you say that you don't know what the answer is and we think we need more information about your answer to a question so we can offer you insurance, we will need to obtain the information from somewhere else. By signing the declaration and consent, you give us your consent to get this information.
- 5. Know what you're signing** – By signing the declaration on your form, you are saying that you have answered all the questions completely and to the best of your knowledge, as well as providing any other information that may influence our decision about your policy. If you are uncertain about any of your answers, ask your adviser or us before signing the declaration. By completing and signing the declaration you are agreeing to be bound to Fidelity Life's terms.
- 6. Don't be afraid to ask** – If there is anything you're not sure of, don't be afraid to ask. Contact your adviser, or phone Fidelity Life on 0800 88 22 88.

Privacy consent.

- 'Fidelity Life' refers to Fidelity Life Assurance Company Limited and 'you' and 'your' refers to the life insured filling out this form.
- This health declaration / policy revival form collects personal information about you. The personal information (including medical information or financial information if required) will be used by Fidelity Life to consider reviving your life insurance policy and to assess and administer the insurance you apply for and for the purposes and promotion of insurance and other services to you. The information may also be used for statistical purposes provided you are not identified. If you do not provide any requested information, it may mean that we are unable to review your revival request or provide you with insurance cover
- This privacy consent authorises Fidelity Life, its subsidiaries, its advisers, reinsurers and any agents appointed by Fidelity Life to collect from, use, and disclose to any third party, your information that is reasonably necessary to assess this application. This privacy consent authorises those third parties to disclose that information to Fidelity Life, its subsidiaries, its advisers, reinsurers and any agents appointed by Fidelity Life.
- Those third parties include (but are not limited to): advisers, agents, health service providers including recognised private and public hospitals, registered medical practitioners and specialists, medical authorities, health insurers, Accident Compensation Corporation (ACC), banks and financial institutions, accountants, counsellors, psychologists and therapists, insurers and reinsurers, and any other individual organisation where the collection/disclosure is required by law.
- The information collected is held securely at Fidelity Life's Auckland office or by one of Fidelity Life's storage providers and through cloud-based services in New Zealand or Australia who store information on our behalf.
- Under the Privacy Act 2020 you have the right of access to and correction of the information that Fidelity Life holds about you. Fidelity Life will rely on you to keep them informed of any changes to your information.
- A copy of our privacy statement is available at fidelitylife.co.nz



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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. The rating should not be read as a recommendation. The scale of which this rating forms part of is available from Fidelity Life.

Declaration and consent.

By completing this form you:

1. Declare that the statements you have made are true and complete to the best of your knowledge and belief and that you have not withheld any material information that may influence the assessment or acceptance of this application.
2. Agree that this questionnaire will form part of your application for life insurance or revival of your cover and that failure to disclose any material fact may invalidate the policy.
3. Agree to inform the company in writing of any change in your circumstances between the date of this application and the issue of the policy contract.
4. Understand that cover will not commence until the first premium has been received and the policy or acceptance letter has been issued.
5. Confirm you've read, understood and agree to the Privacy Act 2020 and The Health Information Privacy Code 2020 statement above.

Life insured name (please print)

Life insured signature

Date (DD/MM/YYYY)

If this form has been completed by someone other than the life assured, please complete the following:

Name (please print)

Signature

Date (DD/MM/YYYY)

Relationship to the life insured reason you've completed the form on their behalf

Email address

Phone number

If you've completed this form based on a new application, please return to:

@ newbusiness@fidelitylife.co.nz ☒ Freepost 1893, PO Box 37275, Parnell, Auckland 1151.

If you've completed this form based on an existing policy you'd like to reinstate, please return to:

@ customervalue@fidelitylife.co.nz ☒ Freepost 1893, PO Box 37275, Parnell, Auckland 1151.

Don't forget to include any supporting documents if required.

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