

# Application for Kids Cover

Please complete this form if you need to provide details of an additional child for a new policy application, or if you need to add a child to an existing policy.

## What is the purpose of this form?

Please tick all that apply.

Add to new policy ☐ Application number

Add to existing policy ☐ Policy number

## Your duty of disclosure

(Please read carefully)

Please make sure you tell us everything that might be relevant to this application.

This application for insurance cover forms part of the proposed insurance contract. You, the policy owner(s), must answer all questions asked of you completely and correctly, and disclose to Asteron Life all material information, whether the information is asked for or not. Material information is information that might influence our decision to insure the child and, if so, on what terms and/or premium. If you have any doubt as to whether a fact is material then it must be disclosed. This is important even if you have separately discussed something with your adviser. After we have been provided with this application, the person insured and the policy owner(s) must also tell Asteron Life of any change in circumstances that is material to this application. This duty continues until the contract of insurance is formed. The duty of disclosure also applies if in future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.

If the information provided to us is substantially incomplete or incorrect in any material way, then we may decline the application or it may affect the ability to claim in future. If this happens, we may decide not to accept a claim. We may also exercise any legal rights we have to avoid the policy from inception. This means that your policy would be deemed never to have existed and any claims already paid may have to be paid back.

So, please ensure you, the policy owner(s), take care when answering our questions. If you are unsure whether to mention something, always include it, or call our Customer Service Team on 0800 737 101 to check.

## 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](http://www.asteronlife.co.nz) by phoning **0800 737 101**, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

## Insurer Financial Strength Rating

The Insurance (Prudential Supervision) Act 2010 requires all licensed insurers to have a current financial strength rating that is given by an approved rating agency. **Asteron Life Limited** has been given an **A** Insurer Financial Strength Rating by Standard & Poor's.

The rating scale is:

<b>AAA</b> Extremely Strong	<b>B</b> Weak
<b>AA</b> Very Strong	<b>CCC</b> Very Weak
<b>A</b> Strong	<b>CC</b> Extremely Weak
<b>BBB</b> Good	<b>SD</b> Selective Default
<b>BB</b> Marginal	<b>D</b> Default

Ratings from 'AA' to 'CCC' may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories.

The rating scale above is in summary form. The full version of this rating scale can be obtained from [www.asteronlife.co.nz](http://www.asteronlife.co.nz).

# PART 1: Details of Child to be insured

How many children are to be covered?

Policy owners, please complete this section if you are applying for Kids Cover. If you would like cover for more than two children, please attach an additional Kids Cover application form with their details.

Child 1

Family name

Given name(s)

Date of birth  Male ☐ Female ☐

Postal address

(if different from person to be insured)  Post Code

1. Are you the child's parent? Yes ☐ No ☐  
If 'no' please provide details.

2. In the last 5 years has the child:

▪ Been admitted to hospital? Yes ☐ No ☐

▪ Had an operation, surgical procedure, or blood transfusion? Yes ☐ No ☐

▪ Had an abnormal blood test or other abnormal investigation results? Yes ☐ No ☐

▪ Attended a clinic? Yes ☐ No ☐

Child 2

Family name

Given name(s)

Date of birth  Male ☐ Female ☐

Postal address

(if different from person to be insured)  Post Code

1. Are you the child's parent? Yes ☐ No ☐  
If 'no' please provide details.

2. In the last 5 years has the child:

▪ Been admitted to hospital? Yes ☐ No ☐

▪ Had an operation, surgical procedure, or blood transfusion? Yes ☐ No ☐

▪ Had an abnormal blood test or other abnormal investigation results? Yes ☐ No ☐

▪ Attended a clinic? Yes ☐ No ☐

You don't need to tell us about normal growth and development check-ups, immunisation, or simple bone fractures or stitches that have healed.

3. Other than what you've already told us about, does the child *currently* have any medical condition or disability? Yes ☐ No ☐

If you've answered "yes" to any part of question 2 and/or 3 above, please provide the following details.  
Otherwise go to question 4.

	Child 1	Child 2
Doctor		
Doctor's address		
Condition		
Treatment		
Tests		
Results		
Description of current symptoms		

**4. Have any of the child's biological parents, brothers or sisters been diagnosed with any of the following *before the age of 60*?**

*Please tick all that apply and complete the additional information where required. You don't need to tell us about half-brothers or half-sisters.*

		Child (1, 2, or both)	Relation to child	Relative's age at diagnosis
Angina, heart attack, heart disease	<input type="checkbox"/> Condition:			
Stroke	<input type="checkbox"/>			
Diabetes	<input type="checkbox"/> Type:			
Polycystic kidney disease (PKD)	<input type="checkbox"/>			
Haemochromatosis	<input type="checkbox"/>			
Huntington's disease (Chorea)	<input type="checkbox"/>			
Breast and/or ovarian cancer	<input type="checkbox"/> Type:			
Bowel or colon cancer	<input type="checkbox"/>			
Another type of cancer	<input type="checkbox"/> Type:			
Familial adenomatous polyposis (FAP), or another hereditary bowel condition	<input type="checkbox"/> Condition:			
Muscular dystrophy	<input type="checkbox"/>			
Any other condition that runs in the family for which screening has been offered for the child	<input type="checkbox"/> Condition:			
Don't know as adopted	<input type="checkbox"/>			
None of the above	<input type="checkbox"/>			

# PART 2: Declaration

## Consent

I/we, the person to be insured, authorise Asteron Life to obtain at any time from any employer, doctor, hospital, health agency, insurance office, Government department or agency, or any other person or entity, any and all information Asteron Life may require. I/we understand that Asteron Life can only obtain information about me or any child to be insured for the purpose of assessing or re-assessing an application for cover; an application to alter or reinstate cover; a claim; reviewing observance of obligations including disclosure; or administering the policy. A photocopy of this authorisation shall be read as the original and any relevant person or entity is directed by me to release to Asteron Life any personal information they hold concerning me or any child to be insured. I/we understand that a third party may also be used to process this information for Asteron Life.

## Acknowledgement, Authorisations and Declaration

Please read carefully before signing.

Parts 2 and 3 of this section apply to the Person to be Insured only.

1. I/we the proposed **policy owner(s)**:

a. have read and understood “Your duty of disclosure” and the Asteron Life Privacy Statement on page 1, as well as this Acknowledgement, Authorisations and Declaration, and Consent sections.

b. agree that this application, declaration and the telephone interview (if applicable) to be completed will form part of the proposed insurance contract between me/us and Asteron Life.

c. understand that if I/we do not provide any information that is material to this application, or if any information provided by me /us is substantially incorrect and material, then Asteron Life may not be able to accept this application; and any policy issued may be avoided from inception. Any claims already paid may have to be paid back.

d. confirm that the information provided in this application is either in my/our own handwriting or has been checked and approved by me/us as being accurate and complete.

e. confirm that where any person(s) to be insured is less than sixteen (16) years of age, confirm that I/we are authorised, to act on their behalf.

f. have agreed that a photocopy of this authority shall be treated as an original.
2. I/we, **the person(s) to be insured**, understand that:

a. this application will form part of the basis of the proposed contract for insurance.
- b. I/we am required to advise Asteron Life of any change that is material to this application up until the contract of insurance is formed. The duty of disclosure also applies if in future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.

c. if I/we do not provide any information that is material to this application, or if any information provided by me/us is substantially incorrect and material, then Asteron Life may not be able to accept this application; and any policy issued may be avoided from inception. Any claims already paid may have to be paid back.

d. I/we will only be insured for pre-existing conditions if I/we have told Asteron Life about them in writing and insurance for those pre-existing conditions has been accepted by Asteron Life in writing.

e. the information provided in this application is either in my/our own handwriting or has been checked and approved by me as being accurate and complete.
3. I/we, **the person(s) to be insured**, declare that:

a. All the answers provided in this application are complete and correct.

b. In addition, I/we confirm that I have advised Asteron Life of all additional information that may affect its decision to provide insurance cover on the terms and conditions applied for.

c. I/we acknowledge it is my responsibility to ensure I/we have provided all information that may affect Asteron Life’s decision to provide insurance cover, whether the information is specifically requested in the application or not.

	Full name	Signature	Date	
Person to be Insured				Sign here
Child to be Insured 1 (age 16 years or over)				Sign here
Child to be Insured 2 (age 16 years or over)				Sign here
Policy Owner 1				Sign here
Policy Owner 2				Sign here

# PART 3: Adviser details

(This section is for Adviser’s use only. To be completed in all cases)

Adviser’s name

Adviser number

Asteron Life PO Box 894, Wellington 6140, Freepost 795  
Ph: 0800 737 101 (Contact Centre hours: Mon–Fri 8.30am–5pm)  
Email: [newbusiness@asteronlife.co.nz](mailto:newbusiness@asteronlife.co.nz) Web: [asteronlife.co.nz](http://asteronlife.co.nz)

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RP266 (09/24)

