

# 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. 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 agreeing.**

1. I/we the proposed policy owner(s):
  - a. have read and understood the Asteron Life Privacy Statement, Duty of Disclosure, as well as this Acknowledgement, Authorisations and Declaration, and Consent sections.
  - b. agree that this application, declaration and any personal statements 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 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.
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.
3. 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 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.

Signature

**Sign here**

Date

Name

## Duty of Disclosure (Please read carefully)

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. The person to be insured and the policy owner(s) must answer all questions asked of them 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 you 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.

The person to be 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 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 both the person to be insured and 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.

## Important: 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:

AAA Extremely Strong	BBB Good	CCC Very Weak	D Default
AA Very Strong	BB Marginal	CC Extremely Weak	R Regulatory Supervision
A Strong	B Weak	SD Selective Default	NR Not rated

Ratings from 'AA' to 'CCC' may be modified by the addition of a plus (+) 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).