

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. This form can be used for up to two children. If you would like cover for more than two children, please attach an additional Kids Cover application form with their details.

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 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+' (Strong)** financial strength rating by Fitch Australia Pty Ltd (Fitch), an approved rating agency, whose rating scale is set out below in summary form.

A rating of **'A+' (Strong)** means Asteron Life has a strong capacity to meet policyholder and contractual obligations. For Fitch's full rating scale, please go to Fitch's website at www.fitchratings.com.

Fitch Rating Scale

AAA Exceptionally Strong	BBB Good	CCC Very Weak
AA Very Strong	BB Moderately Weak	CC Extremely Weak
A Strong	B Weak	C Distressed

Note: (+) or (-) may be appended to a rating to indicate the relative position of a credit within the rating category. Such suffixes are not added to ratings in the AAA category or to ratings below the CCC category.

Important notes

- Please refer to the policy document for full details of cover including all applicable terms and conditions.
- We review our premium rates from time to time, which may result in a change to your policy premium.
- Acceptance of this cover is subject to normal underwriting terms and conditions and we may request further medical information to assess this application.
- Policies are effective after this application has been processed and we have received the first premium payment. All premiums are payable to Asteron Life Limited.
- You have the right to cancel the policy within 17 days of its issue by writing to Asteron Life Limited.
- You have the right to request financial information about Asteron Life Limited.
- If you arrange this insurance through an insurance broker or other intermediary, that person may receive a commission or other remuneration from Asteron Life Limited.

PART 1: Cover details

1. What is the purpose of this form?

Please tick all that apply.

Add to new policy ☐ Application number

Add to existing policy ☐ Policy number

2. How many children are to be covered?

3. Amount of Kids Cover required per child

Child 1 \$

Child 2 \$

4. Illustrative premium for Kids Cover application in total*

\$ per month/annum

**The first \$50,000 of Kids Cover per child is free. You can add additional protection for just one dollar per month per \$10,000 of cover for each child, up to a maximum total cover of \$200,000 per child.*

PART 2: Details of Child to be insured

(To be completed by the owner of the policy)

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 ☐

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		

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 ☐

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 3: Declaration

Consent

I/we, the policy owner(s) and the child/children to be insured (if aged 16 years or over), 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 the policy owner(s) or the child/children 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 the policy owner(s) or the child/children 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.

1. I/we the proposed **policy owner(s)**:
 - a. have read and understood this application including "Your duty of disclosure" and the Asteron Life Privacy Statement on page 1, as well as the "Consent" and "Acknowledgment, Authorisations and Declaration" in this section.
 - 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 child 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 policy owner(s) and the child/children to be insured (if aged 16 years or over)**, understand that:
 - a. this application will form part of the basis of the proposed contract for insurance.
3. I/we, **the policy owner(s) and the child/children to be insured if aged 16 or over)**, 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	
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 4: Adviser details

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

Adviser number	Adviser name	Signature	Date	
				Sign here

Asteron Life PO Box 894, Wellington 6140, Freepost 795
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