

HELPGUIDE Release 6 – December 2021

nibAPPLY allows you to sign up your clients via an online application with real-time decision making.

Available 24/7.

Use this help guide if you need assistance with the flow of the application and the information that needs to be entered.





Welcome to nibAPPLY

nibAPPLY is an online join experience designed to make applying for nib policies easier and more time efficient. It will give you premium illustrations (quotations), application capability, online payments and real-time decisions (autounderwriting) through an intuitive and secure web based platform.

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1. Prior to using nibAPPLY

Before you get started there are a few things to consider:

1. Make sure you have access to the internet with a 4G connection. If the Wi-Fi signal is weak, or the phone hotspot you are using is 3G or has a low signal there is a chance the experience will be degraded slowing down the application process, or stopping it all together. Examples of what this could look like:



Problem calling the underwriting service. Please try again. If this problem persists, email adviser@nib.co.nz

Tips on how you could avoid:

- In café's use free Wi-Fi
- If with Spark use the SPARK WI-FI HOTSPOTS, or other paid services at venues
- Seek permission to connect to the client's home or office Wi-Fi
- If unable to use hotspots, choose locations with 4G (4 or 5 bar signal)
- 2. Use any browser except Internet Explorer
- 3. You are registered to nib adviser access—for information on registering use the <u>help guide</u>
- 4. You are able to use nibAPPLY for an Easy Health, Ultimate Health or Ultimate Health Max application for a brand new client to nib. nibAPPLY is not to be used for adding new clients to any existing nib policy.
- 5. If bundling cover with Fidelity Life, you may want to use the Fidelity nib paper multi-app. If bundling with another risk provider, you may instead use nib's usual application form and the Supplementary Information Forms we have developed, available <u>here</u>.

nib			My nib			
Our products \checkmark Using your cover \checkmark	Health and wellbeing \checkmark	Help centre About nib 🗸				
nib adviser acce	SS	~			Login	
and manage your nib client policies of	n the go.			Email address Password		
Login		TOF	Par		Login	
					Remember me	
New to adviser access? Request a login	Want to work with us? Get in touch	> Download our nib adviser a	access guide >		Forgot your password?	
				Run into a problem? Email our adviser help tear or call 0800 238 642	m at advisersupport@nib.co.nz	



1. Prior to using nibAPPLY

Select the tab "nibAPPLY" in nib adviser access.

Ensure you are logged in under the Unique Adviser Number (UAN) you use for new business applications so that the correct commission tables under your selected agreement will apply. Then click **Create a new application**.





Commence entering details for the first applicant.

nib				Hi Test! Log out
nibAPPLY	In progress	Adviser document	s Member documents	Public documents
Join Policyov	wner Whole Boo	dy Head Chest	Abdomen Declaration (Offer Payments Finish
Personal det	ails			
Name				
Mr - Tor	n	Middle name	Jones	
Are you eligible for p services in NZ?	oublicly funded healt	h ⑦ Do you currently h insured with nib?	ave, or have you ever been	
Yes	No	Yes	Νο	
Date of birth	٦	Gender		
01/02/1975		Male	Female	Choose cover options
Smoker Stat	us 🕲	Height	Weight	
Non-Smoker	Smoker	Height (cm)	Weight (kg)	
Contact deta	ails	Phone		
Email address		Phone		

The nibAPPLY screens will ask you to input the following:

- Name (middle name is not mandatory)
- Eligibility for publicily funded healthcare (more information check the Ministry of Health website)
- Does the client currently have, or has been insured with nib. If you answer yes then you can complete the application process however it will be manually underwritten
- Date of birth
- Gender
- Smoking status—We consider a non-smoker to be someone who has not smoked tobacco, e-cigarettes, vaping or any other substance in the last 12 months

The following information is not required to obtain an illustration. It will however be required if the application progresses:

- Height and Weight (required for any applicant age 12 or over)
- Contact details (email address and contact number).



Select the base product, excess and add on options you have recommended for the applicant. You can also apply an indicative loading.* This will provide an indicative illustration based on the information that has been entered. **Confirm** the details.

*Please note, the final premium is based on the member's disclosures in the application stage and is not affected by the indicative loading applied at this stage.

Join	Policyow	ner	Declaration	Of	ffer	Payments		Finish		
Personal	details C	over options								
Base cover										
Ultima	ate Health	Ultimate Hea	lth Max	Easy He	ealth	Indica	tive Illus	tration		
Excess (app	plies only to bas	se cover)				Ultimate Excess \$	e Health Max 500	72.93		
\$0	\$250	500 \$1,000	\$2,000	\$4,000	\$6,000	non-PHA	RMAC Plus	7.91		
Monthly Prem	ium					Specialis	t	31.00		
\$99.15	\$88.66 \$	72.93 \$62.44	\$51.95	\$41.45	\$36.21	Indicativ	e Loading	25.98		
Additional (Options					\$	137	7 82		
Speci	alist					7	per	month		
GP GP							Confirm			
Denta	al & Optical									
Proac	tive Health					Illust	ration S	Summar	у	
							Tom Jones			^{\$} 13
V non-P	HARMAC Plus	\$20k \$50	ik \$100k	\$200k	\$300k	Ultimat	e Health Max \$72	93 non-PHARM	IAC Plus \$7.91 Sp	cialist
Seriou	us Condition Finan	cial Support	\$20,000	\$50	0,000	Excess	\$500.00	\$100k Indicative Li	bading \$25.98	
						The f	irst applio	ant has be	en entered. E	dit or remo
Indicative L	oading 🕐	_				the a	ipplicant k	by clicking t	the three dots	
None	25%	50%	75	<i>i</i> 96	100%	If you	u would li	ke to 'Shov	v Excesses' an	d 'Show
						Prem	niums' on Dis Please	the illustra	tion summary	, select the
Paymen	t details 🕲					displ	ayed ar <u>e a</u>	age-based	only and d <u>o n</u>	ot take i <u>nfl</u>
	Direct Debit		c	Credit Card		med	ical inflati	on into acc	ount.	
Weekly	Fortnightly	Monthly	Quarterly	Half yearly	Annually	You	can also a	dd an addi	tional applicar	it. This will

- You can mix and match base products for each applicant between Ultimate Health Max[™] and Ultimate Health[™].
- You can not mix Easy Health[™] and the Ultimate Health range on one application.
- You can mix and match excess and add ons across all base products.



You will now be presented with the illustration summary. This will provide a breakdown of the cover and pricing you have applied for all of the applicants. You have three options on this page:

- 1. Print the illustration to send to your clients
- 2. Save and continue later. This will place the application into the tab "*In progress"* and will remain there for 90 days
- 3. Continue to application. Proceed to the underwriting questions. You will receive a prompt to ensure that all of the applicant details are correct as you can not amend them once you pass this point.





Select or add who is going to own the policy. Things to consider:

- You must have at least one policyowner
- You can have a maximum of two policyowners
- Policyowners must be over the age of 16
- You can add a policyowner that is not going to be insured on the policy.

Click the radio button next to the name of the selected policyowner, it will display with a green tick.

Then add an address for the policyowner so that we can send important communications about the policy.



What is your postal address?

Address

Or enter your address manually



You have the ability to add a policyowner that is not going to be insured. This provides additional flexibility in the cover for you and your clients.



Now we can move to capturing the applicant's medical history to commence the underwriting process. There are various sections that you work through as labelled in the ribbon. If Easy Health[™] has been selected then you will not go through this process as medical history is not required.





Continue through the section Head, Chest and Abdomen.

If information was forgotten or the applicant wanted to review what was entered you can navigate back using the ribbon at the top or by clicking on the completed health category section.







Additional Conditions	You will be asked if there are any other conditions,
Image: Description of the other conditions, signs, symptoms or treatments not previously mentioned and when you had these below. Image: Description of the other conditions, signs, symptoms or treatments not previously mentioned and when you had these below. Image: Description of the other conditions, signs, symptoms or treatments not previously mentioned and when you had these below.	signs, symptoms or treatments not previously mentioned, if yes is selected then a free text box will display.

- If you enter any information into **Additional Conditions** it will return an offer of further underwriting required.
- You can submit additional medical notes if you need to by sending them via email to <u>underwriting@nib.co.nz</u>. Note in the email that this is to be attached to an electronic application that has been submitted on the specific date along with the applicant's name. If you want the additional medical notes considered in conjunction with the application, you must select Yes to Additional Conditions and type "Additional medical information being sent" (or similar) in the free text box.

Join Po	blicyowner Whole Body Head	Chest Abdomen Declaration Offer Payments Finish	
Т	Details of your fa	mily medical history FamilyHistoryQ10	
Tom	Have you or any of your birth parent	s, brothers or sisters suffered from	
	A stroke	Diabetes	
	Cancer	Huntington's disease	
	Benign tumour of the brain or spina	Motor neurone disease	
	cord	Haemochromatosis	
	Heart condition	Polycystic kidney disease	
	High blood pressure	Any other hereditary disorder?	
	Raised cholesterol		
	Yes	No	
	<		

The **Details of your family medical history** question will be asked if you have selected the Serious Condition Financlal Support add on on Ultimate Health Max^{TM} and Ultimate HealthTM.

Health questions have been completed for the first applicant (Tom), and for the next applicant (Barbara) for those questions you answered **No for all applicants**. You can move on to the next applicant by clicking on her initials.

Follow the same process for the next applicant(s) if you hadn't already and then submit.

Health Questions Summary

All applicant health questions need to be answered before you can proceed.







4. Declaration

Complete the declaration for each applicant. Switch between the applicants for each to read and mark that they have understood. All applicant(s)/policyowner(s) age 16 and over are to complete the declaration (even if they are not going to be insured on the policy).



and any dependent children under the age of 16.

Financial strength rating

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





If the Easy Health[™] product has been chosen there will also be a pre-existing condition declaration that will need to be read through. It is very important that the applicants/policyowner(s) understand whether or not any of the insured's pre-existing conditions could be permanently excluded.



5. Offer

An offer or pending offer will be provided. It will outline if there are any loadings, warnings, exclusions or deferrals for each applicant. Remember that the premium shown here is not affected by any indicative loading applied at the illustration stage. To see more detail, click **See details**.

Offer of Terms				
If you're ready to purchase your nib policy, please accept to your acceptance certificate and policy documents that con	pelow. Once your adv tain the full details of	iser has submitted your f your cover will be sent	application, your policy w by email.	ill be activated and
O Accepted with exclusions and/or loadings 3 exclusions	See Details	No loading	Offer of Te	rms
TJ Tom Jones	4	5 111.83	Direct Debit	Credit Card
Ultimate Health Max \$72.93 non-PHARMAC Plus \$ Excess \$500.00 \$100k	\$7.90 Specialist	\$31.00	Monthly	•
Accepted with exclusions and/or loadings	See Details	No loading	Policy Fee	+ 5.75
B Barbara Jones	e	130.34	\$ 24	17.92
Ultimate Health Max \$86.01 Specialist \$4 Excess \$500.00	40.93 Serious Con Financial Su \$20.000	ndition \$3.40 upport	I/We Ac	cept
ere are three outcomes that uld be presented:	Underw	riting Outcom	e	×
Accepted with standard terms	BJ Bar	bara Jones	d/or loadings	
Accepted with exclusions and/or loadings	Loadings: N		ar of fourings	
Further underwriting is required. This will be flagged with our	Warnings None			
Underwriting team and manual underwriting will take place.	Exclusions Female: - Any consulta abnormalities any cancer or thereof. This o written applic	ations, investigations or and/or any underlying pre-cancerous conditio can be reviewed with 3 ation to nib nz limited.	treatment in relation to cr cause thereof (including b ns of the cervix) and/or ar consecutive annual norma	ervical smear ut not limited to ny complications al smears on
	Deferrals			
	None			



5. Offer

Is this application replacing any existing business? Complete the business replacement advice as appropriate.

Making an Informed Decision

The Financial Advisers Act requires Advisers to exercise care, diligence and skill when providing clients with financial advice. That advice should include an accurate explanation of the differences between your existing and proposed policy/benefits, the advantages and disadvantages of switching, and the reasons why replacement is your best option.

Note: if your or a previously insured person's health has changed since the commencement date of the policy(ies) to be replaced, you may not be able to obtain the same acceptance terms. You'll need to contact the old insurer directly to cancel any existing policy. We strongly suggest you do not cancel any existing policy until everything necessary has been disclosed to nib, the new policy has been issued and you are happy that you and any previously insured persons are appropriately insured.

Business Replacement Advice

Is this application for health insurance to replace any existing health insurance policy for any of the lives insured, or any health insurance policy that has been cancelled in the last six months.

Member to confirm

I confirm that I have been provided with all the information and advice in relation to moving the health insurance for all lives insured to nib.

Adviser to confirm

I (Rick Morty) confirm that I have provided the applicant/s all the necessary information and advice for them to make an informed decision to move their insurance to nib. I confirm that this change is in the best interests of the applicant(s).

Next

No



6. Payments

On the payment tab depending on the payment method, Direct Debit or Credit Card, you will need to confirm and enter the payment information.

Let's look at Direct Debit first

The terms and conditions need to be opened, read and understood by the policyowner prior to you as the adviser confirming that you have explained the terms.

Enter the cover start date within four weeks from today and the first payment date from the calendar.

You will then be directed to a payment screen to enter the bank account details.



If paying monthly, there will be a full month deduction for that month that the cover start date is in, if the particular date is not available within that month then a double deduction will be taken. For weekly or fortnightly payments, ensure that the applicant is aware of situations where there will be a double deduction on the initial payment.

J	oin Policyowner Whole Body Head Chest Abdomen Declaratio	on Offer Payments Fi	nish
	Payment		
	What will happen after I have completed the payment details? We will advise the Policy Owner(s) of the amount and preferred payment date in the Welcome pack, which will be emailed to them after they join. No payments	Amount \$ 203.4	43 Joonth
	will be deducted until after the policy is issued. Before you can proceed, you must read and explain the Direct Debit Terms and Conditions to the policy owner, and make sure they confirm that:	Payment method Direct Debit / Monthly	
	The policy owner has sole authority to operate this account.	Cover start date	Dourmont dotails X
	• The policy owner authorises nib nz limited ("The Initiator") to initiate direct	dd/mm/yyyy	Payment details
	debit on their nominated bank account.	First navment date	Account number
<	 The bank account is not near by a company, it ust, estate or other non- personal account holder. 		XX-XXXX-XXXXXXX-XX
	• The policy owner hasn't cancelled an nib direct debit authority on this	dd/mm/yyyy	
	bank account in the last nine months.		Account holder name
	 The poincy owner understands the authority is subject to the acceptor bank's terms and conditions that relate to the acceptor's account. 	Confirm and Pay	T Jones
	• The policy owner is happy with nib using the contact information provided		
	here for all communication in relation to this direct debit. $\hfill \downarrow$		Bank name
	(This section is locked until you have opened and read the Direct Debit Terms and Conditions above)		ASB
	I Test Nib confirm that all the direct debit terms and conditions have been explained to the policy owner and they have confirmed all bulleted items		
	above.		Amount \$195.66
			Pay now Cancel



6. Payments

If Credit Card has been chosen you will be presented with the following screens to capture the information. It is very important that you as the adviser has authority to enter the details on behalf of the credit card owner.

What will happe We will advise th the Welcome par be deducted unt	n after I have completed the payment details? e Policy Owner(s) of the amount and preferred payment date in :k, which will be emailed to them after they join. No payments will il after the policy is issued.	Amount \$ 203.4 per mo	
The policy owner just us authorisin	may notice a \$1 amount on their statement. Don't worry! This is no the card and the \$1 will not be debited.	Payment method Credit Card / Monthly	
Payments proces	ised by	Cover start date	
express	DPS Privacy Policy	dd/mm/yyyy	
I Test Nib F	have authority to enter the credit card details on behalf of the	First payment date	
	Payment details × Cardholder name P Name on card C Card number C Card number C Card expiry F	Confirm and Pay	
	•• / •• Amount \$195.66		



If today has been selected as the first payment date there may be a delay of up to two working days for this to be processed. Please make your client aware of this.



7. Finish

The last section prior to submitting the business is for you as the adviser to notify nib of how you would like your commissions to be paid and confirming whether the necessary information and advice had been given so that the applicants are making an informed choice.



- Select how you would like your commission to be paid.
- Confirm that you have provided all the necessary information and advice for the applicant to make an informed decision to place their insurance with nib.

nib				Hi Test! Log out
nibAPPLY	In progress	Adviser documents	Member documents	Public documents
Join Policyov	wner Whole Body	y Head Chest Abdo	men Declaration Offer	Payments Finish

Submitted, start another policy?

Signup another policy

Once the business has been submitted you and your client will receive confirmation emails and attached will be PDFs of the underwriting outcomes for each applicant and all the information that was entered during the application process.



8. Applications in progress

If for some reason you were unable to complete the application process in one go you will be able to pick up where you left off in the application process. Navigate to the **"In progress"** tab within nib adviser access and this will present a list of all the applications that you have completed within the last 90 days.

Any applications prior to this time would need to be entered again as health information and premium amounts could have changed.



9. Support

For additional support, consider the following:

- FAQs
- Call our team on 0800 238 642
- Contact your Adviser Partner Manager, click <u>here</u> for contact details.