

Life & Living Continuation Insurance Application



Life & Living Continuation Insurance is provided by nib nz insurance limited. nib nz insurance limited is the only organisation responsible for claims under the cover.

1. About you

To apply for Life & Living Continuation Insurance cover you need to be living in New Zealand and have one of the following (tick which applies):

New Zealand or Australian passport/citizenship

New Zealand or Australian Permanent Resident Visa (with no travel conditions on your visa)

New Zealand Resident Visa (for Life cover and/or Serious Illness Trauma cover only)

Holders of 'other' visas are not eligible to apply for Life & Living Insurance.

Title

Mr Mrs Miss Ms

Other (if other please specify)

First name

Middle name/s

Last name

Gender assigned at birth

Male Female

Date of birth

Address

Postcode

Who was your employer

What was your last day at employer?

What was your salary at employer?

\$

If we need to contact you about your insurance application and policy, now or in the future, can we email you?

Yes No

What's the best email to contact you on?

What's the best number to call you on?

What's your employment status? (tick which applies):

Employee Contract worker
 Seasonal worker Self-employed Retired
 Student Not in paid employment

If not in paid employment, please specify e.g. houseperson, unemployed

What will be your new main usual occupation or job?

How many hours a week do you work in this occupation?

hours per week

In the last 12 months have you smoked cigarettes, tobacco in any form, or vape (including any non-nicotine vape)?

Yes No

Life & Living Continuation Insurance Application

You are eligible for this Life & Living Continuation Insurance if:

- You have left the employment of your employer;
- On the last day of your employment with your employer you were an eligible employee, and either At Work at Full Capacity or on Approved Leave (see the 'When your cover starts' heading above for the meaning of "At Work", "Full Capacity" and "Approved Leave");
- You are not moving to another employer where you will be eligible for any other group insurance scheme provided by nib nz insurance limited;
- You are under the age of 60;
- No benefits for terminal illness, total and permanent disablement, trauma or income protection have been paid or are eligible to be payable to you under this or any other life insurance policy unless it is a redundancy benefit claim;
- No claim involving you is currently being assessed by nib nz insurance limited or in the process of a claim being paid under this insurance cover wording or any of our Life & Living policies;
- You have not been rejected for other life insurance coverage with us or another life insurance provider;
- No loss of income benefits have been paid to you or are eligible to be payable to you under ACC (Accident Compensation Corporation);
- You have not left your role with your employer due to illness or injury or any other mental or physical health condition;
- You are not commencing employment in an occupation considered by us to be an uninsurable risk under our Life & Living insurance policy; and
- The level of life insurance cover applied for is no greater than the level of life insurance cover that was available under this insurance cover wording on the last day you were an eligible employee.

2. Your Life & Living Continuation Insurance

The amount of your Life Cover and Serious Illness Trauma Cover will be the same as the amount you had under your Group Life & Trauma Insurance cover.

Funeral Expenses cover

- Funeral Expenses Cover** (this is complimentary). While cover is in place, whichever cover you've chosen, you'll get one lump sum payment of \$15,000 to help with funeral expenses if you die or if you're diagnosed as terminally ill and expected to die within the next 12 months.

\$15,000 Lump sum

3. Indicative premium

Any premium we've discussed may change based on your answers to the health and lifestyle questions in your application. It can also change if you have a birthday between now and when your application is approved because premiums will increase as you get older.

Life & Living Continuation Insurance Application

4. Beneficiary details

If your application is approved, as the policy owner you can name any living person as your beneficiary. This means the beneficiary named will receive any Life cover or Funeral Expenses cover claim payments. If the beneficiary was not alive to receive the payment, or you choose not to name a beneficiary, it would be paid to your estate.

Would you like to choose a beneficiary?

Yes No *If yes, please complete the details below*

What's your beneficiary's relationship with you? e.g. spouse/child/parent etc

First name

Last name

Gender

Date of birth

Male

Female

Address

Postcode

We recommend you review your beneficiary from time to time, especially as your life circumstances change - this includes things like getting married or divorced, and having children. You confirm that the beneficiary (the beneficiary named in this application and any other beneficiary you may nominate) agrees to provide personal information to nib nz insurance limited. We will only use personal information about a beneficiary to the extent necessary for the purpose of managing a claim.

Life & Living Continuation Insurance Application

5. Your information

How we can use your personal information

Any personal information you provide to us is collected and held by nib nz insurance limited to do the things insurers normally do, including:

- assessing your application;
- managing your premiums and cover;
- reviewing any claims you might make; and
- providing you with marketing communications and invitations and offers for products and services including new products or services that we or our third party business partners believe may be of interest to you to assist in developing new products and services.

Your personal information can be shared with:

- others who assist in providing the insurance, such as reinsurers;
- any future owner of the insurance;
- your financial adviser, where you purchase your policy through an adviser;
- any named beneficiary for the purpose of making a payment in respect of a claim;
- with medical professionals as required to assess your application or claim; and
- other companies in the nib Group, for the purposes set out in our privacy policy.

For further information about how we treat your personal information, see <https://www.nib.co.nz/privacy-policy/>

Any information you provide us must be truthful

The information you give us, including the information you've already given or give us in any follow up discussion or correspondence must be truthful, correct and complete. If you don't tell us, there may be an issue later with your cover or claim. nib nz insurance limited relies on your information in deciding whether to provide insurance, and if so on what terms.

6. Health and lifestyle details

Do you currently participate in, or have definite plans to participate in any hazardous pursuits or activities, e.g. motor sports, aviation (other than as a fare paying passenger on a licenced airline), diving to greater than 30m, martial arts, skydiving etc.?

Yes No

If YES

Please provide activity details, including how often you participate and whether you participate outside of New Zealand or Australia:

Do you intend to work, live or travel overseas?

Yes No

If YES

Please provide details of destination, duration and purpose:

Life & Living Continuation Insurance Application

8. Premium payment details

Payment method

Direct Debit - Please complete the Direct Debit Authority in section 10

Credit card - Select this payment type if you would like to pay by credit card. We will contact you to arrange your credit card payments. Please note, we accept monthly payments only from Visa and Mastercard.

9. Final steps

You confirm the information you've provided is true, correct and complete?

You agree to let us know if any of the information you've given us changes, or if there's any new information about your health and lifestyle that comes up before the start date of your insurance. If you don't tell us, there may be an issue later with your cover or claim.

You authorise nib nz insurance limited to obtain information such as your medical records and disclose your personal information to other parties identified in section 6 including your financial adviser, where applicable.

No insurance is in place at this time. However, until your application is accepted, nib nz insurance limited provides you with Temporary Accidental Death Cover. If you die from a non-medical, unexpected accidental injury, nib nz insurance limited will pay any Life Cover you've applied for and/or Funeral Expenses cover of \$15,000 (up to a maximum of \$500,000). This cover is subject to terms and conditions including circumstances which are and aren't covered, who we'll pay and when the cover ends. The full terms and conditions are available on the nib website under Apply for Life & Living Insurance.

nib nz insurance may pay fees to third parties for referrals or for arranging Life & Living Insurance or making financial advice available on Life & Living Insurance (as applicable). You can find more information about this at www.nib.co.nz/about-nib/financial-advice/ and from your financial adviser.

If you change your mind after the insurance starts, and you let us know you want to cancel it within 30 days of the start date, you'll get a refund of any of the premiums you've paid.

Full name of life insured

My signature

Date

Life & Living Continuation Insurance Application

nib nz insurance limited has an A (Strong) Financial Strength Rating from S&P Global Ratings Australia Pty Ltd.

Standard & Poor's rating scale

Rating	Description
AAA	Extremely Strong
AA	Very Strong
A	Strong
BBB	Good
BB	Marginal
B	Weak
CCC	Very Weak
CC	Extremely Weak
SD or D	Selective Default or Default
R	Regulatory Action
NR	Not Rated

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. A full description of the rating scale can be found at www.standardandpoors.com

10. Direct Debit Authority

Bank account details

The account I/we want the money to come from:

Bank account number

Bank account name

To: The Bank Manager

Name of bank

Initiator's authorisation code

Name of branch

3	8	0	0	1	3	3
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Town/city

Information that will appear on your statement

N	I	B		N	Z		I	N	S		
---	---	---	--	---	---	--	---	---	---	--	--

Payer particulars

P	O	L	I	C	Y		N	O	#		
---	---	---	---	---	---	--	---	---	---	--	--

Payer code

R	E	F		N	O	#					
---	---	---	--	---	---	---	--	--	--	--	--

Payer reference

Payment frequency

Preferred payment date

Fortnightly

Monthly



Life & Living Continuation Insurance Application

Authorisation

I/we authorise you to debit my/our account with the amounts of direct debits from 'nib nz insurance limited' with the authorisation code specified on this authority in accordance with this authority until further notice. I agree that this authority is subject to: the bank's terms and conditions that relate to my account, and the specific terms and conditions listed below.

Authorised signature 1

Authorised signature 2

Date

Specific conditions relating to the notices and disputes

- I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:
 - I don't receive a written notice of the amount and date of each direct debit from the initiator, or
 - I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.
- I may ask my bank to reverse a direct debit up to 9 months after the date the initiator sent the first direct debit under the authority if I am not reasonably satisfied that the authority authorised my bank to debit my account with the amount of the direct debit.
- The initiator is required to give me a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series.

The notice is to include:

- the dates of the debits, and
- the amount of each direct debit.

If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give me notice no less than 10 calendar days before the change.

- If my bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the original dishonour, the initiator is not required to give me a second notice of the amount and date of the direct debit.

Bank use only – Original – retain at Bank

Approved 0013	Date received	Recorded by	Checked by	BANK STAMP
03 22				



Need help?

Call: **0800 555 642 (option 3)**

Email: **Lifeservice@nib.co.nz**



Please return the completed form via email

Email: **Lifeservice@nib.co.nz**



Life & Living Continuation Insurance Application

For OFFICE USE ONLY

Adviser UAN

Adviser name

Adviser email

Date of Group Life & Trauma Insurance accreditation

Is the applicant applying for nib Health alongside this application?

Yes No

If known, please provide Health Application number:

Have you attached a copy of the Life & Living Continuation Insurance Premium Indication?

Yes No

■ nib Intermediary Agreement

What date did you send nib a signed copy of the Intermediary Agreement – Amendment for nib Life & Living Sales?

■ Business replacement

Where the applicant has existing life insurance cover, do you confirm that: you have provided the applicant with all necessary information and advice to make an informed decision to move their insurance to nib, or replace an existing nib policy?

Yes No

This change is in the best interest of the applicant?

Yes No

Any other comments: