

# 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.

Please tick one  Add to new policy  Add to existing policy

Existing policy number (if applicable)

Adviser number

## Your 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. 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.

## PART 1: Details of Child to be insured

### 1. Kids Cover

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 sheet with their details and note the total number of children in the space provided below.

Total number of children to be covered

#### Child 1

Family name

Given name(s)

Date of birth  Male  Female

If address is different from person to be insured

Home address

Post Code

#### Child 2

Family name

Given name(s)

Date of birth  Male  Female

If address is different from person to be insured

Home address

Post Code

### 2. Doctor's details

Doctor's name

Address

# PART 2: Standard Application

(Please complete this part)

1. Are you the child's or children's parent? ..... Yes  No   
*If 'no', please provide details.*

2. Has any child ever attended a clinic, been admitted to a hospital, had any surgical procedure or blood transfusion (other than for normal growth and development checkups, immunisation, simple bone fractures or stitches)? ..... Yes  No   
*If 'yes', please provide details.*

3. Has any child ever had any abnormal blood tests or other abnormal investigation results? ..... Yes  No   
*If 'yes', please provide details.*

4. Does any child suffer from any medical condition or disability? ..... Yes  No   
*If 'yes', please complete details below.*

**Child 1**

Doctor

Doctor's address

Condition

Treatment

Tests

Results

**Child 2**

Doctor

Doctor's address

Condition

Treatment

Tests

Results

5. Has any child's mother, father, brother or sister ever had:
- a. Breast, ovarian, colon or other cancer, familial adenomatous polyposis, diabetes, heart problems, stroke, haemochromatosis? ..... Yes  No
- b. Huntington's disease, muscular dystrophy, polycystic kidney or any other hereditary disease? ..... Yes  No   
*If 'yes', please complete details below.*

Family member <i>(relationship to child)</i>	Condition/sickness <i>(please specify cancer or heart disease &amp; specify type of diabetes)</i>	Age at onset <i>(approx.)</i>

## 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 Ratings Outlook is **Stable**. The rating scale is Standard & Poor's Long-Term Insurer Financial Strength Rating scale\*:

<b>AAA</b> Extremely Strong	<b>CCC</b> Very Weak
<b>AA</b> Very Strong	<b>CC</b> Extremely Weak
<b>A</b> Strong	<b>SD</b> Selective Default
<b>BBB</b> Good	<b>D</b> Default
<b>BB</b> Marginal	<b>R</b> Regulatory Supervision
<b>B</b> Weak	<b>NR</b> Not rates

\*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 3: Privacy Statement and Declaration

**Asteron Life Limited ("Asteron Life") and the wider Suncorp Group complies with the Privacy Act 1993 when dealing with personal information.**

(To be completed in all cases)

### Collection & Use of information

We confirm that we collect and use personal information about you and the insured person with Asteron Life for the following main purposes:

- To enable any application you make, or any policy you hold with Asteron Life or any other insurance office, to be processed, underwritten, reinsured and/or accepted.
- To enable any policy held with Asteron Life to be serviced and maintained, and to enable any claim you make against such a policy to be processed, including checking the validity of the policy.
- To enable Asteron Life and its authorised intermediaries to monitor and service your ongoing insurance requirements, including providing you with advice and information concerning life insurance, income protection insurance, or any other insurance products and services from us or our partners.

### Disclosure of Information

We may disclose your personal information to third parties for the purpose of providing our services to you or in order to comply with legal requirements. This may include where we have introduced you to a new Adviser whom you appoint.

### Storage, Access & Correction

Your personal information is stored securely with Asteron Life or other companies within the wider Suncorp Group. Your information may also be securely stored electronically on servers located in New Zealand or overseas, by third parties on our behalf. You have a right to request access to, and correction of, your personal information by contacting the Asteron Life Customer Service team on 0800 737 101, email them at [contactus@asteronlife.co.nz](mailto:contactus@asteronlife.co.nz) or writing to PO Box 894, Wellington.

For further information about how we deal with your personal information, please refer to the "Asteron Life Privacy Statement". It is available 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.

# 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 apply to the Person to be Insured only.

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

- have read and understood the Asteron Life Privacy Statement on page 1, "Your duty of disclosure" on page 2, as well as this Acknowledgement, Authorisations and Declaration, and Consent sections.
- 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.
- 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.
- 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.
- 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.
- have agreed that a photocopy of this authority shall be treated as an original.

I/we, **the person(s) to be insured**, understand that:

- this application will form part of the basis of the proposed contract for insurance.
- 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.

- 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.
- 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.
- 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.

I/we, **the person(s) to be insured**, declare that:

- all the answers provided in this application are complete and correct, and I/we understand that all answers to be provided in my/our telephone interview (if applicable) must also be complete and correct.
- In addition, I/we confirm that I/we have advised Asteron Life of or will advise in the telephone interview (if applicable), any and all additional information that may affect its decision to provide insurance cover on the terms and conditions applied for.
- I/we acknowledge it is my/our 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, and telephone interview (if applicable), or not.

	Full name	Signature	Date	
<b>Person to be Insured</b> (must sign)			/ /	
<b>Child to be Insured 1</b> (age 16 years or over)			/ /	
<b>Child to be Insured 2</b> (age 16 years or over)			/ /	
<b>Policy Owner(s) 1</b>			/ /	
<b>Policy Owner(s) 2</b>			/ /	

## PART 4: Adviser's report

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

Adviser's name

Adviser number