PERSONAL ACCIDENT AND ILLNESS PROPOSAL

TAI
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INTRODUCTION - FORM COMPLETION

Please answer all questions. Please tick appropriate boxes (√) and provide details as requested. If there is not enough space provided to answer a question please complete your answer on a separate sheet of paper and attach it to this **Proposal**.

There are certain words that are used in this **Proposal** that start with a capital letter and are printed in bold. These words have special meanings that are set out in the **DEFINITIONS** section.

IMPORTANT - YOUR DUTY OF DISCLOSURE

Prior to entering into a contract of insurance **You** have a duty to disclose certain information. **You** have the same duty to disclose prior to renewing, extending, varying or reinstating an insurance contract. This is **Your Duty of Disclosure**.

What **You** must tell **Us**:

Your Duty of Disclosure means that when answering the questions in this **Proposal, You** have a legal obligation to tell **Us** everything **You** know, or which a reasonable person in **Your** circumstances would know, that is relevant to **Our** decision to insure **You**.

But **Your Duty of Disclosure** is not limited simply to the questions in this **Proposal**. It extends to any information that is relevant to **Our** decision to offer **You** insurance. **We** will use **Your** answers and the information **You** have provided to **Us** in deciding whether to insure **You**, and on what terms **We** will offer to insure **You**.

Also, **Your Duty of Disclosure** does not end when **You** have answered the questions in this **Proposal**. **You** are also required to tell **Us** if circumstances change between the time **You** complete this **Proposal**, and the date recorded on **Your** Schedule that the **Policy** starts. On each renewal or change to **Your Policy, You** also have a **Duty of Disclosure**.

If **You** do not comply with **Your Duty of Disclosure** and complete the questions in the **Proposal** accurately, and also provide **Us** with all information relevant to **Our** decision to offer **You** insurance, **We** may refuse to pay a claim, or cancel or avoid **Your Policy** (avoidance means that the **Policy** has never legally existed). **We** may also have the right to retain premiums that **You** have paid, regardless that the **Policy** has been avoided.

Please read this **Proposal** and the notes contained in it carefully to ensure:

- **You** are aware of all **Your** contractual and legal rights and obligations;
- The **Policy** provides the insurance cover that **You** require;
- **You** are aware of the limits regarding **Policy** coverage, and what **We** will pay **You** under the **Policy**.

PRIVACY

The information collected in this **Proposal** will be used to assess **Your** request for insurance and to provide other insurance services in accordance with our privacy policy. The information is collected and held by Insurance Wholesale Limited. The **Insured** has rights of access to and the right to correct this information in accordance with the provisions of the Privacy Act 1993.

THE **POLICY OWNER**

Full name of **Policy Owner**

Address for notices:

Phone: Mobile: Email:

Has the **Policy Owner** ever been declared bankrupt, or committed or been charged with, or convicted of any, criminal offence? YES ☐ NO ☐

If Yes please provide details, these should include the nature of the bankruptcy or crime (whether alleged or convicted) and when it occurred:

Relationship to the person to be **Insured**

THE **PROPOSED INSURED** (REFERRED TO HEREAFTER AS THE INSURED)

Full name of **Insured**

Address:

Phone: Mobile: Email:

Date of Birth: Height: Weight:

Full description of the **Insured's** occupation:

How many hours does the **Insured** work at his/her occupation per week?

Is the **Insured** a New Zealand resident? YES ☐ NO ☐

What are the **Insured's** tasks/responsibilities in his/her occupation? (*Please briefly describe these below*)

How long has the **Insured** been in this business? At this location?

Does the **Insured** engage in any other business? YES ☐ NO ☐ If Yes please specify:

What is the **Insured's** average weekly income?

Has the **Policy Owner** ever been declared bankrupt or committed or been charged with, or convicted of any, criminal offence? YES ☐ NO ☐

If Yes please provide details, these should include the nature of the bankruptcy or crime (whether alleged or convicted) and when it occurred:

BENEFITS AND COVER REQUIRED

Lump Sum Benefit* $ Weekly Benefit** $

***Lump Sum Benefit** maximum is $150,000. ****Weekly Benefit** maximum is $1,500.

Cover Required

Period of insurance and commencement date

WEEKLY BENEFIT - BENEFIT PERIOD

(The maximum Benefit period **We** will agree to is 104 weeks.) weeks

Wait period

7 days	14 days	28 days	60 days	90 days	180 days

PLEASE NOTE:

1. The **Policy** includes **Medical Expenses** of up to 15% of the total amount of any claim paid for **Temporary Total Disablement** or **Temporary Partial Disablement**, without additional premium;
2. To be eligible for **Us** to consider this **Proposal** to provide a **Policy**, the **Insured** must be less than 55 years of age;
3. The maximum amount for **Weekly benefits** that **We** will provide insurance for is 75% of the **Insured's** income at the time that this **Proposal** is completed;
4. **We** will not pay **Weekly Benefits** when an **Insured** is more than 70 years of age, irrespective that the full **Benefit Period** may not have expired at the time of the claim.

Personal Details

Has the **Insured** been **insured** against accident or illness now or previously? YES ☐ NO ☐

If Yes please provide name of previous insurer(s)

Have special terms ever been imposed for life or disability insurance or has such an insurance ever been declined, cancelled or renewal refused by an insurer? YES ☐ NO ☐ If Yes please provide full details:

Has an accident or illness ever prevented the Insured from attending to their business or occupation for a period or periods of more than 7 days? YES ☐ NO ☐ If Yes please provide full details:

- Abnormal blood pressure, hypertension, aneurism, diabetes, gout, rheumatism, rheumatic fever, arthritis, fits, ulcers, cancer, paralysis, varicose veins, hernia, melanoma, asthma? YES ☐ NO ☐
- Any disease or disorder of the nervous, digestive, genitourinary, reproductive, circulatory or respiratory system? YES ☐ NO ☐
- Any disorder of the back, spine, limbs, heart, mind, sight or hearing? YES ☐ NO ☐
- Alcoholism or drug addiction YES ☐ NO ☐

If Yes please provide full details:

Has the Insured ever been hospitalised, undergone or have any reason to believe he/she may need to undergo any surgical treatment of a serious nature? YES ☐ NO ☐

If Yes please provide full details:

Does the **Insured** smoke or otherwise consume tobacco? YES ☐ NO ☐

If Yes:

1. What type: ☐ Cigarettes ☐ Pipe ☐ Cigars ☐ Snuff ☐ Chewing Tobacco *(please tick)*
2. How many cigarettes / cigars / pipes does the **Insured** smoke per day?

Does the **Insured** consume alcohol or drugs (prescription or non-prescription or recreational - for example, cannabis)? YES ☐ NO ☐

If Yes please specify the type, quantity, (eg. for alcohol: wine, beer etc), and frequency of use:

OPTIONAL EXTENSIONS

Do **You** wish the **Insured** to be covered for the following optional extensions which are not covered unless specifically agreed and endorsed on **Your Policy**? Selecting an optional extension may alter the premium payable.

1. Air Travel other than as a passenger in a properly licensed multi- engined aircraft being operated by a licensed commercial air carrier treatment of a serious nature? YES ☐ NO ☐
2. Any other occupation, sport (including contact sports such as rugby), pastime or activity which is likely to involve extra risk or accident YES ☐ NO ☐
3. Driving or riding in any kind or Race or Competition YES ☐ NO ☐
4. Hang-gliding or Parachuting YES ☐ NO ☐
5. Hunting YES ☐ NO ☐
6. Potholing or Caving YES ☐ NO ☐
7. Riding Motor Cycles or Motor Scooters YES ☐ NO ☐

If Yes, state cc rating:

8. Rock Climbing or Mountaineering YES ☐ NO ☐
9. Skin Diving involving the use of a breathing apparatus YES ☐ NO ☐
10. Winter Sports YES ☐ NO ☐

DECLARATION

I hereby declare, subject to any contrary disclosure within this Proposal Form, that the state of my health is excellent and does not interfere with my occupation.

I fully understand that any pre-existing condition(s) will not be covered under this policy.

Pursuant to the Privacy Act 1993, I hereby authorise the release of the above information for any treatment provider and additionally authorise any treatment provider to release any information in relation to my past or present condition to **Insurance Wholesale Limited, P.O. Box 99 481, Newmarket, Auckland 1149.**

Signed:

Date: