

# Insurance Application Form

To join the Fonterra Welfare Fund insurance plan, complete this form and send it to [welfarefund.nz@mercermarshbenefits.com](mailto:welfarefund.nz@mercermarshbenefits.com)

## 1. PERSONAL DETAILS

<b>Surname:</b>	<input type="text"/>	<b>Given Names:</b>	<input type="text"/>
<b>Email (work):</b>	<input type="text"/>	<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Home Address:</b>	<input type="text"/>		
<b>Telephone (home):</b>	<input type="text"/>	<b>Telephone (work):</b>	<input type="text"/>
<b>Company:</b>	<input type="text"/>	<b>Location:</b>	<input type="text"/>
<b>Date of Birth (DD/MM/YYYY):</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<b>Annual Salary (without incentive loading):</b>	\$ <input type="text"/>
<b>Employee Number:</b>	<input type="text"/>	<b>Do you work more than 15 hours per week?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I require:</b>	<input type="checkbox"/> Life Insurance <b>OR</b> <input type="checkbox"/> Life + Income Protection (Please complete a Resolution Life Personal Statement for Income Protection) <input type="checkbox"/> Critical Illness Insurance (AIA short form underwriting questionnaire is required)		

## 2. LIFE DECLARATION

Have you been diagnosed with an illness or suffered an injury that reduces your life expectancy to less than 24 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously been a member of the fund or have submitted a personal statement excluded and required a full personal statement to be completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you away from work and not performing your usual duties on 1 May 2023 (not including annual leave)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered **Yes** to any of the questions above, please complete a Resolution Life Personal Statement form.

## 3. CONTRIBUTIONS

My employer is hereby authorised as my agent and I hereby request my employer to deduct from my salary on each day the contributions payable to secure my benefits in the Fund and to pay the contributions to the Trustees of the Fund for the purposes of the Fund. All payments made on my behalf in accordance with this authority shall be deemed to be payments by me personally to the Trustees of the Fund.

## 4. AGREEMENT TO COMPLY WITH THE TRUST DEED AND SUPPLY INFORMATION

I have received a copy of the Member Information Booklet and am aware of the terms and conditions of the Fonterra Welfare Fund.

I agree to be bound by the Trust Deed of the Fonterra Welfare Fund and any subsequent modifications. I agree to supply any other information, including personal medical details, as may be requested by the Trustees or the Insurer.

## 5. MEMBERSHIP ACCEPTANCE

I acknowledge that if I join within the May 2023 30-day joining window, that coverage for Life insurance is automatic subject to not having being diagnosed with an illness or suffered an injury that reduces your life expectancy to less than 24 months, being at work on the 1st May and not being off work due to an injury or sickness and having not previously been a member of the Fonterra Welfare Fund or applied to have joined before. The automatic acceptance benefit limits are \$1,000,000 for life insurance. Both Income Protection and Critical Illness policies will be subject to underwriting from the insurer. If I elect to join at some other date outside of this 30 day joining window, or apply for insurance above the automatic acceptance level, then insurance will be subject to my medical declaration and acceptance by the Insurer.

## 6. PRIVACY STATEMENT

I hereby authorise my employer, the Trustees of the Fund, the Insurer(s) and any Administration Manager or other person involved in the administration of the Fund to provide and disclose to any person the personal information held about me for any purpose relating to the operation and administration of the Fund and the payment of my benefits there from.

**I hereby apply for membership to the Fonterra Welfare Fund ("the Fund"):**

<b>Your signature:</b>	<input type="text"/>	<b>Date (DD/MM/YYYY):</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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**PAYROLL USE ONLY**

Verified details above (please initial):  Date commenced employment:  /  /

Current remuneration for the purposes of the fund:  Date (DD/MM/YYYY):  /  /

Application accepted on behalf of the Trustees by (elected person as agreed by the Trustees):

Salaried Agreement:  Pay cycle Frequency:

An employee on a collective employment agreement is not eligible to join.

**MARSH USE ONLY**

Contribution / Premium:  Date Effective (DD/MM/YYYY):  /  /