

## Workplace Protection Personal Statement

### To be completed by the life to be insured

Please read the notices relating to “Duty of Disclosure” and “Privacy Act Acknowledgement” before completing the following questions.

Resolution Life Plan number

Member number

### Personal Details

Title

 Mr  Mrs  Ms  Miss  Dr  Other  Male  Female

First name(s) (please print)

Surname

Private address

  

Contact phone number

 ( ) 

Mobile number

 ( ) 

Date of birth

Email address

Occupation

By providing your email address, you consent to receiving all future communications, including information about products and services offered by Resolution Life, to the above email address.\*

In which industry do you work?

Employer name

### Residence and Travel Details

Are you a permanent resident of New Zealand or Australia?

 Yes  No

If **no**, please confirm the date you arrived in New Zealand and provide details including the type of Visa you hold:

Including annual holidays, are you likely to live, travel or work overseas?

 Yes  No

If **yes**, provide details including, where, purpose and for how long:

### Your Cover Details

Death only

Amount of cover

Death and TPD

Amount of cover

Income Continuance

Amount of cover

Trauma

Amount of cover

Current Annual Salary

## Your Pursuits

1. Do you engage in or intend to engage in any of the following:

- a. **Aviation** (other than as a fare paying passenger on a scheduled commercial flight or charter service)  Yes  No
- b. **Motor racing** (including car, bike and boat)  Yes  No
- c. **Mountaineering/rock climbing**  Yes  No
- d. **Underwater diving**  Yes  No
- e. Any other hazardous activity, pursuits or sport not previously disclosed (including but not limited to parachuting/skydiving, paragliding, ocean racing, martial arts, horse riding or any other motor sports)  Yes  No
- f. Do you wish to be covered for the sports and pastime activities you have disclosed in this Application?  Yes  No

**NOTE:** This is subject to approval by Resolution Life Underwriting.

If you answered **yes** to any of the pursuits in **bold** please complete the relevant questions within the Sports and Pastimes section of the Health, Sports and Pastimes Questionnaire.

If you answered **yes** to any of the pursuits **not in bold** provide details below. Please attach an extra page if you need more room to fill out details in the table below.

Activity or sport	Location	Other details (including remuneration received)	Number of events/ hours per year	Amateur/professional

## Your Health

2. What is your height? cm/feet/inches  What is your weight? kg/lbs

3. Do you smoke or have you ever been a smoker?  Yes  No

If **yes**, on average, how many do you or did you smoke daily?

If you have stopped smoking. When did you stop?

4. Do you or have you ever used recreational drugs or non prescription drugs? If yes, give details.  Yes  No

5. How many standard drinks containing alcohol do you consume on average per week?  standard glasses per week (standard drink = 1 nip spirits, 100ml of wine, 10 oz/285ml beer)

6. At any time in your life have you ever suffered from, received advice for, or had any symptoms of the following: (even if you have not seen a doctor)

- a. Heart complaint, rheumatic fever, high blood pressure, raised cholesterol or circulation disorder?  Yes  No
- b. Disorder related to kidney, bladder, prostate, bowel, stomach or liver (including Hepatitis B&C)?  Yes  No
- c. Disorder of the brain, nervous system, stroke or epilepsy?  Yes  No
- d. Diabetes or thyroid disorder?  Yes  No
- e. **Asthma**, lung condition, breathing or respiratory disorder or sleep apnoea?  Yes  No
- f. **Depression, anxiety, nervous condition, stress or post traumatic stress disorder, mental illness?**  Yes  No
- g. **Chronic fatigue, fibromyalgia, fibrositis, myalgia, chronic pain syndrome, OOS (Occupational Overuse Syndrome)/RSI (Repetitive Strain Injury)?**  Yes  No
- h. Cancer, leukaemia, melanoma, tumour of any kind, or any blood disorder?  Yes  No
- i. **Back/neck disorder, arthritis, joint or muscle disorder or injury?**  Yes  No
- j. Disorder of the eyes, ears or skin?  Yes  No
- k. 1. Have you ever sought or been advised to, or are you intending to seek, a medical consultation, treatment or investigation in connection with AIDS or AIDS related conditions or to determine the presence of HIV?  Yes  No
- 2. Have you been infected by the virus which is believed to cause AIDS (the Human Immunodeficiency Virus HIV) or carrying the antibodies to HIV?  Yes  No
- 3. To the best of your knowledge, have you had any sexual partners who have AIDS or are HIV positive?  Yes  No

## Your Health - continued

If you answered **yes** to any of the conditions in **bold** complete the relevant questions within the Health section of the Health, Sports and Pastimes Questionnaire.

If you answered **yes** to any of the conditions **not in bold** provide details below.  
Please attach an extra page if you need more room to fill out details in the table below.

Question number		Date symptom(s) started		Date symptom(s) ceased	
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Details (including condition, treatment, results and length of time off work):

Name and address of doctor, hospital or health professional consulted:

Question number		Date symptom(s) started		Date symptom(s) ceased	
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Details (including condition, treatment, results and length of time off work):

Name and address of doctor, hospital or health professional consulted:

7. **Do you contemplate seeking any medical advice, investigation or treatment including surgery in the near future?**  Yes  No

If **yes**, please provide details

8. **In the past 5 years have you:**

- a. had any blood or urine tests, counselling of any kind, review of a previously diagnosed condition or any diagnostic test of any nature e.g. genetic test, x-ray, medical test, mammogram, abnormal smear test?  Yes  No
- b. had any other illness, injury, inherited disorder, operation or disability? (other than colds or influenza)  Yes  No
- c. used or are you currently using any medication (taken by mouth, injections, inhaled spray, cream, ointment) for any symptoms, sickness, injury or medical condition?  Yes  No

If you answered yes to questions 8a, b or c, please provide name of doctor, date of consultation if known and condition.

a.	
b.	
c.	

9. **Have any of your parents, brothers or sisters suffered from: heart disease, stroke, high blood pressure, diabetes, breast cancer, bowel cancer, other cancer, polycystic kidney disease, Huntington's chorea, inherited blood disease, inherited brain disease, kidney failure, muscular dystrophy or any other inherited disease?**  Yes  No

If **yes**, provide details in the table below

Family member Example: (mother/father, etc)	Conditions/illness (if cancer or heart disease, please specify condition and type)	Age at onset (approximate)	Age at death (approximate)

## Your Health - continued

10. FEMALES ONLY - Are you currently pregnant?

Yes  No

If yes,

a. What is the expected date of birth?

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b. Have there been any complications with this or a previous pregnancy?

Yes  No

If yes, please provide details:


## Other Insurance

11. Has any company refused, deferred or applied loadings or exclusions to a proposal on your death or disability insurance?

Yes  No

12. Have you ever made or are you planning to make a claim, or are you currently receiving benefits, or are you entitled to receive benefits for any type of trauma, sickness, accident, unemployment, war service pension, workers compensation, e.g. ACC?

Yes  No

If yes, provide details


## Doctor Information

Please provide details of your usual doctor/health clinic. If you do not have a usual doctor then the last doctor/health clinic you visited.

Name	Phone Number	Address

## Please read - Important information, declaration and agreement

### Duty of Disclosure

Until there is insurance cover in place resulting from this Application, you have a continuing legal duty to disclose to the Insurer everything that is material to the risk to be insured under this Workplace contract. This means you must tell the Insurer everything that would influence the judgement of a prudent insurer in deciding the premiums or whether to accept this application, and if so, on what terms. You must advise the Insurer of any changes that occur up until cover commences.

Any incorrect or misleading information or omission by you may affect your cover and/or entitlement to benefits.

### Privacy Act Acknowledgement

Any personal information collected will be held by Resolution Life and used to evaluate and process this application (including completion of any necessary medical tests).

You authorise Resolution Life to use your information to:

- assess, and administer the claim, including obtaining advice and/or approvals in respect of that claim, managing any complaint or dispute that may arise in respect of the claim, and coordinating with any other insurer in respect of the assessment of the claim; and
- administer any insurance policies held with Resolution Life, including arranging and administering reinsurance in respect of insurance policies issued by Resolution Life.

You also authorise Resolution Life to disclose your information to its advisers, reinsurers and any other third party solely to the extent reasonably necessary for the above purposes. You also acknowledge that Resolution Life may be required to disclose your personal information if disclosure is required by law, for example where required by a government body or regulatory authority.

The information may also be used by Resolution Life or third parties to provide you with information about other products or services offered by Resolution Life. You have the right to ask for, see and, if incorrect, request correction of the information Resolution Life holds about you, by contacting **0800 808 267**.

References to "Resolution Life" includes the Resolution Life Group of companies, their subsidiaries (including Resolution Life Australasia Limited), associated companies, agents and companies authorised by Resolution Life to collect, administer and manage information on Resolution Life's behalf.

The personal information will be held by Resolution Life, and may be held overseas. For further information regarding how Resolution Life collects, uses and stores your personal information please refer to our Privacy Policy which can be found at [resolutionlife.co.nz/privacy-policy](http://resolutionlife.co.nz/privacy-policy)

### Insurer Financial Strength Rating

Resolution Life Australasia Limited (Resolution Life) has an A- Insurer Financial Strength Rating given by S&P Global Ratings Australia Pty Limited (S&P), an approved rating agency. Insurer Financial Strength Ratings may change from time to time. Contact Resolution Life or your Adviser to confirm Resolution Life Australasia Limited's current rating or go to S&P's website [standardandpoors.com](http://standardandpoors.com) for the current rating and the full rating scale.

A summary of the S&P's Insurer Financial Strength Rating Scale is as follows:

<b>AAA</b> Extremely strong financial security characteristics	<b>AA</b> Very strong financial security characteristics	<b>A</b> Strong financial security characteristics	<b>BBB</b> Good financial security characteristics	<b>BB</b> Marginal financial security characteristics	<b>B</b> Weak financial security characteristics	<b>CCC</b> Very weak financial security characteristics	<b>CC</b> Extremely weak financial security characteristics	<b>R</b> Regulatory Supervision	<b>SD or D</b> Selective Default or Default
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Plus (+) or minus (-) signs following ratings from 'AA' to 'CCC' show relative standing within the major ratings categories.

## Application and Declaration

### PART A - APPLICATION TO RESOLUTION LIFE LIMITED

1. I request that Resolution Life provides me with the insurance to which this Application relates on Resolution Life's standard Workplace terms and conditions.

### PART B - DECLARATIONS

1. I confirm the truth, accuracy and completeness of all statements given in support of this Application (whether in this Application form, given orally or in any other document in connection with this Application) which shall form the basis of any insurance cover resulting from this Application.
2. I have read and understand the section in this Application form headed 'Duty of Disclosure' and confirm that I have disclosed everything that is material to the risk to be insured.
3. I have read and understand the section in this Application form headed 'Privacy Act Acknowledgement'. I authorise Resolution Life to disclose any personal information about me that it holds to any person where that disclosure is necessary for one or more of the purposes for which the personal information was collected.
4. I authorise any person (including any Medical Practitioner or other health care professional) to release to Resolution Life any medical and other personal information about me now or in the future held by that person and requested by Resolution Life in connection with this Application or any cover issued by Resolution Life as a result of this Application or any claim, and I agree that a photocopy of this authority shall be sufficient evidence of my consent to such release.

PRINT FULL NAME OF LIFE TO BE INSURED

I,

**Signature of Life to be Insured**

SIGN HERE

TOWN/CITY WHERE THIS WAS SIGNED

Date of birth

D D M M Y Y Y Y

Dated

D D M M Y Y Y Y