Application for Continuation Option

This application form is to be completed by the member when continuing cover from an Employee Insurance Plan to an Asteron Life Personal Insurance policy. Any exclusions and/or loadings associated with your underwritten acceptance terms under the Employee Insurance plan will apply to the Asteron Life Personal Insurance policy.

If you qualify for a benefit or have lodged or been paid a benefit under your Employee Insurance plan, you might not be eligible to continue some or all of your cover. Please refer to your Employee Insurance plan policy document for further details.

If you are applying for an increase in insurance cover and/or additional products/benefits, DO NOT complete this form. Please complete the Asteron Life Application for Life Insurance form. Any increases to cover and additional products/benefits incur underwriting.

Please complete all sections of this form as requested – an incomplete form could delay the application.

Step 1 – Complete the form

Fill in then print the form, sign it at the bottom, scan and email it, or send by post.

Step 2 – Include the following attachments

A copy of the Asteron Life Personal Insurance Illustration issued by your adviser.

Step 3 – Send the form and attachments

Email (recommended): ei.asteronlife@gbtpa.co.nz, or
Post: PO Box 894, Wellington 6140, Freepost 795

If you have any questions, we're happy to help – just call us on **0800 737 101**, or talk to your adviser.

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'** (Strong) financial strength rating by Fitch Australia Pty Ltd (Fitch), an approved rating agency, whose rating scale is set out below in summary form.

A rating of **'A'** means Asteron Life has a strong capacity to meet policyholder and contractual obligations. For Fitch's full rating scale, please go to Fitch's website at www.fitchratings.com.

Fitch Rating Scale

AAA Exceptionally Strong	**BBB** Good	**CCC** Very Weak
AA Very Strong	**BB** Moderately Weak	**CC** Extremely Weak
A Strong	**B** Weak	**C** Distressed

Note: (+) or (-) may be appended to a rating to indicate the relative position of a credit within the rating category. Such suffixes are not added to ratings in the AAA category or to ratings below the CCC category.

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. The person to be insured and the policy owner(s) must answer all questions asked of them 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 you 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 both the policy owner(s) and the person to be insured 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.

Benefit applied for under this continuation option:

Life

TPD

Trauma

Income Protection (per month)

Salary at exit from plan

Adviser details:

Adviser name

Agency name

Agency number

Email address

Work telephone/mobile

Plan details

Plan number

Plan name

Name of employer

Details of the person to be insured

Full name

Gender

Home phone number

Date of birth

Work phone/mobile

Email address

Address

Is the person to be insured a policy owner? ..... Yes ☐ No ☐

If applicable, please provide details of other policy owner below:

Full name

Gender

Home phone number

Date of birth

Work phone/mobile

Email address

Address

Section A

Please complete if you are applying to continue any of the following benefits: Life, Trauma, TPD or Income Protection

1. What date was (or if applicable, will be) your last day of work with the employer providing your Employee Insurance plan?

2. Are you currently performing all of the normal and usual duties of your paid employment? ..... Yes ☐ No ☐
   If 'no', please provide full details

3. Are you a New Zealand citizen or a New Zealand Permanent Resident? ..... Yes ☐ No ☐
   If 'no', please state the type of VISA you have and it's date of expiry

4. In the next 12 months, do you have definite plans to travel, work or reside overseas? ..... Yes ☐ No ☐
   If 'yes', please provide details below

Countries to be visited	Purpose of the trip	Length of visit	Frequency

5. Within the last 12 months have you used e-cigarettes/vaporisers (with or without nicotine), used or smoked any product containing tobacco, or used nicotine replacement therapy? ..... Yes ☐ No ☐
   If 'yes', please provide details of what you use/used, daily quantity and date of cessation – if applicable

6. a. Do you currently participate in, or plan to take part in, any organised **sport**? (For example, rugby, football, boxing, wrestling, professional sports, ocean racing, martial arts, etc)? ..... Yes ☐ No ☐
   b. Do you currently, or do you plan to participate in any **hazardous activity**, such as parachuting, hang gliding, motor sports, diving, rock climbing, caving, mountaineering, bungy jumping, aviation other than as a fare-paying passenger (e.g. Air New Zealand)? ..... Yes ☐ No ☐

   *If you **answered 'yes', to question 6a**, please complete the table below*

Sport	Frequency	Professional/amateur	Location

   *If you **answered 'yes' to question 6b**, please complete a Pursuits questionnaire on page 6 of this application form*

7. What is your new job/occupation and what industry is it in?

8. Does your new job involve any of the following:
   a. Using or handling dangerous substances, chemicals or explosives? ..... Yes ☐ No ☐
   b. Working at heights above 10 metres, working offshore, working underground or working underwater? ..... Yes ☐ No ☐
   c. Any other hazardous duties not listed? ..... Yes ☐ No ☐

   If 'yes', please provide details to any of the above questions

9. Have you claimed or, are you eligible to claim, on any benefit provided under your employee insurance plan(s)? Yes ☐ No ☐
   If 'yes' please provide full details

Section B

Please complete if you are applying to continue any of the following benefits: TPD (any or own occupation) or Income Protection.

1. Have you commenced working in your new job/occupation? ..... Yes ☐ No ☐
   If 'no', please state commencement date

2. Name and address of new employer or name and address of your business if self-employed

3. Are you working (or if applicable, will you work), on average, between 15 and 55 hours per week in your new job/occupation? ..... Yes ☐ No ☐
   If 'no', please provide full details

4. Do you perform any manual work or physical labour in your new job/occupation (e.g. lifting, packing, driving etc)? ..... Yes ☐ No ☐
   If 'yes', are these duties normally associated with the occupation description/quoted? ..... Yes ☐ No ☐
   If 'no', please provide details

5. Are you, or if applicable will you be, self-employed in your new job/occupation? ..... Yes ☐ No ☐

6. Are you, or if applicable will you be, employed on a temporary/fixed term contract? ..... Yes ☐ No ☐
   If 'yes', please provide details including contract duration

7. What is your annual taxable income in your new job/occupation?

8. Will you continue to receive income if you are disabled? ..... Yes ☐ No ☐
   If 'yes', please complete the following
   a. How long would you continue to receive this?
      Duration Amount
   b. What would be the source of the income (e.g. share dividends, retainers, ongoing profit, entitlements, other insurance policies)?

Asteron Life privacy statement

For the purpose of the Privacy Act, we confirm that we collect and use your personal information and may disclose your personal information to third parties for the purpose of administering your policy or in order to comply with legal requirements. Your details are stored securely within Asteron Life and may also be securely stored electronically on servers located in New Zealand or overseas, by third parties on our behalf. You can contact us at any time to request access to and correction of your personal information. The collection of this information is required under the terms of your policy.

For further information about how we deal with your personal information, please refer to Asteron Life's Privacy Policy. It is available online at **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.

1. I/we the proposed **policy owner(s):**
   a. have read and understood the Asteron Life Privacy Statement on as above, "Your duty of disclosure" on the first page, as well as this Acknowledgement, Authorisations and Declaration, and Consent sections.
   b. agree that this application, declaration and any personal statements will form part of the proposed insurance contract between me/us and Asteron Life.
   c. 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.
   d. 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.
2. I, **the person to be insured,** understand that:
   a. this application will form part of the basis of the proposed contract for insurance.
   b. I 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.
   c. If I do not provide any information that is material to this application, or if any information provided by me 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.
   d. the information provided in this application is either in my handwriting or has been checked and approved by me as being accurate and complete.
3. I, **the person to be insured,** declare that:
   a. All the answers provided in this application (including any pursuits questionnaires) are complete and correct.
   b. In addition, I confirm that I have advised Asteron Life of all additional information that may affect its decision to provide insurance cover on the terms and conditions applied for.
   c. I acknowledge it is my responsibility to ensure I have provided all information that may affect Asteron Life's decision to provide insurance cover, whether the information is specifically requested in the application or not.
   d. I am not currently claiming benefits and will not claim any benefits under the Group Policy(s) under which I have insurance cover.

	Full name	Signature	Date	
Person to be Insured (must sign)				Sign here
Policy Owner(s) 1				Sign here
Policy Owner(s) 2				Sign here

The person to be insured MUST SIGN on the 'Person to be Insured line. If the Person to be Insured is also a Policy Owner, that person need only sign once in the box marked 'Person to be Insured'.

Pursuits questionnaire

Please complete this questionnaire if you answered YES to the hazardous pursuits/activities question 6b on page 3.
Use one questionnaire per pursuit/activity to be disclosed.

a. Type of pursuit?

b. How long have you participated in this activity? Years Months

c. Are you a certified instructor? Yes ☐ No ☐

d. In the last 12 months how many events/trips/climbs/dives/jumps did you participate in?

e. Please advise the number of hours you engaged in this activity in the last 12 months?

f. Please advise the number of hours you intend to engage in this activity in future?

g. Where do you participate in this activity (geographically)?

h. Do you hold a current and relevant qualification/licence? (e.g. PADi, C grade licence, CPL or PPL) Yes ☐ No ☐
If 'yes', provide details

i. Do you ever participate in this activity alone? Yes ☐ No ☐

j. Please disclose maximum heights, speeds, depths.

k. Please give full details including engine size for boats/cars/planes or other equipment used.

l. Do you take part in competitions or intend to compete in the future? Yes ☐ No ☐
If 'yes', provide details

m. Have you ever suffered from any sickness or injury due to this pursuit? Yes ☐ No ☐
If 'yes', provide details

n. Do you have plans to become a professional and/or are you involved in any record attempts? Yes ☐ No ☐
If 'yes', provide details

o. If the Pursuit is Diving, Have you ever dived, or do you intend to dive in caves, wrecks or do night dives? Yes ☐ No ☐
If 'yes', provide details

Setting up your payments

You can select either to pay via Direct Debit or Credit card – simply phone us on **0800 737 101** and we can arrange payment of your annual premium over the phone, or set up your installment payments to come directly from your credit/debit/charge card.

If paying by bank account, you can complete the Direct Debit section below and return it to us by email or Freepost.

To set up regular payments from a New Zealand issued credit or debit card, please call on 0800 737 101, Monday to Friday, 8.30am to 5.00pm.

Direct Debit authority

Payer's details

Title

Family name

Given name(s)

To the manager

Bank name

Address/PO Box

Town/City

Authorisation code

Date

Authority to accept Direct Debits

(Not to operate as an assignment or agreement)

Name and address of account holder

Customer (Acceptor) to complete bank/branch number and account number and suffix of account to be debited. (If your suffix is only two numbers, insert a zero first)

BANK BRANCH ACCOUNT NUMBER SUFFIX

I/We authorise you until further notice in writing to debit my/our account with all amounts which: Asteron Life Limited (herein after referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by direct debit. I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

Authorised signatures

Sign here

For bank use only

Approved		Date received	Recorded by	Checked by	Bank stamp
0040					
05	2012				

Conditions of the authority to accept Direct Debit

1. The Initiator:
   a. undertakes to give written confirmation to the Acceptor of the commencement date, frequency and amount of the Direct Debit. In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give written advance notice at least 30 days before the change comes into effect.
   b. may, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
   c. may, upon receiving an "authority transfer form" (dated after the day of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that transfer form and this Authority for the account identified in the authority transfer form.

2. The Customer may:
   a. at any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
   b. stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
   c. where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank; provided such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:
   a. this Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.
   b. in any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
   c. any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other dispute lies between me/us and the Initiator.
   d. the Bank accepts no responsibility or liability for the accuracy of information about Direct Debits on Bank Statements.
   e. the Bank is not responsible for, or under any liability in respect of:
      - any variations between notices given by the Initiator and the amounts of Direct Debits.
      - the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
   d. notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The Bank may:
   a. in its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
   b. at any time terminate this Authority as to future payments by notice in writing to me/us.
   c. charge its current fees for this service in force from time to time.
   d. upon receipt of an "authority to transfer form" signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debits.

Asteron Life
PO Box 894, Wellington 6140, Freepost 795
Ph: **0800 737 101** (Contact Centre hours: Mon–Fri 8.30am–5pm)
Email: ei.asteronlife@gbtpa.co.nz Web: asteronlife.co.nz