Southern Cross Health Society

Health insurance short application

For use only in nominated subsidised employer schemes.

For office use only

Membership number

PLEASE COMPLETE THIS FORM IN FULL

Print using a black or blue pen only. Please initial any corrections you make.
A child can only be named as a dependant on its parent's policy, and must be under the age of 21 years.

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT ONLY.

☐ **Yes** **Health insurance eligibility:** Are you and all family members named in this application New Zealand citizens, holders of a resident visa or otherwise entitled to publicly funded health and disability services as determined by the Ministry of Health?

If not, please don't proceed. Contact your Southern Cross representative or visit moh.govt.nz/eligibility

1. YOUR DETAILS

Health insurance plan _____ **Effective date** _____

Applicant

Title _____ First name _____ Surname _____ Date of birth _____

Previous member ☐ Yes Male/female (Please circle)

Physical address _____
Street number Street Suburb Town/city

Postal address _____
(if different from above) Street number Street Suburb Town/city

Home phone ☐☐ ☐☐☐☐☐☐☐ Work phone ☐☐ ☐☐☐☐☐☐☐ Extn ☐☐☐☐

Mobile phone ☐☐☐☐ ☐☐☐☐☐☐☐

Personal email _____ ☐ (Tick preferred) Work email _____ ☐ (Tick preferred)

Partner/spouse

Title _____ First name _____ Surname _____ Date of birth _____

Previous member ☐ Yes Male/female (Please circle)

Dependant 1

Title _____ First name _____ Surname _____ Date of birth _____ Male/female (Please circle)

Dependant 2

Title _____ First name _____ Surname _____ Date of birth _____ Male/female (Please circle)

Dependant 3

Title _____ First name _____ Surname _____ Date of birth _____ Male/female (Please circle)

Dependant 4

Title _____ First name _____ Surname _____ Date of birth _____ Male/female (Please circle)

2. WORK SCHEME DETAILS

Company _____ Employee no _____

Branch/department _____ Occupation _____

Employed from _____/_____/_____ Address _____

3. YOUR DECLARATION

Please read carefully before signing. Failure to make this declaration truthfully may invalidate the policy.

1. I apply for membership of the Southern Cross Medical Care Society ("Southern Cross") and agree to be bound by the Rules of Southern Cross.

I hereby declare as follows

1. That the information I have disclosed is true and complete.
2. That any further information I disclose to Southern Cross between the date I sign this application and the date I receive a Membership Certificate from Southern Cross is, at the time of disclosure, true and complete. I undertake to advise Southern Cross of any event that may affect me or any of the other people named in this application, or any other relevant information that may affect the policy, between the date I sign this application and the date I receive a Membership Certificate from Southern Cross.
3. I accept the terms and conditions (including the limitations and exclusions) of the policy.
4. I understand that premiums may change with market variations and will change when any person named on this application enters a different age band.
5. I agree that if I leave this employer's work scheme (or if my employer stops paying for my health insurance) within 12 months of the date of joining and wish to continue my membership with Southern Cross then:
   (a) I (and/or any other persons named in this application ("other persons")) will be required to complete a full Medical Declaration;
   (b) I (and /or any other persons) will not have cover for any pre-existing conditions (as at the date of the full Medical Declaration) previously covered unless such conditions are declared in our Medical Declaration and subsequently approved by Southern Cross in writing.

Privacy – application details

1. I understand that:
   (a) the information Southern Cross collects in this application form and in the wider application process will be used to consider and process my application for health insurance and, if approved, consider the specific terms that apply to my policy, to administer my policy and for marketing purposes.
   (b) if any of the information requested as part of this application is not provided, it may delay the application being processed, or result in Southern Cross not providing the people named in this application with cover or associated benefits.
   (c) the people named in this application are entitled to have access to, and request correction of, any of their personal or health information held by Southern Cross.
2. I authorise Southern Cross to collect from, and to disclose to:
   - my husband/wife/partner (if named in this application form);
   - any person(s) nominated in writing by me;
   - third parties such as health services providers and medical authorities (including ACC and Ministry of Health), group administrators, agents, contractors, suppliers and other business partners;

   information relating to people named in this application form and I authorise these parties to disclose to Southern Cross and receive from Southern Cross this information, in accordance with the Southern Cross Privacy Statement.

I authorise Southern Cross to collect information from a previous Southern Cross health insurance and/or Critical Illness policy (including previous application(s), membership certificate(s) and/or claims.)

In relation to any other people named in this application, I confirm that:

- I am authorised to complete this application form on their behalf;
- I am authorised to disclose to Southern Cross and to receive from Southern Cross their personal and health information and I have made each of them aware of the terms of Southern Cross' full Privacy Statement (contained on Southern Cross' website);
- I have made each of them aware of the contents of this application; and
- each of the people named have authorised me to give the acknowledgements, undertakings and authorities set out above on their behalf.

Management of this and other personal and health information provided to Southern Cross is subject to the terms of the Southern Cross Privacy Statement. For an up to date copy of the full Southern Cross Privacy Statement, please refer to your policy document, visit our website at www.southerncross.co.nz/society or contact Member Services on 0800 800 181.

Financial strength rating

Southern Cross Medical Care Society (trading as Southern Cross Health Society) has an A+ (Strong) financial strength rating given by Standard & Poor's (Australia) Pty Limited.

The rating scale is:

AAA (Extremely Strong)	AA (Very Strong)	A (Strong)
BBB (Good)	BB (Marginal)	B (Weak)
CCC (Very Weak)	CC (Extremely Weak)	SD or D (Selective Default or Default)
R (Regulatory Action)	NR (Not Rated)	

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.

Full details of the rating scale are available at www.standardandpoors.com. Standard & Poor's is an approved rating agency under the Insurance (Prudential Supervision) Act 2010.

Have you ever had an application for insurance or renewal of an insurance policy declined, or had an insurance policy cancelled by an insurer?

☐ No ☐ Yes (if 'yes' please give reason for decline) _____

_____

_____

4. YOUR SIGNATURE

Thank you for your application

We will review your application and advise you in writing of the specific terms applying to your policy and the policy start date. If you are not satisfied with the policy during the first 14 days after receiving it, you can cancel the policy and we will provide a full refund of all premiums paid. You can only do this if you have not made a claim under the policy during this period.

SIGN HERE **Applicant's signature** _____ **Date** _____/_____/_____

SALES PERSON TO COMPLETE

Sales person's name

Sales code

Group name

Billing code

Policy transfer ☐

FOR OFFICE USE ONLY

Campaign code

Previous policy number

Imm loyalty ☐

Start / /

Additional info attached ☐