



If a completed health declaration is attached, please staple it and tick this box

Membership number

Please complete this panel fully for all alterations

Billing group code

Title _____ Initials _____ Surname _____

Effective date of alteration / /

Wage deduction To GRP To MBR N/a

Group contact advised Yes No N/a

Origin Phone In person Correspondence Group

Request track ID (internal only)

Name of person you received advice from _____

Please indicate the alteration(s) required and provide the information requested (Please tick)

Reinstate membership Reinstate with continuous membership

Cancellation
Cancellation reason (Please tick one of the boxes provided)
 Gone overseas Deceased Suspension Gone to another insurer Other reason

Name change
Current name _____ New title _____
New name _____ Initials _____

Self/spouse reversal *If you have indicated yes for self-spouse reversal please complete the name change above*

Transfer of membership
(Medical declaration may need to be completed)
New group name _____ New group code

Date leaving company / / New plan _____ New Billing Method (Pvt only) _____ **Employee number** _____

Reason for transfer _____ **Employee start date** / /

Address change
Common _____
Invoice address _____
Individual Member name _____

Contact details
Member name _____ Pvt Cell
_____ Bus Email
Member name _____ Pvt Cell
_____ Bus Email

Change plan
(Medical declaration and healthy lifestyle reward questionnaire may need to be completed)
From plan _____
To plan _____

Add members (Medical declaration may need to be completed)

Full name	Date of birth	Male/female	Address (if different from the policyholder)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Delete members

Full name	Date of birth	Male/female	Address (if different from the policyholder)	Reason eg over 21, suspended, gone overseas, deceased, etc
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Miscellaneous and messages

EXPLAIN THE CONDITIONS WHICH WILL NOW APPLY TO THE MEMBERSHIP

Indicate below the conditions you have explained to the policyholder

Situation	Condition	Explained to member	
Transfer or transfer with upgrade	Qualifying existing conditions	<input type="checkbox"/> Decline	<input type="checkbox"/> Cover
Upgrade only	Qualifying existing conditions for higher cover	<input type="checkbox"/> Decline	<input type="checkbox"/> Cover
Child added within 3 months of birth	Qualifying existing conditions	<input type="checkbox"/> Cover	
Member added over 3 months old	Commence claiming	<input type="checkbox"/> Immediate	
	Qualifying existing conditions	<input type="checkbox"/> Decline	
	Commence claiming	<input type="checkbox"/> Immediate	<input type="checkbox"/> Wait

Southern Cross Agent's declaration

I confirm that I have advised the applicant fully on the benefits and conditions of membership as applied to the alteration(s) to the membership. I further confirm that I have given no advice that breaches the terms of my Agency Agreement with Southern Cross including the Conditions of Membership as stated in the appropriate brochure or policy manual, and that I have fully explained the provisions of policy changes to the applicant. I have only given advice on matters in which I am authorised under the terms of my Agency Agreement.

Southern Cross Agent's signature _____ Name/Agent's number _____

Plan required _____ Members to be covered Self Spouse Child Adult child

- I have had explained to me, and understand the conditions of cover relating to these changes.
- I understand that if cover ceases through the scheme, any special concessions offered do not continue.
- I confirm all information given is true and correct for all those named on this application, that all applicants are New Zealand residents, and that I have read and understood my obligations and rights described.

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)	BBB (Good)	CCC (Very Weak)
AA (Very Strong)	BB (Marginal)	CC (Extremely Weak)
A (Strong)	B (Weak)	R (Regulatory Action)

Plus (+) or minus (-) signs following ratings from "AA" to "CCC" show relative standing within the major rating categories. Standard & Poor's is an approved rating agency under the Insurance (Prudential Supervision) Act 2010.

Policyholder's name _____ Policyholder's signature _____ Today's date _____