

Group short application form

For use only in nominated subsidised employer groups. To qualify for Accuro Health Insurance, you and others included in this application will have to be New Zealand citizens, permanent residents or someone who holds a work permit in New Zealand for two years or more. This section is to be completed by the member only.

1 Group details

Company _____ Staff number _____ Date employed ____/____/____
dd / mm / yy

2 Details of main member

Title Mr Mrs Miss Ms Other _____ Date of birth ____/____/____
dd / mm / yy

Surname _____

First name(s) _____ Female Male

Residential address _____

Town/City _____ Postcode _____

Postal address (if different) _____

Telephone numbers Town/City _____ Postcode _____

Home () _____ Business () _____ Mobile () _____

Home email _____

Business email _____

Excess Please select if you would like to reduce your excess level to \$0 Start date of previous insurance (if any) ____/____/____
dd / mm / yy

3 Plan details

Please select one StaffCare Essential Care base plan StaffCare+ Essential Care+ base plan

Please select your additional family excess \$0 \$250 \$500 \$1,000 (Select one option only)

Once you have selected your base plan, you can add any or all of these plans Specialist Care plan Everyday Care plan Natural Health Care plan Dental and Optical Care plan

Please select your excess for Specialist Care only \$0 \$250 (Only applies to StaffCare)

4 Details of spouse/partner

Title Mr Mrs Miss Ms Other _____ Date of birth ____/____/____
dd / mm / yy

Surname _____

First name(s) _____ Female Male

Please select if you are choosing the same plan as main member **OR** please specify plan(s) _____

5 Details of dependants To be included under the plan(s), your children must be under 25 years of age

All dependants must have the same plan and excess as spouse/partner

Dependant 1 Surname _____ First name(s) _____
 Female Male Date of birth ____/____/____
dd / mm / yy

Dependant 2 Surname _____ First name(s) _____
 Female Male Date of birth ____/____/____
dd / mm / yy

Dependant 3 Surname _____ First name(s) _____
 Female Male Date of birth ____/____/____
dd / mm / yy

For office use only
Agent/Broker
name and number _____

□□□□□□□□□□ New membership number □□□□□□□□□□

Information for applicants

Under the Insurance Companies Act 1994, Accuro Health Insurance is not required to have a rating because it provides health insurance only, and accordingly, it has elected not to be rated. Accuro Health Insurance is also a registered financial service provider under the Financial Service Providers (Registration and Dispute Resolution) Act 2008.

Declaration and authorisation to obtain and use information

I/We, the person applying for this Accuro Health Insurance Plan, confirm that I/we:

1. Agree that this application and any other information obtained/provided about persons to be included on my/our plan forms the basis of the contract.
2. Declare that the information I/we have given is correct and complete and that no material fact has been omitted. I/We undertake to advise Accuro Health Insurance of any health condition or event that may affect me/us or any of the other people named in this application or any relevant information that may affect the policy between the date I/we sign this application and the date I/we receive a membership certificate from Accuro Health Insurance.
3. Declare that any information supplied in this application, whether written by me/us or not, is true and accurate and that I am/we are authorised, where a person is less than 16 years of age, to act on their behalf.
4. Have read and understand this declaration and authorisation and its applicability to the Privacy Act 1993 and Health Information Privacy Code 1994 (see below for further information).
5. Understand the nature of the plan(s) chosen and believe they meet my/our requirements.
6. Understand that, upon issuance of the membership certificate, I/we have fourteen (14) days to cancel my/our plan(s) ('14-day free look' period) and that, subject to no claims having been made, I/we will receive a full refund.
7. Understand that, if the application is approved, cover will start from the date stated on the membership certificate issued by Accuro Health Insurance.
8. For the purpose of assessing this application and any future claims, authorise Accuro Health Insurance to request and obtain information and records about me/us and any other people in this application. I/We authorise the following people to give you any such information and records:
 - Any doctor, medical specialist, health agency, hospital, the Accident Compensation Corporation or other relevant person, including another insurer or person relating to any other insurance held by me/us.
9. In relation to any other people named in this application, on their behalf, confirm that:
 - I am/we are authorised to complete the application on their behalf and to disclose to Accuro Health Insurance their personal and health information
 - I/we have made each of them aware of the contents of this application and each of them confirms that the information provided on their behalf is true and accurate
 - each of the people named in this application have authorised me/us to sign this declaration on their behalf.

Under the Privacy Act 1993 and the Health Information Privacy Code 1994, please note the following:

1. This proposal collects personal information about you in connection with the insurance you are seeking.
2. The intended recipient of the information is Accuro Health Insurance.
3. You have the right to access and request corrections subject to the provisions of the Privacy Act 1993.
4. While Accuro Health Insurance intends to treat this information as confidential, there are some situations where we may need to disclose information to a third party. By signing this declaration, you authorise the following kinds of disclosures:
 - a) For statistical purposes (where not individually identified).
 - b) For evaluation of claims under your policy.
 - c) For providing on-going client service and information.
5. By signing this declaration, you authorise Accuro Health Insurance to give and obtain your records, including from other insurers and parties, which may include information relating to any other insurance or claims previously made by you.

Important information

1. This form represents your application to become a member of Accuro Health Insurance and relates only to the plans indicated.
2. Anything in this declaration purporting to the singular may, by inference, include the plural.
3. Accuro Health Insurance is the trading name of the Health Service Welfare Society Limited (as registered under the Industrial and Provident Societies Act 1908). By making this application, you are accepting the rules of the Society, including obligations therein, and understand that the rules may subsequently be changed. If you would like a copy of the current rules before making this application, please do not hesitate to ask.

4. The Board of Directors of the Society reserves the right, at all times, to vary the terms and conditions and benefits of plans however it deems appropriate.
5. This application forms the basis of any contract that eventuates and must be filled in truthfully and accurately. Applicants are obliged, beyond that which is requested, to volunteer information that would have a material impact on the cover offered. If you have doubts, you should disclose the information to Accuro for determination of significance.
6. Premiums are subject to change on 21 days' notice.

I/We accept the terms and conditions (including the limitations and exclusions) of the policy, including Accuro Health Insurance General Policy Terms and Conditions.

Main member's name in full _____

 Signature _____ Date _____

Partner's name in full _____

 Signature _____ Date _____

Dependant's name in full (aged 16 years and over) _____

 Signature _____ Date _____

Dependant's name in full (aged 16 years and over) _____

 Signature _____ Date _____

Dependant's name in full (aged 16 years and over) _____

 Signature _____ Date _____

It is important that Accuro Health Insurance receives your application within 10 working days of your signing this form or your application may become invalid. Once received, this application will be valid for 45 days.

Financial Strength Rating

Accuro has achieved a BB+ Standard & Poor's Financial Strength Rating. BB+ is considered the highest speculative grade by market participants.

The rating scale is:

AAA (Extremely Strong)	B (Weak)
AA (Very Strong)	CCC (Very Weak)
A (Strong)	CC (Extremely Weak)
BBB (Good)	D (Default)
BB (Stable)	

Note: 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.

79 Boulcott Street • PO Box 10075 • Wellington 6143 • New Zealand
 Telephone (04) 473 6181 • Freephone 0800 ACCURO (0800 222 876)
 Email info@accuro.co.nz • Facsimile (04) 473 6187 • www.accuro.co.nz