Southern Cross Health Insurance

Critical Illness application

Please complete this form in full. Print using a black or blue pen only. Please initial any corrections you make. To have Critical Illness you must also have a Southern Cross health insurance policy (excluding HealthEssentials).

For office use only

Critical Illness policy number

IMPORTANT: Please note that all medical history must be disclosed in this form, including that already known to Southern Cross, whether you have provided that information in writing or orally.

Is this application to replace existing trauma insurance cover?

☐ **No** ☐ **Yes** **If yes**, it's important that you understand the differences in our benefits and what exclusions apply versus your existing policy before you cancel that policy as different policies have different benefits, exclusions and coverage. You should take the time to read through the policy and consider whether it is right for you, and take independent advice about whether you should change your policy to a Southern Cross policy. If you decide to go ahead, but change your mind, you have until 14 days after the date you receive the policy document and membership certificate to contact us, have the change cancelled and receive a refund of premiums paid in relation to your new cover.

REASON FOR COMPLETING APPLICATION

☐ **New Critical Illness policy**
If you are an existing Southern Cross member please fill in your membership number and complete sections 1 to 8.

☐ **Adding a partner and/or dependant(s)**
Please fill in your Critical Illness policy number and complete sections 2 to 8.

☐ **Change level of cover**
If increasing, please fill in your Critical Illness policy number and complete sections 3 to 8.
If decreasing, please fill in your Critical Illness policy number and complete sections 3 and 5 to 8.

1. YOUR DETAILS

The policyholder must be 18 or over.

Title ______ First name ______ Surname ______ Date of birth ______

Physical address ______
Street number | Street | Suburb | Town/city | Postcode

Postal address ______
(if different from above) Street number | Street | Suburb | Town/city | Postcode

Home phone ______ Work phone ______ Extn ______

Mobile phone ______ E-mail ______

Height ______cm Weight ______kgs Biological sex* ☐ Male ☐ Female

2. ADD PARTNER AND/OR DEPENDANTS

A child can only be named as a dependant on their parents' policy, if they are under the age of 21 years.

Partner Title ______ First name ______ Surname ______

Date of birth ______ Biological sex* ☐ Male ☐ Female Height______ cm Weight ______kgs

Mobile phone ______

Dependant 1 Title ______ First name ______ Surname ______

Date of birth ______ Biological sex* ☐ Male ☐ Female Height______ cm (only if 18 years or older) Weight ______kgs (only if 18 years or older)

Dependant 2 Title ______ First name ______ Surname ______

Date of birth ______ Biological sex* ☐ Male ☐ Female Height______ cm (only if 18 years or older) Weight ______kgs (only if 18 years or older)

*For actuarial purposes we need to know your biological sex. In most cases biological sex is that assigned at birth – however if you are intersex or have had surgical gender reassignment please go to www.southerncross.co.nz/inclusive for additional information to assist you to answer this question. To help us build better relationships, based on understanding and respect, at any time you have the option to advise us or update the gender you identify with (male, female or gender diverse). We understand that your biological sex may be different to your gender identity.

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Sales person's name

Sales code

Billing code

Effective date / /

3. LEVEL OF COVER

Select your Critical Illness level of cover or change your level of cover.

☐ **$20,000** ☐ **$50,000** ☐ **$100,000** ☐ **$200,000** ☐ **$300,000**

If you are increasing the Critical Illness level of cover, please continue to section 4.
If you are decreasing the Critical Illness level of cover, please continue to section 5.

Please note the Critical Illness level of cover selected will apply to everyone covered by the policy (except for anyone over 65 years old). Any exclusions (as set out in your Critical Illness Certificate) affecting you or any dependant covered by the policy prior to any increase or decrease to your Critical Illness level of cover will remain. If you increase your Critical Illness level of cover, your new Critical Illness level of cover will only apply from 3 months after the date the increase takes effect and your previous Critical Illness level of cover will continue to apply for any critical illness that developed before the date of the increase. If you decrease your Critical Illness level of cover, your new Critical Illness level of cover will apply immediately from the date of the decrease and your new Critical Illness level of cover will apply for any critical illness that developed before the date of the decrease.

4. YOUR HEALTH

Remember all health conditions must be disclosed in this form, including that already known to Southern Cross.
We may need to contact you if any of the questions below are not answered.

	You	Partner	Dependant 1	Dependant 2
4.1 Have you or any family members (18 years or older) named in this application smoked tobacco or any substance during the last 12 months?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

4.2 Have you or any family member named in this application ever displayed evidence of, or had any sign or symptom or suffered from, sought medical advice/treatment, or intend to seek medical advice/treatment for any of the following:

	You	Partner	Dependant 1	Dependant 2
a. Diabetes or high blood sugar (excluding gestational diabetes)? There is very limited cover available under our Critical Illness policy if you have diabetes. Our Cancer Assist plan may be more suitable for you.	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
b. Cancer or any malignancy which includes carcinoma, Hodgkin's disease, leukaemia, lymphoma, breast lump, melanoma or metastasised skin lesion (excluding other superficial skin lesions)?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
c. Hepatitis B or Hepatitis C?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
d. Stroke, brain haemorrhage, heart attack, angina, heart related chest pain or any other circulatory or heart conditions (excluding well controlled high blood pressure)?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
e. Any condition of the kidney or bladder, or renal failure?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
f. Any condition of the liver including cirrhosis or liver failure?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
g. Lung or other respiratory disorders including emphysema or chronic bronchitis (excluding well controlled asthma)?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
h. Any injury or disorder of the nervous system (brain, spinal cord or nerves) including: multiple sclerosis, paralysis, dementia, motor neurone disease or Parkinson's disease?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

4.3 Have you or any family member named in this application had any of your natural parents or siblings (living or dead) diagnosed before the age of 55 with any of the following? Please answer below and then specify who, what and at what age in 4.9.

	You	Partner	Dependant 1	Dependant 2
a. Bowel cancer	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
b. Breast cancer	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
c. Ovarian cancer	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

4.4 Have you or any family member named on this application had any of your natural parents or siblings (living or dead) suffer from any of the following? Please answer below and then specify who, what and at what age in 4.9.

	You	Partner	Dependant 1	Dependant 2
Huntington's chorea, motor neurone disease, Parkinson's disease, dementia, heart disease, polycystic kidney disease, stroke, diabetes, muscular dystrophy or any hereditary or familial disease or disorder?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

4.5 Are you or any family member named in this application aware that you (or they) have a genetic predisposition for developing cancer?	Yes ☐ No ☐
4.6 Are you or any family member named in this application currently awaiting the completion or results of any medical investigation?	Yes ☐ No ☐
4.7 Are you or any family member named in this application currently taking any medication or under regular medical treatment or supervision?	Yes ☐ No ☐
4.8 Are you or any family member named in this application currently intending to seek or currently seeking any medical advice, examination or procedure?	Yes ☐ No ☐

4.9 If you answered YES to questions 4.2 to 4.8, please provide further information below. If there is not enough space on the form please provide the details on a separate sheet.

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Member name	Code	Exclusions

Underwriter's name ______________ **Underwriter's signature** ______________ **Date** ____/____/____

QUOTE DETAILS

Member name	Smoker	Sales – Quoted loadings			Underwriting
		BMI	Family history	Or ERA advised	Total loading
	Yes ☐ No ☐				
	Yes ☐ No ☐				
	Yes ☐ No ☐				

5. PAYMENT METHOD

Direct debit

☐ Weekly ☐ Fortnightly ☐ Monthly

6. YOUR DECLARATION

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

I hereby declare as follows

1. That the information I have disclosed in this document is true and fully complete (i.e. includes all medical history including that already known to Southern Cross).
2. That any further information I disclose to Southern Cross between the date I sign this application and the date I receive a Critical Illness Certificate from Southern Cross is, at the time of disclosure, true and complete. I undertake to advise Southern Cross of any health condition or 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 Critical Illness Certificate from Southern Cross.
3. I accept the terms and conditions (including the limitations and exclusions) of the policy.
4. I accept that cover for any pre-existing conditions may be limited or excluded (whether or not disclosed in this document).
5. I understand that premiums may change with market variations and will change when any person named on this application enters a different age band.

Privacy – application details

1. I understand that:

(a) the information that Southern Cross collects in this application and in the wider application process will be used to consider and process my application or to change the Critical Illness level of cover or add a family member for Critical Illness and, if approved, consider the specific terms that apply to my Critical Illness policy or my Southern Cross health insurance policy, to administer my Critical Illness 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 or changes 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 partner (if named in this application);
- any person(s) nominated by me;
- third parties such as health services providers and medical authorities (including ACC and Ministry of Health), agents, contractors, suppliers and other business partners;

information relating to people named in this application and authorise these parties to disclose to Southern Cross and receive from Southern Cross this information.

I authorise Southern Cross to collect, disclose and to use, personal and health information relating to the people named in this application, from information it holds regarding their Southern Cross health insurance and/or Critical Illness policy and/or Cancer Assist 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;
- 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.

Once your application has been accepted, 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/privacy** or contact us 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.

7. YOUR SIGNATURE

Thank you for your application

We will review your application and advise you of the specific terms applying to your policy and the policy start date or changes to your policy. If you are not satisfied with the policy during the first 14 days after receiving your policy document and membership certificate, you can cancel the policy and we will provide a full refund of all premiums paid.

Applicant's signature ______________________ **Date** ____/____/____

8. FINAL CHECKLIST

Please make sure you have completed everything in the checklist before submitting this form to Southern Cross.

☐ Application form signed ☐ Payment form signed