# Group Continuation Option Application



# **Application for - Continuation Option**

This form is to be used in conjunction with the Group Insurance policy document terms and conditions. Please return by email to grouprisk@fidelitylife.co.nz

Please complete all sec	ctions.	
Name of former employer		
Date you left that employer	Day Month Year	
Name of new employer		
Date employment started	Day Month Year	
1. Life to be Insured		
Title	Mr O Mrs O Miss O Other:	1
Surname		
First name(s)		
Residential address		
	Postcode	
Mailing address		
(if different from above)	Postcode Postcode	
Previous surname (if applicable)		
	Male Female Date of birth Month Year	
Have you smoked any form of tobac	acco or any other substance in the last 12 months? Yes O No O	
Trave you smoked any form of tobac	•	
Trave you smoked any form of cooks	Home Mobile	
Telephone	•	
	•	
Telephone Email	•	
Telephone Email	Home	
Telephone Email 2. Policy Owner (if not the	Home Mobile	
Telephone Email  2. Policy Owner (if not the Title Surname	Home Mobile	
Telephone Email  2. Policy Owner (if not the Title Surname First name(s)	Home Mobile	
Telephone Email  2. Policy Owner (if not the Title Surname	Home Mobile	
Telephone Email  2. Policy Owner (if not the Title Surname First name(s) Residential address	he Life to be Insured above)  Mr	
Telephone Email  2. Policy Owner (if not the Title Surname First name(s) Residential address  Mailing address	Home Mobile  he Life to be Insured above)  Mr  Mrs  Miss  Ms Other:  Postcode	
Telephone Email  2. Policy Owner (if not the Title Surname First name(s) Residential address  Mailing address (if different from above)	he Life to be Insured above)  Mr	
Telephone Email  2. Policy Owner (if not the Title Surname First name(s) Residential address  Mailing address	Home Mobile  he Life to be Insured above)  Mr Mrs Miss Ms Other:  Postcode  Postcode	
Telephone Email  2. Policy Owner (if not the Title Surname First name(s) Residential address  Mailing address (if different from above)	Home  Mobile  he Life to be Insured above)  Mr	
Telephone Email  2. Policy Owner (if not the Title Surname First name(s) Residential address  Mailing address (if different from above)	Home Mobile    Home   Mobile   Mobile	
Telephone Email  2. Policy Owner (if not the Title Surname First name(s) Residential address  Mailing address (if different from above)	Home  Mobile  he Life to be Insured above)  Mr	
Telephone Email  2. Policy Owner (if not the Title Surname First name(s) Residential address  Mailing address (if different from above) Previous surname (if applicable)	Home  Mobile  he Life to be Insured above)  Mr	

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3. Residence				
a) Are you a citizen or permanent resi	dent of New Zealand?	Yes O	No O	If 'No', please give details
b) Do you intend to travel to (other the <b>Destination</b>	an on holidays) or live in any other co	ountry? Yes O	No O	If 'Yes', please give details  Duration
4. Personal information				
a) Are you ceasing employment due to	o sickness or injury?	Yes O	No O	
b) Have you been diagnosed with any	illness or disease			
that is expected to cause death with		Yes O	No O	
If 'Yes' to either question a) or b), plea	se provide details below			
E Occumention/Imagence do				
<b>5. Occupation/Income de</b> To be completed by the Life to be Insu		on ou Total 9 Doumano	nt Disablament han afit	
a) What is your new occupation title				<b>5.</b>
a) what is your new occupation tide	and in which industry will you wor	rk iii your principai occ	upations	
-				
b) How many hours per week and wee	eks per year will you spend working	in your principal occupa	ation? Hours per week	Weeks per year
	J J	J · · · · · · · · · · · · · · · · · · ·	Trouis per week	weste per year
c) Please provide your new annual ir	ncome details (from personal exerti-	on in your principal oc	cupation only)	
(i) Employed				
Annual Salary or Wages (before ta	ax) \$			
Plus Fringe Benefits (e.g. car)	\$	Please specify		
	\$			
	\$	_		
	\$	<del></del>		
Plus bonus/commission	\$			
Total insurable income	\$			
(ii) Self employed or a Shareho	older employee			
a. Total gross income of the busin	· _			
b. Less total expenses	\$			
c. Net profit	\$			
d. Your share of net profit	\$			
e. Plus your shareholder salary/wa				
Total insurable income (d + e)	s s			
Total insurable income (u + e)				
d) In your principal occupation, what	percentage of time do you spend per	forming the following to	mes of duties:	
, , , ,	1	Describe specific duti		
		Describe specific duti	es periorineu.	
- Sedentary / administrative	%			
– Supervise manual work	%			
– Manual work				
- Other — (including hazardous dut				
e.g. handling dangerous substance	es, working at heights) %  TOTAL DUTIES	100 %		
\ ·				
e) Do you have a second occupation or		ss Yes O	No O	
entity? If 'Yes', please give full details,	including specific duties, below			

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#### Privacy Act 1993 and Health Information Privacy Code 1994

This application collects personal information about you. You have the right of access to, and correction of, the information that relates to you.

The personal information and any additional information obtained (including medical and financial information) will be used by Fidelity Life Assurance Company Limited ("Fidelity Life"), its subsidiaries, its officers, its advisers, reinsurers and other companies for processing on Fidelity Life's behalf and to calculate, administer and promote insurance services to you. This information may also be used for statistical purposes provided you are not identified.

Your personal information is securely held by Fidelity Life Assurance Company at 81 Carlton Gore Road, Newmarket, Auckland, or at a secure location to be determined by us and through cloud-based services who store information on our behalf in New Zealand or Australia. This information may be disclosed outside of Fidelity Life where the disclosure is necessary for one or more purposes for which the personal information was collected, to your adviser (or one assigned to your business), where required by law, to the main contact for the policy owner, and with your consent.

## **DUTY OF DISCLOSURE**

Before you enter a contract of insurance you have a duty to disclose to Fidelity Life every matter that is relevant to Fidelity Life's decision whether to accept the risk of insurance and if so on what terms. You have the same duty to disclose those matters to Fidelity Life that occur after signing this application and before your contract of insurance commences. You also have the same duty to disclose those matters to

Fidelity Life before you apply to increase or re-instate your insurance. If you fail to comply with your duty of disclosure, **Fidelity Life may cancel your policy from inception**, or at its discretion, alter the amounts and terms of the insurance or decline to consider any claim(s). If Fidelity Life cancels your policy from inception, all premiums paid may be forfeited.

### **DECLARATION AND ACKNOWLEDGEMENT**

- ▶ I have read the notice explaining my Duty of Disclosure and have had an opportunity to discuss it with my adviser. I understand the contents in the Duty of Disclosure and wish to proceed with my application with that understanding. I have completed the sections in this application required to be completed. If I have not done this, I declare that I have read the completed application and the information given (including any personal statement) is true, accurate and complete. I have not withheld or misstated any material fact.
- No statement affecting this insurance has been made to any representative of Fidelity Life that is not recorded in this application.
- I acknowledge that the information I have provided together with the original application
  and the information provided by anyone else on my behalf in this application will form the
  basis of the contract of insurance between me and Fidelity Life.
- I understand if additional information is required to process my application for insurance, I may be telephoned by an underwriter. The information that I provide to the underwriter will form part of my application for insurance.
- I will immediately notify Fidelity Life of any circumstances affecting the risk that may occur after signing this application and before the contract of insurance commences.

- I understand that Fidelity Life has not provided me with personalised financial advice in regard to this application and that if advice is required I will speak to my adviser.
- ▶ I understand that the contract of insurance with Fidelity Life will not commence until this application has been accepted by Fidelity Life, acceptance terms have been agreed to by the policy owner(s) and received by Fidelity Life and until payment of the premium is received, or receipt of a valid direct debit to operate within 30 days.
- lacksquare I shall be bound by the terms and conditions in the policy to be issued by Fidelity Life.
- If I have provided my email address in this application, or if I provide it at some stage in the future, I consent to receive emails from Fidelity Life in respect of Fidelity Life and any further services.
- I have read and understand the sections in this application headed Privacy Act 1993 and Health Information Privacy Code 1994.

#### A- Excellent

Fidelity Life has an A- (Excellent) financial strength rating given by A.M. Best

SECURE	VULNERABLE
A++, A+ (Superior) A, A- (Excellent)	<b>B, B-</b> (Fair) <b>C++, C+</b> (Marginal)
B++, B+ (Good)	C, C- (Weak) D (Poor) E (Under Regulatory Supervision) F (In liquidation) S (Suspended)

The A.M. Best financial strength rating relates to Fidelity Life's insurance and investment business. For the latest ratings, visit www.ambest.com. The rating should not be read as a recommendation. The scale of which this rating forms part of is available from Fidelity Life.

# Life to be insured

Name

Signature

#### **Policy Owner**

Name

Signature







#### Please complete and return:

- By email: scan and send to grouprisk@fidelitylife.co.nz
- By post: Fidelity Life, PO Box 37-275 Parnell, Auckland 1151

STB	Policy number(s)			Contact phone nu	mber
				( )	
Office use only					
I would like to pay:	<ul><li>Fortnightly</li></ul>	○ Monthly	O Quarterly	O Half-yearly	O Annually

# **Direct Debit Authority**

				0 6 0	4 9 0 2
Name of r	my bank:				
My bank :	account number:			Арр	roved
ήΠ.				490	08/15
Bank	Branch	Account	Suffix		
Erom 41	ha aaaamtau t	a may banks			
Fruiii ti	he acceptor to	o miy banki			
l authoris	e you to debit my	account with the amounts	of direct debits from <b>Fidelity</b> in accordance with this autho	-	· ·
l authorise with the a	e you to debit my	account with the amounts specified on this authority	-	-	· ·
l authorise with the a I agree th	e you to debit my authorisation code nat this authority is	account with the amounts specified on this authority	in accordance with this autho	-	· ·
I authorise with the a I agree th	e you to debit my authorisation code nat this authority is bank's terms and	account with the amounts especified on this authority subject to:	in accordance with this autho	-	· ·
I authorise with the a I agree th The	e you to debit my authorisation code nat this authority is bank's terms and specific terms an	account with the amounts especified on this authority subject to:	y in accordance with this authon	-	· ·
I authorise with the a I agree th The The	e you to debit my authorisation code nat this authority is bank's terms and specific terms an	account with the amounts a specified on this authority is subject to: I conditions that relate to made conditions listed below.	y in accordance with this authon	-	<u>-</u>
I authorismuth the a I agree th The The Please inc	e you to debit my authorisation code nat this authority is bank's terms and specific terms an clude the following	account with the amounts a specified on this authority is subject to: I conditions that relate to made conditions listed below.	y in accordance with this authon	-	· ·

# SPECIFIC CONDITIONS RELATING TO NOTICES AND DISPUTES

- 1. For scheduled payments the initiator is required to give you a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series. The notice is to include:
  - The dates of the debits, and
  - The amount of each direct debit.
  - If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice no less than 30 calendar days before the change, or

For variable payments the initiator is required to give you a written notice of the amount and date of each direct debit no less than 10 calendar days before the date of the debit, or

For customer-initiated payments the initiator may only send a direct debit if you have:

- · Asked the initiator to send it, and
- · Agreed the amount of the direct debit, and

The initiator is required to give you a written notice of the amount and date of each direct debit no less than the date of the debit.

- 2. I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:
  - I don't receive a written notice of the amount and date of each direct debit from the initiator, or
  - · I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.
- 3. If the bank dishonours a direct debit but the initiator sends the direct debit again once within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.