



# In Tandem Insurance Personal Statement

Your personal information is collected, stored, used and shared by:

- The Fidelity Group which includes Fidelity Life Assurance Company Limited (“Fidelity Life”), and its related companies, for the purposes and in accordance with Fidelity Life’s Privacy Statement (as amended from time to time) which is available at [fidelitylife.co.nz/westpac](http://fidelitylife.co.nz/westpac).
- The Trustee of the Westpac New Zealand Staff Superannuation Scheme (“Scheme”) and Mercer (N.Z.) Limited (“Mercer”) as administrator of the Scheme, for the purposes and in accordance with the Scheme’s Privacy Policy (as amended from time to time) which is available at [westpacnzstaffsuper.co.nz/documents.html](http://westpacnzstaffsuper.co.nz/documents.html).

More information on how your personal information (including medical information) will be handled can be found in Sections D, F and G of this Personal Statement.

## A. My details (person to be insured)

The information you provide in this insurance application allows us to assess the application for insurance cover. **We/us** are Fidelity Life and **you** are the person whose life is to be insured. You need to:

- Tell us about your mental and physical health including any disabilities you have, or have experienced.
- Tell us about any material facts including those concerning your medical history and lifestyle which may affect the application for insurance, whether or not we ask specific questions about a topic in this insurance application. Please use the extra page at the back if required to provide the information.
- Provide us with full and accurate information so we can assess the application. It’s important you give us all the relevant information as it can affect whether a claim is paid or lead to termination of the insurance policy.
- Sign that the information provided is true, correct and complete at the end of this form.

First name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Date of birth DD / MM / YYYY \_\_\_\_\_

Your gender  Male  Female

Address NUMBER & STREET \_\_\_\_\_ SUBURB \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ POSTCODE \_\_\_\_\_

Mobile \_\_\_\_\_ Best daytime phone (0 ) \_\_\_\_\_

Email \_\_\_\_\_

How can we contact you about this application? (please tick all that apply)

Phone  Yes  No      Text  Yes  No      Email  Yes  No

Are you a citizen or permanent resident (with no travel conditions) of (please tick one)

New Zealand  Australia  Other (please specify) \_\_\_\_\_

If you ticked ‘Other’, please attach a copy of your current passport and visa/permit.

Do you have definite plans to travel, live or work outside of New Zealand in the next 12 months?  Yes  No

If ‘Yes’, please give details \_\_\_\_\_

Where to \_\_\_\_\_ How long for \_\_\_\_\_

Reason \_\_\_\_\_

What is your occupation? \_\_\_\_\_

**B. My other insurance (person to be insured)**

If this information about other insurance is not correct it may affect whether a claim is paid or lead to a termination of the insurance policy.

1. Have you ever had an application for insurance turned down, cancelled or accepted with special terms (such as an exclusion or a premium loading)?  Yes  No
2. In respect of your mental or physical health, have you ever applied for payment of, or been paid a claim by an insurer, ACC, or through social welfare (such as WINZ disability) for any illness, injury, accident, syndrome or disability?  Yes  No
3. Are you applying for any other Westpac life insurance?  Yes  No
4. Including this application, will you have more than \$1 million in total of insurance cover by way of life, crisis/trauma/critical illness, total and permanent disability insurance across all insurance providers? This includes a policy owned by a business or someone other than yourself. If 'Yes', please give details  Yes  No

Insurer	Cover type	Sum insured	Reason for cover

5. Do you have any other Disability or Income Protection Insurance cover on your life with Fidelity Life or another insurer? This includes a policy owned by a business or someone other than yourself. If 'Yes', please give details  Yes  No

Insurer	Cover type	Sum insured	Wait period	Benefit period

**C. My lifestyle, health and medical details (person to be insured)**

The questions asked below are to help us get the information we need to assess the application for insurance. You are required to disclose material information to us which may affect the application, even if we do not specifically ask a question about that relevant topic. Please use the extra page at the back to let us know any relevant information including about your mental or physical health, medical history or lifestyle. Tick 'Yes' if you are not sure about any question and we will call you to discuss. We will take all reasonable steps to keep your information safe and confidential in accordance with our Privacy Statement (as amended from time to time), which you can access at [fidelitylife.co.nz/westpac](https://fidelitylife.co.nz/westpac).

1. What's your height? \_\_\_\_\_  
 What's your weight? \_\_\_\_\_  
 Has your weight changed by 10kgs or more in the last 12 months?  Yes  No  
 If 'Yes', please give the reason for the weight change \_\_\_\_\_  
 \_\_\_\_\_
2. Have you smoked any of the following in the last 12 months, or used any Nicotine Replacement Therapy (NRT)? If 'Yes', please tick all that apply:  Yes  No  
 Cigarettes  E-cigarettes  Vape  Marijuana  Hookah/shisha  Cigars  Other  
 Please specify if 'Other' \_\_\_\_\_  
 How often do you smoke? \_\_\_\_\_ How many/how much do you smoke? \_\_\_\_\_
3. Do you drink more than five standard drinks in a single session, or any kava?  Yes  No  
 One standard drink is: 1 small glass of wine, 1 can of 4% beer, half a small RTD or 1x 30ml nip of spirits.  
 If 'Yes', what do you drink? \_\_\_\_\_  
 How many? \_\_\_\_\_ How often? \_\_\_\_\_

**C. My lifestyle, health and medical details**  
(person to be insured)  
(continued)

4. Has a doctor or medical professional ever talked to you about drinking less alcohol or kava, or have you ever had treatment or counselling for your drinking?  Yes  No

If 'Yes', when was this?

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5. Do you take part in, or plan to take part in, any risky sport, activity or hobbies?  Yes  No

Please tick all that apply

- |  |   |
|--|---|
| <input type="radio"/> Off-piste or competitive skiing or snow-boarding | <input type="radio"/> Rock climbing or mountaineering                               |
| <input type="radio"/> Hunting  | <input type="radio"/> Aviation (except as a paying passenger on commercial flights) |
| <input type="radio"/> Bungy jumping                                    | <input type="radio"/> Boxing  |
| <input type="radio"/> Parachuting or skydiving                         | <input type="radio"/> Any kind of motor sport                                       |
| <input type="radio"/> Paragliding or hang-gliding                      | <input type="radio"/> Other   |
| <input type="radio"/> Any kind of underwater diving                    |   |
| <input type="radio"/> Caving   |   |

If 'Other', please tell us what?

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If you are not sure if an event, issue, symptom, concern or condition is relevant for the application please tell us about it, even if you have recovered. Be sure to disclose material information in this application even if you have previously disclosed it to Fidelity Insurance Limited, Fidelity Life or Westpac New Zealand Limited ("Westpac"). It's important that you do this or it may affect a claim or the policy.

6. Have you ever had symptoms of or been told you have, or might have, any mental or physical health or lifestyle issues?

For example:

- |   |  |
|---|--|
| a. Diabetes, pre-diabetes, higher than normal blood sugar levels, sugar disease   | <input type="radio"/> Yes <input type="radio"/> No |
| b. High blood pressure and/or high cholesterol  | <input type="radio"/> Yes <input type="radio"/> No |
| c. Heart attack, heart murmur, rheumatic fever, stroke, TIA/mini-stroke, angina, chest pain, coronary artery disease, irregular heartbeat, palpitations or any other disease, disorder or condition relating to the heart or circulatory system which includes the valves, arteries, veins and capillaries                    | <input type="radio"/> Yes <input type="radio"/> No |
| d. Any disorder of the blood including, but not limited to, anaemia (low iron and/or low B12), high or low platelets, leukaemia, haemochromatosis/iron overload, or any clotting episodes or disorders  | <input type="radio"/> Yes <input type="radio"/> No |
| e. Depression, anxiety, panic attacks, stress, insomnia, schizophrenia, bipolar disorder, eating disorder, ADHD, autism spectrum disorder or any other types of mental health conditions or impairment  | <input type="radio"/> Yes <input type="radio"/> No |
| f. Any disorder of the kidney, bladder or genitourinary system including urinary tract infections, kidney stones, blood or protein in the urine, prostate disorder, any abnormal smear, any cervix, ovary, or uterus conditions or abnormal vaginal bleeding  | <input type="radio"/> Yes <input type="radio"/> No |
| g. Any disorder of the digestive system (liver, oesophagus, stomach, gall bladder, pancreas or bowel) including reflux, hernia, ulcers, colitis, diverticulitis, irritable bowel disease, bleeding from the bowel or Crohn's disease  | <input type="radio"/> Yes <input type="radio"/> No |
| h. Asthma, bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, tuberculosis, sleep apnoea or any other breathing disorder or lung disease  | <input type="radio"/> Yes <input type="radio"/> No |
| i. Eczema, dermatitis, psoriasis or any other skin condition  | <input type="radio"/> Yes <input type="radio"/> No |
| j. Cancer, tumours (benign or malignant), breast lumps, abnormal breast ultrasound or mammogram, skin lesions/moles, melanoma, growths, or cysts of any kind  | <input type="radio"/> Yes <input type="radio"/> No |
| k. Epilepsy, seizures/fits of any kind, recurrent or persistent headaches, migraines, dizziness, dementia, or any other neurological condition or cognitive impairment  | <input type="radio"/> Yes <input type="radio"/> No |
| l. Multiple sclerosis (MS), Parkinson's, or any numbness, tingling, altered sensation, tremor, fainting attacks, problems with balance or co-ordination, or any autoimmune condition such as (but not limited to) lupus/SLE, sarcoidosis  | <input type="radio"/> Yes <input type="radio"/> No |
| m. Any disorder of speech, ears or hearing, eyes or eyesight (except glasses/contact lenses or laser eye surgery to correct short or long eyesight)   | <input type="radio"/> Yes <input type="radio"/> No |
| n. Any paraplegia or paralysis of any type, or loss of limb   | <input type="radio"/> Yes <input type="radio"/> No |
| o. Rheumatoid arthritis or any other forms of arthritis, osteoporosis, or gout  | <input type="radio"/> Yes <input type="radio"/> No |
| p. Any form of hepatitis (exclude hepatitis A if fully recovered)   | <input type="radio"/> Yes <input type="radio"/> No |
| q. Any thyroid, parathyroid, or other glandular disease or disorder   | <input type="radio"/> Yes <input type="radio"/> No |
| r. HIV, AIDS, any AIDS related condition, or are you taking (or have you taken) any prophylactic/preventative treatment against HIV, or have you suffered from any other sexually transmitted disease or infection  | <input type="radio"/> Yes <input type="radio"/> No |
| s. Any joint (e.g. wrist, elbow, shoulder, ankle, knee, hip) or bone pain or disorder including RSI (Repetitive Strain Injury), OOS (Occupational Overuse Syndrome), chronic pain syndrome, tendinitis, fibromyalgia, chronic fatigue syndrome; or any other disorder of, or pain with ligaments, muscles, cartilage or limbs | <input type="radio"/> Yes <input type="radio"/> No |
| t. Back pain or neck pain, sciatica, any other disorder of, or pain in, the spine, neck or disc.  | <input type="radio"/> Yes <input type="radio"/> No |

**C. My lifestyle, health and medical details (person to be insured)**  
(continued)

7. Have you had any other mental or physical health concerns, events, issues, symptoms, tests, sickness, injury, conditions, or any procedure or syndrome, whether or not you have talked to your doctor about them (other than flu, colds, pregnancy or contraception)?  Yes  No
8. Are you getting or considering medical advice, treatment, or tests (other than flu, colds or contraception)? This includes pregnancy, physiotherapy and other musculo-skeletal treatment (such as for muscles, tendons, nerves, discs), and any alternative treatments.  Yes  No
9. In the past five years have you had any other mental or physical health concerns, events, issues, symptoms or conditions which needed medical advice, treatment, tests or hospitalisation (other than flu, colds or contraception)? This could include specialist investigations, pregnancy complications, abnormal blood tests and/or x-rays or other imaging.  Yes  No
10. Do you regularly take any medication, tablets, injections, pills, prescribed or over the counter or homeopathic remedies (other than contraception)?  Yes  No
11. Have you ever injected, smoked or used any recreational or non-prescribed drug, taken any prescribed or pharmacy medicine other than as medically directed, or had medical advice, counselling or treatment for the use of drugs or for gambling?  Yes  No
12. Have your biological parents, brothers or sisters, before the age of 60, had any of these conditions?  Yes  No
  - Diabetes
  - Motor neurone disease (MND)
  - Huntington's Chorea/disease
  - Parkinson's disease
  - Muscular dystrophy
  - Cardiomyopathy or other heart disease
  - Any type of cancer including breast, ovarian, bowel or prostate cancers, or familial adenomatous polyposis (FAP)
  - Mental illness
  - Multiple sclerosis (MS)
  - Stroke
  - Alzheimer's disease or other dementia
  - Polycystic kidney disease or other kidney issues
  - Any neurological or other inherited disease

If 'Yes', please give details in the box below.

Please say if parent, brother or sister	Condition/illness	Age at diagnosis

13. Have you ever had, or are you waiting for, a result of a genetic test or genetic counselling, or are you considering, or have already consented to have, or have you discussed having, a genetic test or genetic counselling, because of your health or your family's health?  Yes  No

If 'Yes', please give the reason and, if you know, the result

**D. Your medical information (person to be insured)**

We may need to ask your health practitioners for information they hold about your health, medical history or lifestyle. By signing the declaration in Section G of this application you consent for us to give and obtain your personal information, including medical records, to and from health practitioners. Whether or not we seek information from your health practitioners you still have a responsibility to disclose all material information to us.

We will ask for your consent to contact your health practitioners when a claim is made regarding you or when changes are sought to be made to the policy regarding you.

Sometimes health practitioners give us more information than we ask for. If we are provided with information which is relevant to the application, insurance policy or a claim, we may use it and may ask your health practitioner for further details. If you do not agree that we can ask for information from your health practitioners (see item a in Section G) we may not be able to offer life insurance to you.

**E. Your doctor (person to be insured)**

What's the name of your medical centre or practice? \_\_\_\_\_

What's the name of your usual doctor? \_\_\_\_\_

Address NUMBER & STREET \_\_\_\_\_ SUBURB \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ POSTCODE \_\_\_\_\_

Does this doctor/medical centre have your current and past medical records?  Yes  No

If not, who does hold these records? \_\_\_\_\_

**F. Your privacy (person to be insured)**

The personal information in this application and any other information provided by you at a later date is being collected and held by us for the purposes of assessing your application for insurance cover, managing your cover if your application for cover is accepted, and assessing any claims you make under the insurance policy. The intended recipients of the information are Fidelity Life and its related companies, the Trustee of the Scheme, and Mercer as administrator of the Scheme. Your personal information (including your medical information) will be handled in accordance with the Privacy Act 2020. We will protect your information with physical, electronic and other security measures as detailed in our Privacy Statement (as amended from time to time) ("Privacy Statement"), which you can see on our website [fidelitylife.co.nz/westpac](https://fidelitylife.co.nz/westpac). You can also access the Scheme's Privacy Policy (as amended from time to time) at [westpacnzstaffsuper.co.nz/documents.html](https://westpacnzstaffsuper.co.nz/documents.html). You can ask to see your information held by us or the Trustee of the Scheme, and to correct any details that are wrong at any time, subject to the terms of the Privacy Act 2020.

There are some situations where your personal information (including medical information) may be disclosed by us, the Trustee of the Scheme or Mercer as administrator of the Scheme to a third party for a purpose in connection to your application, cover or any claim you make, or to manage our respective relationships with you, to facilitate our respective operations (including to comply with legal requirements) and for any specific purpose notified to you or set out in our Privacy Statement or the Scheme's Privacy Policy. The third parties may include:

- Mercer, Fidelity Life and their related companies.
- professional advisors to the extent reasonably required in relation to your application, cover, or any claim you make.
- reinsurers who assist in providing the insurance. These reinsurers may be located overseas – this would mean your personal information may be sent overseas.
- your current or former employer.
- your health practitioners and Accident Compensation Corporation.
- a Medical Officer or other health professional engaged by us.
- anyone who is an owner of this policy, now or in the future.
- other insurers (with your consent).
- third party service providers, which are bound by contractual agreements with us to protect the confidentiality of your information.
- regulators and government agencies where required by law.

Whether or not we seek information from third parties, you still have a responsibility to disclose all material information to us. If you do not provide the information requested in relation to your application, we may not be able to progress your application for insurance cover.

**G. Your privacy consent and agreement (person to be insured)**

Please read carefully before you sign

We rely on the information you give us to make important decisions about the application for insurance cover, the insurance policy if the application is accepted, and any claim. Even if we have sought information from a third party, you must still give us full, true and complete information about your mental and physical health and lifestyle whether we have asked a question about a topic or not.

**I, the person to be insured:**

- a. agree that you can obtain personal information about my health, lifestyle, or other insurance, including my medical records, from third parties, including health practitioners.  Yes  No
- b. agree you can use and share my personal information as described in this Personal Statement and in the Privacy Statement and in the Scheme's Privacy Policy.  Yes  No
- c. acknowledge that if I do not agree to the giving and obtaining of personal information as sought by you then you may not progress the application for insurance cover.  Yes  No
- d. confirm that the information provided in this Personal Statement and any further information I provide is complete, true and correct. If it is not, I know I might not be covered for a claim later, or the policy may be terminated including being treated as never having existed.  Yes  No
- e. will tell you if anything changes regarding the information I have provided in this application or otherwise provided to you from after I sign this application up until the application for the insurance cover is accepted, including any new mental or physical health or lifestyle event which may affect the offer of insurance cover.  Yes  No
- f. agree that any information disclosed verbally or in writing to Fidelity Life will form part of the application and may be recorded by Fidelity Life for the purposes of assessing my application and any subsequent claims.  Yes  No
- g. have read and understood and personally completed this Personal Statement and have recorded all material information.  Yes  No
- h. agree that a photocopy, photograph or scanned copy of this agreement will be as valid as the original so long as it can be read clearly.  Yes  No
- i. agree that this Personal Statement and any other relevant declarations will form the basis of any cover provided in relation to the Additional Benefit under the Scheme.  Yes  No
- j. understand that the details of the Additional Benefit under the Scheme can be found in the Additional Benefit document issued by the Scheme, it can also be found on the scheme site at <https://www.westpacnzstaffsuper.co.nz/documents.html>.  Yes  No
- k. acknowledge and accept that cover for the Additional Benefit under the Scheme is arranged by the Trustee of the Scheme and is underwritten by Fidelity Life Assurance Company Limited ("Fidelity Life"). None of Westpac Banking Corporation ABN 33 007 457 141 (incorporated in Australia), Westpac New Zealand Limited, Westpac New Zealand Staff Superannuation Scheme Trustee Limited, or any member of the Westpac group of companies guarantee the obligations of, or any products issued by, Fidelity Life or any member of the Fidelity Group of companies.  Yes  No

**Insurer Financial Strength Rating**

Fidelity Life Assurance Company Limited has an A- (Excellent) financial strength rating given by A.M. Best Company Inc. A summary of the rating scale is: A++, A+ Superior | A, A- Excellent | B++, B+ Good | B, B- Fair | C++, C+ Marginal | C, C- Weak | D Poor | E Under Regulatory Supervision | F In Liquidation | S Suspended. A full description of the rating scale is available from Fidelity Life at their offices, at [fidelitylife.co.nz/westpac](http://fidelitylife.co.nz/westpac) or by visiting [www.ambest.com](http://www.ambest.com).

**Agreed to by the person to be insured**

Full name

Date of birth DD / MM / YYYY

Signature

Date DD / MM / YYYY

**Additional information.**

Please add any further explanation, details or notes on this page if there is not enough room in the sections above.

**Important note:** This page MUST be submitted, even if blank.