

Non Smoking Declaration

Please answer all questions and sign and date this questionnaire. If you fail to do so we will be unable to assess and process your change.

Part A: Life Insured's details

First name:	Date of birth:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname:	Policy number:								

Part B: Questionnaire

Privacy Statement: Notice under the Privacy Act 1993 and The Health Information Privacy Code 1994

'We', 'us' and 'our' refers to WeProtect Limited (WeProtect) and Fidelity Life Assurance Company Limited (Fidelity Life) and 'you' and 'your' refers to the Policy Owner and the Life Insured.

We collect personal information about you. The personal information and any additional information obtained, (including medical information or financial information if required) will be used by us and our officers to assess and administer the claim. The information may also be used for statistical purposes provided you are not identified.

WeProtect and Fidelity Life, their subsidiaries, advisers, reinsurers and any agents appointed by us collect from, use, and disclose to any third party, your information that is reasonably necessary to assess, administer and manage the claim. Those third parties include (but are not limited to): advisers, agents, health service providers including recognised private and public hospitals, registered medical practitioners and specialists, medical authorities, Accident Compensation Corporation, therapists, insurers and reinsurers, and any other individual organisation where the collection/disclosure is required or permitted by law.

The information may also be disclosed between us, outside of WeProtect or Fidelity Life where the disclosure is necessary for one or more purposes for which the personal information was collected, to agents, representatives, organisations, or contractors who provide services to us in connection with the administration of products or services, for the purpose of customer satisfaction surveys, or where permitted by law.

We will take all reasonable steps to keep the information secure and ensure it is accurate, complete and up to date.

Under the Privacy Act 1993 you have the right of access to and correction of the information that we hold about you. We will rely on you to keep us informed of any changes to your information.

The NZ Cover Direct Privacy Policy is available at www.nzcoverdirect.co.nz. If you have any query in relation to your privacy please contact NZ Cover Direct:

Phone: 0800 894 504 (Mon to Fri, 9am - 8pm NZST)

Email: customerservice@nzcoverdirect.co.nz

Mail: Claims Manager, NZ Cover Direct, PO Box 99892, Newmarket, 1149

1.	During the last twelve months, have you smoked tobacco or any other substance in any form?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If 'yes', please state type and quantity per day:		

Part C: Declaration

I declare that I have read and understood my duty of disclosure and the answers given are true and correct and shall form part of my application for life insurance.

Life Insured's signature: Date: / /

Please return the completed form to NZ Cover Direct. You can either:

1. Scan and email to customerservice@nzcoverdirect.co.nz (please put 'CONFIDENTIAL, Policy Owner's surname, Policy Number' in the subject line); or
2. Mail to Customer Service Manager, NZ Cover Direct, PO Box 99892, Newmarket, 1149 (please mark the envelope as CONFIDENTIAL).