

Group Personal Accident & Sickness Insurance

Application Form

Please read the Important Information Section below before completing this form.

Please contact us if you would like a hard copy of the relevant insurance policy or a summary of cover provided by Chubb.

Important Information

In this section “We”, “Our” and “Us” means Chubb Insurance New Zealand Limited (Chubb). “You” and “Your” refers to Our customers and prospective customers as well as those who use Our website.

Duty of Disclosure

Your Duty of Disclosure

Before entering into a contract of insurance with Chubb, each prospective insured has a duty to disclose to Chubb information that is material to Chubb’s decision whether to accept the insurance and, if so, on what terms. This includes material information about the insured, any other people and all property and risks insured under the policy. Information may be material whether or not a specific question is asked.

There is the same duty to disclose material information to Chubb before renewal, extension, variation or reinstatement of a contract of insurance with Chubb. You should also provide all material information when you make a claim or if circumstances change during the term of the contract of insurance.

It is important that each prospective insured understands all information provided in support of the application for insurance and that it is correct, as each prospective insured will be bound by the answers and by the information they have provided.

The duty of disclosure continues after the application for insurance has been completed up until the time the contract of insurance is entered into.

Consequences of Non-Disclosure

If an insured fails to comply with their duty of disclosure, Chubb may be entitled, without prejudice to its other rights, to reduce its liability under the contract in respect of a claim or refuse to pay the entire claim. Chubb may also have the right to avoid the contract from its beginning. This means the contract will be treated as if it never existed and no claims will be payable.

Financial Strength Rating

At the time of print, Chubb has an “AA-” insurer financial strength rating given by S&P Global Ratings. The rating scale is:

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AAA Extremely Strong	BBB Good	CCC Very Weak	SD or D Selective default or default
AA Very Strong	BB Marginal	CC Extremely Weak	R Regulatory Action
A Strong	B Weak		NR Not Rated

The rating from ‘AA’ to ‘CCC’ may be modified by the addition of a plus (+) or minus (-) sign to show relative standings within the major rating categories. A full description of the rating scale is available on the S&P Global Ratings [website](#).

Our rating is reviewed annually and may change from time to time, so please refer to Our website for Our latest financial strength rating.

Fair Insurance Code

We are a member of the Insurance Council of New Zealand (ICNZ) and a signatory to ICNZ's Fair Insurance Code (the Code). The Code and information about the Code is available at www.icnz.org.nz and on request.



Privacy Statement

This statement is a summary of Our privacy policy and provides an overview of how We collect, disclose and handle your personal information. Our privacy policy may change from time to time and where this occurs, the updated privacy policy will be posted on Our [website](#).

Chubb is committed to protecting Your privacy. Chubb collects, uses and retains your personal information in accordance with the requirements of New Zealand's Privacy Act, as amended or replaced from time to time.

Personal Information Handling Practices

When do We collect your personal information?

Chubb collects Your personal information (which may include health information) from You when You interact with Us, including when you are applying for, changing or renewing an insurance policy with Us or when We are processing a claim, complaint or dispute. Chubb may also (and You authorise Chubb to) collect Your personal information from other parties such as brokers or service providers, as detailed in Our privacy policy.

Purpose of Collection

We collect and hold the information to offer products and services to You, including to assess applications for insurance, to provide and administer insurance products and services, and to handle any claim, complaint or dispute that may be made under a policy.

If You do not provide Us with this information, We may not be able to provide You or Your organisation with insurance or to respond to any claim, complaint or dispute, or offer other products and services to You or Your organisation.

Sometimes, We may also use Your personal information for Our marketing campaigns and research, to improve our services or in relation to new products, services or information that may be of interest to You.

Recipients of the Information and Disclosure

We may disclose the information We collect to third parties, including:

- contractors and contracted service providers engaged by Us to deliver Our services or carry out certain business activities on Our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, professional advisers including lawyers, doctors and other medical service providers, credit reference bureaus and call centres);
- intermediaries and service providers engaged by You (such as current or previous brokers, travel agencies and airlines);
- other companies in the Chubb group;
- the policyholder (where the insured person is not the policyholder);
- insurance and reinsurance intermediaries, other insurers, Our reinsurers, marketing agencies; and
- government agencies or organisations (where we are required to by law or otherwise).

These third parties may be located outside New Zealand. In such circumstances We also take steps to ensure Your personal information remains adequately protected.

From time to time, We may use your personal information to send You offers or information regarding Our products that may be of interest to You. If You do not wish to receive such information, please contact Our Privacy Officer using the contact details provided below.

Rights of Access to, and Correction of, Information

If You would like to access a copy of Your personal information, or to correct or update Your personal information, want to withdraw Your consent to receiving offers of products or services from Us or persons We have an association with, please contact the Privacy Officer by posting correspondence to Chubb Insurance New Zealand Limited, PO Box 734, Auckland; telephoning: +64 (9) 3771459; or emailing Privacy.NZ@chubb.com.

How to Make a Complaint

If You have a complaint or would like more information about how We manage Your Personal Information, please review Our [Privacy Policy](#) for more details, or contact Our Privacy Officer at the details above.

You also have a right to address Your complaint directly to the Privacy Commissioner by telephoning 0800 803 909, emailing enquiries@privacy.org.nz or using the online form available on the Privacy Commissioner's website at www.privacy.org.nz.

Policyholder Details

Name of Policyholder			
Address			
Description of Business			
Broker			

Period of Insurance

From	4pm	To (both dates inclusive)	4pm
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Cover Required

<input type="checkbox"/> 24 Hours	<input type="checkbox"/> Working Hours including commuting	<input type="checkbox"/> Working Hours excluding commuting
<input type="checkbox"/> Outside Working Hours Only	<input type="checkbox"/> Journey to and from work only	<input type="checkbox"/> Other (please specify below)

Persons to be Covered

<input type="checkbox"/> Employees	<input type="checkbox"/> Other (please specify)
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Please provide details of occupation/duties performed:

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Number of Persons to be Covered by Geographic Region

Region of New Zealand	Executive/Management	Employees (Non Manual)	Employees (Manual)	Other
Northland				
Auckland				
Waikato				
Bay of Plenty				
Gisborne				
Hawke's Bay				
Taranaki				
Manawatu-Wanganui				
Wellington				
Tasman				
Nelson				
Marlborough				
West Coast				
Canterbury				
Otago				
Southland				
Other Countries (please specify)				

Previous History

1. Does the Policyholder currently have, or has the Policyholder ever been insured for the risk for which cover is required? (If Yes, please provide details of benefits and the name of the Insurer)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Has the Policyholder / Covered Person/s ever made a claim for Accident and/or Sickness? (If Yes, please provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3. Has any of the persons to be covered ever suffered a serious accident requiring hospitalisation and/or ongoing treatment? (If Yes, please provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4. Has any Insurer in connection with Personal Accident and/or Sickness or similar insurance:	
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a) declined the Policyholder's application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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b) cancelled or refused renewal of a Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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c) required an increased premium or imposed special terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes" please provide details

5. Are any of the persons to be covered over the age of 65 years? (Please provide name, age, occupation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6. Do any of the persons to be covered fly as a pilot or passenger in any aircraft other than scheduled airlines? (If yes, please provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Schedule of Benefits Required

Part A - Accident Death & Capital Benefits (events 1 -19)	Lump Sum \$				or
Part A - Accident Death & Capital Benefits (events 1 -19)	Multiple of Salary x		To Maximum Sum Insured \$		
Part B - Weekly Injury	\$				
Part C - Weekly Sickness	\$				
Excess Period (days)	<input type="checkbox"/> 14 <input type="checkbox"/> 21 <input type="checkbox"/> 28 <input type="checkbox"/> 60 <input type="checkbox"/> 90				
Benefit Period (weeks)	<input type="checkbox"/> 26 <input type="checkbox"/> 52 <input type="checkbox"/> 104 <input type="checkbox"/> 156				
Part D - Fractured Bones (\$5,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Part E - Loss of Teeth or Dental Procedures (\$250)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional Covers Under the policy (please refer policy)	<input type="checkbox"/> Yes <input type="checkbox"/> No				

* If cover is required for (Part B - Weekly Sickness), scope of cover for this benefit must be 24 hours

Aggregate Limit of Liability

Overall Limit of Liability (including scheduled flights)	
Overall Limit of Liability (Charter and non-scheduled flights)	

Declaration

On behalf of the applicant, I/we declare that:

- I/we have read and understood Chubb's Financial Strength Rating, Duty of Disclosure and Privacy Statement in this form;
- all information provided (and where applicable, previously provided) is true and correct and I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances;
- I/we undertake to inform the insurer promptly in writing of any material alteration to the facts declared that occurs prior to completion of the contract of insurance;
- I/we have obtained, and will obtain in the future, the consent to the disclosure and use of personal information from those persons whose personal information is supplied in relation to this form for the purposes of (i) underwriting the risks and (ii) administering and performing any resulting insurance contract.

This form must be signed by the applicant's Chairman of the Board, Managing Director, Chief Executive Officer or Chief Financial Officer.

Signed			
Name		Date	
Position			

About Chubb

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. The company is distinguished by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength, underwriting excellence, superior claims handling expertise and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

Chubb's operation in New Zealand (Chubb Insurance New Zealand Limited) offers corporate Property & Casualty, Group Personal Accident and corporate Travel Insurance products through brokers. It leverages global expertise and local acumen to tailor solutions to mitigate risks for clients ranging from large multinational companies to local corporates.

More information can be found at www.chubb.com/nz

Contact Us

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