

Health Declaration Questionnaire

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 request.

Part A: Life Insured's details

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

Part B: Questionnaire

Privacy Statement: Notice under the Privacy Act 2020 and The Health Information Privacy Code 2020

'We', 'us' and 'our' refers to Momentum Life Limited (Momentum Life) and 'you' and 'your' refers to the Policy Owner, the Life Insured and the claimant.

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.

Momentum 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 may be permitted by law.

The information may also be disclosed outside of Momentum 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, or for the purpose of customer satisfaction surveys, or where permitted by law.

We will take all reasonable steps to keep any personal information we collect and hold about you or any other Life Insured secure and ensure your information is accurate, complete and up-to-date.

Under the Privacy Act 2020 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 Momentum Life Privacy Policy is available at momentumlife.co.nz. If you have any query in relation to your privacy please contact Momentum Life:

Phone: 0800 108 108 (Mon to Fri, 9am - 7pm NZST) **Email:** customer@momentumlife.co.nz

Mail: Customer Care, Momentum Life, PO Box 99892, Newmarket, Auckland 1149

Duty of disclosure

Any information you or any other Life Insured provides us, and any information given to us on your behalf, must be true, correct and complete, as we rely on this to provide cover and pay any claims.

If any information is incomplete or misleading we may decline a Life Insured's claim, cancel this Policy or reduce a Life Insured's Benefit by calculating the premium that would have been payable if you had told us everything you should have. We may also alter the terms of your Policy by adding special conditions to it, which will apply from the Cover Start Date.

If you fail to comply with your duty of disclosure and the failure is found to be fraudulent, we may refuse to pay a claim and treat the Policy as never having existed.

		Yes	No
1.	Have you used any substance containing tobacco such as cigarettes or used any nicotine replacement (including e-cigarettes) in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide details:		

Part B: Questionnaire (continued)

Yes No

Part B: Questionnaire (continued)		Yes	No
2.	Since your cover start date, (tick 'Yes' or 'No')		
a.	Have you had any change in occupation?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide details:		
b.	Have you had any change in participation in hazardous pastimes?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide details:		
c.	Have you had any change in health or suffered from any illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide details:		
d.	Have you had any reason (excluding contraception) to receive, or do you intend to seek medical examination or advice, or consult any doctor, psychologist, chiropractor, physiotherapist, natural therapist or other health care worker?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide details:		
e.	Has there been any change in the health of your brother(s), sister(s) and/or parent(s) (living or deceased)?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide details:		
3.	In the next 12 months do you have definite plans to travel, work or live outside New Zealand?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide details:		

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 Momentum Life. You can either:

1. Scan & email to customercare@momentumlife.co.nz (please put 'CONFIDENTIAL, Policy Owner's surname, Policy Number' in the subject line); or
2. Mail to Customer Care, Momentum Life, PO Box 99892, Newmarket, Auckland 1149 (please mark the envelope as CONFIDENTIAL).