Momentum Life®

Non Smoking 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 change.

Part A: Life Insured's details

First name:	Date of birth: / /
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:** customercare@momentumlife.co.nz
Mail: Customer Care, Momentum Life, PO Box 99892, Newmarket, Auckland 1149

1.	**Have you used any substance containing tobacco such as cigarettes or used any nicotine replacement (including e-cigarettes) in the last 12 months?**	Yes	No
	If yes, please provide details:		
2.	**Have you been advised to cease smoking for specific medical reasons?**	Yes	No
	If yes, please provide full details including any test results and reason:		

Part B: Questionnaire (Continued)

3.	**Do you have, or have you been advised by a medical practitioner, that you have a medical condition caused by or associated with smoking?**	Yes ☐	No ☐
	If yes, please provide full details including condition, any test results and treatment received:		

Part C: Doctor's Details

4.	**If you answer 'Yes' to question 3, please advise the name and address of all doctors, specialists, hospitals or other health professional attended for smoking relating medical conditions, and date of most recent attendance:**	
	Name & Speciality:	Phone:
	Doctor's Address:	Date seen: ☐☐ / ☐☐ / ☐☐☐☐
	Name & Speciality:	Phone:
	Doctor's Address:	Date seen: ☐☐ / ☐☐ / ☐☐☐☐
	Name & Speciality:	Phone:
	Doctor's Address:	Date seen: ☐☐ / ☐☐ / ☐☐☐☐

Please provide any additional information that could help in the assessment of your application:

Part D: Declaration

I declare that the answers to all the questions on this form are true and correct and shall form part of my contract of 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).