

Declaration of Continued Good Health



Policy number:

Person to be insured:

Your duty of disclosure (Please read carefully)

- This questionnaire will form part of the application and shall be the basis of the proposed contract.
- You are required to advise Asteron Life of any change in circumstances that are material to this application until your application has been accepted. This duty also applies when you extend, vary or reinstate your policy.
- If you fail to provide any information that is material to this application, or if any information provided by you is substantially incorrect and material, then Asteron Life may be unable to accept this application; and any policy issued may be avoided from inception or any one or more of the benefits may be avoided from inception or reduced; and premiums forfeited; and benefits paid may have to be refunded.

1. Since the commencement of the policy listed above have you had any change in health or suffered from any sickness or injury? Yes ☐ No ☐

If 'yes', please provide details.

2. Since the commencement of the policy listed above have you had any reason to receive medical attention or advice, or to consult any doctor, psychologist, chiropractor, physiotherapist, natural therapist or any other health care worker? Yes ☐ No ☐

If 'yes', please advise reason for consultation, date and name and address of person consulted.

3. Are you now, to the best of your knowledge and belief, in as good a state of health as at the time the policy listed above commenced? Yes ☐ No ☐

If 'no', please provide details.

4. From that stated in your application for insurance has there been any change in:
- i. Your occupation or occupational status, eg. from employee to employer? Yes ☐ No ☐
If 'yes', please provide details.
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- ii. Your participation in organised sport or any hazardous activity, eg. motor or water sports, aviation, football, parachuting? Yes ☐ No ☐
If 'yes', please provide details.
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5. Has any application for insurance on your life been submitted to any other company since the commencement date of the above policy? Yes ☐ No ☐
i. If 'yes', please advise type and amount of cover, and name of company.
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- ii. Has this cover been accepted? Yes ☐ No ☐
If 'yes', please advise if accepted at standard rates, accepted at an increased premium or with amended terms.
If 'no', please advise why the cover has not yet been accepted, including if deferred.
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6. Since the commencement of the policy listed above have you been diagnosed, received or considered seeking any advice, tests, treatment or an operation, from a health professional for:
- skin cancer, lesion, lump or suspicious mole
 - an abnormal pap smear (female only)
 - a breast lump
 - any other form of cancer whether malignant or not? Yes ☐ No ☐
- If 'yes', please provide details.*
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Authorisation and Declaration

I authorise Asteron Life to obtain at any time from my employer, doctor, hospital, health agency, insurance office, Accident Compensation Corporation, Inland Revenue Department, Work and Income, Department of Justice, or any other person or entity, any and all information Asteron Life may require to perform or complete any of the purposes in connection with which I have provided personal information about myself or any child to be insured with Asteron Life. A photocopy of this authorisation shall be read as the original and any such person or entity is directed by me to release to Asteron Life any personal information they hold concerning me.

I declare that the statements made are true and complete and agree that they shall form part of the application and shall together with the application be the basis of the proposed contract. To the extent that if the answers are not in my own handwriting they have been checked by me and I certify that they are correct to the best of my knowledge. I have read the duty of disclosure, and statement on non-disclosure and understand the contents.

Signature of the Person to be Insured

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Date

/ /

[Sign here](#)

Issuer: Asteron Life Limited

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