

# Policy Reinstatement Application

 Adviser code      

 Policy Number      

 Commencement Date of Policy  DD/MM/YYYY

 Life to be Assured 

 Policy Owner 

 New payment method included Yes ☐ No ☐

 Payment enclosed for outstanding premiums Yes ☐ No ☐

## 1 Current Health Status

(a) Do you currently suffer from a disability, illness or injury or complaint of any kind?

If yes please provide details and complete Section 5.

 Yes ☐ No ☐


(b) Are you currently considering or have you been advised to undergo any treatment, therapy, special tests or operation? If yes please provide details and complete Section 5.

 Yes ☐ No ☐


(c) Are you currently taking any medication, drug, sedative (prescribed or otherwise) for anything other than for ailments such as colds, flu, contraception etc? If yes please provide details and complete Section 5.

 Yes ☐ No ☐


(d) Have you smoked tobacco or any other substance within the last 12 months?

If yes please state type and quantity smoked.

 Yes ☐ No ☐

Type	Quantity
<input type="text"/>	

(e) Are you currently being treated for AIDS, AIDS related condition, HIV, Sexually Transmitted Disease or had any blood tests in connection with these? If yes please provide details and complete Section 5.

 Yes ☐ No ☐


(f) Do you have a family history of any inherited disease? If yes please provide details.

 Yes ☐ No ☐


(g) What is the current health status of each of your natural parents and your brothers and sisters?

Relationship to you	If alive, current age	Describe health status e.g. excellent, poor etc.	List any medical conditions e.g. diabetes, heart disease, high blood pressure etc.	Age at death if applicable	Cause of death
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(h) Please list the name, address and telephone numbers of all medical practitioners, therapists, counsellors, or clinics you have consulted in the last five years.

  


(i) Please advise which of these practitioners hold your medical records.



## 2 Changes in Health

- (a) Since the Commencement Date of the Policy have you taken any medication, drug, sedative (prescribed or otherwise) for anything other than for ailments such as colds, flu, contraception etc?

If **yes** please provide details and complete Section 5.

Yes ☐ No ☐

- (b) Since the Commencement Date of the Policy have you been hospitalised or had any tests, medical treatment or investigations e.g. X-rays, blood tests, scans? If **yes** please provide details and complete Section 5.

Yes ☐ No ☐

- (c) Since the Commencement Date of the Policy have you received therapy or treatment from any health provider including but not limited to counsellors, therapists or naturopaths for conditions other than for ailments such as colds, flu, contraception etc...? If **yes** please provide details and complete Section 5.

Yes ☐ No ☐

- (d) Since the Commencement Date of the Policy have you had more than 5 consecutive days off work due to health reasons? If **yes** please provide details and complete Section 5.

Yes ☐ No ☐

- (e) Since the Commencement Date of the Policy has any application for insurance on your life been declined, postponed, or accepted on substandard terms? If **yes** please provide details and complete Section 5.

Yes ☐ No ☐

- (f) Since the Commencement Date of the Policy have you made a claim against any Life, Sickness, Disability or Trauma Benefit? If **yes** please provide details and complete Section 5.

Yes ☐ No ☐

- (g) Since the Commencement Date of the Policy have you required full or part-time care?

If **yes** please provide details and complete Section 5.

Yes ☐ No ☐

## 3 Disability Covers & Trauma Cover including TPD

(Please complete the following questions for the reinstatement of Trauma Cover including TPD, Complete Disablement Cover, Income Cover, Mortgage Repayment Cover and/or Premium Cover.)

- (a) What is your current occupation and what industry do you work in?

- (b) Are you aware of any pending redundancy or liquidation at your place of permanent employment or have you been advised that you may be made redundant? If **yes** please provide details.

Yes ☐ No ☐

- (c) What is your current income?

## 4 Hazardous sport or pastime details

- (a) Please advise what activity, pastime or pursuit you are involved in?

(If hunting, please advise the type of game and any helicopter involvement.)


- (b) How long have you been involved in this pastime?

- (c) How many times a year do you participate in this pastime including number of hours?


(d) Do you have any qualifications, certificates, associations or club memberships for this pastime? If yes please provide details.	
(e) Do you participate in this pastime alone or in a group?	
(f) What formal training have you had for this pastime?	
(g) Do you compete in this activity? If yes at what level of competition?	
(h) Please advise the maximum speed, heights, depths you obtain for this pastime?	
(i) What safety measures and precautions do you take?	
(j) Please provide full details of engine size and model for any boats, planes, cars or other equipment used and fuel type used.	

## 5 Medical questionnaire

(Please complete the following questions if you have ticked yes to questions (a), (b), or (c) in Section 1.)

### (a) Please describe your medical condition.

Condition 1
Condition 2
Condition 3

### (b) Please provide the date when you first experienced symptoms.

Condition 1	DD/MM/YYYY	Condition 2	DD/MM/YYYY	Condition 3	DD/MM/YYYY
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### (c) Please describe the symptoms.

Condition 1
Condition 2
Condition 3

### (d) When did you last experience any symptoms?

Condition 1	DD/MM/YYYY	Condition 2	DD/MM/YYYY	Condition 3	DD/MM/YYYY
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### (e) Are these symptoms completely resolved? If no please provide details.

Yes ☐ No ☐

Condition 1
Condition 2
Condition 3

### (f) How frequent and severe are the occurrences or attacks of the condition?

Condition 1
Condition 2
Condition 3

### (g) What type of treatment are you currently taking and dosage amount?

Condition 1
Condition 2
Condition 3

**(h) Has the treatment changed during the last 18 months? If yes please provide details.**

Yes ☐ No ☐

Condition 1
Condition 2
Condition 3

**(i) Have you ever had any surgery as a result of your condition or illness?**

If **yes** please provide details including dates.

Yes ☐ No ☐

Condition 1
Condition 2
Condition 3

**(j) Have you ever been hospitalised as a result of your condition or illness?**

If **yes** please advise when, where and duration.

Yes ☐ No ☐

Condition 1
Condition 2
Condition 3

**(k) How much time have you lost from work as a result of your condition or illness?**

Condition 1
Condition 2
Condition 3

**(l) Were you referred to a specialist for the condition? If yes please provide details.**

Yes ☐ No ☐

Condition 1
Condition 2
Condition 3

**(m) Name and address of health professional who has full details.**

Condition 1
Condition 2
Condition 3

## 6 Declaration and privacy information

a. I/we, being the above named Life to be Assured and/or Policy Owner(s) declare and understand that:

(i) This application ("Application") is made to OnePath Life (NZ) Limited ("OnePath") for the reinstatement of the above numbered policy ("Policy") and will form the basis of the reinstatement of the Policy (if any) agreed to by OnePath.

(ii) It is my/our duty to disclose to OnePath every matter that I/we know or could reasonably be expected to know, is relevant to its decision to reinstate the Policy and accept the insurance risks under the Policy. To the best of my/our knowledge no information has been withheld by me/us relevant to the insured risk and all statements made in this Application are true and complete.

(iii) This Application collects personal information about me/us and OnePath will hold such information at OnePath – 205 Wairau Road, Glenfield 0627, Auckland. I/we are able to access and correct such information on request, subject to the provisions of the Privacy Act 1993.

b. The above named Life to be Assured and Policy Owner(s) consent to the use of the personal information provided in this application by OnePath, its subsidiaries, its officers, its advisers and reinsurers for the purposes of reinstatement assessment, maintenance and administration of the Policy and for the promotion of insurance and other financial services me/us.

Full name of Life to be Assured

Signature of Life to be Assured  Date

Full name of Policy Owner

Signature of Policy Owner  Date

### OnePath Life (NZ) Limited

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