

Declaration of health.

If your policy number starts with PL, this is your form.

This form is for Members on SmartCare, SmartCare+, StaffCare, StaffCare+, SmartStay and other Health Plans or group insurance schemes originally issued under the Accuro brand.



A new declaration of health form is required to be completed for each Member on the policy.
Complete and return this form to contact@unimed.co.nz.

Primary Member's name

First name(s)

Last name

Policy number

Declaration for the purpose of:

Transferring from SmartCare to SmartCare+

Confirming no change to an original application over 45 days old

Other:

1. Member details

Full name

First name(s)

Last name

Date of birth (dd/mm/yy)

Sex at birth

Gender

Male

Female

Male

Female

Another:

Address

Home phone number

Mobile phone number

Email

2. Health declaration – this section is to be fully completed

In the last 12 months, or since the date of your original application (whichever applies), have you:

2.1 Suffered any illness or injury or experienced any signs or symptoms of an illness that you have not previously disclosed to us?

Yes No

2.2 Consulted any medical practitioner, e.g. doctor, specialist, physiotherapist, or have any current intention to do so?

Yes No

2.3 Been admitted to hospital for any reason or been advised that a hospital admission or diagnostic or investigative tests may be required in the future?

Yes No

2.4 Been prescribed or taken regular medications, other than those previously disclosed to us?

Yes No

2.5 Had an application for health, life, trauma or disability insurance declined or accepted on non-standard terms, e.g. an exclusion or additional premium applied to a medical condition?

Yes No

If you have answered YES please provide further details below:

Question number	Date this occurred (dd/mm/yy)	Please provide full details of the nature of the condition, dates and duration of the condition, treatment received, and the name and address of the healthcare provider (if consulted).

3. Declaration and authorisation

THIS DECLARATION IS VERY IMPORTANT. PLEASE ENSURE YOU READ IT CAREFULLY

1. If, between the date this Application is signed and the policy start date, I become aware of any health condition or event, or other relevant information concerning any person listed in this Application, that has not been included in this Application, I agree to inform UniMed immediately.
2. I understand that I need to include in this Application all information requested, even if I have already shared this information with a representative of UniMed or with my Adviser.
3. I understand that if I have provided information in this Application that is untrue, incomplete or misleading, or if I have failed to disclose any information asked for (including complete and true medical and health information), this may result in my Application being rejected, any claims made declined, additional terms applied to the policy and/ or the cancellation of the policy, in accordance with its terms and New Zealand law.
4. I understand that this Application is not a guarantee of cover and cover will not commence until the policy start date listed on the Membership Certificate issued by UniMed.
5. I authorise UniMed to obtain from any person or organisation any further information required to assess this Application or future claims, and I authorise those persons or organisations to disclose such information to UniMed. This may include, but is not limited to, obtaining details regarding previous medical history and previous health insurance.
6. I understand that this Application and any policy issued is subject to the UniMed Terms and Conditions or the Terms and Conditions contained within the Health Plan document, and to the UniMed Rules.

The personal and health information about you and those covered under your Health Plan is collected for the purpose of evaluating your Application.

If your Application is approved then this information will be used by us to help you access our products and services, including administering your policy and associated claims.

Please refer to our Privacy Statement for more information about how your information will be used, our privacy practices, and your associated rights – unimed.co.nz/privacy.

I have read and agree to the Declaration.

I am authorised by all persons listed in this Application to submit this Application on their behalf and I confirm that they are aware the information I provide will be disclosed to UniMed.

Primary Member's full name

Signature

Date signed (dd/mm/yy)

Financial strength rating

UniMed has an **A (Excellent)** Financial Strength Rating from AM Best.

The rating scale is: A++, A+ (Superior), A, A- (Excellent), B++, B+ (Good), B, B- (Fair), C++, C+ (Marginal), C, C- (Weak), D (Poor), E (Under Regulatory Supervision), F (In Liquidation), S (Suspended).

IT IS IMPORTANT THAT YOU RETURN THIS FORM WITHIN 45 DAYS OF YOU SIGNING OR IT MAY BECOME INVALID.