## **Corporate Solutions**

## **Overseas Membership Questionnaire**



Please answer the below questions when seeking approval under a Group Policy to cover staff members who are based offshore.

The information requested in this questionnaire is required to ensure AIA New Zealand can offer effective cover to staff based offshore. AIA New Zealand is only licensed to operate in New Zealand and AIA New Zealand therefore requires accurate information about staff members based offshore to determine whether cover can be offered to those staff.

Place provide the full legal entity name proposed) policyholder? Place provide the full legal entity name of the policyholder and the area of the policyholder as registred in provided to members under the policy?  3. Will cover be provided continuously during the duration of the policy or is the cover for a shorter term?  4. Places provided the full legal entity name provided continuously during the duration of the policy or is the cover for a shorter term?  4. Places provided the following details about the number of members under the policy?  5. Are the offshore staff encylonged by the policy of the policy or is the emblored for members and entity in the emblored for the policy?  6. Are the offshore staff encylonged by the policy of the policy occurred within New Zealand and offshore staff encylonged the policy occurred within New Zealand?  7. In which country will billing and claims under the policy be handled?  8. In which country will billing and claims under the policy be handled?  9. How will a benefit pay-out be made? (i.e. will a benefit be paid to the policy occurred within New Zealand?)  9. How will a benefit pay-out be made? (i.e. will a benefit be paid to the policy occurred within New Zealand?)  9. How will a benefit pay-out be made? (i.e. will a benefit be paid to the policy occurred within New Zealand?)  9. How will a benefit pay-out be made? (i.e. will a benefit be paid to the policy occurred within New Zealand?)  10. In the table on the following page, please provide the following details for each offshore staff member to which this application relates:  a. What is the employment status of each offshore staff member (e.g. full time employee, fixed term employee, contractor?)  b. How long will each offshore staff member be based offshore? (e.g. are they permanently based offshore or based offshore for a fixed period)  c. If your answer to Question 6 is 'No', please provide the full legal name of th									
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Offshore staff member name	Employment Status	Period based offshore	Employing Entity	Country of Entity registration	Citizenship/residency status				
*Please note that if necessary, AIA will ac	cept the above table i	n Excel or Word fo	ormat.						
Declaration:									
I confirm that:									
• I am authorised by the policyholder to provide information to AIA New Zealand about the policy and its membership;									
I understand that the informate that AIA complies with its legs.				ew Zealand and AIA	Group to ensure				
that AIA complies with its legal obligations both in New Zealand and offshore;  I have made reasonable enquiries with the policyholder when completing the answers to this questionnaire and I have informed									
the policyholder about the importance of providing complete and accurate information about offshore staff members;									
<ul> <li>the information contained in the responses to this questionnaire is complete and accurate to the best of my knowledge and belief;</li> <li>and</li> </ul>									
<ul> <li>providing incomplete, false or inaccurate information in the responses to this questionnaire may jeopardise or void the cover available to offshore staff members.</li> </ul>									
		1 M / Y Y Y Y							
Tick to confirm acceptance of the Declaration above	Date								
Name of person completing questionnaire:									
Company or organisation of									
person completing questionnaire:									

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