



PROTECTION

Corporate Solutions

APPLICATION FORM – COMPULSORY MEMBERSHIP



aia.co.nz/corporate



**HEALTHIER, LONGER,
BETTER LIVES**

Corporate Solutions
Application Form – Compulsory Membership



1 Policy details

Plan name

Employer name

Commencement date Renewal date
 (if different from commencement date)

Policy Owner

Entity type Company Other:

Date of incorporation Place of incorporation

All directors / partners / proprietors / trustees / officers names
 (strikethrough whichever are not applicable)

1

2

3

If entity has multi-layer ownership, please provide entity structure chart.

4

5

6

Registered office (if applicable)

Principal place of business

Street Address	<input type="text"/>	Postal Address (if different to street address)	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

Telephone ()

Email

2 Existing Policy

Do you have or have you had a Corporate Solutions Group Risk Policy in the last 12 months? Yes No

If yes, who is/was the provider?

3 Eligibility Criteria

Unless otherwise agreed, an eligible member is one who:

- a. is in the service of the employer; and
- b. is under the maximum entry age as specified in the Executive Summary; and
- c. is gainfully and permanently employed for at least 15 hours per week (each and every normal working week); and
- d. is a New Zealand citizen, permanent resident or holds a current New Zealand work visa issued for a period not less than 12 months, and resides in New Zealand; and
- e. meets the eligibility criteria specified in this application; and
- f. satisfies the definition of 'at work' on the day cover is to commence.

All permanent employees of the Employer, who work 15 hours or more per week (each and every normal working week), upon commencement

OR Non-standard Eligibility, to be noted on page 3

4 Benefits required*(If you require more space, please attach an additional sheet)***Life Cover**Profit share participation Yes No

Category	Category Definition	Formula for Sum Assured	Cessation Age

Eligibility criteria

Total and Permanent Disablement Cover

Category	Category Definition	Formula for Sum Assured	Disability Definition (Any or Own Occupation)	Benefit Type (Full or Reducing / Tapering)	Cessation Age

Eligibility criteria

Critical Illness Cover

Category	Category Definition	Formula for Sum Assured	Accelerated (Yes/No)	Cessation Age

Eligibility criteria

Income Protection Cover

Category	Category Definition	Formula for Sum Assured	Occupation Type (Own or Own/Any Occupation)	Waiting Period	Benefit Period	Cessation Age

Eligibility criteria

5 Payment details*Premiums are payable in advance and if paying by a frequency other than Annually a frequency charge will apply.*Premium frequency: Annually Half yearly Quarterly Monthly

6 Declaration

The Policy Owner hereby declares that the above information is true and correct and requests AIA New Zealand to issue a master policy on the basis of this application and acknowledges and declares that it will hold the policy and any monies coming into its hands in connection therewith upon trust for the purposes of the Plan.

1. I/We acknowledge that personal information collected or held by AIA New Zealand (whether contained in this application or otherwise obtained) is provided and may be held, used, and disclosed by AIA New Zealand to:
 - process this application; and
 - any other application for insurance I/we make to AIA New Zealand; and
 - for the purpose of assessing any claim I/we may make should this or any other application be accepted by AIA New Zealand; and

- for the purposes of any legal proceedings before a Court, or review or arbitration before a statutory or independent body.
2. I/We acknowledge that for the purposes set out above, personal information may be made available to our subsidiary and affiliated companies, local and overseas (and in this regard you consent to the transfer of your information outside New Zealand) and to any agent, contractor or third party who provides administrative or other services to AIA New Zealand or any member of the AIA Group.
 3. I/We understand that I/we can request access to and correction of my/our personal information by writing to AIA New Zealand.

For and on behalf of the Policy Owner

Delegated Authority Name

Job title

Signature of Policy Owner

Date DD / MM / YYYY

Witness Name

Job title

Signature of Witness

Date DD / MM / YYYY

8 Insurance Adviser Details

Name

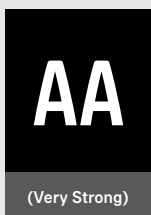
Company

FAP and FSPR number

Phone number

()

Email address



Financial Strength Rating

AIA New Zealand Limited has been given an AA (Very Strong) insurer financial strength rating by Fitch Ratings, an approved ratings agency. A rating of AA means AIA New Zealand Limited has a very strong capacity to meet policyholder and contractual obligations.

Ratings Scale

SECURE: AAA (Exceptionally Strong) | AA (Very Strong) | A (Strong) | BBB (Good)

VULNERABLE: BB (Moderately Weak) | B (Weak) | CCC (Very Weak) | CC (Extremely Weak) | C (Distressed)

Note: "+" or "-" may be appended to a rating to indicate the relative position of a credit within the rating category. Such suffixes are not added to ratings in the AAA category or to ratings below the CCC category.

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