

Individual Declaration Update



For completion by the claimant (please print clearly)

1 Plan details

Plan name	<input type="text"/>
Employer name	<input type="text"/>
Claim number (office use only)	<input type="text"/>

2 Member details

Full name	<input type="text"/>			
Address	Street	<input type="text"/>	Suburb	<input type="text"/>
	City	<input type="text"/>	Postcode	<input type="text"/>
Home phone	<input type="text"/>	Mobile	<input type="text"/>	
Email address	<input type="text"/>			

3 Medical details

a. Please detail any medical appointments you have attended in the last month in relation to your illness/accident	<input type="text"/>
b. Name and address of attending practitioners	<input type="text"/>
c. Describe the outcome	<input type="text"/>
d. Please advise the current state of your illness/injury and what tasks of your work this prevents you from performing	<input type="text"/>
e. Please detail any travel undertaken in the past month, including reasons for travel (business, conferences, family, holiday etc.)	<input type="text"/>

Medical details continued...

f. Please detail participation in and/or attendance at any other activity such as hobbies, sporting activities, cultural activities, conference participation, and or vocational retraining. Please indicate the hours of involvement these activities have taken per week.

Hours per week

g. Please advise if you are supporting any family members/friends/colleagues with their ongoing business activities. Please detail the nature of this involvement including tasks performed and hours of work per week

Hours per week

h. Is there anything else related to your condition that we need to know about?
If Yes, please give details.

Yes No

i. Does your employer have alternative duties available for you? If self-employed have you considered alterations to your business and/or activity to accommodate your incapacity? If Yes, please give details (including duties and number of hours per month).

Yes No

4 Financial information Claimant to complete

Since the last claim payment, have you recieved any of the following?

a. Any benefit under ACC, WINZ and/or any insurance policy? Yes No

Amount GROSS/NET of tax (Please circle one) \$

Name of Organisation

b. Any income (whether work is undertaken for the income or not)? Yes No

Amount GROSS/NET of tax (Please circle one) \$

Received from

No of Hours / Weeks / Months (Please circle one)

c. Please advise if you have in the past month engaged in any work activities either paid or unpaid. If Yes, please give details, including nature of engagement, hours of work, tasks, name and address of employer/colleague/ friend etc, worked for.

Yes No

d. Please advise income and or remuneration received either directly or indirectly from this work.

Financial information continued...

e. If you are self employed please advise if your business is continuing to trade and if so please advise your involvement in the business in terms of hours per week, nature of tasks.

f. Since your last claim payment, have you:

Formed another business?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Become a shareholder of any company?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Become a director of any company?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Been declared bankrupt or are you involved in any insolvency/bankruptcy proceedings?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

g. Is there anything else related to your financial position that AIA needs to know about?

Yes No

If Yes, please give details.

5 Privacy, declaration and consent

This Individual Declaration Update form collects personal information about you. This information is collected for the purpose of assessing your claim with AIA New Zealand Limited ("AIA"). Failure to provide this information may result in your claim not being processed and monthly payments not being forwarded to you. The personal information collected will be held at AIA's Auckland offices at 74 Taharoto Road, Takapuna, Auckland. You have certain rights of access and correction of personal information under the Privacy Act.

I declare that the above statements made in relation to my claim with AIA are true and complete. I understand that I must notify AIA of any employment (part-time, full-time, paid or unpaid) that I undertake, and of any income that I receive (or am entitled to receive) while I am claiming a benefit. I further declare that if the answers to the questions in this Individual Declaration Update form are not in my handwriting, then they have been correctly written at my dictation. As part of a disability claim with AIA, I, **the Member**, consent and give authority to AIA and any related companies to seek from, and for all and any of the following, their officers and employees, to disclose to AIA, their advisers, reinsurers and to any legal tribunal before which any question concerning the insurance may arise, any medical, financial, and any related companies or other personal information affecting such insurance which they may hold in respect of me:

- > Accountant and other financial advisers;
- > Accident Compensation Corporation;
- > Banks and other financial institutions;
- > Counsellors, psychologists and therapists;
- > Dentists;
- > Employers whether current or not;
- > Hospitals (whether public or private);
- > Government departments, agencies, organisations and enterprises eg: IRD;
- > Insurers (whether public or private);
- > Registered Medical Practitioners and specialists.

I, **the Member**, agree that a photocopy of this authority will be valid as an original.

Full name of Member			
Signature of Member	X		
	Date	<div style="display: flex; justify-content: space-between; font-size: 8px; margin-bottom: 2px;"> DD MM YYYY </div> <div style="text-align: center; font-size: 16px;">/ /</div>	

