



## Group Injury and Sickness

### Policy Application

Please return this document to AIG and attach any additional pages as required.

#### Company Information

**Insured name:** \_\_\_\_\_

**Nature of business:** \_\_\_\_\_

**Company website:** \_\_\_\_\_

**Broker:** \_\_\_\_\_

**Period of insurance:** \_\_\_\_\_

**Total number of person's on payroll:** \_\_\_\_\_

#### Details of Insured Persons

Please complete the table below for all categories of persons to be covered under the policy and provide any additional pages as required.

1. Cover required for capital benefits:

Category of insured persons	Nature of occupational duties	Total no. of insured persons	Total payroll value	Sum insured required	Salary multiplier required
1.			\$	\$	x
2.					
3.					
4.					

2. Weekly injury benefit required (salary to a maximum of): \$ \_\_\_\_\_

3. Weekly sickness benefit required (salary to a maximum of): \$ \_\_\_\_\_

4. Benefit period required:

52 weeks       104 weeks       Other (please specify) \_\_\_\_\_

5. Deferment period required:

14 days       28 days       Other (please specify) \_\_\_\_\_

Please note: If you require different levels of cover please list these requirements separately.

6. Are employees given a pre-employment medical examination? Yes / No

7. Is there a periodical medical examination? Yes / No



8. Does anyone to be insured under this Policy expect to engage in any non-scheduled flying activities?

If Yes, please provide details:

\_\_\_\_\_

9. What limits of liability are required during any one policy period?

a. Total liability for all claims \$ \_\_\_\_\_

b. Total liability for all claims arising from charter and/or non-scheduled flights \$ \_\_\_\_\_

Please note: should there be any eligible insured person disabled at the time of acceptance of the proposed insurance policy then no coverage will apply to such insured person until such time as he/she has completely recovered from such disablement and has returned to full time employment.

**Declaration**

If you answer YES to any of the questions below please provide additional details and include with this application.

- 1. Have you ever had any insurance application, any insurance policy, or any claim declined by any insurance company? Yes / No
2. Have you previously been insured for this type of insurance? If so with which insurance company? Yes / No
3. Have you made a claim against a Group Injury and Sickness insurance policy in the last 3 years? Yes / No
4. Have you told the Insurer everything that is likely to affect their decision to accept this insurance? Yes / No
5. I/we understand that:
The Insurer is collecting this information to evaluate my/our insurance and that failure to provide any required information may result in the Insurer refusing to provide this insurance. Yes / No
I/we are obliged to disclose to the Insurer any information that may be material to the consideration of this insurance. Yes / No
I/we are obliged to disclose to the Insurer any information that may be material to the consideration of this insurance. Yes / No

Name of Insured: \_\_\_\_\_

Name and job title of person providing above information: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If being sent by E-mail, signature is not required. Completion is acknowledgement in itself that all information given is true and complete.



Bring on tomorrow

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