



# POLICE HEALTH PLAN

## POLICY AMENDMENT FORM

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Office use only

Phone (04) 496 6800 Freephone 0800 500 122 Fax (04) 496 6819

Email membership@policeasn.org.nz Web www.policeasn.org.nz Post PO Box 12344, Wellington 6144

**Please Note:** This form collects personal information in order to process your application for a Welfare Fund Benefit. The information will be held by the Police Welfare Fund Ltd, PO Box 12 344, Wellington 6144. You may access and seek correction of this information as provided for by the Privacy Act 1993.

### POLICYHOLDER DETAILS

The person who currently pays for your policy. This may be your parent, grandparent, former partner/spouse.

Member No. 

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First name(s)  Last name

Postal address   
  
 Postcode:

Physical address (if different from above)   
  
 Postcode:

Phone (Home) ( )  (Mobile) ( )  (Work) ( )

Preferred Email  Alternative Email

### ADDITIONS TO POLICY

Please complete the Medical Declaration on reverse in all cases.

Title	Name(s)		D.O.B	Gender	Relationship	NZ Resident	Cover Required			Voluntary Excess
	First	Last	DD/MM/YYYY	Please circle	to member	Please circle	Comprehensive / Basic / Surgical			Circle if applicable
				M   F		Yes   No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$500   \$1000
				M   F		Yes   No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$500   \$1000
				M   F		Yes   No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$500   \$1000
				M   F		Yes   No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$500   \$1000
				M   F		Yes   No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$500   \$1000

Are any of the above members transferring from another medical insurance scheme?

No  Yes - please provide proof of current medical policy, including Insurer, policy type and policy renewal date.

### DELETIONS FROM POLICY

Name(s)		D.O.B	Gender	Relationship	Transferring to own Police Health Plan policy?	
First	Last	DD/MM/YYYY	Please circle	to member	Yes	No
			M   F		Yes	No
			M   F		Yes	No
			M   F		Yes	No
			M   F		Yes	No

*If you answered yes, please ensure they complete a Transfer to Own Policy form, available at www.policeasn.org.nz*

### UPGRADING/DOWNGRADING COVER

Title	Name(s)		D.O.B	Gender	Relationship	New level of cover required			Voluntary Excess
	First	Last	DD/MM/YYYY	Please circle	to member	Comprehensive / Basic / Surgical			Circle if applicable
				M   F		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$500   \$1000
				M   F		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$500   \$1000
				M   F		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$500   \$1000
				M   F		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$500   \$1000
				M   F		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$500   \$1000

**PLEASE COMPLETE AND SIGN DECLARATIONS ON REVERSE**

**FINANCIAL STRENGTH RATING:** A M Best Co. has assigned a Financial Strength Rating of A- (Excellent) and an Issuer Credit Rating of "a-" to Police Health Plan Limited. The outlook for both ratings is stable. The ratings reflect the captive membership base, low expense ratio and good asset quality.

**A M BEST CO.'S FINANCIAL STRENGTH RATING SCALE:**

**Secure:** A++, A+ (Superior); A, A- (Excellent); B++, B+ (Good)

**Vulnerable:** B, B- (Fair); C++, C+ (Marginal); C, C- (Weak); D (Poor); E (Under Regulatory Supervision); F (In Liquidation); S (Suspended)

