POLICE WELFARE FUND
NEWBORN FORM

Office use only

Phone (04) 496 6800 **Freephone** 0800 500 122 **Fax** (04) 496 6819
Email membership@policeassn.org.nz **Web** www.policeassn.org.nz **Post** PO Box 12344, Wellington 6144

Please note: *This form collects personal information in order to process your application for a Birth Benefit and Police Health Plan. 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.*

MEMBER DETAILS

Member No.

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

Full name:

Postal address:

Postcode

Phone: ( )

Email:

NEWBORN DETAILS

Name(s) First	Last	D.O.B DD/MM/YYYY	Gender *Please circle*	Relationship to member	NZ Resident *Please circle*	Cover Required Comprehensive / Basic / Surgical	Voluntary Excess *Circle if applicable*
			M | F		Yes | No	◯ ◯ ◯	$500 | $1000
			M | F		Yes | No	◯ ◯ ◯	$500 | $1000

Complete if you would like your newborn covered under Police Health Plan

BIRTH BENEFITS

Complete the details below to receive the Health Plan and Welfare Fund birth benefit

I would like to apply for the following benefit(s):

HEALTH PLAN MEMBERS	WELFARE FUND MEMBERS	
◯ **Health Plan Birth Benefit** $200 Child **must** remain in Health Plan for 5 years	◯ **Welfare Fund Birth Benefit** $50 for individual child $200 for multiple births	◯ **Welfare Fund Adoption Benefit** $300 towards legal costs *(receipts required)*

Conditions

All Welfare Fund benefits must be claimed within 12 months of the event. The Health Plan Birth Benefit must be claimed within 18 months of the event.

Payment

Please select how you would like to receive payment:

◯ Credit Union account

◯ External bank account:

Account name

Account number

IF YOU WOULD LIKE YOUR NEWBORN COVERED UNDER POLICE HEALTH PLAN
PLEASE COMPLETE AND SIGN MEDICAL DECLARATION 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)*

MEDICAL DECLARATION

(Only complete if child is over six months old)

Has your baby:

		Yes	No
Q1.	Been admitted to hospital for treatment?	◯	◯
Q2.	Displayed evidence or recent symptoms of asthma, bronchiolitis, bronchitis, cleft palate, congenital conditions, deafness, ear infections, eye problems (e.g. strabismus), hernia, heart conditions, hip dysplasia, squint, tonsillar disease, urinary tract infections, or any other illness which may require treatment in the future?	◯	◯
Q3.	Been under medical treatment for any condition *(such as those described in question 2) or been receiving continuing medications of any kind?	◯	◯

If you have answered YES to any of the above questions - please identify the question and give full details below.
Continue on a separate piece of paper if required.

Q.	Applicant's name	Illness / symptom / operation	Treatment	Doctor or Hospital	Date

GENERAL DECLARATION

Police Health Plan Ltd is a member of Health Funds Association of New Zealand (HFANZ). On behalf of its members, HFANZ manages an Integrity Registry for the purposes of detecting and preventing fraud and other serious probity concerns. The Integrity Registry is operated by PricewaterhouseCoopers. Police Health Plan Ltd may collect, use and disclose personal and health information about you for the purposes of the Integrity Registry. You can access and correct information held on the Integrity Registry. Contact Police Health Plan Ltd or HFANZ Integrity Registry Privacy Officer, Health Funds Association of New Zealand, PO Box 25161, Wellington 6146.

1. I declare that:
   - 1.1 All entries on this form are true and correct;
   - 1.2 Any false answer may forfeit all rights to any benefits from Police Health Plan Limited (Health Plan).
2. I agree:
   - 2.1 to be bound by Health Plan Rules; and
   - 2.2 that the information may be exchanged between Health Plan, NZ Police Association, Police Welfare Fund Limited and associated bodies (including Police Welfare Insurances Ltd, General Insurances Ltd and Police Welfare Fund Mortgages Ltd) for providing information on services and statistical, processing and underwriting purposes.
3. I understand that:
   - 3.1 if I have agreed to take advantage of a discounted premium by selecting a voluntary excess, I agree to pay this excess amount towards any surgical procedures I may require.
   - 3.2 if I select a voluntary excess and then choose to switch to a lower or no-excess option, a 90-day stand-down period will apply before the lower or no-excess option commences, and all conditions that were existing under the previous higher voluntary excess, will still incur that excess, regardless of when any procedure on this condition is carried out.
4. I authorise Health Plan to seek any further medical information as and when required.

Print name _____ **Signature** _____ **Date** DD / MM / YYYY

CHECKLIST

◯ Attached copy of birth certificate or newspaper notice (if claiming any birth benefits), or any receipts if claiming the adoption benefit

Once completed, return to:

membership@policeassn.org.nz | Membership, PO Box 12344, Wellington 6144 | (04) 496 6819