

Smoking Update



How to fill in this form

Complete sections 1, 2 and 3.

Please state your preferred method of communication in section 4.

**Print, complete and sign this form. Return to Asteron Life by: Email (scanned copies) to admin@asteronlife.co.nz,
Fax 0800 808 116 or +64 4 470 8892,
Post to Asteron Life, PO Box 894, Wellington 6140, Freepost 795**

Section 1 Smoking Declaration

Person Insured

Family name

Given name(s)

Policy Details

Policy number(s)

Smoking Questions

Did you stop more than twelve months ago? Yes No

Have you been advised by a Doctor to stop smoking due to a medical condition? Yes No

If you answered "yes" to the above question, please provide details of the condition:

Section 2 Medical information consent

I consent to Asteron Life Limited seeking medical information from any doctor or other medical provider I have consulted to the extent this is reasonably necessary to administer this application. I understand that a third party may also be used to process this information request for Asteron Life Limited.

I authorise any such doctor or other medical provider to provide such information to Asteron Life Limited.

I agree that a photocopy of this consent is as valid as the original.

My Doctor is

Name of Doctor/Practice

Phone

Postal address

Post Code

Section 3 Declaration

Privacy Act 1993

For the purpose of the Privacy Act 1993, we confirm that we collect and use your personal information and may disclose your personal information to third parties for the purpose of administering your policy or in order to comply with legal requirements. Your details are stored securely with companies within the Suncorp Group and you can contact us at any time to request access to and correction of your personal information. The collection of this information is required under the terms of your policy.

For further information, please refer to the “Asteron Life Privacy Statement” which is specific to New Zealand law and the Suncorp Group’s “Suncorp Privacy Policy”. Both are available at www.asteronlife.co.nz, by phoning 0800 808 101, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

Declaration

I have read and understood the Privacy Act section of this application and declare that the above information is true and correct. I understand that the acceptance of non smoker premium rates may be subject to underwriting and agree to the terms outlined in the medical information consent section of this form.

Signature of person insured

Date

Section 4 Preferred method of communication

My preferred method of communication:

Please tick one Email Phone Letter Fax

Contact details for communications