

Day to Day application

Existing member

If you have questions or need help to complete this form, call us on 0800 222 876.

- 1 Accuro membership number _____
- 2 Start date for your Day to Day plan DAY / MONTH / YEAR or as soon as possible
- 3 If you have a promotional code, please enter it here _____

4 Please confirm the details of the main member/ policy owner

Title	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Other _____		Gender	<input type="radio"/> Male <input type="radio"/> Female	
First name(s)					
Surname				Date of birth	DAY / MONTH / YEAR
Postal address	Street				
	Town/city		Postcode		
Telephone	Home ()		Mobile		
Email	<input type="radio"/> I would like to receive all correspondence via email				
	Home		Business		
How did you hear about us?					

5 Details of other family members to be added on to this policy

	Participant 1:	Participant 2:	Participant 3:
Relationship to main member			
Title	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Master <input type="radio"/> Miss <input type="radio"/> Other (please specify):	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Master <input type="radio"/> Miss <input type="radio"/> Other (please specify):	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Master <input type="radio"/> Miss <input type="radio"/> Other (please specify):
First name(s)			
Surname			
Date of birth	DAY / MONTH / YEAR	DAY / MONTH / YEAR	DAY / MONTH / YEAR
Gender	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Email <small>Not required for participants under the age of 16 years.</small>			

6 Do you wish to add an adviser on your policy? Yes No

Your adviser's name and company	
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7 Payment method Your payment method and frequency will remain the same as your current policy

Declaration

Declaration and authorisation to obtain and use information

I/We, the person(s) applying for this Accuro Health Insurance Plan, confirm that I/we:

1. Agree that this application and any other information obtained/provided about persons to be included on my/our plan forms the basis of the contract.
2. Declare that the information I/we have given is correct and complete and that no material fact has been omitted. I/We undertake to advise Accuro Health Insurance of any health condition or event that may affect me/us or any of the other people named in this application or any relevant information that may affect the policy between the date I/we sign this application and the date the policy commences with Accuro Health Insurance.
3. Declare that any information supplied in this application, whether written by me/us or not, is true and accurate and that I am/we are authorised, where any person insured is less than 16 years of age, to act on their behalf.
4. Have read and understand this declaration and authorisation and its applicability to the Privacy Act 1993 and Health Information Privacy Code 1994 (see below for further information).
5. Understand the nature of the plan(s) chosen and believe they meet my/our requirements.
6. Understand that, upon issuance of the membership certificate, I/we have fourteen (14) days to cancel my/our plan(s) (14-day free-look period) and that, subject to no claims having been made, I/we will receive a full refund.
7. Understand that, if the application is approved, cover will start from the date stated on the membership certificate issued by Accuro Health Insurance.
8. For the purpose of assessing this application and any future claims, authorise Accuro Health Insurance to request and obtain information and records about me/us and any other people in this application. I/We authorise the following people to give you any such information and records:
 - » Any doctor, medical specialist, health agency, hospital, the Accident Compensation Corporation or other relevant person, including another insurer or person relating to any other insurance held by me/us.

Privacy Act 1993 and the Health Information Privacy Code 1994

Each person applying for this Accuro Health Insurance plan should please note the following:

1. This proposal collects personal information about you and each other member named in this plan in connection with the insurance that is sought.
2. The intended recipient of that personal information is Accuro Health Insurance.
3. You have the right to access and request corrections subject to the provisions of the Privacy Act 1993. This information will be held at our head office.
4. While Accuro Health Insurance intends to treat this information as confidential, there are some situations where we may need to disclose your personal information to a third party.
5. By signing this declaration, you authorise the disclosure of the personal information of each member named in this plan (including any dependants) to third parties and any other member named in the plan:
 - a) for statistical purposes (where not individually identified)
 - b) for evaluation and assessment of claims under the policy that results from this application
 - c) for providing on-going client service and information
 - d) for any other matter related to the policy.
6. By signing this declaration, you also authorise Accuro Health Insurance or any agency authorised by Accuro Health Insurance to give and obtain your personal information, including your medical records, from other insurers and from medical practitioners. You agree this may include information relating to any other insurance applied for or obtained or claims previously made by you.

Important information

1. This form represents an application by each person named below to become a member of Accuro Health Insurance and relates only to the plan(s) indicated.
2. Anything in this declaration purporting to the singular may, by inference, include the plural.
3. Accuro Health Insurance is the trading name of the Health Service Welfare Society Limited (as registered under the Industrial and Provident Societies Act 1908). By making this application, you are accepting the rules of the Society, including obligations therein, and understand that the rules may subsequently be changed. If you would like a copy of the current rules before making this application, please do not hesitate to ask.

4. Accuro Health Insurance is also a registered financial service provider under the Financial Service Providers (Registration and Dispute Resolution) Act 2008.
5. The Board of Directors of the Society reserves the right, at all times, to vary the terms and conditions and benefits of plans however it deems appropriate.
6. This application forms the basis of any contract that eventuates and must be filled in truthfully and accurately. Applicants are obliged, beyond that which is requested, to volunteer information that would have a material impact on the cover offered. If you have doubts, you should disclose the information to Accuro Health Insurance for determination of significance.
7. Premiums are subject to change on 21 days' notice.

I/We acknowledge the information provided in this declaration, including in relation to my/our privacy, and accept the terms and conditions (including the limitations and exclusions) of the policy, including Accuro Health Insurance general policy terms and conditions.

Main member's name in full

Signature

Date signed: DD / MM / YY

Participant's name in full (aged 16 years and over)

Signature

Date signed: DD / MM / YY

Participant's name in full (aged 16 years and over)

Signature

Date signed: DD / MM / YY

Participant's name in full (aged 16 years and over)

Signature

Date signed: DD / MM / YY

Please be aware that you are required to advise Accuro Health Insurance of any new signs/symptoms or health condition for any applicant that arises between the date you sign the application form and the date the policy commences.

Financial strength rating

Accuro has achieved a **B+** (Stable) AM Best financial strength rating.

The rating scale is: **A++**, **A+** (Superior), **A**, **A-** (Excellent), **B++**, **B+** (Good), **B**, **B-** (Fair), **C++**, **C+** (Marginal), **C**, **C-** (Weak), **D** (Poor), **E** (Under Regulatory Supervision), **F** (In Liquidation), **S** (Suspended).

For more rating information, see www.ambest.com/ratings/guide.pdf

It is important that Accuro Health Insurance receives your application within 45 days of you signing this form or your application may become invalid.