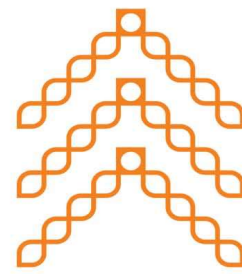
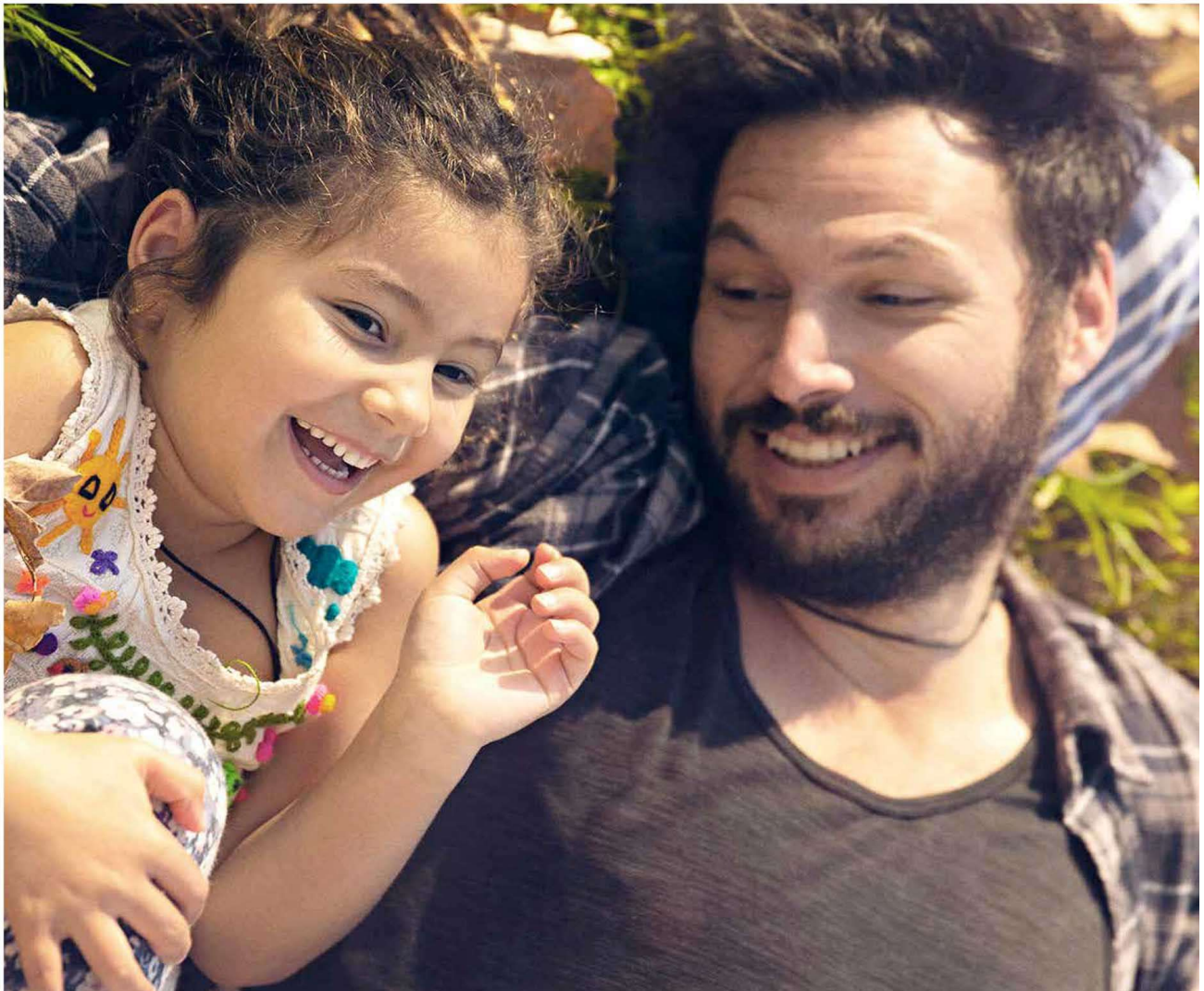


Risk Cover



Application Form



fidelitylife.co.nz
0800 88 22 88 newbusiness@fidelitylife.co.nz

fidelity life

LIFE TO BE INSURED

Title	<i>Mrs</i>	Gender	<i>Female</i>
First Name(s)	<i>Anjali</i>	Date of Birth	<i>29/04/1987</i>
Middle Name(s)		Smoker Status	<i>Non Smoker</i>
Surname	<i>Phadnis</i>	Policy Owner	<i>Yes</i>
Previous Surname		Occupation	<i>Structural Engineer</i>
Marital status	<i>Married</i>	Industry	<i>Structural engineer</i>
Residential Address		Mailing Address	
	<i>73 Glen Lynne Avenue Queenwood Hamilton 3210</i>		<i>73 Glen Lynne Avenue Queenwood Hamilton 3210</i>
Home Phone		Email	<i>chhatrea1809@gmail.com</i>
Work Phone			
Mobile Phone	<i>022 5481224</i>		

POLICY OWNER(S)**Policy Owner (1)**

Title	<i>Mrs</i>	Gender	<i>Female</i>
First Name	<i>Anjali</i>	Date of Birth	<i>29/04/1987</i>
Middle Name(s)		Mailing Recipient	<i>No</i>
Surname	<i>Phadnis</i>	Relationship to Life	<i>Self, Parent, Spouse</i>
Previous Surname			
Residential Address		Mailing Address	
	<i>73 Glen Lynne Avenue Queenwood Hamilton 3210</i>		<i>73 Glen Lynne Avenue Queenwood Hamilton 3210</i>
Home Phone		Email	<i>chhatrea1809@gmail.com</i>
Work Phone			
Mobile Phone	<i>022 5481224</i>		

Policy Owner (2)

Title	<i>Mr</i>	Gender	<i>Male</i>
First Name	<i>Harshad Sham</i>	Date of Birth	<i>19/06/1986</i>
Middle Name(s)	<i>SHAM</i>	Mailing Recipient	<i>Yes</i>
Surname	<i>Phadnis</i>	Relationship to Life	<i>Parent, Spouse, Self</i>

Previous Surname

Residential Address

*73 Glen Lynne Avenue
Queenwood
Hamilton 3210*

Home Phone

Work Phone

Mobile Phone *027 6106750*

Mailing Address

*73 Glen Lynne Avenue
Queenwood
Hamilton 3210*

Email

harshadsphadnis@gmail.com

PAYMENT DETAILS

Payment Method

Direct Debit

Payment Frequency

Monthly

Instalment Premium

\$199.15

Commencement Date for Direct Debit

17/06/2022

DOCTOR DETAILS

Please give details of your usual doctor below

Doctor's name

Clinic

Street

Suburb

Town/City

Postcode

Phone

Are your medical records held under the same name as shown

Are you happy for Lifetest to contact if we need more

Tui Medical (Davies Corner)

31 Hukanui Road

Hamilton

Hamilton

3210

07 855 5370

Yes

Yes

PURPOSE OF COVER

For which of the following reasons are you applying for this cover?

Family Protection
 Income Protection
 Mortgage Protection
 Business/Loan Guarantee Insurance
 Key Person Insurance
 Partnership/Share Protection
 Business Expenses

*Family Protection,
 Mortgage Protection*

OTHER INSURANCE ARRANGEMENTS

Do you have or are you applying for, any Life, Critical Illness/Trauma, Disability (Total and Permanent Disability) or Income Protection with any other company/ies? *No*

PERSONAL DETAILS

What is your country of birth? *INDIA*

What is your height? *152cms = 5ft 0ins*

What is your weight? *60kgs = 9st 6lbs*

Has your weight changed by more than 5kgs in the last year? *No*

Are you currently under investigation for, or have you ever been charged with or convicted of, a criminal offence? *No*

Have you ever been declared bankrupt? *No*

Do you smoke tobacco or any other substance? *No*

Have you ever smoked? *No*

Do you drink alcohol? *No*

Have you ever been advised by a medical practitioner to reduce or stop your alcohol consumption? *No*

Have you ever been treated for addiction to or abuse of alcohol and /or drugs? *No*

Have you ever used marijuana, heroin, cocaine, narcotics, barbiturates, or any other recreational, non-prescription drugs, or psychoactive drugs? *No*

OCCUPATION

What is your principal income-earning occupation? *Structural Engineer*

What is the status of your employment? *Part-time*

Are you a shareholder employee? *No*

How many hours per week do you spend at your principal occupation? *32*

Do you work at home? *No*

Do you have a second occupation or financial interest in any other business entity? *No*

Do you intend to change your occupation or duties in the next 2 years?	<i>Yes</i>
Please provide further details of your future intentions regarding occupation change	
<i>Anjali:</i> <i>Future may change jobs for career growth</i>	
Have you had more than 3 jobs in the last 5 years?	<i>Yes</i>
Please provide further details regarding these jobs	
<i>Anjali:</i> <i>Until May 2018: Worked for McDermott International in Dubai, UAE</i> <i>From July 2018 to May 2019: Worked for Prudent Engineers in Auckland</i> <i>From June 2019 to July 2019: Worked for Cheal Consultants in Hamilton</i> <i>Since October 2019: Working for Kirk Roberts in Hamilton</i>	
Does your occupation involve working at heights?	<i>Yes</i>
What is the maximum height that you work at in metres?	<i>7</i>
Please give details of your work at heights including the frequency.	<i>Structural site inspections</i>
What percentage of your duties require manual or physical work (i.e. non-clerical/desk-based work) ?	<i>10</i>
Are you aware of any pending liquidation of your current employer or have you been made aware of any potential for you to be made redundant from your current workplace?	<i>No</i>
FINANCIAL	
What are your average annual earnings (net of expenses)?	<i>65000</i>
TRAVEL AND RESIDENCE	
What is your residency status?	<i>NZ Permanent Resident</i>
Do you intend to travel to (other than on holidays) or live in another country?	<i>No</i>
MEDICAL HISTORY	
Asthma, Bronchitis, emphysema, sleep apnoea or any other respiratory disorder	<i>No</i>
High blood pressure, raised cholesterol, diabetes, impaired glucose tolerance or insulin resistance	<i>No</i>
Chest pain, heart murmur, heart attack, angina, palpitations, coronary artery disease, rheumatic fever or any other heart condition	<i>No</i>
Gastric or duodenal ulcer, reflux, frequent indigestion	<i>No</i>
Stomach or Bowel disorder, ulcers, colitis, ongoing abdominal pain, or any other disease / disorder of the gastro-intestinal tract, pancreas, or gall bladder	<i>No</i>
Depression, breakdown, stress or anxiety disorder, panic attack, sleeplessness, post traumatic stress disorder or any other mental health or nervous disorder	<i>No</i>
Liver disease or disorder, e.g. hepatitis, abnormal liver function tests or cirrhosis	<i>No</i>

Thyroid disorder or any other glandular condition	No
Back or neck problems, spinal conditions, sciatica or whiplash	No
Arthritic disorders such as rheumatism, osteoarthritis or rheumatoid arthritis or gout	No
Strains or sprains, Occupational Overuse Syndrome/RSI, broken bones or fractures, general injuries (including head injuries)	No
Recurrent or chronic allergy or skin disease	No
Cancer or tumour including skin growths or lesions, moles, cysts or growths of any kind	No
Disease of the kidneys or bladder or other reproductive or genito-urinary system, prostate or gynaecological disorders	No
Anaemia, haemophilia, leukaemia, haemochromatosis or any other type of blood disorder(s)	No
Any brain or neurological disorder e.g. epilepsy, multiple sclerosis, paralysis or stroke, dizzy spells, migraines, head injury or transient ischaemic attack	Yes
Impaired speech, hearing or vision (other than wearing glasses or contacts)?	No
Have you had an abnormal pap smear or mammogram or any breast lump (even if you have not seen a doctor about it)?	No
Are you currently pregnant?	No
Any other illness, virus, injury, condition or disorder not mentioned already including recurrent or extended coughs, but not including common colds and diagnosed flu	No
Apart from information already provided in this application, in the past 5 years have you:	
In the past 5 years have you ever had more than 5 consecutive days off work/school due to illness or injury?	No
Have you ever had any disability, health or trauma/critical illness claim, including ACC Loss of Earnings claims?	No
Have you ever received, or are you expecting any medical treatment, advice or blood test connected with AIDS or any AIDS related condition?	No
migraines / paracetamol 500mg a day,,Nausafix 5mg per day when migraine happens - client takes it	
What is the nature of this condition or disorder?	
	<i>migraines / paracetamol 500mg a day,,Nausafix 5mg per day when migraine happens -client takes it</i>
Disclosure edited to	<i>unrecognised</i>
Please describe the nature of your condition	
	<i>migraines / paracetamol 500mg a day,,Nausafix 5mg per day when migraine happens -client takes it' has been disclosed</i>
Are you still/currently on treatment for this condition?	Yes

When did you last experience symptoms or take treatment for this condition (please give an approximate date)? *May 2022*

Please describe the details of treatment, including medication, tests, investigations and advice etc

migraines / paracetamol 500mg a day,,Nausafix 5mg per day when migraine happens -client takes it.

How many days have you required off work/school with this condition? *0*

Have you fully recovered from this condition? *No*

FAMILY HISTORY

Has any blood-related immediate family member (father, mother, brother, sister) had or been diagnosed with:

- Cancer (breast, cervical, ovarian, colon or other)
- Cystic Fibrosis
- Diabetes
- Epilepsy
- Familial Polyposis
- Haemochromatosis
- Heart disease
- High blood pressure
- High cholesterol
- Huntington's chorea
- Kidney Disease
- Mental Health (inc. depression)
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Stroke
- Any hereditary condition

Yes

Which relation suffered from the condition? *Father*

What condition did this relation suffer from? *Diabetes*

What was the age at onset? *60*

HAZARDOUS PURSUITS

Aviation (other than as a fare-paying passenger) *No*

Hang-gliding / kiting *No*

Motor sport - any form including but not limited to off-road activities or powerboat racing *No*

Scuba diving *No*

Mountaineering / rock climbing *No*

Abseiling *No*

Caving *No*

Parachuting	<i>No</i>
Any other hazardous sports / pastimes / activities (e.g. martial arts, competitive horse riding, hunting etc)	<i>No</i>