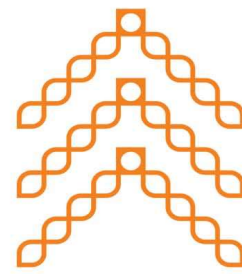
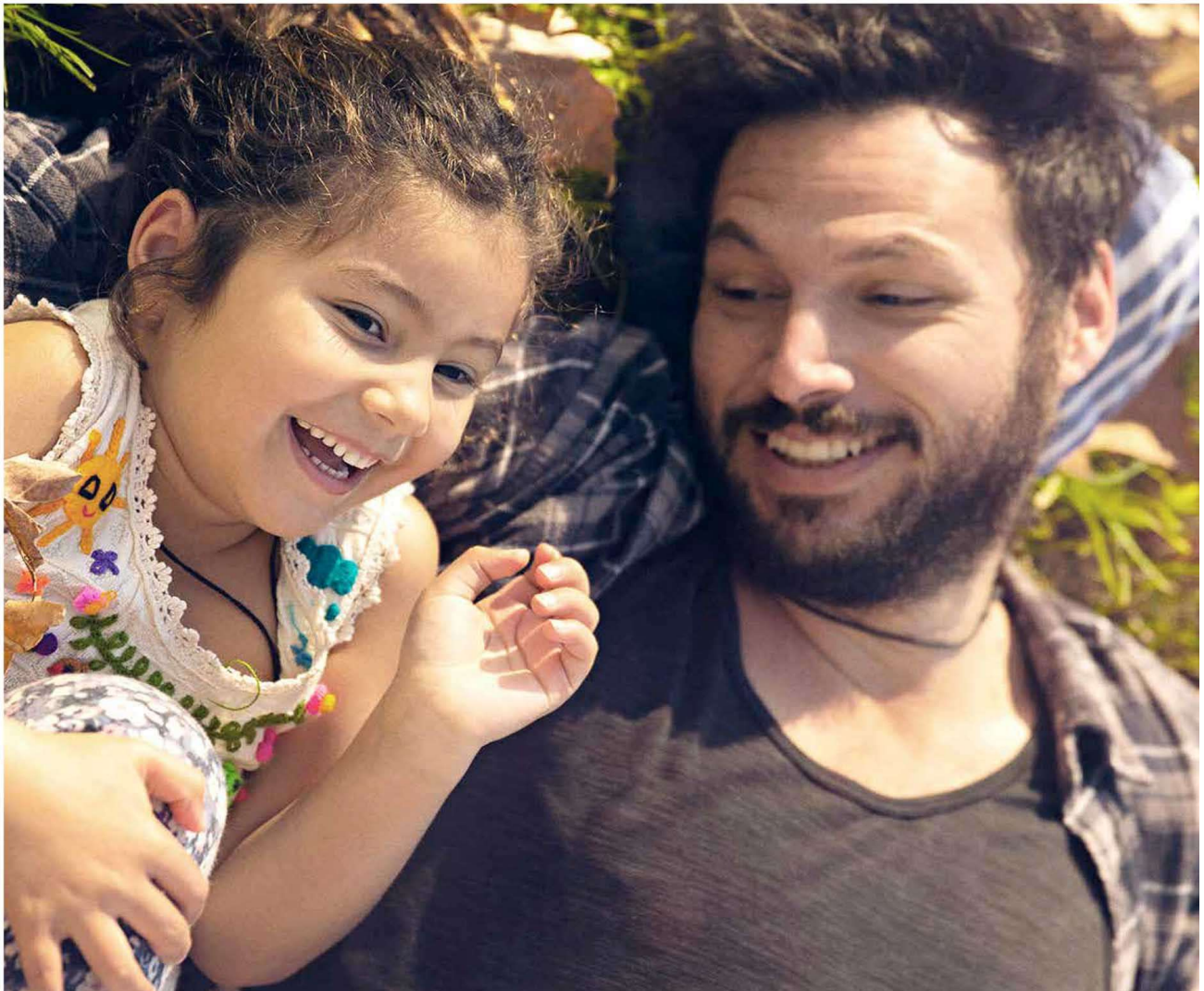


# Risk Cover



## Application Form



[fidelitylife.co.nz](http://fidelitylife.co.nz)  
0800 88 22 88 [newbusiness@fidelitylife.co.nz](mailto:newbusiness@fidelitylife.co.nz)

**fidelity** life

**LIFE TO BE INSURED**

Title	<i>Mr</i>	Gender	<i>Male</i>
First Name(s)	<i>Quintin Wayne</i>	Date of Birth	<i>12/04/1989</i>
Middle Name(s)		Smoker Status	<i>Non Smoker</i>
Surname	<i>Winters</i>	Policy Owner	<i>Yes</i>
Previous Surname		Occupation	<i>Account Manager</i>
Marital status	<i>Married</i>	Industry	<i>transport</i>
Residential Address		Mailing Address	
<i>16 Lydford Place Glendene Auckland 0602</i>		<i>16 Lydford Place Glendene Auckland 0602</i>	
Home Phone		Email	<i>quintin.winters@hotmail.co.nz</i>
Work Phone			
Mobile Phone	<i>021 02906843</i>		

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

Title	<i>Mrs</i>	Gender	<i>Female</i>
First Name	<i>Nicola Louise</i>	Date of Birth	<i>13/11/1989</i>
Middle Name(s)		Mailing Recipient	<i>Yes</i>
Surname	<i>Winters</i>	Relationship to Life	<i>Spouse, Parent, Parent, Self</i>
Previous Surname			
Residential Address		Mailing Address	
<i>16 Lydford Place Glendene Auckland 0602</i>		<i>16 Lydford Place Glendene Auckland 0602</i>	
Home Phone		Email	<i>nicola.winters@hotmail.com</i>
Work Phone			
Mobile Phone	<i>021 1574588</i>		

**Policy Owner (2)**

Title	<i>Mr</i>	Gender	<i>Male</i>
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First Name	<i>Quintin Wayne</i>	Date of Birth	<i>12/04/1989</i>
Middle Name(s)		Mailing Recipient	<i>No</i>
Surname	<i>Winters</i>	Relationship to Life	<i>Parent, Spouse, Parent, Self</i>
Previous Surname			
Residential Address		Mailing Address	
<i>16 Lydford Place</i>		<i>16 Lydford Place</i>	
<i>Glendene</i>		<i>Glendene</i>	
<i>Auckland 0602</i>		<i>Auckland 0602</i>	
Home Phone		Email	<i>quintin.winters@hotmail.co.nz</i>
Work Phone			
Mobile Phone	<i>021 02906843</i>		

#### **PAYMENT DETAILS**

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Payment Method	<i>Direct Debit</i>
Payment Frequency	<i>Fortnightly</i>
Instalment Premium	<i>\$69.70</i>
Commencement Date for Direct Debit	<i>14/07/2022</i>

#### **DOCTOR DETAILS**

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Please give details of your usual doctor below

Doctor's name	<i>Michael Arnephy</i>
Clinic	<i>Health New Lynn</i>
Street	<i>1 McCrae Way</i>
Suburb	<i>New Lynn</i>
Town/City	<i>Auckland</i>
Postcode	
Phone	<i>09 827 8888</i>
Are your medical records held under the same name as shown	<i>Yes</i>
Are you happy for Lifetest to contact if we need more	<i>Yes</i>

**PURPOSE OF COVER**

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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,  
 Income Protection,  
 Mortgage Protection*

**OTHER INSURANCE ARRANGEMENTS**

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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? *Yes*

Who is this policy with? *AIA*

When did the policy commence? *March 2015*

Which types of cover are included?

Life  
 Trauma (Standalone)  
 Trauma (Accelerated)  
 TPD (Standalone)  
 TPD (Accelerated)  
 Income Protection

*Life,  
 Trauma (Standalone),  
 TPD (Accelerated),  
 Income Protection*

How much Life cover? *500000*

How much Trauma cover? *300000*

How much TPD cover? *300000*

How much Income Protection cover (per month)? *6000*

Please indicate the status of this cover: *In force - to be replaced*

**PERSONAL DETAILS**

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What is your country of birth? *New Zealand*

What is your height? *170cms = 5ft 7ins*

What is your weight? *85kgs = 13st 5lbs*

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?	<i>No</i>
Do you smoke tobacco or any other substance?	<i>No</i>
Have you ever smoked?	<i>No</i>
Do you drink alcohol?	<i>Yes</i>
How many standard drinks do you consume?	<i>1</i>
How often	<i>Monthly</i>
Have you ever been advised by a medical practitioner to reduce or stop your alcohol consumption?	<i>No</i>
Have you ever been treated for addiction to or abuse of alcohol and /or drugs?	<i>No</i>
Have you ever used marijuana, heroin, cocaine, narcotics, barbiturates, or any other recreational, non-prescription drugs, or psychoactive drugs?	<i>No</i>

### **OCCUPATION**

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What is your principal income-earning occupation?	<i>Account Manager</i>
What is the status of your employment?	<i>Full Time</i>
Are you a shareholder employee?	<i>No</i>
How many hours per week do you spend at your principal occupation?	<i>50</i>
Do you work at home?	<i>No</i>
Do you have a second occupation or financial interest in any other business entity?	<i>No</i>
Do you intend to change your occupation or duties in the next 2 years?	<i>No</i>
Have you had more than 3 jobs in the last 5 years?	<i>No</i>
What percentage of your duties require manual or physical work (i.e. non-clerical/desk-based work) ?	<i>50</i>
Please give details of your major duties & the percentage of time spent of each duty. <i>He does drive trucks -fill in and manage fleet of trucks .Day to day service / maintenance - 50% manual work</i> <i>Also manage admin work 50%</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**

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What are your average annual earnings (net of expenses)?	<i>80000</i>
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### **TRAVEL AND RESIDENCE**

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What is your residency status?	<i>NZ Citizen</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	No
High blood pressure, raised cholesterol, diabetes, impaired glucose tolerance or insulin resistance	No
Chest pain, heart murmur, heart attack, angina, palpitations, coronary artery disease, rheumatic fever or any other heart condition	No
Gastric or duodenal ulcer, reflux, frequent indigestion	No
Stomach or Bowel disorder, ulcers, colitis, ongoing abdominal pain, or any other disease / disorder of the gastro-intestinal tract, pancreas, or gall bladder	No
Depression, breakdown, stress or anxiety disorder, panic attack, sleeplessness, post traumatic stress disorder or any other mental health or nervous disorder	No
Liver disease or disorder, e.g. hepatitis, abnormal liver function tests or cirrhosis	No
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	No
Impaired speech, hearing or vision (other than wearing glasses or contacts)?	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	Yes
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

**sinusitis / nasal spray / hay fever /**

What is the nature of this condition or disorder? *sinusitis / nasal spray / hay fever /*

Disclosure edited to *unrecognised*

Please describe the nature of your condition  
*sinusitis / nasal spray / hay fever / over spring / summer*

Are you still/currently on treatment for this condition? *No*

Please describe the details of treatment, including medication, tests, investigations and advice etc  
*sinusitis / nasal spray / hay fever / if allergy due to pollens on going condition*

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

Have you fully recovered from this condition? *No*

**FAMILY HISTORY**

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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 *Yes*
- High cholesterol
- Huntington's chorea
- Kidney Disease
- Mental Health (inc. depression)
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Stroke
- Any hereditary condition

Which relation suffered from the condition? *Mother*

What condition did this relation suffer from? *Cancer - Breast*

What was the age at onset? *45*

**HAZARDOUS PURSUITS**

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