

# Seasonsafe Medical Risk Assessment Form

The Seasonsafe insurance policy is issued and managed by **AWP Services New Zealand Limited** trading as **Allianz Partners, Level 3, 1 Byron Avenue, Takapuna, Auckland 0622** and underwritten by **The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Incorporated in Australia), ("Hollard")**.

## Important Note:

If you require cover for your Pre-existing Medical Condition(s), you must complete this Medical Risk Assessment Form and provide it to us within 14 days of your arrival in New Zealand. This will be reviewed by us based on an assessment of your Pre-existing Medical Condition(s), your age and the duration of your time in New Zealand.

If we do not receive your Medical Risk Assessment Form within 14 days of your arrival in New Zealand, we will be unable to process your medical assessment and your Pre-existing Medical Condition(s) will remain excluded.

Following our review of your Medical Risk Assessment Form, we will confirm whether cover for your Pre-existing Medical Condition(s) is approved. If we confirm cover, you (or someone on your behalf) must pay us an additional premium.

## WHAT IS A PRE-EXISTING MEDICAL CONDITION?

**Pre-existing Medical Condition** means any medical or physical conditions or circumstances:

- Any physical defect, infirmity, existing or recurring illness, injury, disability or Mental Illness of which You, or the person due to whom You are claiming, are aware of; or
- Any medical condition for which You, or the person due to whom You are claiming have had or received a medical examination, consultation, treatment, investigation and/or medication in the 12 months prior to the date Your policy is issued.

**If you need help filling in this form, or understanding Pre-existing Medical Conditions, please contact us on 0800 486 004 Monday to Friday 8.30am to 5pm**

Policyholder Name:		
Policy Number:		
Employer Name:		
First Name		Surname
Address		Suburb
City		Phone Number
Date of Birth	Duration of stay	Email Address

## Medical Assessment

Please use this section of the form to list your Pre-existing Medical Condition(s) and answer the questions we ask about the condition(s). You must provide truthful and accurate information.

Condition name:	
When were you diagnosed for this condition?	
Has your medication or treatment for this condition changed in the last 12 months?	
How many medications do you take for this condition?	
How many unplanned hospital admissions have you had for this condition in the past 2 years?	
If the condition relates to back problems of any kind, please provide the following information: Your height (cm):	Your weight (kg):

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If the condition relates to back problems of any kind, please provide the following information: Your height (cm):	
Your weight (kg):	

**Continue to list the details on a separate sheet if necessary.**

**Please answer the following questions:**

<b>Q1 Do you have any medical signs or symptoms for which you have not sought a medical opinion or advice?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If you answered 'yes' to the above question, please describe your signs or symptoms:</b>

<b>Q2 Do you have any medical signs or symptoms for which you have had investigations and not yet had a diagnosis for?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If you answered 'yes' to the above question, please describe your signs or symptoms and provide details of the investigations you have had:</b>

<b>Q3 Do you have any further investigations planned for any medical condition, or are you awaiting any procedure or surgery for any medical condition?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If you answered 'yes' to the above question, please state the name of the condition:</b>

## Third Party Authorisation

<b>a. Do you want to give authority for your Employer to contact us to discuss your Medical Assessment on your behalf?</b>		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>b. Do you authorise us to share your medical and health related information with your Employer?</b>		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>c. If you wish to give authority to another person to act on your behalf and/or share your medical and health related information in respect of this application you must complete the following details.</b>		
Name		
Address (include postcode):		
Telephone	Mobile	Relationship to you

**I understand and agree that Allianz Partners may still be required to liaise directly with me.**

Signed by applicant	Date / /
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## Privacy Notice

To arrange and manage your insurance and provide you with our services, we (in this Privacy Notice “we”, “our” and “us” means AWP Services New Zealand Limited trading as Allianz Partners of Level 3, 1 Byron Avenue, Takapuna, Auckland, and our agents) collect, store, use and disclose your personal information including sensitive information. We usually collect it directly from you but also from others (including those authorised by you such as your family members, travelling companions, your doctors, hospitals, and other persons whom we consider necessary including our agents). We are the “data controller” and are responsible for ensuring your personal information is used and protected in accordance with applicable laws and regulations. Personal information we collect includes, for example, your name, address, date of birth, phone number, email address, medical information, passport details, bank account details, as well as other information we collect when you visit our website such as your IP address and online preferences.

Any personal information provided to us is used by us and our agents to evaluate and arrange your insurance. We also use it to administer and provide the insurance services and manage your and our rights and obligations in relation to the insurance services, including managing, processing, investigating claims and screening to comply with economic sanctions obligations. We may also collect, use and disclose it for product development, marketing (where permitted by law or with your consent), customer data analytics, research, IT systems maintenance and development, recovery against third parties, fraud investigations and for other purposes with your consent or where authorised by law. We do not use sensitive information for marketing purposes or provide that information to any third parties for marketing.

You authorise us to disclose your personal information to recipients including third parties (some of whom are data processors) in New Zealand and overseas involved in the above processes, such as travel consultants, travel insurance providers and intermediaries, agents, distributors, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, overseas data storage (including “cloud storage”) and data handling providers, transportation providers, legal and other professional advisers, your agents, broker and travelling companions, your travel group leader if you travel in a group, your employer if you have a corporate travel policy, your bank if you have bank credit card insurance, the Insurance Claims Register and our related and group companies and Hollard. Some of these third parties may be located in other countries including in Australia, Europe, Asia, Canada or the USA. We will use reasonable endeavours to ensure people we disclose your personal information to outside New Zealand are required to protect it in a way that provides comparable safeguards to those set out under New Zealand privacy law, such as via contractual data protection obligations, our group binding corporate rules or because they are subject to laws of another country with comparable protections. However, you acknowledge that sometimes overseas recipients of your personal information may not be required to protect it in a way that provides comparable safeguards to those provided under the New Zealand privacy law.

Where permitted by law or with your consent, we may contact you with offers of products or services (from us, our related companies, as well as offers from our business partners) that we consider may be relevant and of interest to you (including insurance products). This could be via telephone, post, electronic messages (including email) online or via other means. You can withdraw your consent at any time if you no longer wish to receive marketing material or promotional offers from us or our related companies and business partners by calling our Contact Centre on 0800 800 048.

The collection of information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory. If you do not agree with the matters set out in our privacy notice or will not provide us with personal information, we may not be able to provide you with our services or products, process your application, issue you with a policy or process your claims. We will not retain your personal data for longer than is necessary for the purposes for which it may be lawfully used.

You can: (1) seek access to your personal data and ask about its origin, the purposes of the processing, and details of the data controller or data processor and the parties to whom it may be disclosed; (2) correct and update your personal information (subject to the provisions of applicable privacy legislation), and (3) ask for a copy of your personal data in an electronic format for yourself or for someone you nominate. You may in some circumstances restrict the processing of your personal data, and request that it be deleted. Where your personal information is used or processed with your specific consent as the sole basis for processing (rather than on a contractual basis or legitimate interest), you may withdraw your consent at any time. In cases where we cannot comply with your request concerning your personal information, we will give you reasons why. You may not access or correct personal information of others unless you have been authorised by their express consent or are otherwise permitted by law.

When you provide personal information to us about other individuals, we rely on you to have first obtained each of those individuals’ consent, and have made them aware of the matters set out in this Privacy Notice.

If you have a request or complaint concerning your personal information or about our privacy policy, please contact: Privacy Officer, Allianz Partners, P.O. Box 33 313, Takapuna, Auckland 0740 or email us at [AzPNZ.Privacy@allianz-assistance.co.nz](mailto:AzPNZ.Privacy@allianz-assistance.co.nz). For urgent assistance please call our Contact Centre on 0800 800 048. You can also contact the Privacy Commissioner at the Office of the Privacy Commissioner, P.O. Box 10 094, The Terrace, Wellington 6143 if you have a complaint.

For more information about our corporate privacy policy and handling of personal information, including further details about access, correction and complaints, please visit our website at [www.allianzpartners.co.nz](http://www.allianzpartners.co.nz) and click on the Privacy Policy link.

## Duty of Disclosure

When you apply for insurance, you have a duty at law, to disclose to us all material facts. A material fact is one that may influence a prudent insurer in deciding whether or not to accept the cover and, if so, on what terms and conditions and for what premium.

Examples of information you may need to disclose include:

- anything that increases the risk of an insurance claim;
- any criminal conviction subject to the Criminal Records (Clean Slate) Act 2004;
- if another insurer has cancelled or refused to insure or renew insurance, has imposed special terms, or refused any claim;
- any insurance claim or loss made or suffered in the past.

These examples are a guide only. If there is any doubt as to whether any particular piece of information needs to be disclosed, this should be referred to us.

If you fail to comply with your duty of disclosure it may result in:

- this policy being avoided retrospectively with the effect that the policy never existed;
- this policy being cancelled;
- the amount We pay if You make a claim being reduced; or
- us refusing to pay a claim.

## Declaration

I hereby declare:

To the best of my/our knowledge all the statements in this form are correct.

I have not withheld any information material to this application.

I understand that:

- the personal information provided in this form is being collected by Allianz Partners to enable it to evaluate my application;
- I have certain rights of access to and correction of the personal information provided by me on this form or in support of any claim, but if I do provide any incorrect information, Allianz Partners may be entitled to decline any claim.

I authorise Allianz Partners or its agents to:

- obtain personal information about me from any other party and to release that information to other parties if requested;
- obtain information from the Insurance Claims Register (ICR), which holds details of claims made by me under policies with other insurers that is in their view relevant to this application;
- place details of any claim made on the database of ICR where it will be retained and be available to other insurance companies to inspect.
- by proceeding with this Medical Assessment which includes providing Allianz Partners with my sensitive medical information, I agree to the Privacy Notice which sets out in detail how Allianz Partners will collect, store, use and disclose personal information obtained from me for the purposes of giving effect to the insurance I wish to purchase.

I acknowledge that sometimes overseas recipients of my personal information may not be required to protect it in a way that provides comparable safeguards to those set out under New Zealand privacy law. I authorise Allianz Partners to collect, store, use and disclose personal information including disclosing my personal information to overseas recipients as described in the Privacy Notice.

Signature

Date      /      /

**Please print, sign this form and email to [assess@medicalhotline.co.nz](mailto:assess@medicalhotline.co.nz)**