

# NZALPA Member Application Form.

## NZALPA MEMBER APPLICANT DETAILS

FULL NAME:

DATE OF BIRTH:

NZALPA MEMBER #:

EMAIL:

PILOT/ATC LICENCE #:

MOBILE PHONE NUMBER:

GROSS ANNUAL SALARY:

## SECTION 1 – MEMBER COVER SELECTION

**PLEASE ANSWER ALL QUESTIONS**

1) Do you currently have insurance coverage with NZALPA: Yes No

If yes, please ensure you Complete SECTION 2

2) Do you want cover for Income Protection | Group Disability (GDI): Yes No

**Please note** - Income Protection | Group Disability (GDI) is only available to Category A Members, who are a financial member of the New Zealand Air Line Pilots' Associated Industrial Union of Workers Incorporated who:

**a.** Holds a current Class 1 Civil Aviation Medical Certificate through either the Australian Government Civil Aviation Safety Authority and/or the Civil Aviation Authority of New Zealand; or

**b.** Is an Air Traffic Controller who holds a current Class 3 Civil Aviation Medical Certificate through the Civil Aviation Authority of New Zealand,

and is Actively Employed at the Policy Commencement Date, or on the date of application, whichever is the later (Note: a Category A member shall be considered an Employee Member).

**(GDI) Monthly Benefit required** (Minimum \$500 per month | Maximum \$25,000 per month or 90% of NET Monthly Income):

\$

**(GDI) Waiting Period required:** 30 days 45 days 90 days 180 days 365 days

3) Do you want Group Life (GLI) cover: Yes No If yes, please ensure you complete Section 3

**(GLI) Sum Insured required** (Free Acceptance Limit \$1,000,000 and Maximum Sum Insured \$5,000,000):

\$

**Please note** - A Sum Insured selection in excess of \$1,000,000 or an increase greater than \$300,000 from existing coverage requires you to also complete a full Personal Statement.

4) Do you want Trauma   Group Critical Illness (GCI) cover:	Yes	No
(GCI) Sum Insured required (Free Acceptance Limit \$150,000 and Maximum Sum Insured \$300,000):		
\$		
<i><b>Please note</b></i> - A Sum Insured selection in excess of \$150,000 and any increase in Sum Insured from existing coverage requires you also complete a full <b>Personal Statement</b> .		

5) Do you want Life (GLI) cover for your Spouse:	Yes	No
If yes, please ensure you complete <b>SECTION 3</b>		

6) Do you want Trauma   Group Critical Illness (GCI) for your Spouse:	Yes	No
If yes, please ensure you complete <b>SECTION 3</b>		

## SECTION 2 – CURRENT MEMBER COVERAGE

1) Current Income Protection   Group Disability (GDI) Monthly Benefit (if applicable): \$						
2) Current (GDI) Waiting Period:						
<table style="width: 100%; border: none;"> <tr> <td style="padding: 0 15px;">30 days</td> <td style="padding: 0 15px;">45 days</td> <td style="padding: 0 15px;">90 days</td> <td style="padding: 0 15px;">180 days</td> <td style="padding: 0 15px;">365 days</td> <td style="padding: 0 15px;">730 days</td> </tr> </table>	30 days	45 days	90 days	180 days	365 days	730 days
30 days	45 days	90 days	180 days	365 days	730 days	
3) Current Group Life (GLI) Sum Insured (if applicable): \$						
4) Current Trauma   Group Critical Illness Sum Insured (if applicable): \$						

## SECTION 3 – SPOUSE COVERAGE

<b>SPOUSE NAME:</b>	<b>DATE OF BIRTH:</b>
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1) Existing Group Life (GLI) Sum Insured (if applicable): \$
2) Group Life (GLI) Sum Insured required: \$
<i><b>Please note</b></i> - Sum Insured cannot be in excess of \$1,000,000 (reduced to \$500,000 for Spouses aged 50 or more, and no greater than 100% of the Members Sum Insured) <b>All Spouses are required to complete a full Personal Statement</b>
3) Existing Trauma   Group Critical Illness (GCI) Sum Insured (if applicable): \$
4) Trauma   Group Critical Illness (GCI) Sum Insured required: \$
<i><b>Please note</b></i> - Sum Insured cannot be in excess of \$150,000 and no greater than 100% of the Members Sum Insured <b>All Spouses are required to complete a full Personal Statement</b>

## SECTION 4 – MEDICAL DECLARATION

### PLEASE NOTE

If you are an existing Member with Income Protection | Group Disability (GDI) and you are electing a monthly benefit increase which is less than 30% higher than your existing benefit, please skip this section and sign SECTION 5 Declaration and Consent

**TO BE COMPLETED BY ALL MEMBERS SUBMITTING A NEW APPLICATION FOR INCOME PROTECTION | GROUP DISABILITY (GDI); AND**

**ANY MEMBERS ELECTING A MONTHLY GDI BENEFIT INCREASE IN EXCESS OF 30% FROM YOUR EXISTING BENEFIT**

Have you consulted or seen any Medical Examiner, or any Medical Practitioner and/or been required to take additional tests during or after a medical examination, been referred for specialist examination, investigation and/or had the issuance, or renewal of any Civil Aviation Medical Certificate deferred, or had to return for examination sooner than the normal interval of time, and/or been prescribed drugs or specific treatment, during the 3 years prior to the date of this declaration.

**Yes** (Please provide details below)

**Details:**

**No**

I declare that my license has a current medical certificate and that I have not suffered any medical deficiency requiring declaration to the Civil Aviation Authority, or consultation with my General Medical Practitioner, within the previous thirty six months (Medical Deficiency means a disease or disability which could render you unable to perform your qualifying occupation safety (Civil Aviation Rule 67 refers).

## SECTION 5 –DECLARATION AND CONSENT

### Important Notice – Your Duty of Disclosure

Before You enter into a contract of insurance with an insurer, You have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is material to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before You renew, extend, vary or reinstate a contract of general insurance.

You are to give Us in writing as soon as possible of every change materially varying any of the facts or circumstances existing at the commencement of this insurance. Your duty, however, does not require disclosure of a matter:+

- That diminishes the risk undertaken by the insurer;
- That is common knowledge;
- That Your insurer knows or, in the ordinary course of his/her business, ought to know; and
- As to which compliance with Your duty is waived by the insurer

### Non-Disclosure

If you fail to comply with Your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract.

If you non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

### PRIVACY

AXA XL Underwriting Agencies Ltd collects uses and retains your personal information only in accordance with the principles in current relevant legislation. Your personal information will be used by AXA XL, or any third party that we provide the information to, for the purpose of assessing your application or your entitlement to benefits and for administration of a claim and for planning, product development and research purposes.

Your personal information includes:

- any information provided in relation to your claim;
- any information that is health information or sensitive information;
- any other personal information that you may provide to AXA XL or its third party contractors;
- any information relating to the insurance policy on your life, including terms and conditions and claims history;
- details of your employment including position, period of employment, remuneration, hours worked and duties performed; and
- any other information relating to your income and solvency.

To process your application AXA XL Underwriting Agencies Ltd may need to collect your personal information from third parties such as your Union, insurance broker, claims reference services, government organisations (for example Accident Compensation Corporation agencies or taxation offices), any forensic accountant retained by, your employers (past and present), your accountant and any businesses which provide information about the commercial activities of persons or, if you are, or have been, bankrupt the trustee of your estate (the "Parties"). You agree that the Parties may disclose your personal information, including health and sensitive information, to third parties, including contractors and contracted service providers engaged by us to deliver our services (such as assessors), other insurers, our reinsurers, and government agencies (where we are compelled to by law). These third parties may be located outside New Zealand.

You agree to us using and disclosing your personal information pursuant to this Application Privacy Consent. In the event of any conflict between the documents, this Privacy Consent shall be determinative. This consent remains valid unless you alter or revoke it by giving written notice to our Compliance Officer.

If you do not consent to the terms of this Claims Privacy Consent or revoke your consent, may not be able to process or assess your application.

## APPLICANTS DECLARATION

I declare that to the best of my knowledge the particulars are true and correct, and that I have not withheld any information that is relevant to this application.

I accept that wilful or reckless exaggeration or inflation of information could result in automatic forfeiture of my claim and the policy shall be void.

I request and authorise any hospital, doctor, or other person who has attended or examined me over the last thirty six (36) months to furnish to or its representative all information concerning any medical deficiency, consultations, prescriptions, or treatments including X-ray plates and copies of all hospital or medical records, so that they may be included as a part of the application submitted. A photocopy of this authorisation will be considered as effective and valid as the original.

I authorise the disclosure to AXA XL Underwriting Agencies Ltd of personal information held by any other person or organisation regarding or affecting this claim and authorise AXA XL Underwriting Agencies Ltd to release to any other relevant person or organisation information regarding or affecting this claim.

**MEMBER SIGNED**

**DATED**

**FURTHERMORE, PLEASE SIGN ONE OF THE FOLLOWING DECLARATIONS IF YOU ARE ELECTING FOR GROUP LIFE (GLI) AND/OR TRAUMA | GROUP CRITICAL ILLNESS (GCI) COVER.**

**IF ONLY INCOME PROTECTION | GROUP DISABILITY (GDI) IS ELECTED, PLEASE IGNORE THE FOLLOWING.**

### **CATEGORY A MEMBERS** (See final page for Category Definitions):

I, the Life Assured ('Applicant'), declare and agree as follows:

1. I have a current Class 1 or Class 3 Civil Aviation Medical Certificate issued by the New Zealand Civil Aviation Authority or Australian Civil Aviation Safety Authority.
2. I do not have any medical condition of "aeromedical significance", as that term is defined in the New Zealand Civil Aviation Rule 67.3(a), and no other circumstances exist which mean that I do not satisfy the standards in paragraph (b) to (m) of New Zealand Civil Aviation rule 67.103..)
3. Should I have any medical condition of "aeromedical significance", as that term is defined in the New Zealand Civil Aviation Rule 67.3(a), or undergo any alteration in mental or physical health or other change of circumstances which mean that I do not satisfy the standards in paragraph (b) to (m) of New Zealand Civil Aviation rule 67.103, I agree to notify AXA XL immediately as this information is relevant to any decision AXA XL may make to accept this Application. Should any information or situation change between the completion of this proposal and the commencement of Insurance, I/we agree to notify AXA XL immediately as this information is relevant to AXA XL's decision whether to accept the risk of the Insurance.
4. I agree to be bound by the standard conditions applicable to the proposed insurance upon AXA XL's acceptance of this application and I am aware that a copy of the Plan's Policy Document is available from the Policy Owner and the financial statements of AXA XL are available to me on request from AXA XL's Head Office.
5. I understand that the information provided in this application (or authorised to be disclosed to AXA XL in this application) will be shared by NZALPA and AXA XL (and its related companies) for the purposes of administering the Insurance and any claims. Copies of this application will be held at AXA XL Underwriting Agencies Limited, 20 Gracechurch Street, London, EC3V 0BG, United Kingdom. I understand that access to and correction of my personal information may be requested by me.
6. I understand the insurance proposed in this Application shall not commence until this Application has been accepted by AXA XL and the initial premium has been received by AXA XL.
7. I have attached a copy of my current Class 1 or Class 3 Civil Aviation Medical Certificate.

**MEMBER SIGNED**

**DATED**

**CATEGORY B, OR D MEMBERS** (See final page for Category Definitions):

I, the Life Assured ('Applicant'), declare and agree as follows:

1. I understand that the proposed insurance is subject to full underwriting and I have completed and attached the necessary **Personal Statement**.
2. I agree to be bound by the standard conditions applicable to the proposed insurance upon AXA XL's acceptance of this application and I am aware that a copy of the Plan's Policy Document is available from the Policy Owner and the financial statements of AXA XL are available to me on request from AXA XL's Head Office.
3. I understand that the information provided in this application (or authorised to be disclosed to AXA XL in this application) will be shared by NZALPA and AXA XL (and its related companies) for the purposes of administering the Insurance and any claims. Copies of this application will be held at AXA XL Underwriting Agencies Limited, 20 Gracechurch Street, London, EC3V 0BG, United Kingdom. I understand that access to and correction of my personal information may be requested by me.
4. I understand the insurance proposed in this Application shall not commence until this Application has been accepted by AXA XL and the initial premium has been received by AXA XL.

**MEMBER SIGNED**

**DATED**

**PLEASE NOTE**

**IF YOU HAVE PREVIOUSLY NOT COVERED INCOME PROTECTION | GROUP DISABILITY (GDI) YOU ARE REQUIRED TO RETURN A COMPLETED DIRECT DEBIT FORM FOR THE PAYMENT SCHEDULE TO BE CREATED.**

**FAILURE TO DO SO MAY RESULT IN COVER BEING CANCELLED DUE TO NON-PAYMENT OF PREMIUM.**

**FOR ALL ENQUIRIES PLEASE CONTACT HOWDEN:**

[nzalpamembers.nz@howdengroup.com](mailto:nzalpamembers.nz@howdengroup.com)

**CATEGORY A MEMBER:**

A financial member of the New Zealand Air Line Pilots' Associated Industrial Union of Workers Incorporated who:

- a. Holds a current Class 1 Civil Aviation Medical Certificate through either the Australian Government Civil Aviation Safety Authority and/or the Civil Aviation Authority of New Zealand; or
- b. Is an Air Traffic Controller who holds a current Class 3 Civil Aviation Medical Certificate through the Civil Aviation Authority of New Zealand, and is Actively Employed at the Policy Commencement Date, or on the date of application, whichever is the later (Note: a Category A member shall be considered an Employee Member). Where a Category A member's Class 1 or 3 Civil Aviation Medical Certificate is temporarily suspended or disqualified following a period of initial temporary suspension due to illness or injury, they will continue to be eligible to retain their insurance as a Category A member under this policy provided they obtain a Class 1 or 3 Civil Aviation Medical Certificate (or their existing certificate is reinstated) within 48 months of the date of their initial suspension or disqualification.

**CATEGORY B MEMBER:**

a financial member of the New Zealand Air Line Pilots' Associated Industrial Union of Workers Incorporated who:

- a. is Actively Employed as ATS Flight Information staff by the Airways Corporation of New Zealand; or
- b. is Actively Employed as a Simulator Flight Examiner or Simulator Flight Instructor by Air New Zealand Limited or Qantas Airways Limited or any of their subsidiaries, at the Policy Commencement Date, or on the date of application, whichever is the later (Note: a Category B member shall be considered an Employee Member).

**CATEGORY C MEMBER:**

the Spouse of a Category A or B Insured Member.

**CATEGORY D MEMBER:**

an individual previously accepted as a Category A Insured Member whose Class 1 or 3 Civil Aviation Medical Certificate has been temporarily suspended or disqualified due to illness or injury, and who has been able to unable to obtain a Class 1 or 3 Civil Aviation Medical Certificate (or reinstatement of their existing certificate) before the expiry of the applicable 48 month period, provided:

- a. they are a financial member of the New Zealand Air Line Pilots' Associated Industrial Union of Workers Incorporated;
- b. they have notified the Policy Owner within 60 days of the applicable 48 month period referred to above expiring that they wish to retain their insurance under this policy as a Category D member; and;
- c. has provided the Insurer with evidence to the Insurer's satisfaction that they meet the requirements of paragraph (a) above.

For clarity, a financial member of the New Zealand Air Line Pilots' Association means any member who meets the definition of a financial member as set out in the NZALPA Rules of the Association dated 08 January 2025, or as amended accordingly.