

1. Have you had any insurer decline, cancel, require withdraw, impose special terms? Have you ever had a claim refused? If yes, please provide full details below.

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2. Is there any further information that may affect the acceptance of membership to Healthcare99 e.g. bankruptcy, insolvency, criminal activity or associations, convictions or any other circumstances giving greater than normal risk of loss? If yes, please provide full details below.

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- I/We agree that the quotation shall be the basis of the contract between myself/us and Healthcare99 and I/We accept the terms, conditions, and exclusions of Healthcare99.
- The answers and information given and on any attachment are in every respect correct.
- I/We authorise the disclosure of personal information held by any party regarding any claim regarding my/our existing insurances.
- I/we agree to Healthcare99 releasing to other parties personal information regarding any claim.
- All claims submitted are subject to reimbursement at the sole discretion of the Healthcare99 Committee.
- All In-Hospital procedures must be pre-approved by the Claims Manager.

I understand that on being approved for membership, I will accept the rules of the NZ Firefighters Welfare Society and Healthcare99 as being binding upon me. I give authority to the NZ firefighters Welfare Society to deduct from my wages, salary or other payments as the case may be, the contributions to the NZ Firefighters Welfare Society. Any levies which from time to time may be imposed or subsequently ratified at the AGM of the NZ Firefighters Welfare Society or Healthcare99.

I will not be a full member until my first contribution is received by the office of the New Zealand Firefighters Welfare Society.

In some instances, in order to assess your application, we will need to request further information from your medical provider(s). If this is required, the cost of obtaining this information will be at your expense.

Once this form is submitted if I don't have a payroll number, I will receive a Direct Debit form from the office which I will complete and return to the NZ Firefighter Welfare Society so my full membership can be confirmed.

Please tick to agree to the above Terms and Conditions	
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Signed Date.....

Office Use Only

Approved By.....Postion.....

SignatureDate.....