

Add disability income protection insurance

Use this form: To take out a disability income insurance protection benefit if you already belong to SuperLife through your employer. Send completed form to SuperLife at superlife@superlife.co.nz or post to us at P.O. Box 105262, Auckland City 1143.

SL00322 09.11.2016

SuperLife number

Your details

First name:

Surname:

Date of birth: / / (dd/mm/yyyy)

Phone: ()

Email:

Home address:

Post code:

Amount of disability income protection cover

I want disability income cover of \$ _____ a year (Minimum is \$5,200 each year, maximum is 55% of gross pay)

Waiting period

I want the waiting period to be (tick one)

1 month

3 months

6 months

Benefit period

I want the benefit period to be (tick one)

2 years

5 years

to age 65

Employment information

SuperLife needs your employer to confirm details of your occupation and pay level as outlined in the attached standard letter. This should be attached to your application form and sent to SuperLife.

Health questions

You must complete the following health questions. If you are unsure, it is better to answer 'yes'. If you answer 'no' and your answer isn't right, the insurance company can refuse to pay out your insurance.

(tick one in each case)

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you been away from work for 5 (or more) days in a row because of sickness or injury in the past month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been told by your doctor that you have a terminal illness which means that you have 12 months or less to live? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you sought medical advice in the month before completing this application? | <input type="checkbox"/> | <input type="checkbox"/> |

Signature

I understand that cover starts when I am notified by SuperLife, but not before the date the premium is paid.

I authorise my Employer to deduct the required contributions to meet the insurance premium from my pay each pay day and pay it to SuperLife.

Your signature: _____

Date: / / (dd/mm/yyyy) _____

Employment details confirmation

To: **SuperLife**

PO Box 105262
Auckland City 1143

I confirm the occupation and income details of the employee as detailed below, for the purposes of his/her application under SuperLife for disability income protection insurance. I also confirm that the employee has been at work for the full month prior to completing this confirmation.

Details

Employee's name:

Occupation:

Gross annual income:

Employer's name:

Contact name:

Contact phone number: ()

Signed on behalf of employer

Signature: _____

Date: / / _____