

Add medical insurance

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

SL00323 09.11.2016

SuperLife number

Your details

First name: <input type="text"/>	Surname: <input type="text"/>
Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)	Phone: (<input type="text"/>) <input type="text"/>
Email: <input type="text"/>	
Home address: <input type="text"/>	Post code: <input type="text"/>

If you are an existing UniMed member, complete this section

Current UniMed plan:

Existing UniMed

If you wish to change your current UniMed medical cover, please enter the new plan name. You will also need to complete a UniMed form.

If you are not an existing UniMed member, complete this section plus a UniMed form.

Please tick the medical plan you are applying for:

- | | |
|--|---|
| <input type="checkbox"/> Unicare Plus | <input type="checkbox"/> Major Surgical + GP |
| <input type="checkbox"/> Major Surgical base plan | <input type="checkbox"/> Major Surgical + GP + dental 100 |
| <input type="checkbox"/> Major Surgical + specialists | <input type="checkbox"/> Major Surgical + GP + dental 400 |
| <input type="checkbox"/> Major Surgical + specialists + dental 100 | <input type="checkbox"/> Major Surgical + GP + specialists |
| <input type="checkbox"/> Major Surgical + specialists + dental 400 | <input type="checkbox"/> Major Surgical + GP + specialists + dental 100 |
| | <input type="checkbox"/> Major Surgical + GP + specialists + dental 400 |

Excess (*Note: applies to Major Surgical plan only*)

In respect of a hospital/surgical claim, I want an excess for each claim of:

- No excess. I will meet the first \$500 dollars. A discount to the premium applies if you elect for the \$500 excess.

Dependants' details - list all family members to be covered by your medical plan, including you

Name	Sex (<i>tick one</i>)		Date of birth (dd/mm/yyyy)
	Male	Female	
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Signature

I apply to take out Medical Insurance cover for me and for my named dependants (if any). I have completed a UniMed application form, and understand that cover is conditional upon UniMed's acceptance of my application. 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 payday and pay it to **SuperLife**.

Your signature: _____ **Date:** / / (dd/mm/yyyy)