

Insurance quote

Use this form: To obtain a quote for you and your spouse/partner for life insurance or disability income insurance or for medical insurance through SuperLife. Send the completed form to SuperLife at superlife@superlife.co.nz or post to us at P.O. Box 105262, Auckland 1143.

SL00008 - 09.11.2016

Your details

Name: <input type="text"/>		SuperLife number: <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"/>	
Residential address: <input type="text"/>		Post code: <input type="text"/>
Town/city: <input type="text"/>	Email: <input type="text"/>	
Employer: <input type="text"/>		
Pay frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly

Spouse/partner details (if applicable)

Name: <input type="text"/>	Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Life insurance

Please send me details of the cost for a life insurance benefit of:

	You	Your spouse/partner
Amount of life insurance required	\$ <input type="text"/>	\$ <input type="text"/>
Payable on "total & permanent disablement" as well?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoker status?	<input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker	<input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker

Note: If you (or your spouse/partner) have smoked at all in the last 12 months, tick "Smoker"; otherwise, tick "non-smoker".

Disability income insurance ("income protection")

Please send me details of the cost for a disability income protection insurance benefit of:

	You	Your spouse/partner
Amount of disability income insurance (maximum is 55% of gross pay)	\$ <input type="text"/> a year tax free	\$ <input type="text"/> a year tax free
Waiting period (choose 1, 3 or 6 months before the benefit starts)	<input type="text"/> months	<input type="text"/> months
Benefit period (choose 2 or 5 years, or until age 65)	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>

Medical insurance

Plan type. Describe your current plan (insurer and plan type - e.g. "Southern Cross, RegularCare") or the SuperLife UniMed option of interest.

Enter the current ages of all family members to be covered (including you):

You Spouse/partner Children

Note: all family members must have the same type of cover – see the **SuperLife** booklet for more information.

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