PERSONAL STATEMENT

IMPORTANT: This form is to be completed by any person applying for membership in FireSuper more than three months after starting work with Fire and Emergency New Zealand.

Please answer questions 1-4 by placing a circle around the correct answer and providing details as required either on this page or on extra pages, then complete the 'Declaration, consent and authorisation by applicant' section.

1. Has any proposal for life, accident or sickness insurance on your life been declined, deferred, withdrawn or accepted on special terms by any insurer?

If **YES,** please provide details: **YES** **NO**

2. Have you ever suffered from any of the following medical conditions?

a.	Chest pain, any disease of the heart, circulatory system problems, stroke or high blood pressure?	**YES**	**NO**
b.	Diabetes, gout, thyroid condition, cancer or tumour of any type?	**YES**	**NO**
c.	Kidney or bladder disorders, gastric or duodenal ulcer?	**YES**	**NO**
d.	Asthma, bronchitis or any other respiratory disorders?	**YES**	**NO**
e.	Depression, epilepsy, any mental or nervous disorders or any anxiety-related disorder requiring professional counselling?	**YES**	**NO**
f.	Hepatitis, bowel, liver or gallbladder disease?	**YES**	**NO**
g.	Coughing of blood, passing of blood from the bowel or in the urine?	**YES**	**NO**
h.	Any disability (illness or injury) which lasted more than 14 days, other than as detailed above?	**YES**	**NO**

If **YES** to any of the above**,** please provide details of the medical condition and any diagnosis and treatment:

3. During the past two years, have you had any medical examinations, advice, treatment, been in hospital or taken any medication or drugs, whether prescribed or not? **YES** **NO**

If **YES,** please provide details of the date, diagnosis and treatment, the name and address of the doctor or hospital attended and the duration:

4. Has any of the following happened to you?

a. Have you ever had an accident as a result of blacking out or falling asleep?	**YES**	**NO**
b. In the past year have you ever had to pull off the road because you have become sleepy?	**YES**	**NO**
c. Has a doctor ever told you that you have a sleep disorder or sleep apnoea?	**YES**	**NO**

5. Declaration, consent and authorisation by applicant

I declare that the information in this personal statement is complete and correct and all material facts have been disclosed by me in writing. I understand that any incorrect or incomplete information may result in my application for membership of FireSuper being null and void.

I consent to the Trustee of FireSuper (including through the administration manager of FireSuper (Mercer (N.Z.) Limited) or other third parties) seeking any personal information about me from any doctor, health professional or hospital whom I have consulted or may consult, and any insurance company to whom I have made an application for life insurance. I authorise the giving of such information to the Trustee of FireSuper (including through the administration manager of FireSuper (Mercer (N.Z.) Limited or other third parties) and a photocopy of this declaration will be sufficient authorisation.

I have read and understood all the questions and answers on this personal statement and that where it has been completed on my behalf by another person, I have read all the information provided and confirm it is correct.

Name: _____
Surname *Given names*

Signature: _____ Date _____/_____/20 _____

Telephone: Home: (___)_____ Work: (___)_____ Mobile: (___)_____

SEND YOUR COMPLETED FORM TO THE PAYROLL MANAGER.