

NEW ZEALAND FIRE SERVICE SUPERANNUATION SCHEME

PERSONAL STATEMENT

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 your Declaration, Consent and Authorisation at Clause 5.

1. Has any proposal for life, accident or sickness insurance on your life been declined, deferred, withdrawn, or accepted on special terms by any Insurance Office? **YES NO**
If **YES** please provide details:

2. Have you ever suffered from any of the following medical conditions?
- | | | |
|--|------------|-----------|
| 1. Chest pain, any disease of the heart, circulatory system problems, stroke or high blood pressure? | YES | NO |
| 2. Diabetes, gout, thyroid condition, cancer or tumour of any type? | YES | NO |
| 3. Kidney or bladder disorders, gastric or duodenal ulcer? | YES | NO |
| 4. Asthma, bronchitis or any other respiratory disorders? | YES | NO |
| 5. Depression, epilepsy, any mental or nervous disorders or any anxiety related disorder requiring professional counselling? | YES | NO |
| 6. Hepatitis, bowel, liver or gallbladder disease? | YES | NO |
| 7. Coughing of blood, passing of blood from the bowel or in the urine? | YES | NO |
| 8. Any other disability (illness or injury) which lasted more than 14 days other as detailed above? | YES | NO |

If **YES** 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. Have you ever had an accident as a result of blacking out or falling asleep? **YES NO**
In the past year have you ever had to pull off the road because you have become sleepy? **YES NO**
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 the New Zealand Fire Service Superannuation Scheme being null and void. I consent to the New Zealand Fire Service Superannuation Scheme seeking any personal information about me from any doctor, health professional or hospital whom I have 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 New Zealand Fire Service Superannuation Scheme 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.

Surname _____ First names _____

Signature of Applicant _____ Date ____/____/20 ____

PLEASE POST COMPLETED FORM TO NZFSSS, P O BOX 36 287, MERIVALE, CHRISTCHURCH 8146.