

I elect to upgrade. I have read the Terms and Conditions below and accept that they apply to all Members on my policy. I am authorised by each Member on the policy to complete and sign this form on their behalf.

Ref 1: HealthCarePlus (previously EBS) Ref Number: _____

Ref 2: MOE Employee Number: _____

Union: _____

PERSONAL DETAILS OF POLICY HOLDER

Subscriber Surname: _____

Subscriber Given Names: _____ Date of Birth: ____/____/____

Postal Address: _____

Postcode: _____

Home Phone: (0) _____ Work Phone: (0) _____ Mobile: (0) _____

Preferred Email: _____

Alternative Email: _____

Place of Work: _____

DECLARATION & COMMENCEMENT OF COVER (tick as appropriate)

- I understand my Primary Care Extra cover will commence from the date of my first payment of Primary Care Extra premium.
- I declare that I am a financial member of the above named union.
- I declare that I am linked as Family/Whanau/non union.
- I consent to receiving all documentation that HealthCarePlus is required by law to give to me in electronic form and I consent to HealthCarePlus communicating with me via the preferred email address specified in this application form.
- In completing and submitting this form I consent to the collection, disclosure and use of my information in accordance with the Privacy Act 1993, the Health Information Privacy Code and the HealthCarePlus Privacy Statement which is available at <http://healthcareplus.org.nz/Privacy+Statement>. I also consent to the collection, disclosure and use of my information for the purposes of the Integrity Register and as set out in the HealthCarePlus Privacy Statement.
- I declare that the information provided in this form is true and correct. This application is for cover under the Primary Care Extra Policy in accordance with the relevant policy wording and the declarations and commencement of cover set out above.

Subscriber's Signature: _____ Date: ____/____/____

TERMS AND CONDITIONS

Members may choose to increase their benefits by moving from Primary Care to Primary Care Extra, provided that:

- All Members are covered in the same plan i.e. either Primary Care or Primary Care Extra, and
- The appropriate premium is paid

On upgrading to Primary Care Extra, Members will serve the Waiting Period applicable under Primary Care Extra for all benefits that are not included in Primary Care. These additional Waiting Periods apply over and above the standard Waiting Periods for Primary Care. *Please refer to our website www.healthcareplus.org.nz for full terms and conditions.*

Financial Strength: Education Benevolent Society Incorporated trading as HealthCarePlus has a B++ (Good) financial strength rating from A.M. Best Company Inc. of New Jersey, United States of America. A.M. Best is an approved insurance rating agency in terms of the Insurance (Prudential Supervision) Act 2010.

| Secure Ratings | | | | | Vulnerable Ratings | | | | | | | |
|----------------|----|-----------|----|------|--------------------|------|----|----------|----|------|----|------|
| A++ | A+ | A | A- | B++ | B+ | B | B- | C++ | C+ | C | C- | D |
| Superior | | Excellent | | Good | | Fair | | Marginal | | Weak | | Poor |