

# Application - Funeral Insurance

Please answer all the relevant questions honestly. If you are unsure of any question, please discuss it with a First Credit Union representative. **The Insurer for is First Insurance Limited (see Insurer Strength Rating overpage).**

Product Name

Surname

Given name(s)

CU Member Number or Non-member?  Date of Birth  /  /

**IMPORTANT - APPLICANT MUST BE AGED 65 OR LESS**

Limit Cover (please tick one)

\$5,000                       \$7,500                       \$10,000

Postal Address of Insured Person

Suburb & City

Email(s)

Phone(s)

Male  Female

Have you smoked or vaped in the last 12 months?      Yes  No

Full Name of Beneficiary:

Postal Address of Beneficiary:

Life Insured's relationship to Beneficiary:

Contact Number of Beneficiary:

## Insurer Financial Strength Rating

First Insurance Limited has been given an **BB+** Insurer Financial Strength Rating by Fitch Ratings, reaffirmed May 2020. The rating outlook is **stable**. The rating scale is Fitch Ratings Insurer Financial Strength Rating scale\*

AAA Exceptionally Strong	BBB Good	CCC Very Weak	NR Not rated
AA Very Strong	BB Moderately Weak	CC Extremely Weak	
A Strong	B Weak	C Distressed	

\*Ratings may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories.

## Privacy Act 1993 & Declaration

For the purpose of the Privacy Act 1993, we confirm that we collect and use your personal information and may disclose your personal information to third parties for the purpose of administering your policy or in order to comply with legal requirements.

Your details are stored securely by First Insurance Ltd, and in part First Credit Union, and you can contact us at any time to request access to and correction of your personal information. The collection of this information is required under the terms of your policy.

### Declaration

I declare that all the information I have given in this form is true and correct and that all answers have been written or dictated by me. I have not withheld any information that may be material to First Insurance Ltd's assessment of my application.

I acknowledge and agree that if I have provided any material information which is false, it may affect future claims for this additional cover, or this application may be declined.

I give consent for First Insurance Ltd to release information they have regarding me to anyone whom they require me to consult with or who may be involved in the management of my application.

I understand and agree that the date signed below is the date that this insurance starts.

I understand and agree that this insurance policy has no investment or surrender value.

I understand and agree that I can cancel this insurance at any time by completing a cancellation form at First Credit Union.

I understand and agree that I can have a full copy of the Group Insurance Policy by requesting it from First Credit Union.

I understand and agree that I am only covered for death by accidental causes for the first 12 months of this insurance and that death by natural causes or suicide is not covered during this period.

I understand that insurance cover will stop completely when I reach the age of 86, with no refund of premium.

I understand and agree that the premiums for this insurance will increase when higher age bands are reached, or the sum insured changes, or number of people insured changes or if I take up smoking or vaping, and that premiums may be increased (for any reason) by First Insurance Ltd giving 3 months prior notice.

I understand and agree that First Credit Union may be earning a fee from the sale of this insurance to me.

I understand and agree that my estate or surviving beneficiary must provide documentation to First Credit Union to support any claim on this insurance.

I understand and agree that the benefit payable in the event of my death is the **higher of** my selected cover or 75% of the total amount of premiums I have paid.

I understand and agree that I can only be insured once under the Policy even if I have multiple accounts with First Credit Union.

Signature of person to be Insured:

Person from whose account the premium payment will be deducted:

Name & Account No:

Signature:

Date

/ /

Please email completed form to [insurance@firstcu.co.nz](mailto:insurance@firstcu.co.nz)

### Funeral Insurance - Premiums

Age band (years)	Monthly premiums					
	\$5,000 Cover		\$7,500 Cover		\$10,000 Cover	
	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker
16 - 35	\$3.07	\$4.28	\$3.97	\$5.59	\$4.86	\$6.89
36 - 40	\$3.24	\$4.54	\$4.22	\$5.98	\$5.20	\$7.42
41 - 45	\$3.82	\$5.42	\$5.08	\$7.30	\$6.35	\$9.18
46 - 50	\$5.28	\$7.66	\$7.28	\$10.65	\$9.27	\$13.65
51 - 55	\$7.75	\$11.43	\$10.98	\$16.32	\$14.21	\$21.21
56 - 60	\$11.22	\$16.76	\$16.20	\$24.30	\$21.17	\$31.84
61 - 65	\$17.64	\$26.58	\$25.83	\$39.03	\$34.02	\$51.49
66 - 70	\$27.09	\$41.02	\$40.00	\$60.70	\$52.90	\$80.37
71 - 75	\$42.24	\$64.19	\$62.72	\$95.46	\$83.20	\$126.72
76 - 80	\$68.75	\$104.73	\$102.49	\$156.26	\$136.22	\$207.81
81 - 85	\$111.94	\$170.79	\$167.28	\$255.36	\$222.61	\$339.92

Premiums change as the insured person reaches a new age band.

Insurance cover ceases when the insured person reaches age 86

### Premiums are deducted automatically from your Credit Union account

Premiums are paid monthly, deducted from a single Credit Union account.

The premium is age-based and it increases when each new age band is reached.