



# Privacy and Declaration

## Privacy Statement

For the purpose of the Privacy Act, 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 within Asteron Life and may also be securely stored electronically on servers located in New Zealand or overseas, by third parties on our behalf. 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.

For further information about how we deal with your personal information, please refer to Asteron Life's Privacy Policy. It is available online at [www.asteronlife.co.nz](http://www.asteronlife.co.nz) by phoning 0800 737 101, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

## Declaration

I agree that:

- I am a representative of the employer of the above-named and am duly authorised to complete this form on behalf of my employer.
- All the information I have given in this Claim Form is complete and correct and that all answers have been written or dictated by me. I have not withheld any information that may be relevant to Asteron Life's assessment of the claim.
- I acknowledge and agree that if I have provided any information which is incomplete or incorrect, Asteron Life may be unable to fairly assess the claim, and the claim in question, and any related claim, may not be payable in whole or in part, and we may also cancel the employee's cover under the policy.
- I give consent for Asteron Life to release information they have regarding this claim to anyone who may be involved in the management of this claim.

## Employer Signature

Name of authorised employer representative	<input type="text"/>	Position	<input type="text"/>
Contact phone	<input type="text"/>	Contact email	<input type="text"/>
Signature	<input type="text"/>	<input type="button" value="Sign here"/>	Date <input type="text" value="/ /"/>