



## NEW ZEALAND FIRE SERVICE SUPERANNUATION SCHEME

### PERSONAL STATEMENT

**IMPORTANT - To be completed by any member applying for Scheme membership more than 90 days after starting work with the Fire Service**

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 Has any proposal for life, accident or sickness insurance on your life been declined, deferred, withdrawn, or accepted on special terms by any insurer?**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

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**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:

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**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:

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<b>4. Have you ever had an accident as a result of blacking out or falling asleep?</b>	<b>YES</b>	<b>NO</b>
• In the past year have you ever had to pull off the road because you have become sleepy?	<b>YES</b>	<b>NO</b>
• Has a Doctor ever told you that you have a Sleep Disorder or Sleep apnoea?	<b>YES</b>	<b>NO</b>

**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.

Name: \_\_\_\_\_  
*Surname* *Given Names*

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20 \_\_\_\_

Telephone: Home: (\_\_) \_\_\_\_\_ Work: (\_\_) \_\_\_\_\_ Mobile: (\_\_) \_\_\_\_\_

**SEND YOUR COMPLETED FORM TO THE SECRETARY TO THE TRUSTEE, NEW ZEALAND FIRE SERVICE SUPERANNUATION SCHEME, PO BOX 1849, WELLINGTON 6140.**