Medical Liability Insurance For NZACA Member Nurses

New Zealand Aged Care Association

Please return this form with payment to
New Zealand Aged Care Association PO Box 12481 Wellington 6144 or admin@nzaca.org.nz

APPLICANT DETAILS – (Must be working for a member of the Association to qualify for this insurance)

Name			
Name of the Home/Care facility where you work			
Your Postal Address		Post Code	
Email		Phone	
Qualifications		Year Obtained	
Classification	Registered Nurse ☐	Practice Nurse ☐	Nurse Practitioner ☐	Enrolled Nurse ☐

Where is your Main Place of Business			
Retirement Village	☐	Dementia Care Facility	☐
Residential Care Home	☐	Within Psychogeriatric Facility	☐
Residential Care Hospital	☐	Other (Please describe)	☐

DECLARATION

Have you been the subject of any claim or compliant in connection with your professional services in the past five years? (examples: a complaint; allegations of medical malpractice, negligence, duty of care standard; disciplinary proceedings or an investigation or inquiry)	YES ☐	NO ☐
If Yes, please provide details		

I hereby declare that the above statements and particulars are in all respects complete and true, and that I have not suppressed or misstated any material facts and I agree that this application form shall be the basis of the contract with underwriters and deemed part of the insurance coverage issued to me

I understand that underwriters are collecting this information to evaluate and consider my application. And that I have right to access and correct this information.

Printed Name		Date	

PAYMENT

Your application for cover may be subject to insurer review if you have been the subject of past claims notifications or your main place of business is 'other'. Insurance coverage is subject to payment of the required premium.
The insurance has an anniversary renewal date of 1 August. If you are joining outside of this date, please contact your Association for the premium amount to pay as discounted premiums apply for a period less than twelve months.

ANNUAL PREMIUM $168.70 inc. GST

Method of Payment	Cheque (attached)	☐	Direct Deposit	☐	Account name - New Zealand Aged Care Association Incorporated Account number – 12-3244-0043262-00 Please quote for reference your surname, initials and 'Nurses Liability Insurance'
Run-Off Insurance	If you have ceased to practise do you require run-off insurance to cover against the risk of a claim or compliant being taken against you for past activities? Yes ☐ No ☐ If so, please provide reason for your ceasing to practise and complete this application form. The premium for 3 years run-off insurance is based on the premium shown on the application form. The run-off insurance is subject to completion of a No Claims Declaration form each year until the 3 years of run-off expires.				