Aged Care Association NEW ZEALAND

Medical Liability Insurance for ACANZ Member Nurses

APPLICANT DETAILS

Please Note: You must be a current member of ACANZ AND be working in aged care to qualify for this insurance.

Your Name:

Name of the Care Facility where you work:

Your Postal Address: Post Code:

Email: Phone:

Qualifications: Year Obtained:

Classification: ○ Registered Nurse ○ Practice Nurse ○ Nurse Practitioner ○ Enrolled Nurse

Does the facility you work at form part of:

○ Metlifecare ○ Dementia Care NZ ○ St Andrews ○ Other (or Individual)

Details/Name:

DECLARATION

Have you been the subject of any claim or compliant in connection with your professional services in the past five years? (For example, a complaint, an allegation of medical malpractice, negligence or duty of care standard, disciplinary proceedings, or an investigation or inquiry.) Yes ☐ No ☐

If you answered 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. 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

PREMIUM

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 upon receipt of Aon tax invoice. The insurance has a common renewal date of 1 August. Short-term premiums apply as follows: $103.50 (GST incl.) if you join from 1 April 2025.

TOTAL ANNUAL PREMIUM **$230.00 inc. GST**

Payment Preference
(due upon receipt of the Aon Tax Invoice)

○ I will pay the invoice (please invoice me)

○ My employer will pay the invoice (please invoice my employer)

Name of Employer:

RUN-OFF INSURANCE

Please Note: This section is only applicable if you have ceased practise.
The premium for three years' run-off insurance is based on one annual premium as shown above. The run-off insurance is subject to completion of a No Claims Declaration form each year, until the three years of run-off expires.

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 the reason you ceased to practise: