



MEMBER INSURANCE BENEFITS PROGRAMME

NZDF MIBP Registration Form for current NZDF personnel

First Name

Surname

Gender

Date of Birth

(dd/mm/yyyy)

Service Number

NZDF Start Date

Service Arm

Regular Forces

Civilian

Reserve Forces

Cadet Officers

Personal Email

Mobile Number

Tier 1 - Please send me my NZDF MIBP Tier 1 insurance certificate

I authorise the use and disclosure of my personal information for the purposes of the NZDF MIBP.

I agree that NZDF, Aon New Zealand and the Insurer can share information about me to extent necessary to meet their obligations to administer and manage this insurance, or suggest other products or services that may be of interest.

I consent to receive both electronic messages and commercial electronic messages (as defined in the Unsolicited Electronic Messages Act 2007), until I advise Aon NZ to stop sending such messages or until my membership of the NZDF MIBP ends.

Tier 2 - Please send me my no obligation Tier 2 insurance quote including the following options

Life and Terminal Illness insurance up to \$1 million

Critical Illness (Trauma) insurance up to \$500,000

Income Protection - enter your base salary
plus military factor if applicable

Tier 3 - Please send me a no obligation Tier 3 insurance quote for my spouse or partner

Not available if your spouse or partner is NZDF personnel

Spouse / Partner Date of Birth

Spouse / Partner Gender

Duty of Disclosure - Privacy Act 2020

The following is brought to your attention:

This Registration Form for the NZDF MIBP collects personal information about you.

The information is collected to evaluate insurance for you. The intended recipients and holders of the information is Aon NZ. You have the right of access to, and correction of, this information (subject to the Privacy Act 2020).

NZDF Force 4 Families Website

Email: nz.nzdf.enquiries@aon.com

Aon MIBP Helpline: 0800 642 748

Freepost 108787, Aon New Zealand, NZDF MIBP, PO Box 2845, Wellington 6140

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