

Applying for Student Membership of New Zealand Association of Optometrists

- Membership of the NZAO is open to all students in optometry at the University of Auckland. The university requires students to be a member of NZAO for the Professional Indemnity Insurance cover and compliance with the Associations professional standards.
- Intending Student members should complete an application form and (unless it is a renewal) have it signed by two current NZAO members as nominator and seconder. The completed form should be sent to our national office.
- On receipt of the application, National Office will send confirmation advising receipt and notification of the date of the next Council meeting where applications will be considered.
- **Please note that in signing the application form, an intending member acknowledges that they have read the Association's Rules and Code of Ethics and agrees to comply with these and adhere to the high professional standards of the New Zealand Association of Optometrists.**

PROFESSIONAL LIABILITY INSURANCE

From Part IV onward you will be working with patients in clinic and as a precaution against any liability claims, the University will require that you have insurance cover. As a student member of the NZAO you will be eligible to join the NZAO student members' group insurance scheme.

There are two application forms: Page 2 -NZAO Student Membership and Page 3 -Professional Liability Insurance. Please complete the forms immediately and post them along with your payment or email a scan of the forms. Students doing externships overseas will also need to arrange extension PI cover by completing a separate form: Application to extend PI Insurance for Student Externsips in Australia or South Pacific.

Please return application forms with payment to the NZAO

Postal Address: PO Box 51008
Tawa
WELLINGTON 5249
Phone: 04 473 2322
Freephone: 0800 439 322 (0800 4EYECARE)
Email: membership@nzao.co.nz
Website: www.nzao.co.nz

Payment Options: Student Membership (Part 2&3) \$15.00 Part 4 & 5 Membership plus Insurance \$82.50

Cheque to: *New Zealand Association of Optometrists*

Direct Deposit to: NZ Assn of Optometrists Inc
Account No: **020540 0052549 00**
Bank Of New Zealand, Lower Hutt Branch

Credit Card Visa Mastercard

Card No. _____

Expiry Date ____/____

Card Name: _____ Signature _____

Please ensure you send this Payment Page to the NZAO with your Application Form(s)



APPLICATION FOR STUDENT MEMBERSHIP OF THE NEW ZEALAND ASSOCIATION OF OPTOMETRISTS INC

I, wish to * renew apply for * student membership of the New Zealand Association of Optometrists Inc. I agree to comply with, the Rules and Code of Ethics of the Association, and will accept any future additions or alterations to these. I agree to uphold the high professional standards expected of NZAO members. I acknowledge that information about me will be held in Association records and may be provided to outside agencies.

Name (In Full)
(Please underline your preferred first name)

Term Address:
..... Post Code:

Phone: E-Mail

Home Address:
..... Post Code:

Date of Birth: Place of Birth:

Nationality or Citizenship NZ Permanent Resident yes no

Year Currently Completing: **Part IV** **Part V** Gender female male

I declare that these details are true.

Signature Date

Being members of the New Zealand Association of Optometrists Inc, we consider that the person named above is a suitable candidate for student membership. (NZAO member signatures)
(This part may be left blank for 'renewal' applications)

Proposer

Name (Please Print) Signature

Address Date

Seconded

Name (Please Print) Signature

Address Date

Please send this form, together with the **membership fee** (Part 2&3 \$15.00 - Part 4&5 \$82.50) to:

FREEPOST 4EYCECARE
NZ Association of Optometrists
PO Box 51008
Tawa
Wellington 5249

NEW ZEALAND ASSOCIATION OF OPTOMETRISTS INC.

Professional Indemnity Insurance Student Application 2018

I (applicant), _____ Student (select one) 4 5

am applying for Professional Indemnity insurance as a student member of the New Zealand Association of Optometrists Inc. as follows:

- Limit of Liability \$500,000 any one claim and in the annual aggregate of Insurance
- Excess \$200 each and every claim
- Territory and Jurisdiction is New Zealand

Are you aware of any claims or circumstances that have the potential to result in a claim being made against you? YES NO

If YES please provide full details on a separate page

Please note that policy certificates will be emailed to you. Please ensure that you clearly show your email address below:

Email Address _____

I/We undertake to inform the Insurers of any material alteration or facts that may impact Insurers decision to offer indemnity, whether occurring before or after completion of the Contract(s) of Insurance.

Dated _____

Signed _____

Signing this proposal does not bind the Applicant to complete the Insurance

Please return this form along with your NZAO membership application and payment:

Email membership@nzao.co.nz or NZAO, PO Box 51008, Tawa, Wellington 5249

RATINGS INFORMATION COMPLIANCE WITH STATUTORY REQUIREMENTS

The Insurance (Prudential Supervision) Act 2010 requires us to provide you with information about your Insurers. IAG New Zealand Limited (IAG) and Lumley General Insurance (NZ) Limited (Lumley) have received regulatory approval to transfer the insurance business of Lumley to IAG. The transfer will be effective from 14 December 2015.

From this date, IAG will assume the same obligations that Lumley currently has under your existing policies. Therefore the change will not alter the terms and conditions of your policies.

Lumley – a business division of IAG NZ Limited has a Standard & Poor's rating of AA-

Financial Strength Rating

Lumley is a business division of IAG New Zealand Limited (IAG). IAG has received a financial strength rating of AA- from Standard & Poor's (Australia) Pty Ltd, an approved rating agency.

A rating of AA- means we have a 'very strong' claims-paying ability, as you can see in the scale below.

The rating scale is:

AAA	(Extremely Strong)	CCC	(Very Weak)
AA	(Very Strong)	CC	(Extremely Weak)
A	(Strong)	SD	(Selective Default)
BBB	(Good)	D	(Default)
BB	(Marginal)	R	(Regulatory Supervision)
B	(Weak)	NR	(Not Rated)

The ratings from 'AA' to 'CCC' may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories. The rating scale above is in summary form. A full description of this rating scale can be obtained from www.standardandpoors.com.

Any queries regarding the proposed insurance should be directed to the insurance broker:

Tiaan Jonker, Marsh Ltd, Wellington

Email: tiaan.jonker@marsh.com

DDI 04 819 2431 or Mobile 021 971 300

