



Medicus

Support when you need it

Membership Application

REGISTERED MEDICAL PRACTITIONERS



Medicus membership entitles you to apply for Medical Indemnity Insurance under the Medicus medical malpractice liability insurance scheme. Membership is available to qualified health practitioners carrying on practice in New Zealand. Medicus Indemnity Inc c/o Aon New Zealand PO Box 2517, Wellington 6140 T: (04) 819 4000 nz.medicus@aon.com

A MEMBER APPLICATION DETAILS

Full Name	<input type="text"/>	Mr	Mrs	Miss	Ms	Dr
Postal Address	<input type="text"/>	Telephone	<input type="text"/>	Mobile	<input type="text"/>	
		Post Code	<input type="text"/>	Website	<input type="text"/>	
Professional Qualifications	<input type="text"/>			Email	<input type="text"/>	
Current Medical Membership Affiliations	<input type="text"/>			Year you first Registered to practice in NZ	<input type="text"/>	

B DISCLOSURE

- In the last 5 years** have any complaints been made about you that have been dealt with by the office of the Health and Disability Commissioner? Yes No
- In the last 5 years** have any complaints or concerns been raised about you that have, in isolation or cumulatively, led to an outcome where:
 - You are required to take any steps to address areas of concern arising from the complaint or concern Yes No
 - There has been a referral for education or other remediation Yes No
 - Your professional body became involved (e.g. Medical Council, Nursing Council, Medical Sciences Council) Yes No
- Have you been the subject of any other complaint, investigation, enquiry or claim for compensation that is not described in the above (regardless of insurance indemnity applying or not)? Yes No

If you have **yes** to any of the above (abc), please provide details.

Attach a separate sheet if required and TICK to confirm attachment:

- Are you currently insured or indemnified by a medical indemnity provider? Yes No

If Yes, please advise the name of the provider

- Has any Insurer or Indemnity Provider ever:
 - Declined to accept or refused to renew your application for medical indemnity cover Yes No
 - Required an increased subscription or premium or imposed special terms Yes No
 - Cancelled any of your indemnity or membership entitlements? Yes No

If **yes** to items (abc) – please provide details below.

Attach a separate sheet if required and TICK to confirm attachment:

C DECLARATION

- I declare that I am the person named above being a qualified health professional (other than a doctor of medicine) working in support of the medical profession and carrying on practice in New Zealand.
- I declare that the information and answers given in this *application for membership* are true and complete in every respect and I am not aware of any other information that may be material to considering this proposal.
- I acknowledge that misrepresentations or material non-disclosure of relevant information, whether made through this application or application for indemnity insurance, may result in membership and/or insurance not being available to meet an indemnity matter and/or cancellation of the insurance contract, in addition to other remedies.

Name _____

Signed _____

Date _____

Place Your Signature Above

Click on "E-Sign" found at the top toolbar

Please return this Form to: nz.medicus@aon.com

Medicus Indemnity New Zealand Inc C/o Aon New Zealand | PO Box 2517 | Wellington 6140 | 04 819 4000





In accordance with the new Privacy Act – this page will be removed from the client document once payment has been made, and no trace of payment details will be held on file

\$ PAYMENT OPTIONS

Full Name

Select one of the following Payment Options

OPTION 1 DEPOSIT

I have Deposited On Date

To Aon Account ANZ 01-0533-0231944-00 *(quoting my name as payment reference)*