

12 April 2024

Mrs Kiri Te Kanawa

Dear Mrs Te Kanawa

Thank you for your recent enquiry regarding Southern Cross Health insurance.

Enclosed is a quotation based on our discussions.

If you would like to consider other plans or payment options please do not hesitate to contact me.

To proceed with your cover, please complete the enclosed application form and direct debit / recurring credit card authority (if applicable), indicating the plan that you have selected and return them to this office. Alternatively if you wish to apply online, give me a call and I can send you a link.

Thank you for the opportunity to provide this information to you.

Yours faithfully,

Southern Cross Individual Quote for 12 April 2024
Quote Effective from 12 April 2024

Wellbeing Two - \$1,000 Excess, Day-to-day for Kiri

| Name | Age | Annual Cost | Fortnightly Cost |
|-------------|------------|--------------------|-------------------------|
| Kiri | 40 | \$1,786.99 | \$68.73 |

| Billing Period | Premium |
|-----------------------|----------------|
| Annual Cost | \$1,786.99 |
| Fortnightly Cost | \$68.73 |

This quote is based on the information you have provided us and is valid for 14 days from 12 April 2024. The quote is subject to confirmation at the time your application is accepted and while we have taken care in compiling the quote we do not accept any responsibility for any error or omission contained in it. Premium rates are subject to change from time to time.