



ASSURANCE EXTRA

POLICY DOCUMENT

11 MAY 2020



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As part of our commitment to you, this document meets the WriteMark Plain Language Standard. The WriteMark is an internationally recognised mark of writing that is clear and easy to read. The WriteMark doesn't apply to the medical terms in this document.



Welcome to Cigna

Thank you for choosing Cigna. We're the team behind this Assurance Extra policy. This policy will help give you peace of mind knowing you and your family will have financial support when you need it most.

We're a licensed insurer. Visit our website to learn more about our financial strength and how much capital we hold:

www.cigna.co.nz/our-financial-strength

Take time to understand your insurance policy

It's good to get familiar with your policy now, before you need to make a claim.

This document is part of your insurance contract

This policy document is made up of these general terms and the terms and conditions of each of your covers. It forms part of the insurance contract between you and us.

Please read this document and the other documents and statements that form part of your insurance contract to understand the full terms of your policy.

Other documents and statements are part of your insurance contract

As well as this document, the following also form part of this policy.

- The *policy schedule*
- The completed application form we received
- Any spoken or written statements that you or the life assured make to us or your adviser while applying for or changing your policy
- Any special acceptance terms letters we send you
- Any *endorsement schedules* we send you
- Any *policy anniversary overview* we send you
- Any written notice that you send us, or we send you
- Anything we must include by law

Each cover has its own terms and conditions that explain how it works

Each cover's terms and conditions tell you what benefits that cover provides you and how the cover works. They form part of your policy document.

Your policy schedule or endorsement schedule shows who this policy insures and when their cover starts

Your *policy schedule* or *endorsement schedule* shows who this policy insures, the covers and *sums insured* they have, their *occupation class*, and when their covers and any optional benefits start.

We define some words and phrases

If a word or phrase is in *italics*, it has a particular meaning that we define in the 'Defining words and phrases' section starting on page 16 of this document. When we use any of these words or phrases, we mean the definitions we give in that section.

In this document:

- 'we', 'us', and 'our' means Cigna Life Insurance New Zealand Limited (Cigna), including its successors in title, permitted assigns and permitted transferees
- 'you', 'your' and 'yours' means the policy owner or owners named on the *policy schedule*
- 'life assured' and 'lives assured' means the person or people this policy insures who are named on the *policy schedule*.

Headings in this document are a guide

The headings in this policy are a guide only and should not be used to interpret the terms and conditions of your policy.

This policy is valid wherever you are in the world

This policy is valid wherever you and the life assured are in the world, whether you're living there or just staying temporarily.

Some covers only apply in New Zealand. Check the terms and conditions of your covers to see if they're limited to New Zealand.

We can change this policy if the law or its interpretation changes

The laws of New Zealand govern this policy. Changes to the law and its interpretation can affect:

- how the terms of this policy can be interpreted
- our liability for tax.

If either of the above things happen after your policy starts, we can change any part of this policy that we think is reasonably necessary. We'll write to you to tell you about any changes.

Communicating with us

Let's keep in touch. We want to make sure you're satisfied with your policy.

Contact us if you have any questions about your policy

If you have any questions about your policy, contact us or talk to your adviser.

Email (general questions) insurancenz@cigna.com

Email (questions about claims) claimsnz@cigna.com

Free phone 0508 464 999

Phone (overseas) +64 4 471 9513

Cigna Life Insurance New Zealand Limited

Private Bag 92131

Victoria Street West

Auckland 1142

Let us know if your contact details change

We'll send our correspondence to you by post or email.

We'll use the most recent postal address or email address you've given us.

Please let us know if your postal address, phone number or email address changes.

If you have a complaint, talk to us first

We want you to stay satisfied with your policy, so please contact us if you have any problems.

We're committed to helping resolve any problem as quickly as possible. If we can't sort out the issue right away, our dedicated Customer Resolution Team will take on your case.

If you're not satisfied with how we resolve a complaint or enquiry, you can talk to the Insurance and Financial Services Ombudsman (IFSO). It's a free, independent service which can help settle any dispute.

Call the Insurance and Financial Services Ombudsman or visit their website to find out more:

Free phone 0800 888 202

Website www.ifso.nz

Giving us true, correct and complete information

All information we get from you, the life assured, and anyone giving information on your or their behalf must be true, correct and complete. We rely on this information to make decisions about the policy, for example:

- what cover we offer
- how much we'll insure the life assured for
- the terms of this policy
- the premiums we charge
- the result of any claims
- whether we'll agree to any changes to the policy
- whether we'll reinstate the policy.

Give us relevant information when you apply, and keep us updated

You, the life assured, and anyone giving information on your or their behalf, must tell us:

- all information you and they know (or ought to know) that could affect decisions we need to make about your policy
- when any of the information changes, or if new information arises, before your cover starts or before any change to this policy takes effect.

You must let us know if any information changes while we are assessing your application for this policy, or any change to it.

We can take action if we get untrue, incorrect or incomplete information

If any of the information we get is not true, correct and complete, we can take any one or more of the following actions.

- Keep the premiums you've paid us
- Increase your protection premiums
- Stop covering the life assured
- Remove or change covers that insure the life assured
- Exclude a medical condition, activity or body part so the life assured cannot make a claim related to it
- Refuse to pay any claim you make
- Recover any claim payments we've already paid you
- Recover from you the costs and expenses we incur connected with this policy and any claims you make
- Avoid this policy (if the law permits) – this means treating this policy as though it never existed
- Cancel this policy

Making a claim

When you make a claim, we want everything to go smoothly. This section explains how we can work with you and your adviser to manage your claim as quickly as possible.

Contact us as soon as possible

Let us know as soon as something happens that could lead to you making a claim.

Email claimsnz@cigna.com

Free phone 0508 464 999

Phone (overseas) +64 4 471 9513

We'll tell you what to send us

When you contact us, we'll tell you what to send us so we can move your claim forward. What we need will depend on the cover you are claiming on and the type of claim.

You'll need to send us supporting documents. These must give us all the information we need to assess your claim. The documents you need to send us include:

- your properly completed claim form or forms
- proof of identity for the life assured, unless you've already provided this before
- proof of the event or condition you're making the claim about
- confirmation of the diagnosis, recommendation or prognosis leading to the claim – from an appropriate *medical practitioner* or *specialist* in the field relating to your condition
- copies of all investigations that we think are relevant to your claim – for example, clinical, radiological, histological or laboratory evidence
- proof of payment (if you're claiming for a reimbursement).

We can also request any other test, evidence or examination that we need to assess your claim. This could include:

- examination by a *specialist* or appropriate *medical practitioner* that we choose
- proof of *monthly income* and any *other income*
- proof of ongoing eligibility for your claim
- capacity and occupational assessments.

We may need information from another person

We may need information from another person to move your claim forward, such as a health provider, *medical practitioner* or *specialist*. In those cases, we may ask you to help us get what we need.

We'll keep you up to date

We'll keep you updated on the progress of your claim and let you know if we need any more information to finish our assessment.

We'll fully assess your claim before we pay it

We'll pay your claim once we're satisfied that:

- we have all the information we need to properly assess your claim
- the life assured fulfils the relevant criteria
- no exclusion or other limitation of cover applies.

Your cover must be in force to claim

We'll only pay your claim if the life assured or any other covered person meets all the criteria to claim while the policy is in force.

Some covers must remain in force for you to receive ongoing claim payments.

Tell us truthfully about anything that could affect your claim

You, the life assured, and anyone giving information on your or their behalf, must tell us everything you or they know (or ought to know) that could affect how we assess your claim. Any information we receive must be true, correct and complete.

Any information you give to anyone we may rely on in assessing your claim – for example, your *medical practitioner* or *specialist* – must also be true, correct and complete.

Giving us untrue, incorrect or incomplete information may affect your claim or your policy

If we get information that is untrue, incorrect, or incomplete, we may decline the claim and not pay it.

We may also take action, as explained in the above section 'We can take action if we get untrue, incorrect or incomplete information'.

We'll pay claims to you unless you ask us otherwise

We'll pay claims to you. We may agree to pay claims to someone else if you ask us in writing.

We'll make all our payments in New Zealand dollars, to the bank account you chose.

Understanding the benefits that your policy includes

As well as the benefits we include with each of your covers, you get the following benefits.

Policy Enhancement Benefit

We're committed to improving and enhancing our products. After you've taken out this policy, we may enhance your policy and cover.

If we've enhanced your policy or cover since you took it out, we'll assess your claim to give you the best result using both:

- the policy document we sent you on your *commencement date*
- any current or previous policy enhancements that applied to your policy or cover.

Enhancements will only apply to new illnesses, injuries or conditions

A policy enhancement won't apply if you're claiming for an *illness, injury* or condition that showed signs or symptoms, or was diagnosed before the enhancement came into effect.

We'll let you know when enhancements come into effect

We'll let you know when we make any enhancements to your policy and when they take effect.

We list our policy enhancements on our website

We'll list all our policy enhancements on our website:

www.cigna.co.nz/policy-enhancements

Not all enhancements will apply to your policy

Policy enhancements don't apply to your policy if they:

- relate to a cover or benefit that you don't have
- are new optional benefits.

You can apply to us for enhancements that are new optional benefits. We may need to assess your application and extra premiums may apply.

Any underwriting exclusions, limits or other special terms that apply to your policy will also apply to any enhancements we make.

Children's Bereavement Support Benefit

If the life assured's biological or legally adopted child under age 18 dies, we'll pay the Children's Bereavement Support Benefit to help pay for the child's funeral costs.

When we'll pay this benefit

We'll pay this benefit if all the following apply.

- The life assured's biological or legally adopted child dies.
- The child is 18 years old or younger.

We'll need some information before we can help

To move your claim forward, we'll need all the following.

- Evidence of the child's death.
- The child's birth certificate or legal adoption documentation.
- Receipts for the costs of the child's funeral.

We'll pay the costs up to \$15,000

We'll pay the lesser of:

- the cost of the funeral
- \$15,000.

We'll only pay one Children's Bereavement Support Benefit for each child, no matter who this policy covers or how many policies you or anyone else has with us.

We don't cover some causes of death

We don't cover a child's death when it's a direct or indirect result of either:

- you or the life assured directly or indirectly harming the child
- an *illness, injury* or condition that showed signs or symptoms, or was diagnosed, before the policy *commencement date*.

Grief Counselling Benefit

If we pay a Life Cover Benefit or a Children's Bereavement Support Benefit, the Grief Counselling Benefit can reimburse you for the cost of grief counselling that you or any *dependant* needs.

When we'll pay this benefit

We'll pay this benefit when all of the following apply.

- We've paid either a Life Cover Benefit claim for the death of a life assured or a Children's Bereavement Support Benefit for the death of a child of a life assured.
- You or any *dependant* need grief counselling for the death of the life assured or the child.
- A suitable *specialist* or *medical practitioner* refers you or any *dependant* for grief counselling.
- A professional who isn't related to you or the *dependant* gives the counselling.
- You or the *dependant* get the counselling within 6 months of the life assured or child dying.

You must send us receipts

Send us receipts within 3 months of getting the counselling showing that you've paid for it.

We'll pay the costs up to \$1,000

We'll reimburse you for the cost of the grief counselling, up to \$1,000 (including GST).

We'll only pay one Grief Counselling Benefit for the death of a life assured or child of the life assured, no matter how many benefits or policies covered the life assured or child.

Parental Leave Loyalty Benefit

If the life assured or their partner gives birth or legally adopts a child, you may apply for the Parental Leave Loyalty Benefit. Under this benefit, we'll give the life assured 1 month of free cover for every year you've had this policy.

When you can use this benefit

You can use this benefit if all the following apply.

- The life assured or their partner gives birth to or legally adopts a child.
- Your policy has been in force for at least 3 years in a row.
- Your total premium payments are up to date.
- You apply within 12 months of the child's birth or legal adoption.
- It's been at least 12 months since you last used this benefit or the Suspension of Cover.

Send us evidence of the birth or adoption

When you apply for this benefit, send us evidence of the birth or legal adoption of the child.

How long you can apply to get free cover for

Under this benefit, you can apply to get free cover for the life assured for the lesser of:

- 1 month for every *policy year* your policy has been in force
- 12 months.

For example, if your policy has been in force for 4 years in a row, you won't need to pay the premiums for the life assured for 4 months in a row.

You can only claim one Parental Leave Loyalty Benefit for one life assured for each birth or legal adoption, no matter how many policies cover the life assured.

The benefit starts from your next premium due date

If we approve your application for this benefit, you'll stop paying premiums for the life assured from the day they're next due. We won't backdate this benefit or apply it retrospectively.

We don't cover some conditions for the life assured while using this benefit

We won't cover the life assured for any mental disease, mental illness, mental disorder or psychiatric condition that both:

- directly or indirectly relates to pregnancy, birth or adoption of the child
- shows signs or symptoms, or is diagnosed, while you're not paying your premiums under this benefit.

You'll need to pay if you increase your cover

If you increase cover or add new covers to this policy while the life assured is getting free cover under this benefit, you'll need to pay for any increase in premiums. You won't need to pay the extra premiums on cover if the increase is because of inflation.

You can only get free cover for the life assured or suspend your policy for up to 24 months in total

You can only get free cover for the life assured under this benefit, or suspend your policy under the Suspension of Cover, for 24 months in total over the life of this policy.

Suspension of Cover

You can apply to put your policy on hold with the Suspension of Cover if your policy has been in force for at least 3 months.

While your policy is on hold, you can't make any claims and you don't pay any premiums.

We recommend you get advice from your adviser before you apply to suspend your policy.

When you can suspend your policy

You can suspend your policy if any of the following apply.

- You're having significant financial difficulties
- You're on employer-approved leave for at least 3 months in a row
- You're living or travelling outside New Zealand for at least 3 months in a row

You can suspend your policy if you're having significant financial difficulties

You can apply to suspend your policy for 3 months if you're having significant financial difficulties.

You can suspend your policy for the time you're on employer-approved leave

If you're on employer-approved leave for at least 3 months in a row, you can apply to suspend your policy for the lesser of:

- the time you're on leave
- 12 months.

Employer-approved leave can include:

- leave without pay
- sabbatical leave
- parental leave.

You can suspend your policy for the time you're overseas

If you're living or travelling outside New Zealand for more than 3 months in a row you can apply to suspend your policy for the lesser of:

- the time you're living or travelling outside New Zealand
- 12 months.

When we'll suspend your policy

If we approve your application to suspend your policy, you'll stop paying premiums from the later of:

- the day you begin employer-approved leave
- the day you leave New Zealand
- your next premium due date.

We won't backdate suspensions or apply it retrospectively.

You can't make any claims if we've suspended your policy

You can't make any claim while we're suspending your policy.

We also won't cover you or any life assured for any *illness, injury* or condition that showed signs or symptoms, or was diagnosed, while we've suspended your policy.

You can suspend your policy once every 12 months

You can only use the Suspension of Cover if it's been at least 12 months since you last used it or the Parental Leave Loyalty Benefit.

You can only suspend your policy or get free cover for the life assured for up to 24 months

You can only suspend your policy under the Suspension of Cover, or get free cover for the life assured under the Parental Loyalty Leave Benefit, for 24 months in total over the life of this policy.

You must pay any overdue premiums

If you have any overdue premiums before you suspend your policy, you'll need to pay them once the Suspension of Cover ends. If you don't, we may cancel your policy.

Understanding what you pay

This section explains what you pay for this policy and what happens if you don't pay.

You pay protection premiums and a policy fee

You pay protection premiums for each cover in this policy. You also pay us a policy fee for managing your policy.

Your total premium is your protection premiums plus your policy fee.

Your policy schedule shows how often you pay

Your *policy schedule* shows how often you pay your total premium, how often we review your premiums, and when you need to make your first payment.

We'll write to you each year to confirm how much you'll pay

At least 30 days before each *anniversary date*, we'll write to you to confirm the total premium you'll pay for the covers and benefits we're providing for the next year.

The premiums you pay can change

We base your protection premiums on the covers you hold and the details of the life assured.

Your protection premiums can change when:

- the life assured gets older
- you change your cover
- your cover amount changes because of inflation
- we change our protection premium rates
- relevant laws change.

Your premiums change as the life assured gets older

When you applied for your cover, you chose how often we recalculate your protection premiums for age-related changes. Each cover may have a different review period.

The premium review periods available are:

- 1 Year, meaning we'll recalculate them for age-related changes on each *anniversary date*
- 5 Year, meaning we'll recalculate them for age-related changes on every fifth *anniversary date*
- 5 Year 5% Stepped, meaning we'll recalculate them every 5 years for age-related changes. On each *anniversary date* between these 5-yearly reviews, your premium will increase by 5 percent

- 10 Year, meaning we'll recalculate them for age-related changes on every tenth *anniversary date*
- To Age 65, meaning we'll recalculate them for age-related changes on each *anniversary date* after the life assured turns 65
- To Age 70, meaning we'll recalculate them for age-related changes on each *anniversary date* after the life assured turns 70
- To Age 75, meaning we'll recalculate them for age-related changes on each *anniversary date* after the life assured turns 75
- To Age 80, meaning we'll recalculate them for age-related changes on each *anniversary date* after the life assured turns 80
- To Age 100, meaning we'll recalculate them for age-related changes on each *anniversary date* after the life assured turns 100.

Changes to your cover can change your premium

Changing your cover may change how much you'll pay in protection premiums.

Changes to your sum insured due to inflation can change your premium

If your most recent document confirms your cover's benefit type as CPI linked then your *sums insured* will be adjusted by the *inflation rate*, and your protection premiums for those covers will increase accordingly.

Changes to protection premium rates can change your premiums

Changes in protection premium rates can change your protection premiums.

We guarantee the protection premium rates for some covers. If we guarantee a rate, your protection premium rate can't change until the end of your premium review period.

If we don't guarantee a cover's protection premium rate, it can change. We'll apply any change on your policy's next *anniversary date*.

The following table shows which covers and protection premium review periods have guaranteed protection premium rates.

✓ = Guaranteed

✗ = Not guaranteed

— = Not applicable

Cover	Protection premium review periods								
	1 year	5 year	5 year 5% stepped	10 year	To age 65	To age 70	To age 75	To age 80	To age 100
Life Cover	×	✓	✓	✓	✓	✓	—	✓	✓
Life Income Cover	×	✓	✓	✓	—	—	—	—	—
Complete Disablement Cover	×	✓	✓	×	×	×	—	—	—
Trauma Cover	×	✓	✓	×	×	×	×	—	—
Income Cover	×	×	×	×	—	—	—	—	—
Mortgage Repayment Cover	×	—	—	—	—	—	—	—	—
Redundancy Cover	×	—	—	—	—	—	—	—	—
Premium Cover	×	—	—	—	—	—	—	—	—

Laws can change your protection premiums

We may change your protection premium if any laws or regulations change taxes or charges related to this insurance.

We'll give you 30 days' notice before we change your protection premiums

We'll tell you about any changes to your premiums in writing, at least 30 days before the changes take effect.

We may change the policy fee

We may change your policy fee. If we do make a change, we'll tell you what the change is, and the change will apply from the next *anniversary date*.

You must continue to pay your premiums

To keep getting cover under this policy, you must continue to pay your total premium. If you don't pay your total premium on the day its due, we'll let you know that your premiums are overdue.

We can take any overdue premiums when your total premium is next due

While your policy is still in force, we may take any overdue premiums on the next day your total premium is due, as well as anything else that's due then.

If you miss a payment, we can cancel your policy after 31 days

If you don't pay the overdue premiums within the 31 days after your premium due date, we can cancel your policy and immediately stop your cover. We'll write to let you know we've cancelled your policy.

If we cancel your policy, you may be able to reinstate it. To apply to reinstate your policy, contact us or your adviser to confirm what you need to give us. We can choose to either accept or decline your application based on the information you and the lives assured give us.

If you make a claim, we'll take any money you owe us from your claim payment

If you have overdue premiums and you make a claim, we'll take the overdue amount from our claim payment to you.

Changing or adding to your policy

This section explains how you can change or add to your policy to suit your needs.

Your policy is flexible

Your Assurance Extra policy is a flexible way to protect your future. It can adapt to life changes and continue to provide valuable cover.

You can tailor your policy to meet your needs with a combination of covers. You can also change parts of this policy without replacing the whole policy.

Write to us to change or add to your policy

You can write to us to request a change to your cover at any time. We recommend you get advice from your adviser before you change your cover.

We'll let you know if we need more information and if we need to assess the change.

All policy owners must sign all requests to change the policy.

We may need to assess the changes you want to make

We need to assess any requests to:

- add new covers or benefits
- change existing covers or benefits
- increase amounts that we cover
- add new people to this policy.

We don't need to assess changes that decrease or remove cover or benefits.

We'll confirm when we've made the changes

If we approve a change, we'll send you an *endorsement schedule* or confirmation letter with details of the change.

Keep a record of changes to your cover

Keep your *endorsement schedules* and confirmation letters with this document so you always have an accurate record of changes you've made to your policy.

Changing your cover may change your premiums

Changing your cover may change how much you'll pay in protection premiums. We'll tell you what the new protection premiums are.

Your sum insured can increase in line with inflation

If you've chosen to have any of the *sums insured* adjusted for inflation, we'll increase them in line with the *inflation rate* on each *anniversary date*. Your protection premiums for those covers will increase accordingly.

If you're getting a monthly claim payment, we'll keep increasing the *sum insured* on each *anniversary date* in line with the *inflation rate*.

Contact us if you don't want to increase any of your *sums insured* for a particular year.

We won't change the *sums insured* if the *inflation rate* is negative.

Your *policy schedule* shows the covers you chose to increase for inflation.

You can change who owns this policy

To change who owns this policy, download and complete a Memorandum of Transfer form from our website:

www.cigna.co.nz/documents

All current and new policy owners must complete and sign the form. We'll write to you to confirm the change once we've received and processed the correctly completed Memorandum of Transfer.

What happens to this policy if you die

If you're the only policy owner, and you're an individual person, this policy will pass to your estate if you die.

If you own this policy with one or more people, it means you own it with them jointly. If you or one of the other people die, this policy passes to the surviving owners.

Cancelling this policy

This section explains how to cancel this policy, and when your cover will end once you cancel.

You can cancel this policy at any time

You can cancel this policy at any time. We recommend you get advice from your adviser before you cancel this policy.

Write to us to cancel your policy

To cancel this policy, you'll need to send us written and signed authorisation from all the policy owners.

We'll confirm with you when your cover ends

Once we get your cancellation notice, we'll write to you to confirm when your policy and cover will end.

When your policy ends will depend on how often you pay your premiums

When your policy and cover ends after we get your cancellation notice depends on how often you pay your total premium.

If you pay your premiums every month, or more often

If you pay your premiums every month, or more often, your policy and cover will end on the next day your premiums are due. We must get your cancellation notice at least 3 business days before that day. We won't refund any premiums you paid for cover we've already provided.

A business day is a day that we're open for business.

If you pay your premiums every year or half-year

If you pay your premiums every year or half-year, your policy and cover will end on the next monthly anniversary of your policy *commencement date*.

We'll refund any part of a premium already paid for this policy which provides cover for the period after that date. For example, if you pay 6 months of premiums on 1 January, we'll cover you until 30 June. If you cancel on 15 February, we'll keep covering you until 1 March. Then we'll refund 4 months' worth of premiums for the cover you didn't use.

We'll refund your premiums if you cancel within 30 days of your policy starting

If we get your cancellation notice within 30 days of your policy *commencement date*, we'll cancel the policy and refund your premiums.

We won't refund your premiums if you've already made a claim.

If we get your cancellation notice more than 30 days after your policy *commencement date*, we won't refund any premiums you paid for cover we've already provided.

Defining words and phrases

This section provides our definitions of the words and phrases that appear in this policy document in *italics*.

Accident

A violent, external and visible event that results in physical *injury* to the life assured.

Activities of daily living

The activities of daily living are:

- bathing and showering
- dressing and undressing
- eating and drinking
- using a toilet for hygiene purposes
- moving from place to place by walking, wheelchair or with the help of a walking aid.

Anniversary date

The anniversary date is the anniversary of the policy *commencement date*.

Commencement date

This policy's commencement date is the day this policy came into force. The *policy schedule* shows the commencement date.

The commencement date for any cover or optional benefit that you add to this policy is the date we confirmed the added cover or optional benefit.

Cover term

A cover term is the length of time we provide each cover for. You can find your cover term on the most recent document confirming the details of your cover.

Dependant

A life assured's spouse, civil union partner, de facto partner, or child by birth or adoption, who's living with the life assured at the time of claim.

Endorsement schedule

An endorsement schedule is a document that we send to you that confirms changes to your policy.

Fixed-term employment

Fixed-term employment has the meaning given in the Employment Relations Act 2000 (as amended or re-enacted). As at January 2020, it means employment the life assured and the employer agree will end on one of the following:

- an agreed date, or at the end of an agreed period
- when a specific event happens
- when a specific project finishes.

Full-time care

Full-time care is the active, day-to-day care a person needs because they can't safely take care of themselves without supervision.

Full-time employment

Full-time employment is employment by a single employer for at least 25 hours a week.

Gainful occupation

A life assured has gainful occupation if they are:

- an employee who's working for salary, wages, commission or other payment
- working in a way that can make income for themselves, a business or any professional practice.

Illness

A sickness or disorder that a life assured suffers and that is not caused by an *accident*.

Inflation rate

The inflation rate is the consumers price index (all groups) rate issued by the government statistician for each year ending 30 September.

If the consumers price index changes or stops, we'll choose another suitable measurement of changes in consumer prices.

Injury

A disorder or physical harm that a life assured suffers and that is caused by an *accident*.

Medical practitioner

A medical practitioner is someone that we approve who is medically qualified and properly registered in at least one of the following.

- New Zealand
- Australia
- another country that has qualification and registration requirements that we consider to be the same or better than those in New Zealand.

Monthly income

Monthly income is the income a life assured earns each month by working, before income tax.

Monthly income includes:

- salary
- wages
- packaged fringe benefits
- superannuation contributions
- KiwiSaver contributions
- any share in the profit or loss of a business, minus business expenses

We always treat monthly income as if the life assured got it in the month they worked to earn it.

We may include bonuses or overtime

If the life assured qualifies for bonuses or overtime, we'll include these according to our underwriting guidelines when you make the claim.

Business expenses don't include paying someone else to do the life assured's work

Business expenses don't include the cost of:

- hiring anyone to do work the life assured normally does
- expanding an existing employee or contractor's duties to include the life assured's work.

Monthly income does not include unearned income

Monthly income does not include income the life assured does not work to earn, such as:

- profits from investments
- interest
- rental income
- profits from selling assets
- royalties.

Occupation class

An occupation class is a grouping of jobs that have similar risks. We put each life assured into an occupation class. You can find each life assured's occupation class on the most recent document confirming the details of your cover.

Original sum insured

The original sum insured is the lesser of:

- the *sum insured* on the *commencement date* plus any increases in the *sum insured* that we assessed based on the life assured's health
- the *sum insured* on the most recent *endorsement schedule* or *policy anniversary overview*.

Other income

Other income includes any payments, entitlements or benefits you or the life assured can or may be able to get because of the *illness* or *injury* that's causing the life assured's disability. This includes payments from:

- the Accident Compensation Corporation (ACC), or any other compulsory insurance scheme, for loss of income. The life assured must try to get any entitlement they can, to the best of their ability
- any other insurer
- a superannuation fund.

Other income also includes income the life assured may get from their personal efforts, business partnerships, family trusts or companies.

Other income does not include:

- what we pay you under this policy
- income from investments
- payments for sick leave
- welfare payments.

Payment term

The payment term is the maximum length of time we'll pay any continuing claim for one or more benefits under the same cover, as adjusted under this policy. You can find your payment term on the most recent document confirming the details of your cover.

Policy schedule

A policy schedule is the document we send you when your policy starts that confirms the details of your cover at that time.

Policy anniversary overview

A policy anniversary overview is the document we send you before each *policy anniversary date* that confirms the details of your cover for the next *policy year*.

Policy year

A policy year is 1 full year of holding your policy, for example:

- the *commencement date* to the first *anniversary date*
- any *anniversary date* to the following *anniversary date*.

Pre-disability income

If a life assured isn't *self-employed*, their pre-disability income is the greater of:

- the highest average *monthly income* earned over any 12 consecutive months in the 3 years immediately before the life assured became disabled
- the *monthly income* the life assured earned immediately before the date they became disabled.

If a life assured is *self-employed*, their pre-disability income is the highest average *monthly income* earned over any 12 consecutive months in the 3 years immediately before they became disabled.

Pre-disability occupation

A pre-disability occupation is the most recent occupation the life assured worked at as their main source of income before they suffered an *illness or injury*.

Self-employment or self-employed

A life assured is self-employed if they work at least 20 hours a week for remuneration for either:

- a company that they, or their immediate family, have any control over
- themselves as a self-employed contractor, sole trader, or partner in a partnership.

Specialist

A specialist is any health provider who's acceptable to us and either a Member or Fellow of an appropriately recognised specialist college. A specialist must have at least one of the following.

- A Medical Council of New Zealand vocational registration in their field
- An Australian National Association of Medical Specialists registration in their field
- Suitable medical training and experience and registration that we approve in another country.

Sum insured

A sum insured is the amount we're insuring a life assured for under a cover, as adjusted under this policy. You can find each life assured's sum insured for a cover on the most recent document confirming the details of that cover.

If you hold any accelerated cover, the sum insured for any Life Cover or accelerated covers may change when we pay an accelerated cover claim.

If we pay a cover's sum insured in advance or in part, we may reduce the remaining sum insured by the amount we pay.

Underwritten sum insured

The underwritten sum insured is the *sum insured*, minus any increases because of the Life Events Benefit or Optional Guaranteed Insurability.

Waiting period

A waiting period is the time that must pass before we can pay a benefit on your cover. You can find the waiting period on the most recent document confirming the details of your cover.

Whole person function

Whole person function is a way of assessing how much of a person's body is working, using the American Medical Association's book, '*Guides to the Evaluation of Permanent Impairment*' 6th edition or any later editions.

LIFE COVER



This section forms part of your policy document and must be read together with the general terms. It tells you what benefits you get under Life Cover, and how those benefits work.

Getting an outline of your benefits

The tables below summarise this cover's benefits and tells you where you can read the full terms of each benefit.

Built-in benefits

Your Life Cover includes these benefits.

Benefit	Summary	Full Terms
Life Cover Benefit	You can get the Life Cover <i>sum insured</i> if the life assured dies.	Page 2
Terminal Illness Benefit	You can get an early payment of the Life Cover <i>sum insured</i> if the life assured is likely to die within 12 months.	Page 2
Advance Terminal Illness Benefit	You can get an early payment of 30 percent of the Life Cover <i>sum insured</i> up to \$300,000 if the life assured is diagnosed with one of the listed conditions.	Page 2
Bereavement Support Benefit	You can get an early payment of up to \$25,000 of the Life Cover <i>sum insured</i> to cover immediate costs, such as funeral expenses.	Page 2
Funeral Transfer Benefit	You can get help to pay for bringing the life assured's remains back to New Zealand if they die overseas.	Page 3
Financial and Legal Advice Benefit	You can get help to pay for financial planning or legal advice about using money from a claim.	Page 3
Life Events Benefit	You can increase cover if certain events happen in a life assured's life, without assessment of the life assured's health.	Page 4



Optional benefits

These optional benefits are included in your cover if you've applied for them and your *policy schedule* or *endorsement schedule* confirms you have them.

Benefit	Summary	Full Terms
Optional Guaranteed Insurability	You can increase your Life Cover <i>sum insured</i> every 2 years, without assessment of the life assured's health.	Page 5

Understanding your benefits

This section details the benefits we include in Life Cover.

Life Cover Benefit and Terminal Illness Benefit

With the Life Cover Benefit, we will pay you the Life Cover *sum insured* if a life assured dies.

With the Terminal Illness Benefit, we will pay you the Life Cover *sum insured* if a life assured is diagnosed with an *illness* or *injury* that is likely to result in their death within the next 12 months. The diagnosis must be from an appropriate *medical practitioner*.

We'll only pay the Life Cover *sum insured* once for each life assured.

Advance Terminal Illness Benefit

With the Advance Terminal Illness Benefit, we'll pay you some of the Life Cover *sum insured* if a life assured is diagnosed with one of the conditions we cover under this benefit.

When we'll pay this benefit

We'll pay if an appropriate *specialist* or *medical practitioner* unequivocally diagnoses a life assured with one of the following conditions.

- Motor Neurone Disease
- Stage 3 or 4 Exocrine Pancreatic Cancer
- Stage 4 non-small cell lung cancer
- Stage 4 Distal Oesophageal Cancer
- Stage 4 Liver Cancer
- Stage 4 Stomach Cancer

We may change this list of conditions if the medical outlook for a condition improves. If we do change the list, we'll give you 30 days' notice before any change takes effect. Any change will not apply to claims you've already submitted to us.

We'll pay 30 percent of the sum insured, up to \$300,000

We'll pay the lesser of:

- 30 percent of the *sum insured*
- \$300,000.

We'll subtract the amount we pay under an Advance Terminal Illness Benefit from the Life Cover *sum insured* for that life assured.

Bereavement Support Benefit

With the Bereavement Support Benefit, we can immediately pay up to \$25,000 of the Life Cover *sum insured* if the life assured dies.

To claim this benefit, send us proof that the life assured has died.

We won't pay if it's clear right away that we won't accept your Life Cover Benefit claim.

We'll subtract the amount we pay under a Bereavement Support Benefit from the Life Cover *sum insured* for that life assured. We'll pay the rest of the *sum insured* once we've assessed and accepted your claim.



Funeral Transfer Benefit

With the Funeral Transfer Benefit, we can reimburse you for the cost of bringing the life assured's remains back to New Zealand if they die overseas while this policy is in force.

We'll reimburse you for the costs, up to \$20,000

We'll reimburse the lesser of:

- the cost of bringing the life assured's remains back to New Zealand
- \$20,000.

Send us the receipts once you've paid to bring them home.

We'll only pay this benefit once for each life assured, no matter how many policies cover the life assured.

We won't reimburse you if you can get the money from other sources

We won't reimburse you under this benefit if the cost of bringing the life assured's remains back to New Zealand can be paid for, or reimbursed under any of the following.

- Another insurance policy
- Government aid

Financial and Legal Advice Benefit

With the Financial and Legal Advice Benefit, we can reimburse you for professional advice you get about using money from a Life Cover Benefit or Terminal Illness Benefit claim.

When we'll pay this benefit

We'll pay this benefit if all the following apply.

- We've paid a Life Cover Benefit or Terminal Illness Benefit claim.
- You've received professional advice about using the money from the claim payment.
- You've received the professional advice within 3 months of us paying the claim, and you apply for this benefit within 3 months of receiving the advice.
- The professional advice is either:
 - legal advice from a lawyer, solicitor, or barrister who's registered with the New Zealand Law Society
 - advice about financial planning from an Authorised Financial Adviser recognised by the Financial Markets Authority.

We'll reimburse you for the costs, up to \$2,500

We'll reimburse you up to \$2,500 for the professional advice you get.



Life Events Benefit

With the Life Events Benefit, you can increase the Life Cover *sum insured* when certain events happen in a life assured's life.

If the life assured experiences a certain life event, you can apply to increase the Life Cover *sum insured* without assessment of their health.

Increasing the *sum insured* will increase your premiums from the date we increase the *sum insured*.

We cover certain life events

You can increase the Life Cover *sum insured* for a life assured if they experience one of the following.

- Getting married or entering a civil union
- Getting a divorce or separating from a de facto partner
- Giving birth to or legally adopting a child
- Getting an annual salary increase of more than \$5,000
- Increasing their residential mortgage
- Buying a home, holiday home, residential investment property, or bare block of residential land
- Providing *full-time care* for their dependent parent, sibling, child, parent-in-law, grandparent or partner (a partner is a wife, husband, civil union partner or de facto partner)
- Having a dependent child start full-time tertiary education

You can increase the sum insured for each event

For each event, you can increase the Life Cover *sum insured* for a life assured by up to the lesser of:

- the amount of the new or increased mortgage (if applicable)
- 5 times the increase in annual salary (if applicable)
- \$250,000.

There's a limit to how much you can increase the sum insured

All increases under this benefit for a life assured can't be more than 75 percent of their *original sum insured*.

Apply within a certain period of time after the event happening

You must apply for the increase under this benefit within either:

- 180 days of the event happening
- 60 days of the *anniversary date* after the event happened.

Send us evidence of the event when you apply.

We'll accept your application to increase the *sum insured* under this benefit on the terms we most recently offered for the life assured at either:

- the *commencement date* of this cover
- any application to increase this cover's *sum insured*, whether the increase was accepted or not.

When you cannot use this benefit

You cannot use this benefit for a life assured if:

- we've paid a Life Cover Benefit claim
- we've paid a Terminal Illness Benefit claim
- we've paid an Advance Terminal Illness Benefit claim
- they meet all the criteria for a Life Cover Benefit claim, or a Terminal Illness Benefit claim, or an Advance Terminal Illness Benefit claim, even if you haven't made the claim yet
- they are aged 60 years old or older.



Getting extra help with optional benefits

This section includes information about the optional benefits in Life Cover. These optional benefits are included in your cover if you've applied for them and your *policy schedule* or *endorsement schedule* confirms you have them.

Optional Guaranteed Insurability

With Optional Guaranteed Insurability, you can increase the Life Cover *sum insured* for a life assured every 2 years without assessment of their health.

Increasing the *sum insured* will increase your premiums from the date we increase the *sum insured*.

You can increase the sum insured every 2 years

On every second *anniversary date* from the *commencement date*, you can apply to increase the Life Cover *sum insured* for a life assured by up to the greater of:

- 25 percent of the *underwritten sum insured*
- \$200,000.

Apply within 30 days of the anniversary date

You must apply for the increase under this benefit within 30 days of the relevant *anniversary date*. You won't be able to increase again under this benefit for another 2 years.

We'll accept your application to increase the *sum insured* under this benefit on the terms that most recently applied to this cover.

If you increased the Life Cover *sum insured* for a life assured under the Life Events Benefit, you cannot use the Optional Guaranteed Insurability benefit on the next *anniversary date* where you would have been able to use this benefit for that life assured.

There's a limit to how much you can increase the sum insured

All increases under this benefit for a life assured can't be more than the lesser of:

- 2 times the *underwritten sum insured*
- \$1,000,000.

When you cannot use this benefit

You cannot use this benefit for a life assured if:

- we've paid a Life Cover Benefit claim
- we've paid a Terminal Illness Benefit claim
- we've paid an Advance Terminal Illness Benefit claim
- they meet all the criteria for a Life Cover Benefit claim, or a Terminal Illness Benefit claim, or an Advance Terminal Illness Benefit claim, even if you haven't made the claim yet
- they are aged 60 years old or older.

Understanding what we don't cover

We won't pay any claim under this Life Cover if the life assured dies or becomes terminally ill as a direct or indirect result of intentional self-harm, including suicide and attempted suicide, within the first 13 months of the:

- *commencement date*
- date the Life Cover *sum insured* is increased, other than because of inflation
- policy being reinstated.

In the case of a Life Cover *sum insured* increase, this exclusion only applies to the increased amount.