



# Platinum Plus Level Term. Waiver of premium cover.

## Your cover in detail.

### 1. Introduction.

This Waiver of premium cover provides for the **instalment premium** on **your** Policy to be paid by **us** while the **insured person** is **totally disabled** or receiving a benefit under an Income protection cover on this Policy.

The **policy schedule** will show which **insured person** this Waiver of premium cover applies to.

### 2. Built-in benefits.

#### 2.1 Benefit.

If the **insured person** is for longer than the **waiting period**:

- **totally disabled**, or
- receiving a **partial disability** benefit under an income protection type cover on this Policy,

no **instalment premium** is payable by **you** for any of the covers on this Policy until the earliest of the date:

- where **they** don't have an income protection type cover on this Policy, once **they** are no longer **totally disabled**, or
- where **they** do have an income protection type cover on this Policy, once **they** are no longer receiving a **partial disability** benefit under that cover, or
- the **benefit period** ends, or
- the cover ends (see section 6).

**We** won't pay the **instalment premium** during the **waiting period**. Once the **waiting period** has ended, and **we** have accepted **your** claim, any premiums that have fallen due during the **waiting period**, and have been paid for by **you**, **we** will refund.

## 2.2 Recurring claim benefit.

**We** will waive the **waiting period** on a recurrent claim if:

- a. an **insured person** was no longer **totally disabled** or **partially disabled** (if applicable), and
- b. during the first 12 months after the claim ends, **they** become **totally disabled** or **partially disabled** (if applicable) again because of a recurrence of the same or related sickness.

**We** will treat the recurrent claim as a continuation of the previous claim.

**We** will pay the benefit from the date of the recurrence of the **total disability** or the date we recommence payment of a **partial disability** benefit under an income protection type cover on this Policy.

## 2.3 Waiver of waiting period.

**We** won't apply the **waiting period** on a new claim for an **insured person** resulting from sickness or injury unrelated to a previous claim provided that:

- a **waiting period** applied to the previous claim, and
- the new claim occurs within 12 months of **their** return to work from the previous unrelated claim, and
- the new claim is for a continuous period of at least 30 days.

**We** will apply the benefit from the date of the recurrence of the **total disability** or **partial disability** (if applicable) under the terms of section 2.1.

## 3. Claims.

### 3.1 Notice.

**You** or the **insured person** must notify **us** in writing immediately if **you** or **they** become aware of any circumstance likely to lead to a claim.

**We** will advise **you** or **them** of the requirements **we** need to assess **your** claim.

If **we** receive notification of a claim more than 60 days after the date **they** were **totally disabled**, **we** reserve the right to commence benefits from the date of notification.

### 3.2 Obligations.

**You** and the **insured person** must throughout the life of the claim:

- Complete **our** claim forms in full and send it to **us** as soon as reasonably possible.
- Authorise the disclosure to **us** of **their** personal information in connection with the claim held by any other party.
- Authorise the disclosure of **their** personal information held by **us** to another party to evaluate the claim.
- Provide **us** with any other relevant information **we** reasonably require. This may include but isn't limited to financial, medical and occupational evidence.

The **insured person** must throughout the life of the claim:

- Obtain medical treatment as soon as reasonably possible from a **medical practitioner** and follow their advice including recommended medical treatment, surgical treatment, and rehabilitation plans.
- Undergo one or more medical examinations including attending any **specialist medical practitioner** or other appointments arranged by **us** at **our** expense if **we** reasonably request them for the purposes of assessing or managing **your** claim. This may include blood tests and medical testing.

**You** must pay any expenses incurred in proving **your** claim.

If **you** or the **insured person** don't meet any of the above when reasonably requested by **us**, **we** have the right to either decline or stop the claim. **We** will give **you** notice in writing of **our** intention to stop the claim and set out **our** requirements to restart payment. Payments won't be made for any time the claim was stopped and will only recommence from the date **we** receive all the outstanding requirements.

## 4. Exclusions.

**You** can't claim under this cover for sickness or injury in connection with:

- a. The normal effects of pregnancy or childbirth.
- b. Self-inflicted act or injury.
- c. Any specific event or cause agreed between **you** and **us** and endorsed on this Policy or the **policy schedule**.

## 5. Limitations.

### 5.1 Concurrent disability.

Where more than one **insured person** under this Waiver of premium cover is each eligible for the **instalment premium** to be waived, only the **instalment premium** due for this Policy will be waived.

## 5.2 Unemployment.

If the **insured person** has been unemployed or on parental leave for 12 months or more immediately before a period of **total disability**, then **we** will consider the **occupation class** to be **occupation class 5** and will assess any Waiver of premium cover claim on that basis.

Long service or sabbatical leave is not considered as unemployment.

## 6. When this cover ends.

This Waiver of premium cover will end for an **insured person** on the earliest of the date:

- a. **you** cancel **their** Waiver of premium cover, or
- b. this Policy ends for any reason, or
- c. of **their** 70<sup>th</sup> birthday, unless **their** only cover is Income protection cover with a benefit to age 65 in which case Waiver of premium cover will expire on **their** 65<sup>th</sup> birthday, or
- d. **they** die.

## 7. General definitions.

The definitions shown below apply to all derivatives of the words defined.

### Occupation class.

The class shown in the **policy schedule**.

### Partial disability/ partially disabled.

The **insured person** is receiving a Partial disability benefit under an income protection type cover under this Policy.

### Totally disabled/ total disability.

For **occupation classes** 1, 2, 3 and 4:

The **insured person** is disabled if as a direct result of sickness or injury **they** are:

- under the regular and personal care of a **medical practitioner**, and
- unable to:
  - a. perform at least one important income producing duty, or
  - b. engage in **their** own occupation for more than 10 hours per week; and

- not engaging in any occupation other than up to 10 hours per week in **their** own occupation.

For **occupation class 5**

The **insured person** is:

- disabled to such an extent that necessitates confinement to the home under medical supervision or to a recognised medical institution and necessitates receiving regular medical care, or
- as a result of sickness or injury **they** are unable to undertake at least two of the **activities of daily living** without the assistance of an adult, and
- not working in any gainful occupation.

If **we** are paying a specific injury benefit claim or a specified medical condition benefit claim for an **insured person** on an income protection type cover on this Policy, **they** will be considered by **us** to be totally disabled for this Waiver of premium cover.

**Waiting period.**

The period shown in the **policy schedule** for this Waiver of premium cover where **we** won't pay any benefit unless this Policy states otherwise. The waiting period starts from the date the **insured person** receives written notification from an appropriate **medical practitioner** confirming **they** are unable to work due to **total disability** or they meet the definition of **partially disabled**.

SAMPLE