



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** 70th 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** 65th birthday, or
- d. **they** die.

7. General definitions.

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

Occupation class.

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

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

For **occupation class 5**

Partial disability/ partially disabled.

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

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.

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

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