



# Platinum Plus Level Term. Life cover.

## Your cover in detail.

### 1. Introduction.

This Life cover provides **you** with a lump sum payment if an **insured person** dies or is diagnosed with a **terminal illness**.

The **policy schedule** will show which **insured person** this Life cover applies to and any Additional options that may apply.

### 2. Built-in benefits.

#### 2.1 Death benefit.

**We** will pay **you** the **sum insured** if an **insured person** dies. Any Trauma cover – accelerated, Trauma multi cover – accelerated, or Total and permanent disability cover – accelerated paid will reduce the Life cover **sum insured**.

#### 2.2 Bereavement benefit.

If an **insured person** dies, **you** may apply for an immediate advance payment of \$15,000. If **their** Life cover **sum insured** is less than \$15,000, **we** will pay the Life cover **sum insured**.

The Life cover **sum insured** will reduce by the amount of Bereavement benefit **we** pay.

#### 2.3 Repatriation benefit.

If an **insured person** dies, **you** may apply for a reimbursement of the **direct cost** of repatriating the **insured person's** body, from the country of death to New Zealand, or from New Zealand to **their home country**, or the country of death to **their home country**.

The total combined payments **we** will reimburse under this benefit, is the lesser of:

- the **direct costs** paid for repatriating the **insured person's** body, or
- 10% of the **insured person's** Life cover **sum insured**, or
- \$20,000.

If the **insured person** is the sole policy owner, **we** will reimburse the person who has paid the **direct cost**. Where more than one person has paid a **direct cost**, **we** will reimburse in the date order **we** receive the invoice and payment documents until the total combined payments **we** will reimburse, is reached. All requests for payment of a **direct cost** will be totalled when determining the maximum combined reimbursement, **we** pay. A **direct cost** can only be claimed once.

This Repatriation benefit is an additional payment to the **insured person's** Life cover and the Bereavement benefit. The Repatriation benefit is not deducted from the Life cover **sum insured**.

This Repatriation benefit will be paid once for an **insured person**, regardless of the number of separate life covers **they** have with **us** with a Repatriation benefit.

**We** will not pay **direct costs** which can be, or have been claimed, reimbursed, or paid for, under any of the following:

- a travel insurance policy
- any other insurance policy
- government aid or assistance
- any other source.

This Repatriation benefit does not cover any of the following costs:

- a. the **insured person's**:
  - funeral, or
  - cremation, or the transportation of **their** ashes, or
  - burial, or
- b. the transportation or accommodation cost for a person to accompany the coffin or casket for repatriation, or
- c. the transportation of the coffin or casket following its arrival in New Zealand or **their home country**, or
- d. any other cost which is not a **direct cost**.

#### 2.4 Terminal illness benefit.

If an **insured person** is diagnosed with a **terminal illness**, **you** may apply for an advance payment of the Life cover **sum insured**.

The Life cover and any accelerated covers linked to the Life cover will end when this Terminal illness benefit is paid.

#### 2.5 Terminal illness partial benefit.

**You** may apply for an early payment of the terminal illness benefit for the lesser of:

- 30% of the **sum insured**, or
- \$250,000,

if the **insured person** is unequivocally diagnosed by an appropriate **specialist medical practitioner** 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
- Class 4 congestive heart failure which is unresponsive to treatment.

As the Terminal illness partial payment is an early payment of the Terminal illness benefit, payment of this benefit will result in a reduction of the Life cover **sum insured** and the **sum insured** on any Trauma cover – accelerated, Trauma multi cover – accelerated, or Total and permanent disability cover – accelerated.

#### 2.6 Child's funeral benefit.

The Child's funeral benefit will be payable if:

- **we** receive written notification of a **child** aged between two and 20 (inclusive) has died, and
- the death doesn't directly result from a **known congenital condition**, or any **child pre-existing condition**, and
- the death hasn't occurred within three months of the **start date** or reinstatement of their **parent's** Life cover.

The maximum **we** will pay **you** per **child** is as follows:

- \$3,500 if the **child** is aged between 10 and 20 (inclusive) at the date of death, and
- \$2,000 less any other amounts payable in respect of the death of that **child** under the terms of the Life Insurance Act 1908 if the child is under the age of 10.

A maximum of one Child's funeral benefit will be paid irrespective of the number of covers the **parent(s)** has with **us** with Child's funeral benefit. The Child's funeral benefit isn't deducted from the **parent's** Life cover **sum insured**.

This Child's funeral benefit ends for a **child** on the earliest of the date:

- a. The **child's parents** no longer have any cover with **us** that provides this Child's funeral benefit, or
- b. Of that **child's** 21st birthday.

## 2.7 Financial planning benefit.

When **we** pay a lump sum benefit of at least \$100,000 to a beneficiary under the Policy, **we** will reimburse **you**, up to a maximum of \$2,500 towards the cost of a fully documented financial plan prepared by a financial advice provider providing a financial planning service for the beneficiary.

Where there is more than one beneficiary the Financial planning benefit will be divided equally between those beneficiaries who each receive a benefit of at least \$100,000.

The reimbursement must be claimed within six months of receiving the lump sum benefit and will be payable only once in respect of all policies covering the same **insured person**.

**We** will require evidence to show that the financial plan has been provided, the qualifications of the financial adviser and the costs charged by the financial advice provider.

## 2.8 Special events.

**You** can increase an **insured person's sum insured** once in any 12-month period before **their** 55<sup>th</sup> birthday without providing additional health information if one of the circumstances shown below occurs.

- a. **You** can increase **their sum insured** by up to the lesser of \$250,000 or 50% of **their sum insured** at the **start date** of the cover if any of the following events apply to **them**:
  - marriage, civil union, divorce or being subject to a separation agreement or order, or
  - either, pregnancy at 28 weeks gestation or birth of a **child**, or
  - adoption of a **child**, or
  - dependent **child** starting secondary school, or
  - financially supporting a dependent **child** through a first course of full-time tertiary education, or
  - reaching ages 25, 30, 35, 40 or 45, or

- either, death or terminal illness (diagnosed by an appropriately qualified **medical practitioner**, confirming a prognosis of less than 12 months to live) of a spouse, de facto partner, **child** or civil union partner, or
  - **they** permanently stop work to provide full time physical care for the first time for a dependent **relative**.
- b. If **they** increase a mortgage on **their** own home or take out a mortgage for **their** own home, investment property, vacation home, or residential block of land, **you** can increase **their sum insured** by up to the lesser of:
- 50% of the **sum insured** at the **start date**, or
  - the increase in the value of the existing mortgage or the amount of a new mortgage, or
  - \$250,000.
- c. If **they** co-sign on a new mortgage for a **child**, **you** can increase **their sum insured** by up to the lesser of:
- 50% of the **sum insured** at the **start date**, or
  - the amount of the mortgage of the **child**, or
  - \$250,000.
- d. If **they** have a **salary** increase of at least \$5,000 or a **salary** increase of at least 10% of **their salary**, **you** can increase **their sum insured** by up to the lesser of:
- 25% of the **sum insured** at the **start date**, or
  - five times the increase in **their salary**, or
  - \$250,000.

**Conditions.**

- a. **You** must exercise a Special events increase in writing with supporting evidence within the later of either:
- six months following the event, or
  - 30 days of the following **policy anniversary**.
- b. An increase under Special events isn't available for:
- both the pregnancy and birth of the same **child**.
  - both the terminal illness (diagnosed by an appropriately qualified **medical practitioner**, confirming a prognosis of less than 12 months to live) and death of the same person.

- c. An increase under Special events isn't available if:
- The cover resulted from **you** exercising a Buy back option.
  - The **insured person** has either had a claim paid or is entitled to be paid a claim under any policy with **us** or any other insurance company.
  - The premiums aren't up to date or are being waived for any reason.
- d. Any special terms and loadings that applied to the **sum insured** at the **start date** will also apply to the increase on that cover.
- e. **Your** premiums will increase in line with the increased **sum insured**. **We** will calculate **your** premium for the increase using the age of the **insured person** at the date **you** exercise a Special events increase. The increased **sum insured** applies from the date **we** confirm the new **sum insured** to **you**, subject to payment of the additional premium.
- f. The maximum increase for an **insured person** for all events is the lesser of:
- \$1,000,000, or
  - the **sum insured** at the **start date**.

### 3. Additional options.

#### 3.1 Indexation option.

If this option is included in this cover, the **policy schedule** will show which **insured person** this applies to.

How **we** apply the Indexation option is set out in section 7 of the Policy terms and conditions.

The last increase under this Indexation option for an **insured person** under the Life cover will be applied on the **policy anniversary** before **their** 65<sup>th</sup> birthday.

#### 3.2 Continuation option.

If this option is included in this cover, the **policy schedule** will show which **insured person** this applies to.

How **we** apply the Continuation option is set out in section 8 of the Policy terms and conditions.

This Continuation option ends on this cover for an **insured person** on **their** 75<sup>th</sup> birthday.

### 4. Claims.

#### 4.1 Notice.

**You** must notify **us** in writing immediately or as soon as practically possible after **you** become aware of any claim or potential claim under this Life cover.

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



## 4.2 Obligations.

You must:

- Complete **our** claim form (if required) in full and send it to **us** as soon as reasonably possible.
- Supply **us** with all relevant medical evidence **we** reasonably require in connection with the claim.
- Authorise the disclosure to **us** of the **insured person's** or **your** personal information in connection with the claim held by any other party.
- Authorise the disclosure of the **insured person's** or **your** personal information held by **us** to another party to evaluate the claim.
- Provide **us** with any other relevant information **we** reasonably require.

For the Repatriation benefit, **we** will require **you** to provide the following:

- Confirmation whether the **insured person's** body is being repatriated to New Zealand, or from New Zealand to **their home country**, or the country of death to **their home country**.
- A copy of the:
  - a. Death Certificate, and
  - b. **insured person's** most recent passport, birth certificate, or other proof reasonably acceptable to **us**, and
  - c. invoices, who paid the costs, together with the payment receipts for the **direct costs**.
- The name and contact details of the person who will be paid the claim and their account details.
- Full details of any:
  - a. travel insurance policy in place at the date the **insured person** died
  - b. Government assistance
  - c. other insurance policy the **insured person** had at the date of death  
which may apply where the **direct costs** could be, or have been, claimed, recovered, or reimbursed.
- Any other information or document **we** may reasonably require.

Where a document in support of a claim requires translation into English, the translation must be completed by an approved certified translation service.

For terminal illness and Terminal illness partial benefit claims the **insured person** must:

- Provide a signed report from an appropriate **specialist medical practitioner** confirming the diagnosis, prognosis and supporting medical evidence of the **terminal illness** or condition.

- Undergo one or more medical examinations if **we** reasonably request **them** at **our** expense. This may include blood tests and medical testing.

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

## 5. Exclusions.

**We** will cancel the cover, or the increased portion of cover, and retain any premiums paid if an **insured person**, whether sane or insane, dies by **their** own hand within 13 months of:

- the **start date** or the date of reinstatement, or
- the date of any increases in the **sum insured**, excluding increases due to the Indexation option.

This exclusion won't apply if the **insured person** had similar life cover with another insurance company and this cover replaced that cover up to the **sum insured** under the replaced cover provided:

- the previous cover had been in force for at least 13 months before the **start date**, and
- **you** provide **us** proof of the existence and cancellation of that previous policy at the time of claim.

## 6. When this cover ends.

This Life cover ends for an **insured person** on the earliest of the date:

- you** cancel **their** Life cover, or
- this Policy ends for any reason, or
- we** pay a claim for **their terminal illness**, or
- we** pay **you** the Trauma cover – accelerated, Trauma multi cover – accelerated, or Total and permanent disability cover – accelerated if any of these are included on the **policy schedule** and there is no remaining Life cover, or
- they** die.



## 7. General definitions.

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

### Child pre-existing condition.

Any illness, sickness, disease, injury or medical condition existing that:

- the **parent** or **child** was aware of, or
- the **child** had signs or symptoms of, or
- the **child** had investigations or sought medical advice for, or
- a reasonable person or **parent** in the circumstances would seek diagnosis, care or treatment for,

on or before the date the Child's funeral benefit starts for a **child**.

### Direct cost/Direct costs.

The following cost(s):

- professional fees to arrange repatriation
- embalming where this is a requirement for repatriation
- the casket or coffin needed to meet repatriation requirements
- preparing the casket or coffin for transportation
- the transportation of the casket or coffin for repatriation
- other repatriation costs directly required to comply with country specific regulations, which if not paid, would prevent the **insured person's** body from being repatriated.

### Home country.

The country where the **insured person** was born, or **their** country of permanent residence, or the country in which **they** have spent a significant portion of **their** life.

### Known congenital condition.

A health anomaly, medical condition or defect which is present at birth which is known by the **parent** or **child** at the date the Child's funeral benefit starts for a **child**.

### Terminal illness.

An illness where, after considering the current or future treatment the **insured person** would be reasonably expected to receive, **they** are likely to die within 12 months. The **specialist medical practitioner** treating **their** condition must certify the diagnosis and prognosis of the **terminal illness**. Another **specialist medical practitioner** nominated by **us** must confirm the diagnosis and prognosis.