



Platinum Plus. Key person cover.

Your cover in detail.

1. Introduction.

This Key person cover provides **you** with a monthly payment while the **insured person** is **totally disabled** or **partially disabled**.

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

2. Built-in benefits.

2.1 Total disability benefit.

If the **insured person**:

- has been **totally disabled** or **partially disabled** for the **waiting period**; and
- is **totally disabled** at the end of the **waiting period**,

we will pay **you** the **monthly benefit** monthly in advance from the end of the **waiting period** until the earliest of:

- **they** are no longer **totally disabled**, or
- the **benefit period** ends, or
- **they** are no longer employed in **their** usual occupation, or
- the cover ends (see section 7).

Any payment for a period of less than one month is calculated on a pro-rata basis.

2.2 Partial disability benefit.

If the insured person:

- has been **totally disabled** or **partially disabled** for the **waiting period**, and
- is **partially disabled** either:
 - at the end of the **waiting period**, or
 - following a period of **total disability**,

We will pay **you** the Partial disability benefit monthly in advance until the earliest of:

- **they** are no longer **partially disabled**, or
- the **benefit period** ends, or
- **they** are no longer employed in **their** usual occupation, or
- the cover ends (see section 7).

Any payment for a period of less than one month is calculated on a pro-rata basis.

2.2.1 How much do we pay?

We will pay the **monthly benefit** x 40%.

2.3 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**, and
- b. during the first 12 months after the claim ends, **they** become **totally disabled** or **partially disabled** again because of a recurrence of the same or related injury or sickness.

We will treat the recurrent claim as a continuation of the previous claim and these payments together with the payments made under the previous claim will be added together when applying the **benefit period**.

We will pay the Total disability benefit or Partial disability benefit from the date of the recurrence of the **total disability** or **partial disability** under the terms of section 2.1 or 2.2.

2.4 Benefit period reset.

The **waiting period** and a new **benefit period** will apply where an **insured person**:

- a. was no longer **totally disabled** or **partially disabled**, and
- b. has returned to full time paid work performing all the important income producing duties without limitation for at least:

- 12 continuous months, where the full **benefit period** hasn't been used at the date of that recurrence, or
 - six continuous months where the full **benefit period** has been used at the date of that recurrence, and
- c. isn't eligible for the Recurring claim benefit, and
- d. becomes **totally disabled** or **partially disabled** because of a recurrence of the same or related injury or sickness for which **we** have previously paid a **total disability** or **partial disability** claim under this Key person cover.

2.5 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 pay the Total disability benefit or Partial disability benefit from the date of the **total disability** or **partial disability** under the terms of section 2.1 or 2.2.

3. Additional options.

3.1 CPI option.

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

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

The last increase under this CPI option for an **insured person** will be applied on the **policy anniversary** before **their** 65th birthday.

If **we** are paying **you** a Total disability benefit or a Partial disability benefit under this cover, **your** claim payments won't be increased by CPI.

4. Claims.

4.1 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** the requirements **we** need to assess **your** claim.

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

4.2 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** or **your** personal information in connection with the claim held by any other party.
- Authorise the disclosure of **their** or **your** 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 medical treatment, surgical treatment and rehabilitation plans.
- Undergo one or more medical examinations and attend any **specialist medical practitioner** or other appointments arranged by **us** at **our** expense if **we** reasonably request them for the purposes of assessing and 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.

4.3 Payments.

Benefits are paid monthly in advance. Any payment for a period of less than one month is calculated on a pro-rata basis.

5. 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**.

6. Limitations.

6.1 Assignment.

We reserve the right to vary the terms and conditions of this Policy including a premium increase if **you** assign this Policy.

7. When this cover ends

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

- a. **you** cancel **their** Key person cover, or
- b. this Policy ends for any reason, or
- c. **they** are no longer actively engaged in the **business** for more than 60 days for reasons other than **total disability**, or
- d. of **their** 65th birthday, or
- e. **they** die.

8. General definitions.

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

Benefit period.

The period shown in the **policy schedule** adjacent to Benefit period.

Business.

The entity on which the underwriting was based at the time of the application for the **insured person's** cover.

Partially disabled/partial disability.

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

- under the regular and personal care of a **medical practitioner** who's provided them with written confirmation of the need to reduce **their** hours, and
- is working, (or capable of working), in **their** usual occupation for more than 10 hours per week, and

- is working, or capable of working, in **their** usual occupation for less than the lesser of 20 hours per week or 50% of the hours worked immediately before becoming **partially disabled**.

Totally disabled/total disability.

The **insured person** is totally 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.

Waiting period.

The period shown in the **policy schedule** that must've passed before a benefit can be paid under this Policy unless stated 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 need to reduce hours of work due to **partial disability**.

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