

CREDIT CARD REPAYMENT INSURANCE

Cover Wording.

From 29 April 2022, all references in this policy to Kiwi Insurance Limited are references to nib nz insurance limited, which is the new name of Kiwi Insurance Limited. This document may include some references that are no longer current or relevant – for example the contact details have changed and nib nz insurance limited is not a related company of Kiwibank. The cover provided by the policy remains the same.

Please see nib.co.nz for updated details including how to:

- contact nib nz insurance with an enquiry
- make changes to your policy
- make a claim

or for information on how we will resolve any complaints under the policy.

Welcome to your Credit Card Repayment Insurance

Thank you for choosing Credit Card Repayment Insurance.

Find out what your insurance does and doesn't cover

This document explains how the insurance works, your responsibilities, and how to make a claim. Please read it carefully, as it's really important you understand it. While there's a lot of information, if you take time to read it now, you'll know what the insurance covers. Just as important – you'll also know what it doesn't cover.

In this document you'll find sections covering:

Credit Card Repayment Insurance at a glance	4
Read and keep your insurance agreement	6
Your right to cancel	7
Phone us to make a claim	9
What you'll pay for the insurance cover	12
Pre-existing medical conditions	13
Temporary Inability to Work cover	15
Permanent Inability to Work cover	21
Critical Illness cover	26
Redundancy cover	30
Bankruptcy cover	34
Terminal Illness cover	36
Life cover	39
Making changes to the insurance agreement	41
Cancelling or ending the insurance agreement	42
Making a complaint	43
Your premiums are paid into, and your claims paid from, a statutory fund	43
How to contact us	43
How we may contact you	44

- ➡ 'We', 'us', and 'our' means Kiwi Insurance Limited.
- ➡ 'You', 'your', 'yourself', 'person insured', 'primary cardholder', 'joint cardholder', 'cardholder' or 'insured cardholder' means a person named in the most recent policy schedule as an insured who is covered and will be assessed for a claim.
- ➡ 'Primary cardholder' means the first person set out in your credit card application form. If the primary cardholder dies, the joint cardholder will be treated as the primary cardholder from the date of death.
- ➡ 'Policy owner' means either:
 - > the primary cardholder and any joint cardholder, if the start date of your insurance is before 20 May 2019, or
 - > the primary cardholder, in any other case.

Credit Card Repayment Insurance is provided by Kiwi Insurance

Credit Card Repayment Insurance is provided by Kiwi Insurance Limited. Kiwi Insurance Limited is a related company of Kiwibank. Kiwi Insurance Limited is the only organisation responsible for claims under the cover.

If you arranged your insurance through Kiwibank, you need to know that Kiwibank Limited doesn't guarantee the obligations of, or any products issued by, Kiwi Insurance Limited. Kiwibank Limited may receive a commission on any insurance it arranges.

Credit Card Repayment Insurance at a glance

In summary, here's how Credit Card Repayment Insurance works.

Credit Card Repayment Insurance is designed to protect the eligible primary and joint cardholder of Kiwibank credit cards who have applied and been accepted for insurance cover by Kiwi Insurance Limited. If a joint cardholder is not a policy owner, they get the benefit of this policy as an insured.

Credit Card Repayment Insurance covers part or all of the outstanding balance on your insured Kiwibank credit card account if you're an eligible primary or joint cardholder and one of these things happens:

- > you become temporarily or permanently unable to work due to an accidental injury or illness. (This cover also extends to you if you're studying in an approved course, or you're the primary caregiver for dependants, or you're not working and unable to care for yourself)
- > you're made redundant (if you're employed)
- > you're declared bankrupt (if you're self-employed)
- > you have a critical illness
- > you become terminally ill
- > you die.

Each policy owner must be aged between 18 and 64 (inclusive), and each policy owner and any insured joint cardholder must be permanent residents living in New Zealand.

Cover ends when you turn 65, except for Terminal Illness cover and Life cover which continue until you're 75.

We've provided a summary table so you can quickly work out what you may or may not be covered for.

If you suffer...	then we'll pay...	for each cardholder up to a maximum of...
Temporary inability to work (due to accidental injury or illness)	15% of the outstanding balance on your insured credit card account, paid monthly for up to 24 months	\$50,000
Permanent inability to work	Double the amount of the total outstanding balance on your insured credit card account	\$50,000
Redundancy (if you're employed)	15% of the outstanding balance on your insured credit card account, paid monthly for up to seven months or until you return to work. You're not covered if you're self-employed	\$30,000
Bankruptcy (if you're self-employed)	The total outstanding balance on your insured credit card account	\$30,000
Critical illness	The total outstanding balance on your insured credit card account	\$30,000
Terminal illness	The total outstanding balance on your insured credit card account + \$1000	\$50,000
Death (Life cover)	The total outstanding balance on your insured credit card account + \$1000	\$50,000

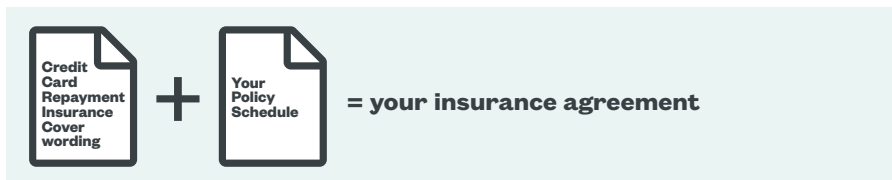
This 'Credit Card Repayment Insurance at a glance' section is only an overview, and doesn't form part of the insurance agreement between the policy owner and us. You need to read the rest of this document and all the documents that make up your insurance agreement to understand the full terms and conditions.

Pre-existing conditions affect your cover

Pre-existing medical conditions won't automatically be covered under your policy and limitations and exclusions apply to the cover. See page 13 about pre-existing conditions.

Read and keep your insurance agreement

This document sets out your insurance agreement between the policy owner and us.



If a joint cardholder is not a policy owner, they get the benefit of this policy as an insured. This means that the contract is for their benefit and they can claim under the insurance agreement, but they are not a party to the contract.

This Credit Card Repayment Insurance Cover wording sets out the main terms and conditions of the insurance agreement

This Credit Card Repayment Insurance Cover wording sets out the main terms and conditions of the insurance agreement, including how the insurance works.

We'll issue the primary cardholder with a policy schedule providing details of cover.

If there is a joint cardholder, we'll issue both cardholders with a policy schedule providing details of the cover.

Your most recent policy schedule sets out who is insured and for how much

The policy schedule shows important details of the insurance agreement. It includes:

- > which credit card account this policy is linked to
- > the start date of insurance
- > the names of the cardholder(s) insured under the policy
- > what you're covered for under the policy
- > the maximum amount insured under the cover
- > special terms of the cover, including how pre-existing conditions are excluded for a period of two years in a row
- > the premium rate and how it's calculated.

Credit Card Repayment Insurance is linked to your insured Kiwibank Credit Card account for the life of the policy. If you change to another type of Kiwibank Credit Card, your existing Kiwibank Credit Card account will close as well as your existing Credit Card Repayment Insurance.

➡ Life of the policy means the period of time your Credit Card Repayment Insurance is linked to your insured Kiwibank Credit Card account.

Kiwibank will set up a new Kiwibank Credit Card account for your new Kiwibank Credit Card. If the policy owner chooses to have Credit Card Repayment Insurance, Kiwibank will set up a new Credit Card Repayment Insurance agreement. The standard terms and conditions will apply.

If your application and your policy schedule are different, the policy schedule overrides anything that is inconsistent with the application.

We'll only replace or change the policy schedule to reflect changes that we agree with you or other changes that this Credit Card Repayment Insurance Cover wording allows us to make.

If we replace or change the policy schedule, the most updated policy schedule we send you becomes part of the insurance agreement. The most recent policy schedule overrides any earlier versions, except where this Credit Card Repayment Insurance Cover wording specifically states otherwise.

We pay one type of cover for each cardholder at a time

A cardholder may qualify to claim for different types of cover at the same time. However, Kiwi Insurance will only pay one type of cover for each cardholder at a time.

➡ Cardholder means the primary cardholder, and any joint cardholder who is added to the same credit card account initially or at a later date. Supplementary or additional cardholders (who are issued with a card but are not responsible for paying any of the amounts owing on the credit card account) do not qualify as cardholders.

Your right to cancel

If you decide that the cover doesn't meet your needs, the primary cardholder may cancel it at any time by notifying Kiwi Insurance – either in writing, by secure email or by calling us on 0800 222 491. You have a 'free look' period of 30 days from the start date of insurance stated on your policy schedule. If the primary cardholder cancels within this period we'll refund any premiums you've paid. If the primary cardholder cancels outside this 30-day period we won't refund any premiums. Joint cardholders cannot ask us to cancel the cover – only the primary cardholder can do so.

Read these documents, file them safely, and let someone know where they are

Please read carefully through all the documents making up your insurance agreement to ensure this cover meets your needs. Check that your policy schedule is correct. If you're unsure about any aspect please call us.

We recommend you keep these documents in a safe place. You may need to refer to them to make a claim.

You may like to tell your lawyer, your family, or the executor of your Will where you keep these documents.

How to contact us

Contact us if you have questions, concerns, claim enquiries, or would like to make changes to your contact details or (for primary cardholders only) your insurance cover.

- > Freephone 0800 222 491 between 8:30am and 5:00pm Monday to Friday
- > Email Insure@kiwibank.co.nz
- > Kiwi Insurance Limited, Private Bag 39888, Wellington 5045

It's important to be truthful and accurate


The information you give us at any time must be correct and complete.

This includes:

- > when applying for cover
- > the period after applying but before your cover starts.

This is very important for us. We rely on this information when deciding whether we can provide cover, and the pricing and terms of your cover. Unless the law says otherwise, we may cancel or avoid the insurance agreement, or decline any claim, if you (or the joint cardholder if that's not you) either:

- > give us information that is incorrect or incomplete
- > know about but don't give us information that could have been relevant to our decision.

 **Avoiding the insurance agreement means treating the insurance agreement as invalid, as if it had never been taken out. That means we wouldn't be required to pay any claim.**

Where the insurance agreement gives us rights to cancel or avoid the insurance agreement, or decline claims, this doesn't take away from any other rights that we may also have under law. Our decision to cancel or avoid the insurance agreement or decline a claim is entirely up to us. If we do cancel the insurance agreement, then cover for all cardholders ends and we don't have to refund any premiums.

This insurance agreement is made in New Zealand

The law of New Zealand applies to this insurance agreement. You and we both accept the authority of the New Zealand courts in relation to any disputes about the insurance agreement.

Phone us to make a claim

If you wish to make a claim, please phone us on 0800 222 491 as soon as possible.


We need you to provide us with information, so we can assess your claim

We may ask you to provide us with information we reasonably need to assess your claim. This may include medical information. You must pay the cost of providing this initial information. We'll pay any extra cost if we need further medical evidence to assess your claim.

We'll need authority from you to ask others for some personal information. This information will only be what we reasonably require to assess or manage the claim.

We'll also need authority from you to disclose to other parties any information connected to your claim if we reasonably think that such disclosure is necessary or appropriate to deal with your claim. Other parties include any reinsurer, employer, doctor or hospital.

We may be delayed in assessing your claim if you don't provide the information and authorities we need as outlined above. Unless the law says otherwise, we can decline your claim if this delay adds up to six months or more.

 We've defined some of the terms used below in sections that set out the specific cover type.

To claim for Temporary Inability to Work cover or Permanent Inability to Work cover

Ask your treating doctor to complete our Initial Doctor's Report and attach it to your claim form. We don't cover the doctor's fee for completing the Initial Doctor's Report.

If you're employed

If you're employed, show us that you're working at least 15 hours a week by providing either:

- > your last two payslips before you stopped work, or
- > a letter from your employer confirming the number of hours you worked.

If you're self-employed

If you're self-employed, provide us with your previous month's income statement.

If you're a student

If you're a student, provide us with evidence that you're studying at least 15 hours a week in an approved course. We also need a medical certificate from a doctor saying you're unfit to study because of the covered injury or illness.

If you're a primary caregiver

If you're a primary caregiver, provide us with evidence that you're the primary caregiver for dependants for at least 25 hours a week. We also need a medical certificate from a doctor saying that you're unfit to deliver your primary caregiver duties.

If you're not working and unable to care for yourself

If you're not working and unable to care for yourself, provide us with evidence that you're not working, or working less than 15 hours a week. We also need a medical certificate from a doctor saying that you're unfit to care for yourself and need help from another person to perform at least two of the five activities of daily living.

The five activities of daily living are:

1. bathing and showering
2. dressing and undressing
3. eating and drinking
4. maintaining continence with a reasonable level of personal hygiene
5. getting in and out of bed, a chair or wheelchair or moving from place to place by walking, wheelchair or walking aid.

If you can perform an activity on your own by using special equipment, we won't consider you as needing help from another person to perform that activity.

To claim for Critical Illness cover

Ask your treating doctor to complete our Initial Doctor's Report and attach it to your claim form. We don't cover the doctor's fee for completing the Initial Doctor's Report.

To claim for Redundancy cover

Provide us with documentation confirming that you're registered with Work and Income New Zealand (WINZ) or at least one employment agency, and proof that you're actively seeking work.

You also need to send us:

- > your last two payslips before you stopped work
- > a letter from your previous employer confirming the number of hours you worked.

Provide your letter of redundancy, or get your previous employer to complete the Employer's Declaration section of the claim form.

Complete the Confirmation of Unemployment section of the claim form.

To claim for Bankruptcy cover

Provide us with documentation confirming that:

- > you've become bankrupt – for example, the Court-issued Summary of Affairs
- > you were self-employed – for example, your previous month's income statement.

To claim for Terminal Illness cover

Ask your treating doctor to complete our Initial Doctor's Report and attach it to your claim form. We don't cover the doctor's fee for completing the Initial Doctor's Report.

To claim for Life cover

Provide us with:

- > a certified copy of the original death certificate
- > a copy of the pathologist's or coroner's report if the death certificate doesn't show the cause of death.

It's important to be truthful and accurate

We rely on the information you give us to assess your claim.

If you make a fraudulent or dishonest claim, we may decline your claim and/or cancel or avoid the insurance agreement. The decision to do so is entirely up to us.

If we pay you for a claim that is found to be fraudulent or dishonest, we can require you to repay us the amount we've paid you for that claim.



Avoiding the insurance agreement means treating the insurance agreement as invalid, as if it had never been taken out. That means we wouldn't be required to pay any claim.

We may require you to refund any claim payments if we discover any information that you should have given us that would have caused us to not pay the claim. This is additional to our rights as set out above. This requirement only applies if you either:

- > gave us information that is incorrect or incomplete
- > knew about but didn't give us information that would have been relevant to our assessment of the claim.

Our rights above don't take away any other rights we may have under law. If we do cancel the insurance agreement, we don't have to refund any premiums.

Claim as soon as possible – ideally within six months

You should notify us of any claim as soon as possible. Ideally you should do so within six months of first becoming entitled to make the claim under the insurance agreement. If the information we need to assess your claim becomes unavailable, we may be unable to pay your claim.

We pay claims in New Zealand dollars.

What you'll pay for the insurance cover

The cost of insurance is called a premium. We provide the insurance cover in return for payment of the premium. You can find out how often you have to pay, and your premium rate, in your policy schedule.

Your premium is not fixed and will change each month based on your credit card spend

Your premium is payable each month and is charged directly to your insured credit card account. The premium is based on the debit balance outstanding on the insured credit card account on the monthly statement date.

If the insured credit card account balance is zero or is in credit on the date the monthly statement is issued, we won't charge a premium for that month.

Refer to your policy schedule for your premium rate.

If your premium remains unpaid, we can cancel the insurance agreement

If you don't pay the premium in full when it's due, and you remain behind on your premiums for two or more payment dates in a row, we can cancel the insurance agreement.

Pre-existing medical conditions

Pre-existing medical conditions aren't automatically covered under your policy, and limitations and exclusions apply to the cover.


At the start date of your insurance, you're covered for conditions you've previously suffered if, over the previous two years, you've:

- > been symptom free
- > been healthcare advice free and treatment free, and
- > not been recommended treatment.

If you have a pre-existing condition that isn't covered at the start date of your insurance, you may be covered for it later. You're covered later if, for two years in a row, you've:

- > been symptom free
- > been healthcare advice free and treatment free, and
- > not been recommended treatment.

The end of this two-year period must be sometime after the start date of your insurance.

 Pre-existing medical conditions means any injury or illness, sickness, or degenerative condition that existed or was diagnosed, or for which you should reasonably have sought advice or treatment, at or before the start date of your insurance. It includes any disability that results directly or indirectly from any pre-existing mental health condition, stress, state of anxiety, insomnia, lethargy or depression.

Example 1 – The timing of Hemi’s back pain means he is covered with no exclusion for claims because of back pain

Hemi’s last treatment for back pain was in January 2016.

Since then, he has been symptom free, treatment free and has not sought or received any healthcare advice or treatment. His policy started in July 2018. This means he is covered for back pain, and no exclusion applies if he needs to claim because of his back pain.

Hemi is covered for his pre-existing back pain from July 2018

Policy started	Jan-16	Jul-16	Jan-17	Jul-17	Jan-18	Jul-18	Jan-19
Symptoms							
Cover for pre-existing condition	X	X	X	X	X	✓	✓

Example 2 – The timing of Sally’s back pain means her exclusion is removed and she is now covered for claims because of back pain

Sally last had symptoms of back pain in January 2017.

As her policy started in July 2018 this means she is initially excluded from cover for claims because of back pain.

It’s now February 2019. In the last two years she’s been symptom free, treatment free and hasn’t sought or received any healthcare advice or treatment for her back condition.

This means the exclusion for her back pain is removed and she would be covered for any future claim because of her back pain, as this is more than two years in a row since her last symptom.

Sally is covered for her pre-existing back pain from February 2019

Policy started	Jan-17	Jul-17	Jan-18	Jul-18	Feb-19	Jul-19	Jan-20
Symptoms							
Cover for pre-existing condition	X	X	X	X	✓	✓	✓

Example 3 – The timing of Timothy’s back pain means he is not covered

Timothy was being treated for back pain when he applied for Credit Card Repayment Insurance in January 2018.

He has had further back pain between February and October 2019. This means he would not be able to claim because of back pain as the exclusion applies.

He’s been symptom and treatment free from November 2019 to July 2020, but he’s had back pain symptoms again from August 2020.

This means the exclusion for his back pain is still in place. The exclusion stays because he hasn’t had two years in a row of being symptom and treatment free.

The exclusion could only be removed once Timothy has been symptom free, treatment free and hasn’t sought or received any healthcare advice or treatment for his back pain for two years in a row.

Timothy is not covered for his pre-existing back pain

Policy started	Jan-18	Jul-18	Feb-19	Oct-19	Nov-19	Jul-20	Aug-20
Symptoms							
Cover for pre-existing condition	X	X	X	X	X	X	X

Temporary Inability to Work cover

How Temporary Inability to Work cover helps you

We'll pay this cover if:

- > you're temporarily prevented from working by an illness or accidental injury for more than 30 days in a row and
- > the illness or injury happens at least 14 days after the start date of your insurance.

You're eligible for this cover until you reach the age of 65 – the age this cover ends.

- ➔ Start date of your insurance means the date we accepted the cardholder for cover under the policy.
- ➔ Temporary inability to work means that an illness or accidental injury entirely prevents you from working in any job for which you're reasonably suited, for 30 or more days in a row.
- ➔ Work means that you're in paid employment, are a fixed-term contractor, or are self-employed. This cover also extends to where you're studying in an approved course, or are a primary caregiver for dependants.
- ➔ Reasonably suited means any type of work that we consider you could reasonably be expected to do, based on your education, training and previous work experience.
- ➔ Injury means any injury to your body caused by accidental, external and visible means, occurring after your insurance start date. Illness means any sickness or disease that you suffer which first occurs at least 14 days after the start date of your insurance.

If you're working

This cover applies to you if, for at least 15 hours a week, you're working in a paid employment role, you're a fixed-term contractor, or you're self-employed.

- ➡ Paid employment means you're working in New Zealand for a single employer. The employer must not be you or any of your immediate family. The employer also must not be a company or limited partnership that is controlled directly or indirectly by you or any of your immediate family.
- ➡ Fixed-term contractor means you're working under a contract for a minimum of one month in New Zealand, for a single employer. The employer must not be you or any of your immediate family. The employer also must not be a company or limited partnership that is controlled directly or indirectly by you or any of your immediate family.
- ➡ Self-employed and self-employment means you're employed in New Zealand for remuneration by a company or limited partnership controlled directly or indirectly by you or your immediate family. Or it means you work for yourself as a self-employed contractor, sole trader, partner in a partnership or other capacity.
- ➡ Immediate family means your child, parent, partner, sibling, grandparent, grandchild, and partner's parent, including all biological children or adoptive parents and siblings. Step-parents and step-siblings are considered to be part of the immediate family, unless they have not lived as part of the immediate family unit for at least one year since the step-relationship began.

If you're studying

This cover applies to you if you're studying at least 15 hours a week in an approved course, as we define below.

- ➡ Studying in an approved course means you study for at least one year at a New Zealand university, polytechnic or industry training organisation approved by the Tertiary Education Commission for Student Allowances and Student Loans and recognised by either:
 - > New Zealand Qualifications Authority (NZQA)
 - > New Zealand Vice-Chancellors' Committee (Universities New Zealand).

If you're a primary caregiver

This cover applies to you if you're the primary caregiver for dependants at least 25 hours a week, as we define below.

- ➡ Primary caregiver for dependants means that you provide the main care and support in New Zealand to either:
 - > your biological, step or legally adopted children, aged from birth to 18 years (inclusive)
 - > an older child or immediate family member with special needs or an illness.

If you're not working and unable to care for yourself

This cover applies to you if you're not working, or working less than 15 hours a week. You're covered if you're prevented temporarily from caring for yourself in New Zealand for 30 days or more in a row, and need help from another person to perform at least two of the five activities of daily living.

The five activities of daily living are:


1. bathing and showering
2. dressing and undressing
3. eating and drinking
4. maintaining continence with a reasonable level of personal hygiene
5. getting in and out of bed, a chair or wheelchair or moving from place to place by walking, wheelchair or walking aid.


If you can perform an activity on your own by using special equipment, we won't consider you as needing help from another person to perform that activity.

What we'll pay

If we accept your claim for Temporary Inability to Work cover, while you continue to suffer from an illness or accidental injury, we'll pay:

- > 15% of the outstanding balance of your insured credit card account on the date of your temporary inability to work
- > monthly for up to 24 months (including fees and interest) up to a maximum of \$50,000 for each cardholder in total for this cover
- > the same amount each month until the payments end.

 Date of your temporary inability to work means the day you first became diagnosed by a medical specialist approved by us.

 Medical specialist means a qualified medical practitioner who is vocationally registered in a relevant specialty and approved by us. This cannot be you or the person insured, or an immediate family member or business partner of you or the person insured.

What the payment will not cover

We won't cover further spending on your insured credit card account. If you spend with your credit card after the date you were diagnosed as temporarily unable to work, we won't cover:

- > that increase in balance and resulting repayments
- > any resulting fees, interest, or other amounts.

When we'll stop monthly payments

We'll stop paying the monthly amount if:

- > you no longer suffer from the temporary inability to work, or
- > you refuse to follow the recommendations of a medical specialist for any medical or surgical treatment, or suitable rehabilitation programme, or
- > you travel or reside overseas for more than six months without prior written approval from us, or
- > we've paid 24 months' worth of payments for your temporary inability to work claim for the same condition or a related condition, or
- > the cover ends, as set out below under 'When Temporary Inability to Work cover ends'.

When Temporary Inability to Work cover ends

Cover will end on the date when any of the following things happen.

- > We or the primary cardholder cancel the insurance agreement.
- > You reach the age of 65.
- > We've paid up to a maximum of \$50,000 for each cardholder in total for your temporary inability to work claims.
- > We pay you a claim for Terminal Illness or Life cover.
- > Kiwibank blocks the credit card account because you fail to pay the amounts owing on the account when due. You'll still be able to claim for events that happened before the account was blocked.
- > You or Kiwibank closes the credit card account. You'll still be able to claim for events that happened before the account was closed. (Your cover won't end where your card type is no longer provided by Kiwibank, and as a result you are transferred by Kiwibank from one insured credit card type to another insured credit card type).

You're not covered in the first 14 days

You're not covered in the first 14 days after the start date of your insurance. We call this the stand-down period. This means you're not covered for an illness or its symptoms if the first sign, symptom or diagnosis occurs before the end of the stand-down period.



Start date of your insurance means the date we accepted the cardholder for cover under the policy.



For the purposes of the stand-down period, a sign or symptom means any sign or symptom of the relevant illness that would lead you to seek medical advice.

Once the stand-down period has passed, you can claim for Temporary Inability to Work cover for an illness or accidental injury that has resulted in you being unable to work for 30 days or more in a row. This 30-day period is a wait period.

You're not covered for this 30-day wait period

12 April

Date unable to work due to illness or accidental injury (after stand-down period)

Outstanding balance \$1000

12 May

12 June

First payment made in arrears for the period 12 May to 11 June

\$150

12 July

Second payment made in arrears for the period 12 June to 11 July

\$150

You're not covered in some circumstances

You're not covered in these circumstances.

- > Your temporary inability to work results directly or indirectly from intentional self-harm within 13 months of the start date of your insurance.
- > We've paid a temporary ability to work claim for 24 months for the same condition or a related condition.
- > The event that led to the claim is caused directly or indirectly by you taking part in criminal activity.



Criminal activity means conduct that results in a conviction for an offence, where the maximum punishment is a prison sentence or a sentence of home detention.

You may not be covered for pre-existing conditions

Pre-existing medical conditions aren't automatically covered under your policy, and limitations and exclusions apply to the cover.

At the start date of your insurance, you're covered for conditions you've previously suffered if, over the previous two years, you've:

- > been symptom free
- > been healthcare advice free and treatment free, and
- > not been recommended treatment.

If you have a pre-existing condition that isn't covered at the start date of your insurance, you may be covered for it later. You're covered later if, for two years in a row, you've:

- > been symptom free
- > been healthcare advice free and treatment free, and
- > not been recommended treatment.

The end of this two-year period must be sometime after the start date of your insurance.

Further claims for the same accidental injury or illness

You may claim more than once for the same accidental injury or illness that led you to suffer from a temporary inability to work. However, the amount payable for single or multiple claims arising from the same accidental injury or illness will be limited to either:

- > 24 monthly payments, or
- > a maximum of \$50,000 in total for each cardholder of your temporary inability to work claims.

If both insured cardholders suffer from a temporary inability to work as a result of the same accident, both may claim. The total amount we will pay will be limited to \$50,000 for each cardholder for that claim.

Permanent Inability to Work cover

How Permanent Inability to Work cover helps you

We'll pay this cover if:

- > you're permanently prevented from working by an illness or accidental injury which continues for at least six months in a row, and
- > the illness or injury happens at least 14 days after the start date of your insurance.

You're eligible for this cover until you reach the age of 65 – the age this cover ends.

- ➡ Start date of your insurance means the date we accepted the cardholder for cover under the policy.
- ➡ Permanent inability to work means that an illness or accidental injury makes you completely unable to work in any job for which you're reasonably suited. You must have been unable to work for six months in a row, and in all probability, will never be able to work again.
- ➡ Work means that you're in paid employment or are a fixed-term contractor, or are self-employed. For this cover it also extends to where you're studying in an approved course, or are a primary caregiver for dependants.
- ➡ Reasonably suited means any type of work that we consider you could reasonably be expected to do, based on your education, training and previous work experience.
- ➡ Injury means any injury to your body caused by accidental, external and visible means, occurring after the start date of your insurance. Illness means any sickness or disease that you suffer which first occurs at least 14 days after the start date of your insurance.

If you're working

This cover applies to you if for at least 15 hours a week you're working in a paid employment role, you're a fixed-term contractor, or you're self-employed.

- ➡ Paid employment means you're working in New Zealand for a single employer. The employer must not be you or any of your immediate family. The employer also must not be a company or limited partnership that is controlled directly or indirectly by you or any of your immediate family.
- ➡ Fixed-term contractor means you're working under a contract for a minimum of one month in New Zealand for a single employer. The employer must not be you or any of your immediate family. The employer also must not be a company or limited partnership that is controlled directly or indirectly by you or any of your immediate family.

- ➡ Self-employed and self-employment means you're employed in New Zealand for remuneration by a company or limited partnership controlled directly or indirectly by you or your immediate family. Or it means you work for yourself as a self-employed contractor, sole trader, partner in a partnership or other capacity.
- ➡ Immediate family means your child, parent, partner, sibling, grandparent, grandchild, and partner's parent, including all biological children or adoptive parents and siblings. Step-parents and step-siblings are considered to be part of the immediate family, unless they have not lived as part of the immediate family unit for at least one year since the step-relationship began.

If you're studying

This cover applies to you if you're studying at least 15 hours a week in an approved course, as we define below.

- ➡ Studying in an approved course means you study for at least one year at a New Zealand university, polytechnic or industry training organisation approved by the Tertiary Education Commission for Student Allowances and Student Loans and recognised by either:
 - > New Zealand Qualifications Authority (NZQA)
 - > New Zealand Vice-Chancellors' Committee (Universities New Zealand).

If you're a primary caregiver

This cover applies to you if you're the primary caregiver for dependants at least 25 hours a week, as we define below.

- ➡ Primary caregiver for dependants means that you provide the main care and support in New Zealand to either:
 - > your biological, step or legally adopted children, aged from birth to 18 years (inclusive)
 - > an older child or immediate family member with special needs or an illness.

If you're not working and unable to care for yourself

This cover applies to you if you're not working, or working less than 15 hours a week. You're covered if you're prevented from caring for yourself in New Zealand for six months in a row, and are likely to permanently need help from another person to perform at least two of the five activities of daily living.

The five activities of daily living are:


1. bathing and showering
2. dressing and undressing
3. eating and drinking
4. maintaining continence with a reasonable level of personal hygiene
5. getting in and out of bed, a chair or wheelchair or moving from place to place by walking, wheelchair or walking aid.


If you can perform an activity on your own by using special equipment, we won't consider you as needing help from another person to perform that activity.

What we'll pay

If we accept your claim for Permanent Inability to Work cover, we'll pay:

- > double the outstanding balance of your insured credit card account (including fees and interest) on the date of your permanent inability to work
- > up to a maximum of \$50,000 for each cardholder in total for this cover.

 Date of your permanent inability to work means the day you first became diagnosed by a medical specialist approved by us.

 Medical specialist means a qualified medical practitioner who is vocationally registered in a relevant specialty and approved by us. This cannot be you or the person insured, or an immediate family member or business partner of you or the person insured.

What the payment will not cover

We won't cover further spending on your insured credit card account. If you spend with your credit card after the date you were diagnosed as permanently unable to work, we won't cover:

- > that increase in balance and resulting repayments
- > any resulting fees, interest, or other amounts.

If a medical specialist advises, and we agree, that the condition that led to your permanent inability to work is the same condition or a related condition to a prior temporary inability to work claim, we can take off any amount we've already paid you from your temporary inability to work claim from your permanent inability to work claim.

After a permanent inability to work claim is paid

After a permanent inability to work claim is paid you'll be covered again under the policy (but not for the same condition or a related condition).

If both insured cardholders suffer from a permanent inability to work as a result of the same accident, both can claim.

We will limit the amount we'll pay on claims for Permanent Inability to Work cover up to a maximum of \$50,000 for each cardholder in total. This includes the amount previously paid for any earlier claim.

Example – Pete's claim for bowel cancer and cover afterwards

Pete's policy was taken out in January 2015.

He began suffering symptoms in April 2018 and soon after was diagnosed with bowel cancer. Pete was paid out under the Critical Illness cover. Cover under his policy continues, but Pete cannot make any future claim for Permanent Inability to Work, Critical Illness, Terminal illness or Life cover, for the same condition or a related condition under the policy.

Unfortunately, more than two years later Pete is diagnosed with liver cancer. Pete would be unable to claim as the claim is deemed to be related to his prior condition.

When Permanent Inability to Work cover ends

Cover will end on the date when any of the following things happen.

- > We or the primary cardholder cancel the insurance agreement.
- > You reach the age of 65.
- > We've paid a maximum of \$50,000 for each cardholder in total for your permanent inability to work claim.
- > We pay you a claim for Terminal Illness cover or Life cover.
- > Kiwibank blocks the credit card account because you fail to pay the amounts owing on the account when due. You'll still be able to claim for events that happened before the account was blocked.
- > You or Kiwibank closes the credit card account. You'll still be able to claim for events that happened before the account was closed. (Your cover won't end where your card type is no longer provided by Kiwibank, and as a result you are transferred by Kiwibank from one insured credit card type to another insured credit card type).

You're not covered in the first 14 days

You're not covered in the first 14 days from the start date of your insurance. We call this the stand-down period. This means you're not covered for an illness or its symptoms if the first sign, symptom or diagnosis occurs before the end of the stand-down period.

- ➡ Start date of your insurance means the date we accepted the cardholder for cover under the policy.
- ➡ For the purposes of the stand-down period, a sign or symptom means any sign or symptom of the relevant illness that would lead a reasonable person to seek medical advice.

Once the stand-down period has passed, you can claim for Permanent Inability to Work cover if you suffer a permanent inability to work that has resulted in you being unable to work for at least six months in a row. This six-month period is a wait period.

You're not covered under some circumstances

You're not covered in these circumstances.

- > Your permanent inability to work results directly or indirectly from intentional self-harm within 13 months of the start date of your insurance.
- > We've paid a permanent inability to work, critical illness or terminal illness claim for the same condition or a related condition.
- > The event that led to the claim is caused directly or indirectly by you taking part in criminal activity.

- ➡ Criminal activity means conduct that results in a conviction for an offence, where the maximum punishment is a prison sentence or a sentence of home detention.

You may not be covered for pre-existing conditions

Pre-existing medical conditions aren't automatically covered under your policy, and limitations and exclusions apply to the cover.

At the start date of your insurance, you're covered for conditions you've previously suffered if, over the previous two years, you've:

- > been symptom free
- > been healthcare advice free and treatment free, and
- > not been recommended treatment.

If you have a pre-existing condition that isn't covered at the start date of your insurance, you may be covered for it later. You're covered later if, for two years in a row, you've:

- > been symptom free
- > been healthcare advice free and treatment free, and
- > not been recommended treatment.

The end of this two-year period must be sometime after the start date of your insurance.

Critical Illness cover


How Critical Illness cover helps you

We'll pay this cover if:

- > you're diagnosed with a critical illness, and
- > you receive the diagnosis at least 90 days after the start date of your insurance.


You're eligible for this cover until you reach the age of 65 – the age this cover ends.

- ➡ Start date of your insurance means the date we accepted the cardholder for cover under the policy.
- ➡ Critical Illness means the first ever diagnosis of an insured for cancer, or coronary artery by-pass grafts, or moderate heart attack, or stroke, as defined in this section of the policy.
- ➡ Cancer means any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin). For the above definition, the following are not covered:
 - > all skin cancers that are histologically classified as any of the following:
 - pre-malignant
 - non-invasive
 - cancer in situ
 - having borderline malignancy
 - having low malignant potential
 - > all tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO
 - > chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A
 - > any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of the skin).
- ➡ Coronary artery by-pass grafts means the undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

-  Moderate Heart Attack means death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The basis for diagnosis must be supported by evidence of any of the following clinical features being present and consistent with myocardial infarction (and not due to elective medical intervention):
- > new electrocardiographic (ECG) changes, or
 - > rise and/or fall of Troponin I or Troponin T, with at least one value of Troponin I between 500ng/L and 2000.0ng/L or Troponin T between 25ng/L and 600ng/L
- If the above tests are inconclusive, we may, at our reasonable discretion, consider any other appropriate medical evidence in support of a diagnosis. Myocardial infarctions arising from elective percutaneous procedures are excluded.

If the above tests are inconclusive, we may, at our reasonable discretion, consider any other appropriate medical evidence in support of a diagnosis.



Myocardial infarctions arising from elective percutaneous procedures are excluded.

-  Stroke (resulting in permanent symptoms) means death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms. Evidence of a permanent neurological deficit must be produced and confirmed by a consultant neurologist. For the above definition the following are not covered:
- > transient ischaemic attacks
 - > cerebral events due to reversible neurological deficits
 - > migraine, hypoxia or traumatic injury to brain tissue or blood vessel
 - > vascular disease affecting the eye, optic nerve or vestibular functions.

What we'll pay

If we accept your claim for Critical Illness cover, we'll pay:

- > the outstanding balance of your insured credit card account on the date of your critical illness diagnosis, including fees and interest
- > up to a maximum of \$30,000 for each cardholder in total for this cover.

-  Date of your critical illness means the day you first became diagnosed by a medical specialist approved by us.
-  Medical specialist means a qualified medical practitioner who is vocationally registered in a relevant specialty and approved by us. This cannot be you or the person insured, or an immediate family member or business partner of you or the person insured.

What the payment will not cover

We won't cover further spending on your insured credit card account.

If you spend with your credit card after the date you were diagnosed as critically ill, we won't cover:

- > that increase in balance and resulting repayments
- > any resulting fees, interest, or other amounts.

If a medical specialist advises, and we agree, that the condition that led to your critical illness is the same condition or a related condition to a prior temporary inability to work claim, we can take off any amount we've already paid you from your temporary inability to work claim from your critical illness claim.

After a critical illness claim is paid

After a critical illness claim is paid you'll be covered again under the policy (but not for the same condition or a related condition).

If both insured cardholders suffer from a critical illness at the same time or as a result of the same event or circumstances, both may claim.

We will limit the amount we'll pay on claims for Critical Illness cover up to a maximum of \$30,000 for each cardholder in total. This includes the amount previously paid for any earlier claim.

Example – Moana's claim for breast cancer and cover afterwards

Moana's policy was taken out in January 2016.

She discovered a lump in her breast in March 2018 and was diagnosed with breast cancer. As Moana's breast cancer met our definition for Critical Illness, she was paid out under the Critical Illness cover. Cover under her policy continues, but Moana cannot make any future claim for Permanent Inability to Work, Critical Illness, Terminal illness or Life cover for the same condition or a related condition under the policy.

Unfortunately, less than two years later Moana was in a car accident that left her unable to work again. Moana is paid out under the Permanent Inability to Work cover as this claim is unrelated to her previous cancer claim for Critical Illness cover.

When Critical Illness cover ends

Cover will end on the date when any of the following things happen.

- > We or the primary cardholder cancel the insurance agreement.
- > You reach the age of 65.
- > We've paid up to a maximum of \$30,000 for each cardholder in total for your critical illness claim.
- > We pay you a claim for Terminal Illness cover or Life cover.
- > Kiwibank blocks the credit card account because you fail to pay the amounts owing on the account when due. You'll still be able to claim for events that happened before the account was blocked.
- > You or Kiwibank closes the credit card account. You'll still be able to claim for events that happened before the account was closed. (Your cover won't end where your card type is no longer provided by Kiwibank, and as a result you are transferred by Kiwibank from one insured credit card type to another insured credit card type).

You're not covered in the first 90 days

You're not covered in the 90 days from the start date of your insurance. We call this the stand-down period. This means you're not covered for a critical illness or its symptoms if the first sign, symptom or diagnosis occurs before the end of the stand-down period

- ➡ Start date of your insurance means the date we accepted the cardholder for cover under the policy.
- ➡ For the purposes of the stand-down period, a sign or symptom means any sign or symptom of the relevant illness that would lead a reasonable person to seek medical advice.

Once the stand-down period has passed, you can claim for Critical Illness cover.

You're not covered in some circumstances

You're not covered in these circumstances.

- > Your critical illness results directly or indirectly from intentional self-harm within 13 months of the start date of your insurance.
- > We've paid a critical illness, permanent inability to work or terminal illness claim for the same condition or a related condition.
- > The event that led to the claim is caused directly or indirectly by you taking part in criminal activity.

- ➡ Criminal activity means conduct that results in a conviction for an offence, where the maximum punishment is a prison sentence or a sentence of home detention.

You may not be covered for pre-existing conditions

Pre-existing medical conditions aren't automatically covered under your policy, and limitations and exclusions apply to the cover.

At the start date of your insurance, you're covered for conditions you've previously suffered if, over the previous two years, you've:

- > been symptom free
- > been healthcare advice free and treatment free, and
- > not been recommended treatment.

If you have a pre-existing condition that isn't covered at the start date of your insurance, you may be covered for it later. You're covered later if, for two years in a row, you've:

- > been symptom free
- > been healthcare advice free and treatment free, and
- > not been recommended treatment.

The end of this two-year period must be sometime after the start date of your insurance.

Redundancy cover

How Redundancy cover helps you

We'll pay this cover if:

- > you're made redundant from paid employment or from a fixed-term contract in which you worked at least 15 hours a week
- > your employer first advises you of the redundancy at least 90 days after the start date of your insurance, and
- > your unemployment continues for at least 30 days in a row.

You're eligible for this cover until you reach the age of 65 – the age this cover ends.

➡ Start date of your insurance means the date we accepted the cardholder for cover under the policy.

➡ Redundancy or redundant means you lose paid employment because your role is made redundant by your employer. The redundancy occurs on the date your employment ends. It's not a redundancy if you lose employment due to incapability, or because you resign, or because you're dismissed.

To qualify as redundant, immediately before your employment ended, you must have been either:


- > in continuous paid employment for the previous six months
- > on unpaid leave from paid employment for less than 12 months.

➡ Paid employment means you're working in New Zealand for a single employer. The employer must not be you or any of your immediate family. The employer also must not be a company or limited partnership that is controlled directly or indirectly by you or any of your immediate family.

➡ Fixed-term contractor means you're working under a contract for a minimum of one month in New Zealand, for a single employer. The employer must not be you or any of your immediate family. The employer also must not be a company or limited partnership that is controlled directly or indirectly by you or any of your immediate family.

➡ Immediate family means your child, parent, partner, sibling, grandparent, grandchild, and partner's parent, including all biological children or adoptive parents and siblings. Step-parents and step-siblings are considered to be part of the immediate family, unless they have not lived as part of the immediate family unit for at least one year since the step-relationship began.


If you're claiming under Redundancy cover, you have a responsibility to continue looking for employment. This includes being registered with at least one employment agency and actively seeking paid employment during the period we are making claim payments. We may ask for evidence that you're doing so. We have the right to decline your redundancy claim or limit payments if you refuse any offer of employment for which you're reasonably suited.

 Reasonably suited means any type of work that we consider you could reasonably be expected to do, based on your education, training and previous work experience.

What we'll pay

If we accept your claim for Redundancy cover, while you remain unemployed, we'll pay:

- > 15% of the outstanding balance of your insured credit card account (including fees and interest) on the date your employer first advises you of your redundancy
- > for up to seven months if you were a permanent employee
- > for up to seven months or until the date on which your contract was due to end — whichever is the earliest as detailed below – if you were a fixed-term contractor
- > up to a maximum of \$30,000 for each cardholder in total for this cover
- > the same amount each month until the payments end.

 Date of your redundancy means the effective date you became unemployed, where this subsequently gives rise to a claim for redundancy.

What the payment will not cover

We won't cover further spending on your insured credit card account. If you spend with your credit card after the date your employer first advises you of your redundancy, we won't cover:

- > that increase in balance and resulting repayments
- > any resulting fees, interest, or other amounts.

When we'll stop monthly payments

We'll stop paying the monthly amount if:

- > you return to any paid employment, or
- > you engage in any activity that prevents you from working or actively seeking work, or
- > you fail to provide evidence that you are actively seeking paid employment, or
- > you turn down work that you're reasonably suited for, or
- > we've paid up to when your fixed-term contract ends, if you're a fixed-term contractor, or
- > we've paid seven months' worth of payments for your redundancy claim, or
- > the cover ends, as set out below under 'When Redundancy cover ends'.


When Redundancy cover ends

Cover will end on the date when any of the following things happen.

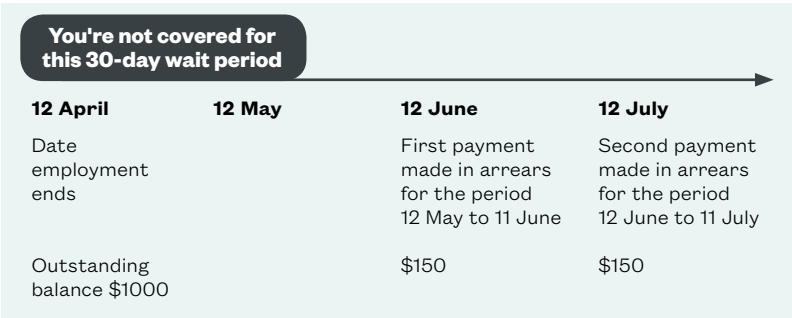
- > We or the primary cardholder cancel the insurance agreement.
- > You reach the age of 65.
- > We've paid up to a maximum of \$30,000 for each cardholder in total for your redundancy claims.
- > We pay you a claim for Terminal Illness cover or Life cover.
- > Kiwibank blocks the credit card account because you fail to pay the amounts owing on the account when due. You'll still be able to claim for events that happened before the account was blocked.
- > You or Kiwibank closes the credit card account. You'll still be able to claim for events that happened before the account was closed. (Your cover won't end where your card type is no longer provided by Kiwibank, and as a result you are transferred by Kiwibank from one insured credit card type to another insured credit card type).

You're not covered in the first 90 days

You're not covered for a redundancy that occurs before or during the 90 days from the start date of your insurance. We call this the stand-down period. Also, you're not covered where you knew or could reasonably have been expected to know about the redundancy or likelihood of redundancy at any time before or during this period.

 Start date of your insurance means the date we accepted the cardholder for cover under the policy.

Once the stand-down period has passed, you can claim for Redundancy cover when your unemployment continues for at least 30 days or more in a row. This 30-day period is a wait period.





You're not covered in some circumstances

We can decline your redundancy claim or limit the payments if you refuse any offer of employment for which you're reasonably suited.

You're not covered from the start date of your insurance in any of these circumstances.

- > You've taken voluntary redundancy or voluntarily resigned.
- > The redundancy resulted from a strike or labour dispute involving you or your employer.
- > You're self-employed.
- > We're paying you a claim for a condition covered by Temporary Inability to Work cover.
- > The event that led to the claim was caused directly or indirectly by you taking part in criminal activity.

-  Reasonably suited means any type of work that we consider you could reasonably be expected to do, based on your education, training and previous work experience.
-  Criminal activity means conduct that results in a conviction for an offence, where the maximum punishment is a prison sentence or a sentence of home detention.

Further claims for redundancy

You may claim more than once under the Redundancy cover. However, you must have returned to paid employment, or become a fixed-term contractor, for at least six months following your previous redundancy.

We will pay no more than \$30,000 for each cardholder in total payments, for all cardholders, and for all redundancies combined.

Bankruptcy cover

How Bankruptcy cover helps you

We'll pay this cover if:

- > you're self-employed and declared bankrupt, and
- > the bankruptcy is declared at least six months after the start date of your insurance.

You're eligible for this cover until you reach the age of 65 – the age this cover ends.

- ➡ Start date of your insurance means the date we accepted the cardholder for cover under the policy.
- ➡ Self-employed and self-employment means you're employed in New Zealand for remuneration for at least 15 hours a week by a company or limited partnership controlled directly or indirectly by you or your immediate family. Or it means you work for yourself for at least 15 hours a week as a self-employed contractor, sole trader, partner in a partnership or other capacity.
- ➡ Bankruptcy and bankrupt mean:
 - > where your business is a company or a limited partnership, your creditors initiate an involuntary court order to liquidate, dissolve, or wind it up (except for reconstruction or amalgamation, or if the company or limited partnership is solvent)
 - > where your business is not a company or limited partnership, your creditors initiate an involuntary court order adjudging you bankrupt.

What we'll pay

If we accept your claim for Bankruptcy cover, we'll pay:

- > the outstanding balance of your insured credit card account (including fees and interest) on the date you received notification or announcement by your creditors that bankruptcy proceedings were to be started
- > up to a maximum of \$30,000 for each cardholder in total for this cover.

- ➡ Date of your bankruptcy means the date that you are formally declared bankrupt under New Zealand law.

What the payment will not cover

We won't cover further spending on your insured credit card account. If you spend with your credit card after the date you were notified that bankruptcy proceedings were to be started, we won't cover:

- > that increase in balance and resulting repayments
- > any resulting fees, interest, or other amounts.


When Bankruptcy cover ends

Cover will end on the date when any of the following things happen.

- > We or the primary cardholder cancel the insurance agreement.
- > You reach the age of 65.
- > We've paid up to a maximum of \$30,000 for each cardholder in total for your bankruptcy claim.
- > We pay you a claim for Terminal Illness cover or Life cover.
- > Kiwibank blocks the credit card account because you fail to pay the amounts owing on the account when due. You'll still be able to claim for events that occurred before the account was blocked.
- > You or Kiwibank closes the credit card account. You'll still be able to claim for events that happened before the account was closed. (Your cover won't end where your card type is no longer provided by Kiwibank, and as a result you are transferred by Kiwibank from one insured credit card type to another insured credit card type).

You're not covered in the first six months


You're not covered in the first six months from the start date of your insurance. We call this the stand-down period.

 Start date of your insurance means the date we accepted the cardholder for cover under the policy.

You're not covered in some circumstances

You're not covered in these circumstances.

- > You're in paid employment.
- > The event that led to the claim is directly or indirectly caused by you taking part in criminal activity.

 Criminal activity means conduct that results in a conviction for an offence, where the maximum punishment is a prison sentence or a sentence of home detention.

Terminal Illness cover

How Terminal Illness cover helps you

We'll pay this cover if:

- > you're diagnosed as terminally ill, and
- > you receive your diagnosis after the start date of your insurance.

You're eligible for this cover until you reach the age of 75 – the age this cover ends.

- ➡ Start date of your insurance means the date we accepted the cardholder for cover under the policy.
- ➡ Terminal illness and terminally ill means you're diagnosed with an illness or injury that's expected to lead to death within 12 months, even with the best medical or surgical treatment available in New Zealand. A medical specialist must confirm this prognosis. The 12 months is measured from the time of that confirmation.

What we'll pay

If we accept your claim for Terminal Illness cover, we'll pay:

- > the outstanding balance of your insured credit card account (including fees and interest) on the date of your terminal illness diagnosis and \$1000
- > up to a maximum of \$50,000 for each cardholder in total for this cover.

- ➡ Date of your terminal illness means the day you first became diagnosed by a medical specialist approved by us.
- ➡ Medical specialist means a qualified medical practitioner who is vocationally registered in a relevant specialty and approved by us. This cannot be you or the person insured, or an immediate family member or business partner of you or the person insured.

What the payment will not cover

We won't cover further spending on your insured credit card account. If you spend with your credit card after the date you were diagnosed, we won't cover:

- > that increase in balance and resulting repayments
- > any resulting fees, interest, or other amounts.

All cover under the policy will end after a terminal illness claim

All cover under the policy will end for that cardholder when we've paid your terminal illness claim and no further cover will be paid. This includes any other ongoing claims that started before the date of your terminal illness.

If both insured cardholders suffer from a terminal illness at the same time or as a result of the same event or circumstances, both can claim.

We will limit the amount we'll pay on claims for Terminal Illness cover up to a maximum of \$50,000 for each cardholder in total.

When Terminal Illness cover ends

Cover will end on the date when any of the following things happen.

- > We or the primary cardholder cancel the insurance agreement.
- > You reach the age of 75.
- > We pay you a claim for Terminal Illness cover or Life cover.
- > We've paid up to a maximum of \$50,000 for each cardholder in total for your terminal illness claim.
- > Kiwibank blocks the credit card account because you fail to pay the amounts owing on the account when due. You'll still be able to claim for events that happened before the account was blocked.
- > You or Kiwibank closes the credit card account. You'll still be able to claim for events that happened before the account was closed. (Your cover won't end where your card type is no longer provided by Kiwibank, and as a result you are transferred by Kiwibank from one insured credit card type to another insured credit card type).

You're not covered in some circumstances

You're not covered in these circumstances.

- > Your terminal illness results directly or indirectly from intentional self-harm within 13 months of the start date of your insurance.
- > We've paid a permanent inability to work or critical illness claim for the same condition or a related condition.
- > The event that led to the claim was caused directly or indirectly by you taking part in criminal activity.

➡ Start date of your insurance means the date we accepted the cardholder for cover under the policy.

➡ Criminal activity means conduct that results in a conviction for an offence, where the maximum punishment is a prison sentence or a sentence of home detention.

You may not be covered for pre-existing conditions

Pre-existing medical conditions aren't automatically covered under your policy, and limitations and exclusions apply to the cover.

At the start date of your insurance, you're covered for conditions you've previously suffered if, over the previous two years, you've:

- > been symptom free
- > been healthcare advice free and treatment free, and
- > not been recommended treatment.

If you have a pre-existing condition that isn't covered at the start date of your insurance, you may be covered for it later. You're covered later if, for two years in a row, you've:

- > been symptom free
- > been healthcare advice free and treatment free, and
- > not been recommended treatment.

The end of this two-year period must be sometime after the start date of your insurance.


Life cover

How Life cover helps you

We'll pay this cover if:

- > you die after the start date of your insurance.

You're eligible for this cover until you reach the age of 75 – the age this cover ends.

 **Start date of your insurance means the date we accepted the cardholder for cover under the policy.**

What we'll pay

If we accept a claim for Life cover, we'll pay:

- > the outstanding balance of your insured credit card account (including fees and interest) on the date of your death and \$1000
- > up to a maximum of \$50,000 for each cardholder in total for this cover.

What the payment will not cover

We won't cover further spending on your insured credit card account. If spending on your credit card occurs after your death, we won't cover:

- > that increase in balance and resulting repayments
- > any resulting fees, interest, or other amounts.

All cover under the policy will end after a life claim

All cover under the policy will end for that cardholder when we've paid your life claim and no further cover will be paid. This includes any other ongoing claims that started before the date of your death.

If both cardholders die at the same time or as a result of the same event or circumstances, both can claim.

We will limit the amount we'll pay on claims for Life cover up to a maximum of \$50,000 for each cardholder in total.

When Life cover ends

Cover will end on the date when any of the following things happen.

- > We or the primary cardholder cancel the insurance agreement.
- > You reach the age of 75.
- > We've paid up to a maximum of \$50,000 for each cardholder in total for your life claim.
- > We pay you a claim for Terminal Illness cover or Life cover.
- > Kiwibank blocks the credit card account because you fail to pay the amounts owing on the account when due. You'll still be able to claim for events that happened before the account was blocked.
- > You or Kiwibank closes the credit card account. You'll still be able to claim for events that happened before the account was closed. (Your cover won't end where your card type is no longer provided by Kiwibank, and as a result you are transferred by Kiwibank from one insured credit card type to another insured credit card type).

You're not covered in some circumstances

You're not covered in these circumstances.

- > Your death results directly or indirectly from intentional self-harm within 13 months of the start date of your insurance.
- > We've paid a permanent inability to work, critical illness or terminal illness claim for the same condition or a related condition.
- > The event that led to the claim was caused directly or indirectly by you taking part in criminal activity.

- ➡ Start date of your insurance means the date we accepted the cardholder for cover under the policy.
- ➡ Criminal activity means conduct that results in a conviction for an offence, where the maximum punishment is a prison sentence or a sentence of home detention.

You may not be covered for pre-existing conditions

Pre-existing medical conditions aren't automatically covered under your policy, and limitations and exclusions apply to the cover.

At the start date of your insurance, you're covered for conditions you've previously suffered if, over the previous two years, you've:

- > been symptom free
- > been healthcare advice free and treatment free, and
- > not been recommended treatment.

If you have a pre-existing condition that isn't covered at the start date of your insurance, you may be covered for it later. You're covered later if, for two years in a row, you've:

- > been symptom free
- > been healthcare advice free and treatment free, and
- > not been recommended treatment.

The end of this two-year period must be sometime after the start date of your insurance.

Making changes to the insurance agreement

The insurance agreement is between the policy owner and Kiwi Insurance Limited.

We can change the insurance premiums

We may change the premium rates, the circumstances when different premium rates apply, and the method of calculating the premiums.

We'll give you at least 60 days' notice of the changes and the date that they'll apply from, except if the law requires that a change is made in less than 60 days.

Any special terms mentioned in your policy schedule will continue to apply, unless we say they don't apply. If you're not happy with any changes, the primary cardholder can cancel the cover provided under your insurance agreement.

We can change the cover wording terms

We can change this Credit Card Repayment Insurance Cover wording:

- > to extend or improve the cover
- > to make changes that don't adversely affect the cover
- > where we reasonably consider the change is needed to do one of these things:
 - comply with law
 - deal with the impact of a change in the law
 - deal with the impact of a change in how the law is interpreted.

If we do this, we'll give you at least 60 days' notice, unless we consider that a shorter notice period is needed to comply with the law. Any special terms mentioned in your policy schedule will continue to apply, unless we say they don't apply. Any change will not affect a claim or right to claim that arose before the date of the change. This doesn't take away from any of our other rights to make any change listed above.

Cancelling or ending the insurance agreement

The primary cardholder can cancel during your 'free look' period

The primary cardholder has a 30-day free look period to cancel the insurance agreement and get their premiums back. This period begins on the start date of insurance. If the primary cardholder asks us to cancel within this period, we'll do so from the date we receive the request and refund any premiums you've paid.

➡ The start date of insurance is the date when your insurance agreement first started. This start date is shown in your policy schedule.

The primary cardholder can cancel at any other time, but premiums paid won't be refunded

The primary cardholder may cancel the insurance agreement at any time by contacting us. When we receive their request, we'll cancel the insurance agreement immediately. You won't receive a refund of any premium, except where the insurance agreement specifically states otherwise. Joint cardholders cannot ask us to cancel the insurance agreement – only the primary cardholder can do so.

To discuss your policy, contact us:

- > freephone 0800 222 491 between 8:30am and 5:00pm Monday to Friday
- > email Insure@kiwibank.co.nz
- > Kiwi Insurance Limited, Private Bag 39888, Wellington 5045.

We can cancel if your premiums are unpaid

We can notify you about cancelling the insurance agreement if you're behind on paying your premiums for two or more payment dates in a row. We will not refund your premiums.

We can cancel the insurance agreement if we've received incomplete or incorrect information

We have certain rights to cancel or avoid the insurance agreement if we've received information that is incorrect or incomplete. These include the rights set out under the sections 'Phone us to make a claim' and 'Read and keep your insurance agreement', and also the other rights we have under the law.

➡ Avoiding the insurance agreement means treating the insurance agreement as invalid, as if it had never been taken out. That means we wouldn't be required to pay any claim.

Other rights to cancel

Nothing in this insurance agreement takes away from our other legal rights to decline a claim or cancel or avoid the insurance agreement.

When the insurance agreement ends by itself

As well as the circumstances set out under each cover type, the insurance agreement will end when no more cover is in place, and all valid claims have been paid.

Making a complaint

We hope that you never have reason to complain. If you do, we'll do our best to work with you to resolve things. Our contact details are in the 'How to contact us' section below.

If you're not satisfied with the way we resolve any enquiry or complaint, you can contact the Banking Ombudsman:

- > freepost 218002, PO Box 25327 Featherston Street, Wellington 6146
- > freephone 0800 805 950
- > email help@bankomb.org.nz
- > website bankomb.org.nz
- > Level 5, Huddart Parker Building, 1 Post Office Square, Wellington.

The Banking Ombudsman's brochure is available at all Kiwibank branches or directly from the Banking Ombudsman's office.

The Banking Ombudsman is an independent body. You don't need to pay for its services.

Your premiums are paid into, and your claims are paid from, a statutory fund

This insurance agreement forms part of the Kiwi Insurance Statutory Fund No. 1. Under the Insurance (Prudential Supervision) Act 2010, life insurers are required to have a statutory fund for life insurance policies.

This means the amounts you pay us will be paid into this fund, and any claims paid will be paid from this fund.

How to contact us

Contact us if you have questions, concerns, claim enquiries, or would like to make changes to your contact details or (primary cardholders only) your insurance cover.

- > freephone 0800 222 491 between 8:30am and 5:00pm Monday to Friday
- > email Insure@kiwibank.co.nz
- > Kiwi Insurance Limited, Private Bag 39888, Wellington 5045.

How we may contact you

We may contact you:

- > by phone
- > by letter
- > by email, if you've given us your email address
- > through an online portal, if we've sent you a login for that portal
- > through any other platform on which you agree to receive communications from us.

Where this Credit Card Repayment Insurance Cover wording refers to a notification, this includes any of the communication methods listed above.

Make sure you keep your contact details up to date

Please tell us if any of your contact details change. We'll be contacting you with important information regularly.

If you change contact details and don't tell us, we'll consider you to have received any notices sent to the most recent contact details we have for you. We can contact you by any one of the communication methods listed above, so you'll need to keep your details up to date for all of them.

