

# Life Insurance



Cover Wording



# Find out what your insurance does and doesn't cover

This document explains how your insurance works, your responsibilities, and how to make a claim. Please read it carefully, as it's important you understand your insurance cover.

## Important words

Some words in this policy document have a specific meaning in relation to your policy, the meaning of these words are highlighted using this **symbol**.

In addition to this, where we use the words:

“us”, “our”, or “nib”, we’re referring to nib nz insurance limited.

“you”, “your” or “yourself”, we’re referring to the Policy Owner(s) noted in the Policy Schedule. The Policy Owner may also be the Life Insured.

## In this document you'll find sections covering:

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# The Policy

This Policy Wording, the Policy Schedule and any documents outlining special terms (this Policy) describe the insurance contract between you and us. In return for premium payments, we insure the Life Insured on the terms and conditions specified in this Policy Wording. The meanings of certain words used in this Policy are described using the definitions as indicated.

## Who is providing this insurance?

nib nz insurance limited provides you with Life Insurance and is responsible for all claims. nib nz insurance also pays nib nz limited for the services it provides. nib nz limited provides financial advice on its own behalf and not on behalf of nib nz insurance limited. To find more about how nib nz limited provides financial advice visit [nib.co.nz](http://nib.co.nz).

## Duty of disclosure

When a contract of insurance is entered into, reinstated or increased other than as described under “Indexation”, the Life Insured and you must disclose to us any material information that either person knows, or could reasonably be expected to know, that could affect our decision to provide the initial, reinstated or increased cover and, if so, on what terms.

Subject to the law:

- if there is any statement contained in any application or other document on the faith of which this Policy is issued, reinstated or renewed, or the Life Insured or you make any statement to any medical examiner or any representative of us, that is substantially incorrect and is material to this Policy; or
- if the Life Insured or you have failed to disclose a material fact,

then we can void this Policy and may retain any premiums paid. If this happens, no claim under this Policy will be payable.

## Who is covered under this Policy?

The Life Insured is the person named in the Policy Schedule.

## Who is the Policy Owner?

The Policy Owner is the person(s) initially named in the Policy Schedule or the Assignee(s), if this Policy has subsequently been assigned, as described under “Policy assignment”. The Policy Owner will receive any benefits from this Policy and has the right to amend or cancel this Policy.

## Cover Start Date

The Cover Start Date is the date that cover starts for this Policy. It’s shown in the Policy Schedule, and includes any reinstatement date of this Policy, where applicable.

## Premium Start Date

The Premium Start Date is the date from which premiums are due for this Policy, as shown in the Policy Schedule.

## Anniversary Date

The Anniversary Date is 12 months after the Premium Start Date, and is the same date every following year.

## Free look period

You have 30 days from the Cover Start Date in which to cancel this Policy by advising us. If the Policy is cancelled during this 30 day period, then we will provide a full refund of any premiums paid and written confirmation that the Policy has been cancelled. The free look period also applies to increase to the policy but only to the increased amount.

## How to make a claim

If you wish to make a claim, please phone us on 0800 555 642 as soon as possible. We are here to help you through this process.

To make a claim under this Policy, our Claim Form must be completed. Other supporting documents required may include, but are not limited to, those indicated in the sub-headings below.

All medical information must be provided by appropriately qualified specialist medical practitioners registered in New Zealand or Australia (or any other country approved by us).

Our medical advisers must agree that the condition meets the definition as detailed in this Policy.

### Term Life Benefit

For a Term Life Benefit sum insured payment to be considered, we must be supplied with an original or certified copy of the final death certificate (showing cause of death).

### Bereavement Benefit

For a Bereavement Benefit payment to be paid, we must be supplied with satisfactory written evidence of the Life Insured's death.

### Terminal Illness Benefit

For a Terminal Illness Benefit payment to be considered, we must be supplied with the following, at your expense:

- a written diagnosis and prognosis by an appropriately qualified medical specialist satisfactory to us; and
- supporting evidence satisfactory to us including but not limited to radiology, histology or laboratory reports.

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This evidence must satisfy us that the Life Insured's life expectancy is less than 12 months from the date of claim for a Terminal Illness Benefit.

We may require, at our expense, that the Life Insured undergoes an examination or other reasonable tests to confirm the diagnosis.

## Trauma Benefit

For a Trauma Benefit payment to be considered, we must be supplied with the following, at your expense:

- a written diagnosis and prognosis by an appropriately qualified medical specialist satisfactory to us; and
- supporting evidence satisfactory to us including but not limited to radiology, histology or laboratory reports.

This evidence must satisfy us that the condition suffered, or the procedure undergone, meets the definition of that condition or procedure as shown under "The Insurance Promise".

We may require, at our expense, that the Life Insured undergoes an examination or other reasonable tests to confirm the diagnosis of a condition.

## The insurance promise

Subject to the terms and conditions of this Policy Wording, and while this Policy is in force, we promise to pay you the benefits as detailed below.

Where a covered condition falls under both the Terminal Illness Benefit and the Trauma Benefit, any payment made by us will be for only one of these two benefits – whichever benefit provides the greater sum insured.

The qualifications and exclusions that apply to this promise are set out in this Policy Wording.

## Term Life Benefit

If the Life Insured dies, we will pay the current Term Life Benefit sum insured. The Term Life Benefit sum insured is the amount shown in the Policy Schedule.

### Situations in which we will not pay a Term Life Benefit

We will not pay the Term Life Benefit sum insured if the Life Insured's death is caused or contributed to, directly or indirectly, by:

- a condition which the Life Insured or you did not disclose in the application for insurance and for which, prior to the Cover Start Date, medical advice or treatment was recommended or given to the Life Insured by a registered medical practitioner, or symptoms existed which would cause a reasonable person to seek diagnosis, care or treatment from a registered medical practitioner; or



- suicide, attempted suicide, intentional self-injury, whether sane or insane, within the first 13 months of the Cover Start Date; or
- War or any act of War, invasion, Terrorism or any acts of Terrorism, act of foreign enemy, hostilities, strike, riot and/or civil commotion, civil War, rebellion, revolution, insurrection, military or usurped power.

If the Term Life Benefit sum insured under this Policy had been increased within the 13 months prior to the Life Insured's death from suicide, attempted suicide or intentional self-injury, whether sane or insane, we will only pay the Term Life Benefit sum insured that applied prior to the increase.

### **Terrorism and War are defined**

**Terrorism means:** the use or threatened use of force or violence against human life or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communication system, undertaken by any person or group, whether or not acting on behalf of or in any connection with any organisation, government, power, authority or military force, when the intent is to intimidate, coerce or harm a government, the civilian population or any segment thereof, or to disrupt any segment of the economy.

**War means:** war, whether declared or not, or any warlike activities including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial or religious ends.

## **Bereavement Benefit**

If the Life Insured dies, we will pay an immediate Bereavement Benefit equal to the lesser of \$5,000 or 5% of the current Term Life Benefit sum insured, on receipt of satisfactory written evidence of the Life Insured's death. Any payment made under this Benefit will reduce the Term Life Benefit sum insured by the amount paid. The remaining Term Life Benefit sum insured will be payable if we accept a Term Life Benefit claim.

If a Bereavement Benefit has been paid and we subsequently decline a claim for a Term Life Benefit, then we may seek recovery of the amount of the Bereavement Benefit paid.

## **Terminal Illness Benefit**

If the Life Insured is diagnosed with a Terminal Illness, we will pay all or part of the Term Life Benefit sum insured as an advance payment of the Term Life Benefit, up to a maximum of \$500,000.

If we pay a Terminal Illness Benefit, the benefit paid will be:

- equal to the current Term Life Benefit sum insured. This Policy will end immediately and no further claims will be payable; or
- less than the current Term Life Benefit sum insured. Any payment made under this Benefit will reduce the Term Life Benefit sum insured by the amount paid. The remaining Term Life Benefit sum insured will be payable following the Life Insured's death if we accept a Term Life Benefit sum insured claim. Premiums for the remaining Term Life Benefit sum insured will adjust to reflect the reduced sum insured.

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### Situations in which we will not pay a Terminal Illness Benefit

We will not pay a Terminal Illness Benefit if the Life Insured's Terminal Illness is caused or contributed to, directly or indirectly, by an event or condition listed in the exclusions for the Term Life Benefit.

### Terminal Illness is defined

**Terminal Illness** means an illness which we believe the Life Insured's life expectancy is less than 12 months from the date of claim for a Terminal Illness Benefit. The illness must commence after the Cover Start Date and be diagnosed while this Policy is in force.

## Trauma Benefit

This benefit only applies if the Trauma Benefit sum insured is shown in the Policy Schedule. The Trauma Benefit sum insured is the amount shown in the Policy Schedule and is calculated to a maximum of 50% of the Term Life Benefit sum insured or \$500,000, whichever is the lesser.

If, prior to the Anniversary Date following the Life Insured's 65th birthday, the Life Insured:

- suffers Loss of Limbs as a result of an Accidental Injury; or
- undergoes Angioplasty, Coronary Artery Bypass Surgery or Major Organ Transplant; or
- is diagnosed with one of the following covered conditions:
  - ◆ Cancer; or
  - ◆ Chronic Kidney Failure; or
  - ◆ Heart Attack; or
  - ◆ Paralysis; or
  - ◆ Stroke,

then a Trauma Benefit will be payable, provided that the Life Insured survives at least 14 days after:

- undergoing the Angioplasty, Coronary Artery Bypass Surgery or Major Organ Transplant; or
- diagnosis of the covered condition.

If the Life Insured is on a life support system for more than 3 days during these 14 days, the period that the Life Insured must survive will extend by one day for each day (beyond 3 days) that the Life Insured remains on life support.

This benefit is subject to defined medical conditions which are provided below.

The Trauma Benefit payable by us will be the Trauma Benefit sum insured, except in the event of Angioplasty.

In the event of Angioplasty, we will pay 20% of the Trauma Benefit sum insured, or \$20,000, whichever is the lesser. This benefit will only be payable if Angioplasty is the first covered Trauma event or condition that is being claimed for. Any payment made for Angioplasty will reduce the Trauma Benefit sum insured by the amount of the Trauma Benefit sum insured paid. Premiums for the remaining Trauma Benefit sum insured will adjust to reflect the reduced sum insured. The remaining Trauma Benefit sum insured will be payable for another covered Trauma event or condition, provided this Policy is still in force at that time. However, there will be no further cover for Angioplasty.



Any payment made under the Trauma Benefit sum insured will reduce the Term Life Benefit sum insured by the amount paid for the Trauma Benefit sum insured. Premiums for the remaining Term Life Benefit sum insured will adjust to reflect the reduced sum insured. The remaining Term Life Benefit sum insured will be payable when the Life Insured dies, provided that this Policy is still in force at that time. Once the full Trauma Benefit sum insured is paid, the Trauma Benefit will end.

### Situations in which we will not pay a Trauma Benefit

We will not pay a Trauma Benefit:

- for any event that is a direct or indirect result of:
  - ◆ a condition which the Life Insured or Policy Owner did not disclose in the application for insurance and for which, prior to the Cover Start Date, or the date of any subsequent increase in cover, medical advice or treatment was recommended or given to the Life Insured by a registered medical practitioner; or symptoms existed which would cause a reasonable person to seek diagnosis, care or treatment from a registered medical practitioner; or
  - ◆ suicide, attempted suicide, intentional self-injury, whether sane or insane; or
  - ◆ Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or infection with the Human Immunodeficiency Virus (HIV), other than Medically or Occupationally Acquired HIV where no cure is available; or
  - ◆ War or any act of War, invasion, Terrorism or any acts of Terrorism, act of foreign enemy, hostilities, strike, riot and/or civil commotion, civil War, rebellion, revolution, insurrection, military or usurped power; or
- if the condition or symptoms of the condition existed, or first occurred, within 90 days of the Cover Start Date, or the date of any subsequent increase in cover. However, this exclusion does not apply to cover for Loss of Limbs or Paralysis.

If the condition or symptoms of the condition existed, or first occurred, within 90 days of the date of any increase to the Trauma Benefit sum insured, then we will only pay the sum insured that applied prior to the increase. However, this limitation does not apply to cover for Loss of Limbs or Paralysis.

## Defined medical conditions

### Accidental Injury

Means bodily injury, occurring after the Cover Start Date, which occurs solely, directly and independently of any other cause by violent, unexpected, external and visible means.

### Angioplasty

Means the first undergoing of a coronary angioplasty with or without atherectomy, laser therapy or insertion of a vascular stent to overcome arterial narrowing or obstruction.

## **Cancer**

Means the uncontrolled growth and spread of malignant cells and the invasion and destruction of tissue for which major interventional treatment or surgery (excluding endoscopic procedures alone) is considered medically necessary. The following conditions are specifically excluded under this section of the Policy:

- all cancers which are histologically described as premalignant or non-invasive;
- carcinoma in situ (including cervical dysplasia CIN1, CIN2 and CIN3) except as otherwise specifically detailed in this Policy;
- malignant melanomas of less than 1.5mm maximum thickness as determined by histological examination using the Breslow method;
- all other skin cancers unless there is evidence of metastases; papillary micro-carcinoma of the thyroid or bladder;
- chronic lymphocytic leukaemia less than Rai Stage 3;
- cancers associated with AIDS or HIV, unless they are the result of Medically or Occupationally Acquired HIV.

Carcinoma in situ of the breast is covered under this section of the Policy where it leads to the removal of the breast by a mastectomy. The procedure must be:

- performed as a direct result of the carcinoma in situ; and
- specifically to arrest the spread of malignancy; and
- medically considered the necessary and appropriate treatment.

## **Chronic Kidney Failure**

Means end stage renal disease with permanent and irreversible loss of function of both kidneys which requires permanent dialysis or kidney transplantation.

## **Coronary Artery Bypass Surgery**

Means the first undergoing of open heart surgical grafting of a bypass to a coronary artery to overcome narrowing or obstruction.

## **Heart Attack**

Means diagnosis of the death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The diagnosis must be supported by the following criteria being present, and consistent with a Heart Attack:

- typical clinical symptoms (for example characteristic chest pain); and
- confirmatory new electrocardiogram (ECG changes); and
- a diagnostic rise and fall in either:
  - ◆ Troponin I in excess of 1.0 ug/L; or
  - ◆ Troponin T in excess of 0.3 ug/L.

Non ST-segment elevation myocardial infarction (NSTEMI) and other causes of severe non-cardiac chest pain, heart failure and angina are specifically excluded.

**Loss of Limbs**

Means the loss by physical separation or the total and permanent loss of all use of:

- both hands; or
- both feet; or
- one hand and one foot.

**Major Organ Transplant**

Means the actual undergoing, as a recipient, of a medically necessary transplant of the heart, one or both lungs, liver, one or both kidneys, pancreas or bone marrow.

The transplant of all other organs or any other tissue transplant, or transplantation of isolated pancreatic islets, is excluded.

**Medically Acquired HIV**

Means the Life Insured's accidental infection with the Human Immunodeficiency Virus (HIV) resulting from one of the following medically necessary events performed in New Zealand or Australia by a recognised and registered health professional:

- a transfusion of blood or blood products; or
- organ transplant to the Life Insured; or
- assisted reproductive techniques; or
- a medical procedure or operation performed by a medical practitioner.

Notification and proof of the incident will be required via a statement from a District Health Board or equivalent body confirming that the infection was medically acquired.

**Occupationally Acquired HIV**

Means the Life Insured's infection with the Human Immunodeficiency Virus (HIV) where the HIV was acquired as a result of:

- an accident arising out of the Life Insured's normal occupation; or
- a malicious act of another person or persons arising out of the Life Insured's normal occupation;

and sero-conversion to HIV occurs within 6 months of the accident or malicious act.

HIV infection transmitted by sexual activity or recreational intravenous drug use is excluded.

Any incident giving rise to a potential claim must be:

- reported to the relevant authority or employer within 7 days of the incident; and
- reported to us with proof of the incident within 7 days of the incident; and
- supported by a negative HIV Antibody test taken within 7 days of the incident.

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## **Paralysis**

Means the Permanent and Total Loss of functions as a result of injury or disease of the spinal cord or brain as defined below:

- Diplegia - loss of function of both sides of the body;
- Hemiplegia - loss of function of one side of the body;
- Paraplegia - loss of function of both legs;
- Tetraplegia (Quadriplegia) - loss of function of both arms and legs.

## **Stroke**

Means diagnosis of a cerebrovascular accident or event producing a permanent neurological deficit lasting more than 24 hours. A consultant neurologist must produce clear evidence:

- of infarction of brain tissue, by thrombosis, haemorrhage or embolisation from an extracranial source; and
- on a CT, MRI, or similar scan that a Stroke has occurred; and
- of the onset of objective neurological deficit.

The following are specifically excluded:

- transient ischaemic attacks (TIAs);
- cerebral events due to reversible neurological deficits;
- vascular accidents affecting solely the eyes;
- neurological deficits due to migraines, hypoxia or trauma, physical head injury, or any blood vessel outside the cranium except embolism resulting in Stroke.

## **Terrorism and War are defined**

### **Terrorism**

Means the use or threatened use of force or violence against human life or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communication system, undertaken by any person or group, whether or not acting on behalf of or in any connection with any organisation, government, power, authority or military force, when the intent is to intimidate, coerce or harm a government, the civilian population or any segment thereof, or to disrupt any segment of the economy.

### **War**

Means war, whether declared or not, or any warlike activities including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial or religious ends.

## How to increase your cover

You may apply to us to increase or add a benefit under this Policy by any of the following: completing a new application form, accepting indexation offers or, where applicable, exercising a Significant Life Event Insurability Option.

### Complete a new Application Form

If you wish to apply for an increase to the Term Life Benefit sum insured or Trauma Benefit sum insured in respect of the Life Insured, you may do so at any time by completing a new application form and submitting it to us for consideration. The application for increase will be subject to acceptance by our underwriters.

The increased cover applies from the date when we confirm the new sum insured to you, subject to payment of the additional premium.

### Indexation

While this Policy is in force, we will offer you an increase in the sum insured for each benefit under this Policy on the first Anniversary Date, and then on each subsequent Anniversary Date, without the need for further evidence of the Life Insured's health.

Each year we will determine the rate of increase (after taking into account rises in the Consumer Price Index) which will not be less than 2.5% or greater than 7.5%.

You can decline to accept any offers to increase the sum insured.

We will not offer you any further inflation increases to the benefits:

- if during the term of this Policy, you decline three increases; or
- if an offer to increase will lead to a total sum insured in excess of \$2,000,000 or if the total sum insured reaches \$2,000,000 or more; or
- once the Anniversary Date following the Life Insured's 60th birthday is reached.

Any premium renewal notice issued will show the total premium payable.

### Significant Life Event Insurability Option

If you are eligible to exercise the Significant Life Event Insurability Option then, upon a Significant Life Event occurring after the Cover Start Date, you may apply to us to increase the Term Life Benefit sum insured under this Policy without the need for further medical evidence.

We will only accept an application to increase the Term Life Benefit sum insured if:

- the Life Insured is under the age of 55 at the date you apply for an increase; and
- the Policy is not subject to any underwriting special terms due to the Life Insured's health or lifestyle (such as an increased premium or policy exclusion); and
- cover under this Policy did not result from cover being transferred from the Kiwibank Loan Insurance policy.

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Any application to increase the Term Life Benefit sum insured must be made in writing prior to the later of:

- 60 days after the occurrence of the Significant Life Event; and
- 30 days after the Anniversary Date immediately following the occurrence of the Significant Life Event.

The application must be accompanied by documentation satisfactory to us to support the occurrence of a Significant Life Event.

You may apply to increase the Term Life Benefit sum insured each time a Significant Life Event occurs subject to the following restrictions:

- each increase made under this option is limited to a maximum of 25% of the original Term Life Benefit sum insured; and
- the total of all increases made under this option during the term of this Policy may not exceed \$75,000; and
- exercise of this option may not increase the Term Life Benefit sum insured to more than 150% of the original Term Life Benefit sum insured.

There must be a period of at least 12 months between applications, even if more than one Significant Life Event occurs during that period.

Each time a Significant Life Event Insurability Option is exercised, the premium will increase to reflect this increase in the Term Life Benefit sum insured. The increased cover applies from the date when we confirm the new sum insured to the Policy Owner, subject to payment of the additional premium.

### **Situations in which we will not accept an application to exercise a Significant Life Event Insurability Option**

We will not accept an application to increase the Term Life Benefit sum insured if:

- you or Life Insured are aware of a claim that is able to be made under this Policy; or
- a claim has been notified under this Policy.

### **Significant life event**

Means

- the Life Insured decides to permanently live with someone in the nature of marriage or civil union; or
- the Life Insured takes out a new loan secured over a dwelling that the Life Insured purchases and will live in as their main residence; or
- the first birth or adoption of a child to occur after the Cover Start Date (the Life Insured must be legally recognised as the parent or guardian of the child); or
- the Life Insured takes out a new loan to support the establishment of a new business venture in which the Life Insured will have a direct financial interest and will actively work in for a minimum of 20 hours per week.



## Policy Assignment

You can assign this Policy by completing a Memorandum of Transfer. Assignments must be registered with us to be valid.

## The Premium

The Initial Premium payable is shown in the Policy Schedule.

Premiums will be adjusted each year on the Anniversary Date in accordance with the rate applicable to the Life Insured at that time. The new premium will be based on the cover level provided including, if applicable, any indexation increase applied to this Policy. Prior to each Anniversary Date, we will advise you of the amount of premium required to be paid for the coming year.

This notice will be mailed to the most recent address we have on record for you. If you have provided us with an email address, we will email you this notice.

We may review and adjust its premium rates at any time. Such a change will apply to all policies and 90 days prior written notice will be given. The notice will be mailed to the most recent address we have on record for you as outlined in the section, 'How we may contact you'. If you have provided us with an email address, we will email you this notice. It is your responsibility to maintain current address details with us.

You may apply at any time, in writing, to change the method and frequency of premium payments.

## What happens if a premium is not paid

If a premium is not paid, we will contact you to advise that a premium payment has been missed and request payment of premium arrears. If the arrears are not paid within the 90 day grace period, cover under this Policy will end.

Where this Policy ends as a result of unpaid premiums, we will contact you to advise that cover under this Policy has ended. The notice will be sent to the most recent address we have on record for you as outlined in the section, 'How we may contact you'.

## Policy Renewal

This Policy will renew every year on the Anniversary Date. For the sake of clarity, from the Anniversary Date after the Life Insured's 76th birthday, we will renew this Policy every year provided that the premiums continue to be paid. Cover for the Term Life, Bereavement and Terminal Illness benefits will continue until such time as the Policy ends as detailed below.

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## End of Insurance

This Policy ends when one of the following occurs:

- premiums have not been paid as described under “What happens if a premium is not paid?”; or
- we pay a Terminal Illness Benefit equal to the current Term Life Benefit sum insured; or
- the Life Insured dies
- the Life Insured makes a statement that is substantially incorrect and material, or fails to disclose any material facts, as required under their Duty of Disclosure.

Cover under the Trauma Benefit ends when the earliest of the following occurs:

- when we have paid the full Trauma Benefit sum insured; or
- the Anniversary Date immediately following the Life Insured’s 65th birthday is reached. This is shown in the Policy Schedule as the Trauma Benefit Expiry Date.

## Policy cancellation

You may cancel this Policy at any time by writing to us.

## Reinstatement of a policy

If this Policy ends due to non-payment of premium as described under “What happens if a premium is not paid?”, you may apply to reinstate this Policy. You will need to provide us with any information required to verify that there is no material change in the Life Insured’s health.

Reinstatement will be at our discretion and subject to our normal terms and conditions current at the date the request to reinstate is received.

## Does the Policy have any surrender or cash value

This Policy does not accrue any surrender or cash value.

## 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.

If you're not satisfied with the way we resolve any enquiry or complaint, you can contact the Insurance & Financial Services Ombudsman Scheme whose contact details are on our website [nib.co.nz](http://nib.co.nz).

The Insurance & Financial Services Ombudsman Scheme is an independent body. Their services are available to you at no cost.

## Statutory Fund

This insurance agreement forms part of the nib nz insurance limited Statutory Fund. 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.

### Please note

All payments made in respect of this Policy are in New Zealand currency. Any dispute or action in connection with this Policy will be determined in accordance with New Zealand law.

## How to contact us to ask questions or to make a claim

- Phone **0800 555 642**
- Email general policy, cover or billing queries [lifeservice@nib.co.nz](mailto:lifeservice@nib.co.nz)
- Claim queries [lifecclaims@nib.co.nz](mailto:lifecclaims@nib.co.nz)
- Writing nib nz insurance limited, PO Box 91630, Auckland 1142, New Zealand

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## How we may contact you

We may contact you:

- by phone
- by letter
- by email, if you have provided us with an email address
- through an online portal, if we have sent you a login for that portal, and/or
- through any other platform on which you agree to receive communications from us.

Where this Life Insurance Policy wording refers to a 'notice', this includes by any one of the communication methods listed above.

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, you'll be taken 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.





## Need help?

Call us on 0800 555 642  
Mon to Fri: 8.30am - 5.00pm  
Go to [nib.co.nz](http://nib.co.nz)