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LIFE INSURANCE



QuickCover

LIFE INSURANCE

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Welcome

Thank you for choosing us to provide you with your QuickCover Life Insurance policy.

The Insurer

This insurance policy is underwritten by DPL Insurance Limited. For more information and details on our Financial Strength Rating and Solvency Calculation go to www.dplinsurance.co.nz.

Free Look Period

If **you** are not completely happy with the cover provided by **your** policy, **you** can cancel it within 30 days of the start of the **period of insurance**, provided **you** have not made a claim under **your** policy. **We** will refund any **premium you** have paid us.

Contact Us

For general queries and claims contact DPL Insurance Limited:

Call us on: 0800 666 004
(Monday to Friday between 8.30am and 5pm)

Email us at: lifeinsurance@dplinsurance.co.nz

Write to us at: PO Box 33 1248, Takapuna, Auckland, 0740

Find out more at: www.dplinsurance.co.nz



Customer Commitment

We are committed to treating our customers with fairness, respect and dignity. This means that we will:

- Act with integrity at all times;
- Provide high quality service;
- Listen to our customers' concerns;
- Be open and transparent in all our dealings; and
- Take the time to answer any questions our customers have.

Complaints

Our complaints process aims to address your concerns. We are committed to resolving all complaints quickly, respectfully and in good faith. If you have a complaint please let us know as soon as you can by following these steps:

1. Contact us on 0800 100 333, email info@dplinsurance.co.nz or complete our Customer Complaints Form on our website www.dplinsurance.co.nz. We will acknowledge your complaint within five working days and let you know the contact details of the person handling your complaint. Once we have all the information we need, we will respond to your complaint within 10 working days.

2. If we are unable to resolve your matter to your satisfaction, at your request, we will escalate your complaint for review to our internal Complaints Handling Officer. We will keep you updated on progress at least once every 20 working days, or agree another time frame with you. If we are unable to resolve your complaint within two months, we will offer you a letter of deadlock to confirm you have come to the end of our internal complaints process.

3. If you are dissatisfied with the outcome reached by our internal complaints handling process, you may take your complaint to the Insurance and Financial Services Ombudsman (IFSO). The IFSO Scheme resolves complaints about insurance and financial services, and we will follow any decision made by the IFSO. This is an independent scheme that's free of charge to you (find out more at www.ifso.nz). You can refer your complaint to the IFSO if:

- You have a letter of deadlock from us (that is less than three months old); or
- More than two months have passed since you first made your complaint and you no longer wish to work with us to resolve your complaint.

You can contact the IFSO at:

The Insurance and Financial Services Ombudsman
PO Box 10845, Wellington 6143
0800 888 202
info@ifso.nz

About Your Policy

Your policy is a contract between you and us and is comprised of:

- Your online application or application form;
- Your policy wording;
- Your current policy schedule; and
- Any other document issued by us, which may vary or modify the above documents.

Please keep these documents safe and read them together.

It is important you read your policy in full and understand the terms and conditions of your policy, including what your insurance covers – and what it doesn't. If there is anything you don't understand, or if you have any questions, please contact us.

We are not bound by anything contained in a letter, email or notice sent to us unless we actually receive it. Any letters, emails or notices sent by us concerning your policy or premium will be sent to you at your last known address or email address.

Defined Words

If a word is shown in bold it has a special meaning. A list of these words and their meanings is in the Definitions section.

Information You Provide Must Be Correct

Your policy with us relies on the accuracy of the information you (or any other person on your behalf) provide to us. You have a legal duty of disclosure to provide us with full and accurate information including answering all questions honestly, truthfully, and in full. If we establish that any of the information you have provided to us is incorrect, including if your date of birth or smoking status is wrong on your policy schedule, we may:

- Decline any claim;
- Void your policy from the policy commencement date and refund any premium you have paid us; or
- Adjust the life benefit amount and the actual premiums paid under your policy to reflect the correct information.

What You Are Insured For

Subject to the terms and conditions of your policy and as soon as we are satisfied with all the information provided to support your claim, we will pay the life benefit amount specified on your policy schedule to the policy owner or nominated beneficiary if you suffer one of the following:

- Accidental death;
- Death by other means; or
- Terminal illness.

What You Are Not Insured For

We will not pay any claim for **death by other means** or **terminal illness** that has occurred within two years of either **your policy commencement date**, or the date **your** policy has been reinstated (whichever is later) that is caused or contributed to by any:

- Medical or physical conditions, symptoms or circumstances that existed or were diagnosed prior to **your policy commencement date** or the date of reinstatement, which:
 - **You** were aware of or ought to have been aware of;
 - **You** sought or should have sought advice, care, treatment, medication or medical attention for; or
 - Was of such a nature as should have caused a prudent, reasonable person to seek medical attention.
- Intentional self-inflicted injury, suicide or attempted suicide (whether sane or insane).

No claim will be paid for **accidental death, death by other means** or **terminal illness** that is caused or contributed to by:

- The effects of alcohol or any drug taken other than prescribed drugs taken as directed by a medical practitioner registered with the Medical Council of New Zealand;
- War or warlike operations (whether war is declared or not).

Making A Claim

A claim can only be made by the **policy owner** or the personal representatives of the **policy owner's** estate and must be made as soon as practicable after the death of the **life insured** or diagnosis of a **terminal illness**.

To make a claim please contact **us**. **We** will advise what documentation **we** require in order to consider **your** claim. Documentation required will usually include:

- A death certificate stating the cause of death and a coroner's report if one has been issued;
- Proof of name change or the **life insured's** age if they differ from, or are not stated on the death certificate (e.g. an original birth certificate, passport or drivers licence);
- Proof of identity and address of the **policy owner** or the nominated beneficiary or a grant of administration – probate or letters of administration if the **life insured** was the **policy owner**; and
- If the claim is for **terminal illness**; an initial specialist report acceptable to **us**, that is provided by an appropriately qualified medical practitioner registered in New Zealand confirming that **you** have a **terminal illness**.

We will meet the cost of any additional examinations or tests **we** may require to confirm a **terminal illness**.

A claim will not be considered until all of the information **we** request has been provided. In addition, if any **premium** is outstanding at the time a claim is to be paid, **we** may deduct the overdue amount from any claim payment.

Policy Conditions

To be eligible to make a claim **you** must comply with all the terms and conditions of **your** policy. A claim can only be made on a policy that is in force on the date of the event giving rise to the claim.

Change Of Policy Owner

When **you** purchase **your** policy, **you** are the **life insured** and **policy owner** unless **you** assign ownership to another person. To assign ownership of **your** policy, a valid Memorandum of Transfer Form (obtained from **us**) must be completed and registered with **us**. Only one person can own **your** policy, they must be aged 16 years or older and cannot be a trust, trustee or company.

Nominated Beneficiary

Your nominated beneficiary is named on **your policy schedule**. If there is no surviving **policy owner**, the **life benefit amount** will be paid to **your** nominated beneficiary. If there is no nominated beneficiary or they are deceased, payment will instead be made to **your** estate.

The **policy owner** is the only person who can nominate and change the beneficiary named on **your policy schedule**. **Your** nominated beneficiary can be changed at any time, must be an individual person aged 16 years or older and cannot be a trust, trustee, or a company.

To change a beneficiary named on **your** policy, a Change of Beneficiary Form (obtained from **us**) must be completed and registered with **us**.

Breach Of Policy

If **you** or someone on **your** behalf breaches **your** policy, then **we** may:

- Decline **your** claim in part or whole; and/or
- Cancel **your** policy.

Cancellation By Us

We will cancel **your** policy and refuse to accept any liability if **you** or any one acting on **your** behalf attempts to make a false or **fraudulent** claim. If a claim has been paid that is later found to have been **fraudulent**, all amounts paid must be refunded to **us**.

We will also cancel **your** policy if **your premium** is paid weekly, fortnightly or monthly and has three consecutive dishonour **premium** payments. **Your** policy will be cancelled from the date the unpaid **premium** was first due and a notice of the cancellation will be sent to the **policy owner** at their last known address.

Cancellation By You

You can cancel **your** policy at any time by writing to **us**. If **your** policy is cancelled within 30 days of **your policy commencement date**, all **premiums** paid for **your** policy will be refunded to **your** policy bank account on **our** records. If **your** policy is cancelled after the first 30 days, **your** policy will be cancelled from the next **premium due date** and no **premium** will be refunded.

Premium paid for any period beyond the date of cancellation will be refunded to **your** policy bank account on **our** records.

As soon as **we** receive notice of cancellation, entitlement to any benefits under **your** policy will cease. Notice of cancellation must be made in writing.

Your policy will automatically cease on the earlier of:

- Your death;
- Payment of **your life benefit amount** for a **terminal illness**;
- Payment of **your life benefit amount**; or
- The **anniversary date** following your 65th birthday.

Reinstatement

If **we** have cancelled **your** policy because of unpaid **premiums**, the **policy owner** can apply to have **your** policy reinstated. Reinstatement will be entirely at **our** discretion and will be subject to any conditions **we** may set from time to time. If **we** decide to reinstate **your** policy, reinstatement will be confirmed by **us** in writing. Acceptance of **premium** by **us** after **your** policy is cancelled does not mean **your** policy has been reinstated. **We** will not consider reinstatement if cancellation occurred for any reason other than unpaid **premium**.

Changes To Your Cover

You can contact **us** to discuss changing **your** insurance cover. **You** may need to confirm changes in writing if **you** wish to:

- Increase or decrease cover;
- Change the **life insured's** smoking status.

We must approve and confirm any change in writing to the **policy owner**, including the terms and conditions. An increase in cover will be treated as a new policy and will be subject to a new **policy commencement date**, terms, conditions and **premium**.

Smoking Status

If **you** were a smoker at **your** policy **commencement date** and later cease smoking for a period of at least 24 months, **you** can apply in writing to have **your** **premium** adjusted to that of a non-smoker from **your** next policy **anniversary date**. **You** will be required to complete a non-smoking declaration and **your** adjusted **premium** will be based on **your** age, gender and smoking status at the date of **your** next policy anniversary. If **you** later take up smoking again, **your** **life benefit amount** will revert to that of a smoker from **your** next policy anniversary, even if **you** fail to notify **us**.

Administrative Errors

An administrative error by **us** or any of **our** agents or representatives will not validate a policy not otherwise validly in force, or invalidate a policy that is otherwise valid.

Policy Term

Your policy has a term of one year. After the first year, **we** will automatically renew **your** cover annually on the same terms and conditions and for the same **life benefit amount**, until such time as the cover under **your** policy ceases or **you** advise **us** of any changes **you** wish to make to **your** policy and which are accepted by **us**.

Policy Value

Your policy does not have any surrender or cash value.

Premiums

Your **premium**, first payment due date and frequency of payment are stated on **your** **policy schedule**. **Your** **premium** must be paid by direct debit from a bank account to **us** when it is due. **Your** **premiums** can be paid weekly, fortnightly or monthly. **Your** **premium** payment frequency can only be changed at the time of **your** policy anniversary. Please contact **us** at least five working days prior to **your** policy **anniversary date** should **you** wish to change **your** payment frequency.

Premium Changes

Your **premium** will be recalculated at each **anniversary date** based on **your** age, gender, smoking status and the **premium** rates current at that time. **Your** **premium** rates can be changed by **us** at any time, but will not be applied to **your** policy until the next **anniversary date**.

You will be advised of **your** new **premium** at least 30 days prior to the change taking effect.

Multiple Policies

You can be covered under more than one QuickCover Life Insurance policy underwritten by DPL Insurance Limited, provided the total **life benefit amount** does not exceed \$200,000. If **your** cover exceeds this limit **we** will consider **you** to be insured only under the policy providing the greatest amount of benefit (up to the \$200,000 maximum), or under the first policy issued, if the benefits are identical. **We** will refund any **premium** paid for any policy or policies found to be invalid in this way.

Geographical Limits

You are covered under **your** policy 24 hours a day worldwide. However, **you** must notify **us** if **you** are or expect to be away from New Zealand for longer than six months, or if **you** work outside of New Zealand for any period. Depending on the circumstances, it may be necessary for **us** to apply special restrictions or conditions to **your** policy for the period of **your** absence. If **you** fail to notify **us** of such an absence **your** policy may, at **our** discretion, be voided or terminated without refund of any **premiums** paid or cover may be withheld for the period of the absence. All payments **we** make under **your** policy will be made in New Zealand dollars.

Law And Jurisdiction

The laws of New Zealand shall govern **your** policy and any legal action involving cover under **your** policy must be conducted in New Zealand.

Law Or Tax Changes

If changes in the law or its interpretation occur after **your** **policy commencement date** and **we** believe on reasonable grounds that those changes will affect **our** liability for tax (other than taxation on **our** overall income) or the way in which **your** policy works or the amount of benefit payable, then **we** can change the provisions of **your** policy, the **premium** or the benefits in whatever way **we** decide is appropriate. The **policy owner** will be given at least 30 days written notice in advance of any such change.

Our Statutory Fund

All life insurers in New Zealand are required under the Insurance (Prudential Supervision) Act 2010 to establish a statutory fund. All payments that **we** receive from **you** (or pay to **you**) in relation to **your** policy will be transacted through **our** Life Fund.

Privacy Act

The personal information **you** have provided to **us** on **your** application form or through any other means will be held by **us** and as necessary by **our** reinsurers. The information will be used to process **your** application and to administer **your** policy and any claims. The information may also be used from time to time to send **you** details, including by electronic means, of other products and services available to **you** as a **policy owner**. The information collected will be held by DPL Insurance Limited, PO Box 33 1248, Takapuna, 0740 and **our** agents. **You** have the right to request access to and correction of **your** personal information subject to the Privacy Act 2020.

Definitions

These definitions apply to the plural and any derivatives of these words. Where these words are used in the policy wording (**in bold font**), this is what they mean.

Accidental Death

Means death arising from bodily injury which was:

- Caused solely and directly by accidental means by an external cause; and
- The sole direct and proximate cause of death; and
- Sustained after **your policy commencement date** but no earlier than 12 months before the date of death; and
- Not an intentional self-inflicted injury (whether sane or insane).

Anniversary Date

Means the anniversary day each year following **your policy commencement date**.

Death By Other Means

Means death other than **accidental death**.

Fraudulent

Means a person making a statement:

- Knowing it is incorrect;
- Without belief in its correctness; or
- Recklessly, without caring whether it is correct or not.

Life Benefit Amount

Means the amount specified on **your policy schedule** that is payable on the death or **terminal illness** of the **life insured**.

Life Insured

Means the person accepted for cover under **your** policy and named on **your policy schedule** as the **life insured**. The **life insured** must be a **New Zealand resident**.

New Zealand Resident

Means a person who resides in New Zealand at the time of the application who is between 21 and 60 years of age and:

- Holds New Zealand or Australian citizenship;
- Holds a New Zealand permanent residency visa; or
- Has been in New Zealand continuously for at least 24 months on a valid New Zealand work permit.

Policy Commencement Date

Means the start date of **your** policy as shown on **your policy schedule**.

Policy Owner

Means when **you** purchase **your** policy as the **life insured**, **you** are automatically the **policy owner** and named as such on **your policy schedule**. The **policy owner** is the person who owns **your** contract of insurance and who can authorise changes to **your** policy.

Policy Schedule

Means the most recent document **we** have issued to **you** which sets out the details of the insurance **we** provide under **your** policy and forms part of **your** contract with **us**.

Premium

Means the amount specified on **your policy schedule** as payable by the **policy owner** to **us**.

Premium Due Date

Means the date specified on **your policy schedule** on which the first **premium** is payable.

Terminal Illness

Means a condition which **we** believe will result in **your** death within 12 months, irrespective of any treatment **you** may receive, based on evidence provided by an appropriately qualified medical practitioner registered in New Zealand and any other evidence **we** may reasonably require.

We, Us, And Our

Means DPL Insurance Limited.

You And Your

Means the **policy owner** or the **life insured** named on **your policy schedule**, depending on the context.



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Policy And Claim Enquiries

P 0800 666 004

E lifeinsurance@dplinsurance.co.nz

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