



GREENWICH

LIFE INSURANCE



QuickCover

LIFE INSURANCE

 YOUR POLICY SCHEDULE SHOULD BE ATTACHED HERE.

PLEASE KEEP THIS DOCUMENT IN A SAFE PLACE

This document is your Greenwich QuickCover Life Insurance Policy Wording. Please make sure you read it carefully as it contains important information you should know, including what your insurance covers – and what it doesn't.

The Insurer

This insurance policy is underwritten by DPL Insurance Limited, a licensed insurer under the Insurance (Prudential Supervision) Act 2010. The Insurance (Prudential Supervision) Act 2010 requires all licensed insurers to have a current Financial Strength Rating, given by an approved rating entity. For more information and details on our Financial Strength Rating and Solvency Calculation go to www.dplinsurance.co.nz.

Welcome

Thank you for choosing Greenwich to provide you with insurance cover.

Your insurance policy is underwritten by DPL Insurance Limited.

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
- Take the time to answer any questions our customers have.

Reading Your Policy

It is important **you** read **your** policy in full and understand **your** benefits and the terms and conditions of the policy. If there is anything **you** don't understand, or if **you** have any questions, please contact **us**.

Complaints

We will work with **you** to resolve any complaint and provide regular communication throughout the resolution process. If **you** have a complaint relating to our activities, in the first instance, please contact **us**.

We are committed to resolving all complaints and concerns quickly, respectfully and in good faith. Any dispute which **we** cannot resolve can be referred to our Disputes Resolution provider by contacting:

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

Our Guarantee

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

Privacy

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** subcontractors and re-insurers. 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 policyholder. Under the Privacy Act 2020 **you** have the right to access and / or request correction of any information held about **you**.

About this Policy

This policy is a contract between **you** and **us** and comprises of:

1. **your** online application or application form;
2. this policy wording; and
3. **your** current policy **schedule**.

Policy Benefits

Subject to the terms of this policy, **we** will pay the amount shown in the **schedule** as the **sum insured** upon the death or **terminal illness** of the **insured person**. Payment will be made as soon as **we** are satisfied with all the information provided to support the claim. Payment will only be made to the **policy owner** or, if the **policy owner** is deceased, to the personal representatives of the **policy owner's** estate. Once the benefit has been paid, the policy will stop and no further benefits will be payable.

Policy Exclusions

During The First Three Years

No claim will be paid for death or **terminal illness** occurring within three years after the **policy commencement date** or the date **your** policy has been reinstated that is caused or contributed to by:

- Any medical or physical condition, symptom or circumstances that exist prior to the **policy commencement date** or the date of reinstatement:

- An intentional self inflicted act (whether sane or insane), or
- Which **you** were aware of or ought to have been aware of
- For which advice, care, treatment, medication or medical attention has been sought, given or recommended
- Which had been diagnosed as a medical condition or an illness or which was indicative of an illness
- Which was of such a nature to require, or which potentially may have required attention, or
- Which was of such a nature as should have caused a prudent, reasonable person to seek medical attention

At Any Time

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

- Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or any illness arising from the existence of HIV or AIDS
- The effects of alcohol or any drug taken other than as directed by a medical practitioner registered with the Medical Council of New Zealand, or
- War or warlike operations (whether war is declared or not)

Policy Conditions

Automatic Cancellation

The policy will automatically cease:

- Upon **your** death
- Upon payment of a benefit for **terminal illness**
- On the anniversary date following **your** 65th birthday
- If a premium is not paid within 31 days of when it is due

Cancellation

The **policy owner** can cancel the policy at any time by writing to **us**. If the policy is cancelled within 30 days of the **policy commencement date**, all **premium** paid for the policy will be refunded to the **policy owner**. If the policy is cancelled after the first 30 days, the term of cancellation will depend on how often **you** pay the **premiums**:

- If **you** pay the **premiums** fortnightly or monthly, the policy will be cancelled from the next premium due date and no **premium** will be refunded
- If **you** pay the **premiums** quarterly or yearly, the policy will be cancelled from the date **we** receive the notice of cancellation or the date specified in the notice (whichever is later). **Premium** paid for any period beyond the date of cancellation will be refunded to the **insured person**

As soon as **we** receive notice of cancellation, entitlement to any benefits under the policy will cease. Please note that notice of cancellation must be made in writing, not by telephone.

Cancellation by Us

We will cancel **your** policy and refuse to accept any liability if **you** or anyone 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 the policy if **premium** is not paid within 31 days of when it is due. The policy will be cancelled from the date the unpaid **premium** was first due and notice of cancellation will be sent to the **policy owner** at their last known address.

Changes to Your Cover

You may from time to time be given the opportunity to apply to increase **your** existing benefits or add additional benefits to the policy. **You** may also apply to **us** in writing to change **your** policy benefits. **We** are not required to accept any such application from **you**. **Our** acceptance will depend on a number of factors including **your** health and any conditions **we** may choose to apply.

Changes to Premium

Your premium will be recalculated at each **anniversary date** based on **your** age and the underlying **premium** rates current at that time. the underlying **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 the new **premium** at least 28 days prior to the change taking effect and will

be given the option to instead reduce **your** sum insured in which case **your premium** will not increase.

Clerical Error

A clerical 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.

Geographical Limits

You are covered under this policy 24 hours a day, world-wide however **you** must notify **us** if **you** are or expect to be away from New Zealand for longer than 6 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 avoided or terminated without refund of any **premiums** paid or cover may be withheld for the period of the absence. All payments **we** make under this policy will be made in New Zealand dollars.

Law and Jurisdiction

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

Law Changes

If changes in the law or its interpretation occur after the **policy commencement date** and **we** believe on reasonable grounds that those changes will affect **our** ability for tax (other than

taxation on **our** overall income) or the way in which the policy works or the amount of benefit payable, then **we** can change the provisions of the 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.

Misstatement

If **your** age, gender or smoking status are found to have been misstated on **your** application from or in any subsequent statements, **your sum insured** will be adjusted to that which would have applied had the misstatement not occurred.

Multiple Policies

You can be covered under more than one QuickCover policy provided the total **sum insured** does not exceed \$200,000, unless **you** have been given a written exemption signed by a Director of DPL Insurance Ltd. 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 policy first issued if the benefits are identical. **We** will refund **premium** paid for any policy or policies found to be invalid in this way.

Notices

Any letters or notices sent by **us** concerning policy documents, renewal, cancellation or expiry of the policy will be sent to the **policy owner** at their last known address or email address. Other notices concerning non payment

of **premium** may be sent to the **insured person** at his or her last known address or email address rather than to the **policy owner**.

Premiums

The **premium** stated in **your schedule** must be paid to **us** when it is due to keep **your** policy current. The first **premium** payment is due on the **premium due date** shown in the letter sent with this document.

Premiums can be paid fortnightly or monthly by direct debit from a bank account or monthly, quarterly or annually using a Visa or MasterCard. The payment type you have selected can be changed at any time by the policy owner. To arrange this, please contact us.

Policy Value

This policy does not have any surrender or cash value. There will be no refund or **premiums** paid unless the **policy owner** cancels this policy within 30 days of purchasing the policy or the **premiums** are returned as detailed in the Policy Benefits.

Smoking Status

If **you** were a smoker at the **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. **You** will be required to complete a non-smoking declaration, and **your** adjusted **premium** will be based on **your** age at the date **your** request is accepted. If **you** later take up smoking again, **your QuickCover**

benefit will revert to that of a smoker, even if **you** fail to notify **us**.

Reinstatement

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

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 **insured person** or diagnosis of a **terminal illness**. To make a claim please contact **us**.

We will advise what evidence **we** require, to be provided at **your** cost, which would usually include:

- This policy document and the **schedule**
- Death certificate stating cause of death and a coroner's report if one has been issued
- Proof of the **insured person's** age if the date of birth is not given on the death certificate (an original birth certificate, passport or drivers licence)
- Proof of name change if the name on the

death certificate differs from the name on the above documentation

- A grant of administration – probate or letters of administration if the **insured person** was the **policy owner**
- If the claim is for a terminal illness benefit; an initial specialist report acceptable to **us**, that is provided by an appropriately qualified medical practitioner registered in New Zealand.

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. If any premium is outstanding at the time a claim is to be paid, **we** may deduct the overdue amount from any claim payment.

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.

Additional Cover

Means any increased sum insured that we have agreed may be added to the policy. Any additional cover will be identified as such in the **schedule**.

Additional Cover Commencement Date

Means the date on which any additional cover was added to the policy, as specified in the **schedule**. Any cover limitations related to the **policy commencement date** will also apply to the **additional cover commencement date**.

Additional Cover Premium

Means premium specific to any **additional cover** that has been added to the policy, calculated at Greenwich's premium rates applicable at the time the **additional cover** was issued.

Anniversary Date

Means the anniversary in each year of the **policy commencement date**.

Fraudulent

Means a person making a statement;

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

Insured Person

Means the person named in the **schedule** who is insured under this policy.

Policy Commencement Date

Means the date this policy was issued.

Policy Owner

Means the **insured person** named as such in the **schedule** who owns this contract of insurance and, unless we have agreed otherwise, the insured person will be considered to be the **policy owner**.

The **policy owner** can choose to assign ownership to another person. This can be done by completing a Memorandum of Transfer form. Please contact Greenwich for this.

Only one person can own the policy, they must be aged 16 years or older and to be valid, the Memorandum of Transfer must be registered with Greenwich (**you** will not be charged for this). A trust, trustee or company cannot own the policy.

Premium

Means the amount specified in the **schedule** as payable to Greenwich.

Premium Date Due

Means the date specified in the **schedule** on which the **premium** is payable.

Schedule

Means the latest (in time) **schedule** of policy

details including endorsements that forms part of this policy document.

Sum Insured

Means the amount specified in the **schedule** that is payable on the death or **terminal illness** of the **insured person**.

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 Greenwich, a business brand of DPL Insurance Limited.

You and Your

Means the **policy owner** or the **insured person** named in the policy **schedule** depending on the context.

Contact Us

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www.[lifeinsuranceservices.co.nz](http://www.lifeinsuranceservices.co.nz)