



BILL RELIEF



Policy Wording

Together, all the way.



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0800 900 047



www.cigna.co.nz



contactus.nz@cigna.com

CIGNA BILL RELIEF

Relieving the pressure of paying your bills by helping you cover the essentials if you're unable to work

1 Introducing your policy

Please read this policy wording and your *policy summary* carefully. These documents describe the terms and conditions that apply to your *policy* and form the basis of the contract between you and Cigna.

In this policy wording and the *policy summary* 'we', 'us', or 'our' means Cigna Life Insurance New Zealand Limited (Cigna), the insurer and underwriter of your *policy*.

Important words used throughout this policy wording that have a special meaning are shown in *italic* font. The meaning of these words is given in section 9.

All payments made under this *policy* will be in New Zealand currency.

This *policy* doesn't have any surrender or cash value if you cancel.

If you have any questions, please contact us on 0800 900 047.

› You have 30-days to decide if Bill Relief is right for you

We offer you 30-days to make sure you're happy with your insurance. If for any reason you want to cancel this *policy*, please call us.

We'll refund any premiums you've paid and cancel the *policy*.

If you cancel outside this 30-day period and pay your premiums every:

- fortnight or month, we won't refund any premiums
- three months, six months or each year, we will refund any un-used premiums you've paid in advance.

› You're covered if you suffer an injury, an illness or are made redundant

This *policy* is designed to pay a benefit if you suffer an *injury* or *illness* and are *unable to work*, or if you're made *redundant*.

SUMMARY OF BENEFITS TABLE:

	INJURY	ILLNESS	REDUNDANCY
Maximum amount you could receive per claim	<i>Injury benefit</i> shown in your <i>policy summary</i> (Either: \$1,500, \$3,000 or \$4,500)	Up to the <i>cover amount</i> shown in your <i>policy summary</i> (Either: \$5,000, \$10,000 or \$15,000)	
Payments made per claim	A one-off lump sum of the <i>injury benefit</i> , paid after 15 calendar days	Up to three payments made at the following times provided you're still off work: <ul style="list-style-type: none">• 15 calendar days• three months• six months	
Maximum claims per benefit	Three claims of the <i>injury benefit</i>	Three claims each up to the <i>cover amount</i>	Three claims each up to the <i>cover amount</i>

Note: the above table is just a summary of what's covered under this *policy*. Please see section 2 for full details.

› Some important terms that apply to your policy

During the first two years of your *policy* you won't be covered for any *injury* or *illness* relating to a *pre-existing condition*.

You're only covered for claims relating to mental health issues if they're confirmed by a registered mental health specialist.

You're only covered for any *injury* or *illness* relating to backache if it's a radiologically proven medical abnormality.

Please see section 4 for the full details of what's not covered under this *policy*.

› You need to check your policy if your circumstances change

If your circumstances change, make sure you check the details of your policy to ensure it still meets your needs.

For example this could be if your hours of work change or you move into one of the excluded occupations listed in section 4.

You can make changes to your cover, or cancel it at any time, simply contact us on 0800 900 047 to discuss your options.

2 What you're covered for

› You're covered if you suffer an injury

If you suffer an *injury* and are *unable to work*, we'll pay you a one-off payment of the *injury benefit* shown in your *policy summary*.

To claim for an *injury* you must satisfy all of the following conditions:

- your *injury* first occurs after the *cover start date*
- you're in paid employment or *self-employed* for at least 25 hours per week immediately before suffering the *injury*

- you've been *unable to work* because of your *injury* for at least 15 calendar days in a row
- you're following the advice of a registered medical practitioner for the *injury*.

We'll pay your *injury benefit* after you've been *unable to work* for 15 calendar days in a row and we've accepted your claim.

The amount of your *injury benefit* you'll receive per claim will be stated in your *policy summary*.

We won't reduce your benefit payment by any amount you're receiving or are eligible to receive as compensation for loss of earnings from the Accident Compensation Corporation (ACC) or any future equivalent institution.

› You're covered if you suffer an illness

If you suffer an *illness* and are *unable to work*, we'll pay you up to the *cover amount* shown in your *policy summary*. You'll receive this in up to three payments as detailed in the following illness payment schedule.

To claim for an *illness* you must satisfy all of the following conditions:

- your *illness* first occurs at least three months after the *cover start date*
- you're in paid employment or *self-employed* for at least 25 hours per week immediately before suffering the *illness*
- you've been *unable to work* because of the *illness* for at least 15 calendar days in a row
- you're following the advice of a registered medical practitioner for your *illness*.

After you've been *unable to work* because of your *illness* for 15 calendar days in a row and we've accepted your claim, we'll make your first payment.

If you're still *unable to work* because of your *illness* after three months, we'll make your next payment as shown in the following illness payment schedule.

If you're still *unable to work* because of your *illness* after six months, we'll pay you the remainder of the *cover amount* shown in your *policy summary*.

The amount you'll receive for each payment is shown in the following illness payment schedule.

Illness payment schedule: Payments will be made shortly after the following times provided you remain *unable to work*

Cover amount shown in your <i>policy summary</i>	Time from the day you're first <i>unable to work</i>		
	15 calendar days	three months	six months
\$5,000	\$1,500	\$1,500	\$2,000
\$10,000	\$3,000	\$3,000	\$4,000
\$15,000	\$4,500	\$4,500	\$6,000

We'll continue to pay you until the earliest of the following happens:

- you're medically able to return to work
- you receive the *cover amount* shown on your *policy summary* for your *illness* claim
- you stop following the advice of a registered medical practitioner for your *illness*
- you reach the *expiry date* shown in your *policy summary*
- you die.

› You're covered if you're made redundant

If you're made *redundant*, we'll pay you up to the *cover amount* shown on your *policy summary*. You'll receive this in up to three payments as detailed in the following redundancy payment schedule.

To claim for *redundancy* you must satisfy all of the following conditions:

- your *redundancy*, or written or verbal notice of your *redundancy*, is received at least three months after the *cover start date*
- you've been off work because of the *redundancy* for at least 15 calendar days in a row
- you were in paid employment, in the job you were made *redundant* from, for at least 25 hours per week during the six months immediately before notice of your *redundancy*

- you were not *self-employed* or working in *seasonal employment* or *casual employment*.

After you've been off work for 15 calendar days in a row and we've accepted your claim, we'll make your first payment.

If you're still unemployed after three months we'll make your next payment as shown in the following redundancy payment schedule.

If you're still unemployed after six months, we'll pay you the remainder of the *cover amount* shown in your *policy summary*.

The amount you'll receive for each payment is shown in the following redundancy payment schedule.

Redundancy payment schedule: Payments will be made shortly after the following times provided you remain unemployed

Cover amount shown in your <i>policy summary</i>	Time from the day you're first unemployed		
	15 calendar days	three months	six months
\$5,000	\$1,500	\$1,500	\$2,000
\$10,000	\$3,000	\$3,000	\$4,000
\$15,000	\$4,500	\$4,500	\$6,000

We'll continue to pay you until the earliest of the following happens:

- you return to work
- you're offered and refuse employment that you'd be reasonably expected to do because of your education, training or experience
- you reach the date that your fixed term contract was originally agreed to end before you were notified of your *redundancy* (if you had been on a fixed term contract)
- you receive the *cover amount* shown on your *policy summary* for your *redundancy* claim
- you reach the *expiry date* shown in your *policy summary*
- you die.

3 Claiming more than once

› You can have up to three claims accepted under each benefit type

You can have a maximum of three claims accepted under this *policy* for each of the benefit types: *injury*, *illness* and *redundancy*.

Once you've had three claims accepted under one of the benefit types, you'll no longer be covered for any future claims for that benefit type under this *policy*. You'll continue to be covered for any remaining benefit types provided:

- you haven't reached the maximum claim payments for those benefit types
- you keep paying your premiums
- all the terms and conditions of this *policy* are met.

You must return to paid employment, or *self-employment*, for 25 hours or more per week for at least six months between new claims of any type under this *policy*.

Maximum amount payable under each of the illness and redundancy benefits:	
Cover amount shown in your <i>policy summary</i>	Maximum amount payable three claims up to:
\$5,000	\$15,000
\$10,000	\$30,000
\$15,000	\$45,000

Maximum amount payable under the injury benefit:	
Injury benefit shown in your <i>policy summary</i>	Maximum amount payable three claims up to:
\$1,500	\$4,500
\$3,000	\$9,000
\$4,500	\$15,000

› You can claim again for a related illness within six months of your last claim

If you suffer from a related *illness* within six months of your last claim for that *illness*, we'll consider this a continuation of your last claim provided all of the following apply:

- you've returned to paid employment or *self-employment*
- you haven't already received the *cover amount* shown in your *policy summary* for that claim.

This means you'll be able to claim for the remainder of the *cover amount* that hasn't already been received for that *illness*. You also won't have to wait another 15 calendar days, we'll start paying you as soon as we've accepted the continuation of your claim.

We'll consider a related *illness* to be any *illness* that is a direct or indirect result of an *illness* you've already claimed for under this *policy*.

› You can claim again for an illness after six months from your last claim

If you've returned to work for at least 25 hours per week for six months since your last claim and suffer from a related or unrelated *illness*, we'll consider this a new claim.

This means you'll be able to claim for up to the *cover amount* shown in your *policy summary*. You'll need to be *unable to work* because of the *illness* for at least 15 calendar days in a row before we can accept your claim.

4 What's excluded from your cover

› You're not covered for certain things if you suffer an injury or illness

We won't pay any benefit under this *policy* if the *injury* or *illness* is caused by any of the following:

- any *pre-existing condition* that causes you to be *unable to work* within the first two years of the *cover start date*
- attempted suicide or intentional self-injury, whether or not you're sane
- backache and related conditions causing disability unless there is a radiologically proven medical abnormality

- any medical treatment or surgical procedure that is not essential for medical reasons and is requested by you for psychological, personal or cosmetic reasons
- any complications of pregnancy, birth, miscarriage or termination of pregnancy
- alcohol or drugs taken by you (unless prescribed by a registered medical practitioner and taken as directed)
- a criminal or illegal act committed by you.

› You're not covered for certain things if you're made redundant

We won't pay the redundancy benefit under this *policy* if:

- you're made *redundant* before the *cover start date*, or within three months of the *cover start date*
- you received written or verbal notice, or you were aware of your *redundancy*, before the *cover start date*, or within three months of the *cover start date*
- you were aware of potential *redundancy*
- you're dismissed
- your *redundancy* relates to a strike or labour dispute
- your *redundancy* is voluntary, or is caused by your voluntary resignation or retirement
- your *redundancy* occurs while you're in *seasonal employment* or *casual employment*
- you're a director in your own business or *self-employed*
- your *redundancy* relates to you closing or selling your own business
- you're still working in paid employment for 25 hours or more per week.

› You're not covered if you work in any of the following occupations

You're not covered for any of the benefits under this *policy* if at the time you suffer an *injury* or *illness*, or at the time you receive notice of your *redundancy*, your occupation involves any of the following:

- heights above 15m
- forestry or logging
- deep sea fishing
- diving (or other underwater work)
- mining (or other underground work)
- working as a pilot
- working on an oil rig
- working in the Armed Forces
- hunting
- demolition with explosives
- professional sports (including racing of any kind).

5 Changes to your cover

› You need to check your policy if your circumstances change

It's important to review your insurance regularly to make sure you have the right type of cover for your needs. If your situation changes, you might want to review your cover.

For example this could be:

- your hours that you work change
- you move into *seasonal* or *casual employment*
- you move into one of the excluded occupations listed in section 4
- you now require a different level of cover.

You can cancel or make changes to your cover at any time, simply contact us on 0800 900 047 to discuss your options.

If you'd like to increase the benefits under this *policy*, you can do so at anytime up until the *policy anniversary* immediately before your 60th birthday.

› **We may not pay for cover increases under some circumstances**

If we accept an application you make to increase your cover under this *policy*, we'll send you an updated *policy summary* that outlines the additional cover and the additional *cover start date*.

We won't pay benefits for any additional cover if your claim relates to an *injury, illness or redundancy* that has already been claimed for, or could have been claimed for, under this *policy* before the additional *cover start date*.

We won't pay benefits for any additional cover if your claim relates to a *pre-existing condition* within the first two years of the additional *cover start date*.

We won't pay benefits for any additional cover if your *illness or redundancy* occurs, or you received written or verbal notice of your *redundancy*, within the first three months of the additional *cover start date*.

› **You can apply to reinstate your policy**

We may reinstate your *policy* if it's been cancelled due to unpaid premiums. To apply to reinstate your *policy* please contact us on 0800 900 047. You must apply within 14 days of your *policy* cancelling.

The terms and conditions of your reinstated *policy* may be different to what applied before it was cancelled.

› **We may make changes to all Bill Relief policies**

We may change the benefits, exclusions and premiums of all Bill Relief policies if it is reasonably necessary to protect our legitimate business interests.

For example (but not limited to):

- if changes in the law or its interpretation occur after the *cover start date* and we reasonably believe that those changes will affect our tax liability, or how the *policy* works, or the amount of benefit payable

- if claims experience across all Bill Relief policies is significantly adverse.

We'll give you at least 30 days' written notice before we make any changes to your *policy*.

6 **Paying for your policy**

Please see your *policy summary* for the premium amount and how often you need to pay it. You can apply at any time to change your payment method and how often you pay, simply contact us on 0800 900 047.

› **We'll refund premiums for the time you're receiving a claim**

We'll add an additional amount on to any benefit payments you receive from us to help cover your premiums while you're receiving a claim under this *policy*.

The additional amount will be equal to three monthly premiums, regardless of how often you pay your premiums.

› **Your premiums include GST**

Under current tax laws the premiums for this *policy* include Goods and Services Tax (GST). If the GST rate changes we may adjust your premium. If we do this we'll confirm to you in writing your new premium.

If there is a change in government policy and we're required to pay any tax, duty or government charge or levy in relation to any amount payable to you under this *policy*, we may reduce the amount we pay to you by the amount of that charge or levy.

7 You agree to the following conditions

› You must be open and honest

We rely on the information you give us to provide this cover for you and to pay any claim.

If you provide false or incorrect information, haven't given us all the information we ask for or fail to provide any other material information, we may:

- decline your claim
- cancel your *policy* from the *cover start date*
- retain all or some of your premiums.

› Your policy will automatically renew each year

We'll automatically renew your *policy* each year on your *policy anniversary*, as long as you continue to pay your premiums and your *policy* isn't cancelled.

The last renewal of your *policy* will be for the 12 months starting on the *policy anniversary* before your 65th birthday.

› You need to let us know if your contact details change

We'll send correspondence to the most recent contact details we hold for you, so if your details change please let us know. It's your responsibility to give us your new contact details so we can continue to send you important information about your *policy*.

› You must be a permanent resident of New Zealand

If you're not a *permanent resident of New Zealand* at the time that this *policy* started, we may cancel this *policy* and refund any premiums paid.

› You must be working in New Zealand

You'll only be covered under this *policy* if you're in paid employment or are *self-employed* in New Zealand. This must be for at least 25 hours per week for the six months immediately before suffering an *injury, illness* or you're made *redundant*.

› We may limit your cover if you have multiple Bill Relief policies

If we accept a claim under this *policy* and you're currently covered, or you've previously been covered, under another Bill Relief policy (or another Cigna-underwritten product with similar benefits) then we may limit the benefits paid under this *policy*.

We'll limit the benefits so that the total amount received from all policies doesn't exceed the equivalent amounts payable under a *policy* with a *cover amount* of \$15,000 and an *injury benefit* of \$4,500.

Where we limit your benefits in this way, we'll refund any excess premiums paid under this *policy*.

› When the policy stops

The *policy* stops when any one of the following happens:

- the premiums remain unpaid for three months, in which case cover will end on the date the last premium was paid up to
- you ask us to cancel this *policy*
- you have three claims accepted under each of the benefit types: *injury, illness* and *redundancy*
- we cancel the *policy* because you're not a *permanent resident of New Zealand*
- on the *policy anniversary* following your 65th birthday
- if you die.

8 How to make a claim

If you need to make a claim against this *policy*, contact us as soon as possible and we'll guide you through the process. You may need to complete a claim form and return it to us.

Phone 0800 900 047

Email claims.nz@cigna.com

Mail Cigna Life Insurance
P O Box 24031
Manners Street Wellington 6142

We may require supporting documents as outlined in the following sections. When you make a claim we'll let you know any other supporting documents we may need. Any costs to provide these documents to us must be paid for by you.

› We require the following to support your redundancy claim

We'll need confirmation of your *redundancy* from your previous employer.

We'll also need ongoing proof from you to show you're actively looking for paid employment during your *redundancy*. This can be in the form of:

- copies of job applications
- confirmation that you've registered with an appropriate employment agency.

We may not accept, or end your claim, if you're offered and refuse employment that you'd be reasonably expected to do because of your education, training or experience.

› We require the following to support your injury or illness claim

We'll need proof from you to show you're *unable to work* because of your *injury*, or ongoing proof you're *unable to work* because of your *illness*.

We may need you to have an examination or other tests to confirm you're *unable to work* because of your *injury* or *illness*.

Any claims relating to mental health issues must be confirmed by a registered mental health specialist. Mental health issues include but are not limited to stress, anxiety or depression.

Any medical information required to support a claim must be paid for by you and provided by appropriately qualified medical practitioners registered in New Zealand or Australia (or any other country approved by us).

9 Some terms defined

When the following words and terms appear in the *policy summary* or the policy wording, they have the meanings given below.

Casual employment means employment with no guaranteed hours of work, no regular pattern of work, and no ongoing expectation of employment.

Cover amount is shown on your *policy summary* and means the maximum amount that we'll pay for any *illness* or *redundancy* claim under this *policy*.

Cover start date is shown on the *policy summary* and means the date your cover began under this *policy*.

Expiry date means the date shown on your *policy summary* that this *policy* will end, which will be on the first *policy anniversary* after your 65th birthday.

Illness means any illness or disease you have that first occurs after the *cover start date*.

Injury means bodily injury caused by violent, accidental, external and visible means that occurs after the *cover start date*.

Injury benefit is shown on your *policy summary* and means the maximum amount that we'll pay you for any *injury* claim accepted under this *policy*.

Permanent resident of New Zealand means a New Zealand citizen, New Zealand permanent resident or Australian citizen residing in New Zealand.

Policy means the terms and conditions applying to this insurance, as described in the policy wording and the *policy summary*.

Policy anniversary means the date 12 months after the premium start date shown on your *policy summary*, and the same date every year after that.

Policy summary means the summary sent to you with this document (or any replacement summary), that lists details specific to your cover.

Pre-existing condition means any *illness*, *bodily injury* or medical condition you were aware of or should have been aware of, whether existing, diagnosed or in remission that:

- you sought or received medical advice, treatment or hospitalisation for in the two years before the *cover start date*
- you could reasonably be expected to have sought or received medical advice, treatment or hospitalisation for in the two years before the *cover start date*.

Redundant/Redundancy means you're unemployed because your position is disestablished as it's no longer needed by your employer.

Seasonal employment means working in fixed-term employment on a seasonal basis where the employment will finish at the end of the season. This includes being employed on a rolling fixed-term basis in which you're re-hired at the start of every season.

Self-employed/Self-employment means you're employed by a company of which you or your immediate family have direct or indirect control, or you work for yourself in the capacity of a self-employed contactor, sole trader, partner in a partnership or otherwise.

Unable to work means because of your *injury* or *illness* you're completely unable to work in one or more occupations that you were working in for a total of at least 25 hours per week when your *illness* or *injury* occurred. These occupations must be your main source of income. Your inability to work must be confirmed by a registered medical professional.

10 About Cigna

Cigna New Zealand is a leading specialist provider of insurance products and services. These include life insurance, funeral insurance, income protection insurance, accidental death insurance, serious illness insurance and travel insurance.

We've been operating in New Zealand for a century, and protect 350,000 New Zealanders and their families with our insurance policies. We're part of Cigna Corporation, a Fortune 500 company and one of the world's largest publicly-owned companies. A copy of Cigna's latest financial statements is available on request.

› Your insurance is protected by a statutory fund

Like all New Zealand life insurers, we're required under the Insurance (Prudential Supervision) Act 2010 to establish a statutory fund. The statutory fund relevant to your *policy* is Cigna's Statutory Fund Number One.

› Our privacy policy protects information you give us

We'll hold any details you provide securely and may use them to provide you with quotations, information about products, services and promotions that may be of interest to you, or to set up and administer any policy you wish to take out.

Under the Privacy Act 1993, you have the right to access and correct personal information provided by you. For more information on our privacy policy please refer to our full privacy statement at www.cigna.co.nz/privacy or contact us on 0800 900 047.

This privacy policy applies to you and the premium payer.

› We welcome the opportunity to resolve disputes

If you have a complaint, please contact us on the details below to discuss it. We'll start our internal process for resolving complaints.

Email complaintsandquality.nz@cigna.com

If you're not happy with what we suggest to fix the problem, you can contact the Insurance and Financial Services Ombudsman Scheme (IFSO Scheme). We're a member of this scheme, which is a free, independent service that can help settle any dispute you're unable to resolve with us. They will determine any dispute or action relating to this *policy* according to New Zealand law.

IFSO contact details

Post PO Box 10845, Wellington 6143

Phone 0800 888 202

Email info@ifso.nz

Website www.ifso.nz

11 Our financial strength

We have an A (Excellent) financial strength rating which was given by A.M. Best Company Inc. The rating scale is:

SECURE			VULNERABLE		
A++	A+	Superior	B	B-	Fair
A	A-	Excellent	C++	C+	Marginal
B++	B+	Good	C	C-	Weak
			D		Poor
			E		Under regulatory Supervision
			F		In Liquidation
			S		Suspended

For more rating information visit www.ambest.com/ratings/guide.pdf

12 Contact us

By phone 0800 900 047

If you're overseas +64 4 931 9772

By email contactus.nz@cigna.com for general information about your *policy* such as premiums and address changes

complaintsandquality.nz@cigna.com to make a complaint

claims.nz@cigna.com to request a claim form or ask any questions related to a claim

By letter Cigna Life Insurance
P O Box 24031
Manners Street Wellington 6142

By fax 04 470 9151

