INCOME PROTECTION

Policy Wording

Together, all the way.
Income Protection Policy Wording

1. Introducing your policy
2. What you can expect from us
3. Making a claim
4. How does the Income Benefit work?
5. What aren't you covered for?
6. How does the Redundancy Benefit work?
7. Some terms defined
8. If you need to register a complaint
9. About Cigna
10. Our Financial Strength
11. Contact us
Income Protection from Cigna is designed to help you pay your bills if you can’t work because of an illness or injury.

Please read this document (plus your Policy Summary and application summary) carefully. It’s important you understand all your Policy documents as they are the contract between you and Cigna. If you have any questions about your Policy, please contact us on 0800 900 047.

Income Protection from Cigna:

- Up to $10,000 a month cover for up to 2 years
- We’ll cover you if you are working overseas
- We’ll waive your premiums if you are on claim or made redundant

1. Introducing your Policy

Income Protection

If you are Unable to Work because of an Illness or Injury, we’ll pay you a monthly benefit of up to 75% of your Income at the time you claim – you’ll need to make sure your premiums are up to date and the conditions of this Policy are met. The specific details of your cover and how it works are explained later in this document and in your Policy Summary.

Redundancy Benefit

If you are made Redundant we’ll waive your premiums, while you are off work, for up to 6 months.

Renewal of your Policy

We’ll automatically renew your Policy on each Anniversary Date until you cancel the Policy or stop paying your premiums. The last renewal of your Policy will be for the 12 months starting on the Anniversary Date of your Policy before your 65th birthday.

Your $100 Healthy Living Bonus

If you haven’t made a claim in the first year and all your premiums have been paid, we’ll pay you $100 within 60 days of your first Anniversary Date.

Changing your cover

It’s important to review your insurance regularly to make sure you have the right amount of cover you need. If your income changes, you may want to change your Benefit Amount/s to match 75% of your new income. You can apply to change your Benefit Amount/s, Benefit Term, Wait Period and how you pay your premiums at any time, simply contact us to discuss your options. Any health, occupational or financial changes that occur after your Policy starts may affect the terms of your cover if you change it – we’ll make sure you know about any changes.
2. What you can expect from us

Increases to your cover for inflation
To help keep your total cover up to date, we will offer you an increase on each Anniversary Date. The increase will be the official rate of inflation up to a maximum increase of 10% per year. We'll send you a letter with your new cover and Premium Amount.

The increase will apply to your Benefit Amount/s. If you are on claim when your cover increases for inflation, your actual Income Benefit won't increase.

You don't have to accept our offer of an increase but no increases will be offered once:

- you have declined 3 offers or
- an offer to increase will make your Benefit Amount/s exceed the maximum benefit available to you.

Cancelling your Policy
You can cancel your Policy any time. If you cancel after the 30 day free look period, your premiums won't be refunded. Also, there is no cash value for this Policy if you cancel it.

Worldwide cover
You're covered for any Illness or Injury that happens almost anywhere in the world but you have to be living and working in New Zealand to buy this cover. You'll also need to return to New Zealand after 3 months on claim to be eligible for any further claim payments. Please see the exclusions for countries that are not covered.

Your responsibility to be open and honest
We rely on the information you give us to cover you with Income Protection and pay any claims.

If you don't give us all the information we ask for or any other Material Information during your application process or when you change your Policy later on, we may decline your claim, cancel your Policy from the Cover Start Date, and/or retain all or some of your premiums.

If you provide false or incorrect information in support of a claim we may decline your claim and/or cancel your Policy.

Tax
If we are required to pay any tax, duty or government charge or levy relating to any amount payable to you under this Policy, we may reduce the amount we pay to you by the amount of that tax, duty or government charge or levy.

Your 30 day free look period
Because it's important that you are entirely satisfied with your insurance, we offer a 30 day free look period starting when we post or email your Policy documents to you. If for any reason you want to cancel this Policy, please call our customer services team. Any premiums that you've paid during the 30 day period will be refunded and we'll confirm in writing that the Policy has been cancelled.

Changes to your premium
Your Premium Amount is on your Policy Summary and is based on your Benefit Amount/s and other factors including your Benefit Term, Wait Period, age, gender, occupation and whether you smoke or not.

Your Premium Amount will increase each year on each Anniversary Date as you get older. This increase will also take into account any increases due to inflation. As with any change to your Policy, we'll advise you in writing of any changes to your premium for the coming year.

Your Anniversary Date is a great time to review your insurance to ensure that you have the right amount of cover.

Premium changes to all policies
We may change the premiums charged for all Income Protection policies. If we do, we'll give you 30 days written notice of any change.
Changes to the GST component of your Premium

Under current tax laws the premiums for this Policy include Goods and Services Tax (GST). If the GST rate changes, we will adjust your premium and advise you in writing of the new premium.

Your Policy will end when any of the following happen:

- your Premium Amount remains unpaid for 3 months. If this happens your cover will end on the date the last premium was paid up to
- on the Anniversary Date following your 65th birthday
- if you misrepresent or do not disclose Material Information during your application period (from when you complete your application up until the Policy is issued), when you change your Benefit Amount/s, Wait Period, Benefit Period or reinstate your Policy or
- if you provide false or incorrect information in support of a claim.

Reinstate your cover

You can apply to reinstate your cover if your Policy has been cancelled because of unpaid premiums. We'll reinstate your Policy at our discretion and the terms and conditions of your reinstated Policy may be different to those that applied before it was cancelled.

3. Making a claim

If you need to make a claim, contact us as soon as possible and we’ll guide you through the process. You’ll need to complete a claim form and return it to us together with any information we ask for to assess your claim.

Information we'll need

We’ll need details of the condition that has caused you to be Unable to Work and the names and contact information of all Registered Doctors that have treated you.

We’ll also need financial evidence of your Income and any Other Income you are receiving.

During your claim, you will need to provide ongoing medical and financial evidence satisfactory to us.

The cost of obtaining this information will need to be met by you.

You’ll also need to let us know when you return to work.

We may reduce the amount we pay or refuse to pay the claim if we are unreasonably disadvantaged by the late notification of a claim.

4. How does the Income Benefit work?

If you are Unable to Work due to an Illness or Injury that is not caused or contributed to by a Pre-existing Medical Condition or an excluded condition or pastime, we will pay you an Income Benefit once your Wait Period has ended.

These payments will continue until:

- you no longer meet the definition of being Unable to Work
- you have been paid for the maximum Benefit Term for claims relating to the same or a related Illness or Injury or
- the Anniversary Date following your 65th birthday.

You need to provide medical evidence satisfactory to us each month that you remain Unable to Work otherwise we may stop your payments. If you don't comply with the treatment prescribed by a registered medical practitioner that you have consulted for your Illness or Injury we may not pay your claim.
Your Income Benefit will be 75% of your average monthly Income at the time you claim (up to a maximum of the Benefit Amount/s shown on your Policy Summary), less any Other Income you are entitled to receive while you are Unable to Work. Your Income Benefit will be GST inclusive.

You need to continue to pay premiums during your Wait Period but if you have any premiums that become overdue during that time, we may deduct them from your monthly Income Benefit.

Once your claim is accepted, your Income Benefit will be paid monthly, starting 30 days after the Wait Period ends. The payments will be made in New Zealand Dollars.

**Waiving of your premiums while you are receiving an Income Benefit**

We'll waive your premiums while you are receiving an Income Benefit. The premium waiver will start at the end of your Wait Period.

**Rehabilitation/vocational retraining**

We may, at our discretion, require you to undertake rehabilitation or vocational retraining as a condition of continued payments of the Income Benefit if we believe that this will assist in your rehabilitation and return to work.

We'll pay the cost of any rehabilitation or vocational training that we require you to do.

If you don't do the rehabilitation or vocational retraining we require you to do, we may stop your claim.

**How does the Income Benefit work when you claim more than once?**

You can claim more than once for unrelated Illnesses and Injuries.

If you suffer a recurrence of the same or a related Illness or Injury and are Unable to Work, we will treat this as a continuation of the original claim (meaning the maximum Benefit Term will continue from the previous claim/s). If the recurrence occurs within 6 months of the original claim ending, no Wait Period will apply.

**Some terms defined:**

**Benefit Amount/s** means the maximum Income Benefit cover/s per month, as chosen by you, and shown in your Policy Summary.

**Illness** means any sickness or disease that happens after the Cover Start Date that is not a Pre-existing Medical Condition.

**Income** means:

- if you are an employee, your highest average gross taxable monthly income earned from your occupation/s during a continuous 12 months in the 24 months immediately before the date you became Unable to Work (excluding any income from a redundancy payment).
- if you are self employed or a working director, the highest average gross taxable monthly income you earned from your business/es or occupation/s (after business or professional expenses) and as reported to the IRD (or the overseas equivalent) during a continuous 12 months in the 24 months immediately before the date you became Unable to Work.
- if you are, and have been, on parental or other unpaid leave for a period of less than 6 months when you become Unable to Work, your Income will be calculated as the highest average gross monthly income earned in a consecutive 12 month period in the 24 months immediately prior to commencing your leave.

**Injury** means a bodily injury that happens after the Cover Start Date that is not a Pre-existing Medical Condition.

**Medically Acquired HIV** means your infection with HIV was acquired as a result of accidental infection resulting from one of the following medically necessary events performed in New Zealand or Australia by a Registered Doctor:

- a transfusion of blood or blood products
- organ transplant to you
- assisted reproductive techniques or
- a medical procedure or operation performed by a Registered Doctor.
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.

**Mental Illness** means any psychiatric, psychosomatic, mental or nervous condition including, but not limited to:

- stress (including post traumatic stress disorder)
- physical symptoms of a psychiatric illness
- anxiety
- depression or depression related conditions
- psychoneurosis
- psychotic, personality, emotional or behavioural disorders or
- disorders related to substance abuse and dependency which includes alcohol, drugs or chemical dependency.

**Occupationally Acquired HIV** means your infection with HIV was acquired as a result of an accident arising out of your normal occupation or a malicious act of another person or persons arising out of your occupation and seroconversion to HIV occurred within 180 days of the accident or malicious act.

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.

**Other Income** means payments you receive from other sources at the time you are making a claim for an Income Benefit under this Policy. These payments include:

- ongoing income you are entitled to receive from your business/es or occupation/s (we will treat ongoing income in the same way that it was treated when assessing your Income at the start of the claim)
- income benefits received from any other income protection policy (including a Cigna policy) but not including payments from a business expenses or business overheads policy
- regular payments from the Accident Compensation Corporation or any other government agency
- sick leave payments and
- National Superannuation payments.

**Pre-existing Medical Condition** means any illness, injury or medical condition which:

- you were being treated for at the Cover Start Date, or for which you had been treated and/or sought advice in the two years prior to the Cover Start Date or
- you were aware you had, or had signs or symptoms of, in the two years prior to the Cover Start Date or for which a reasonable person would have sought medical advice or treatment.

**Registered Doctor** means a doctor registered in New Zealand or Australia who is appropriately qualified to assess your medical condition. The doctor cannot be you, your business partner or related to you.

If you are in another country, the doctor must have qualifications and registration satisfactory to us and equivalent to New Zealand or Australian standards.

**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, civilian population or any segment thereof, or to disrupt any segment of the economy.
Unable to Work means that solely due to an Illness or Injury occurring after the Cover Start Date you are:

- confirmed by a Registered Doctor as being unable to perform the duties of your Usual Occupation for more than 10 hours per week and
- you are following the advice of a Registered Doctor in relation to the Illness or Injury for which you are claiming and
- you are not engaged in your Usual Occupation or any other paid occupation at all.

The medical information provided must be acceptable to Cigna and Cigna’s medical adviser must agree that you are Unable to Work.

Cigna reserves the right to arrange any further medical assessments necessary to assess your medical condition and ability to work.

Usual Occupation means the occupation or occupations you are employed in and receiving an income from, at the time you become Unable to Work.

If, at the time you become Unable to Work, you have been unemployed, are on parental or other unpaid leave for a period of 6 months or less, we will consider your occupation immediately prior to becoming unemployed or going on unpaid leave, your Usual Occupation.

If at the time you become Unable to Work you have been unemployed, on parental or any other unpaid leave for more than 6 months, you will be considered to have no Usual Occupation and will not be entitled to claim.

Wait Period means the period of time (selected by you and shown on your Policy Summary) you must have been continuously Unable to Work, before you become eligible to receive an Income Benefit. The Wait Period starts the day you are first Unable to Work or the day you first saw a Registered Doctor and were medically certified as Unable to Work, whichever is later. If you have changed your Wait Period we will apply the period that was in place when you suffered the Injury or first consulted your doctor for the symptoms of the Illness that caused you to then become Unable to Work.

War means any 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.

5. What aren’t you covered for?

We will not pay a claim which was directly or indirectly contributed to or caused by:

- a Pre-existing Medical Condition
- a Mental Illness
- any intentional self-inflicted injury, whether sane or insane
- pregnancy, giving birth, miscarrying or having a pregnancy terminated, unless you have been Unable to Work for more than 3 months after the pregnancy ends, in which case benefits will be assessed from this point on
- participation in, or training for, speed contests or any professional sport
- engaging in, preparing for or travelling to and from the site where the activity is to take place for any of the following activities – Aerial activities other than as a fare paying passenger in an aircraft licensed to carry passengers on a recognised and regular airline, base jumping, black water rafting, boxing, bungy jumping, canyoning, caving or pot holing, diving, mountaineering, outdoor climbing, hunting, motor sports (all types on land or water), trans ocean racing, volunteering as a firefighter, lifeguard, surf life saver or search and rescue worker
- War or any act of War, invasion, Terrorism or any act of Terrorism, act of foreign enemy, hostilities, strike, riot and/or civil commotion, civil war, rebellion, revolution, insurrection, military or usurped power
- drug use (unless the drugs were prescribed and taken as prescribed by a Registered Doctor)
6. How does the Redundancy Benefit work?

If you are made Redundant from your Usual Occupation and are not working in any other occupation/s we will waive your premiums if:

- you were not self employed and
- you were made Redundant at least 90 days after the Cover Start Date and
- you were not aware of the likelihood of being made Redundant prior to the Cover Start Date.

Your premiums will be waived until:

- you return to work
- your premiums have been waived for 6 months or
- the Anniversary Date following your 65th birthday.

You’ll need to let us know when you return to work.

Redundant or Redundancy means that your position has been disestablished by your employer and that you have been unemployed as a result of your redundancy, for at least 30 consecutive days.

7. Some terms defined

**Anniversary Date** means the date 12 months after the Premium Start Date and the same date each year after that.

**Benefit Term** means the maximum period of time, selected by you and shown on the Policy Summary, that you can receive Income Benefits for any one claim. If you have changed your Benefit Term we will apply the term that was in place when you suffered the Injury or first consulted your doctor for the symptoms of the Illness that caused you to then become Unable to Work.

**Cigna (we, us)** means Cigna Life Insurance New Zealand Limited, the underwriter of this Policy.

**Cover Start Date** means:

- the date your cover began or
- the date your cover was reinstated.

If you increase your Benefit Amount the Cover Start Date for the increase is the day cover began for the increased Benefit Amount.

**Material Information** means all relevant information that we needed in order to decide the terms of your Policy. It includes, but is not limited to, information about your health, occupation and income.

**Policy** means this document, the Policy Summary and your application details.

**Policy Summary** means the summary sent to you with this document that shows the details specific to your Policy, or any replacement summary.

**Premium Amount** means the amount of premium shown on the Policy Summary.

**Premium Start Date** means the date that the first premium is due as shown on the Policy Summary.
8. If you need to register a complaint

If you have a complaint we are happy to discuss it. Please contact us in the first instance, our Customer Service team will do their best to resolve your issue straight away. However, if they can't sort out the issue, our dedicated Customer Resolution Consultant will personally take on your case.

Also, Cigna is a member of the Insurance and Financial Services Ombudsman (IFSO) scheme, a free, independent service which can help settle any dispute you are unable to resolve with us.

Any dispute or action relating to this Policy will be determined in accordance with New Zealand law.

**IFSO contact details**

Post  
P O Box 10 845, Wellington 6143

Phone  
0800 888 202

Email  
info@ifso.nz

Website  
www.ifso.nz

9. About Cigna

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

We’ve been operating in New Zealand for nearly a century, and now protect over 295,000 New Zealanders with our insurance policies.

Cigna New Zealand is 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.

We are 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.

**Privacy**

Any details you provide will be held securely by Cigna for the purpose of providing you with quotations and information about Cigna products and services. Your details will never be disclosed to third parties, except for purposes of setting up and administering any policy you wish to take out. From time to time, Cigna may contact you with information about products and services, which it feels may be of interest to you. Under the Privacy Act 1993 you have the right of access to and correction of personal information provided by you.

If you would prefer not to be contacted about these products please call us on 0800 900 047.

10. Cigna’s Financial Strength

Cigna Life Insurance New Zealand Limited has an A- (Excellent) financial strength rating which was given by A.M. Best Company Inc.

The rating scale is:

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For more rating information visit [www.ambest.com/ratings/guide.pdf](http://www.ambest.com/ratings/guide.pdf)
Contact us

By phone  0800 900 047

By email  contactus.nz@cigna.com for general information about your Policy such as premiums and address changes
complaintsandquality.nz@cigna.com to register 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 9152