



ULTIMATE LIFE &
LIVING INSURANCE

nib Ultimate Total & Permanent Disability Insurance



Policy Document



a healthier approach





Welcome to nib

We don't believe in set-and-forget policies or a fingers crossed approach to your day-to-day wellness. We're your partner in health and life, providing cover that's easy to use and empowering you with the right tools and guidance. Wherever life takes you, we'll be here to help support you.

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01.

How this policy works

The documents making up your Ultimate Life & Living Insurance policy are:

- your policy document(s). There is a separate policy document for each type of cover under your policy. This is the policy document for Ultimate Total & Permanent Disability Insurance
- your latest **policy schedule** which sets out the insurance cover(s) you have under your policy and other details as set out below
- your application(s) for your insurance cover and any other underwriting forms

This Ultimate Total & Permanent Disability Insurance policy document tells you:

- when benefits are available if the **person insured** becomes totally and permanently disabled or partially and permanently disabled
- what benefits are not available (including general exclusions that apply)
- any other important information you need to know about this Ultimate Total & Permanent Disability Insurance

Your **policy schedule** tells you:

- who's the **policyowner(s)**
- who's the **person insured** on your policy
- what insurance cover(s) you have, and the amount(s) of each insurance cover(s)
- how much your policy costs (this is called the premium)
- when each of your insurance cover(s) start or restart
- any special terms, which can include:
 - personal exclusions. These are usually **pre-existing conditions** that the **person insured** has, or a specific pastime or occupation risk, which won't be covered under this policy
 - loadings. These are additional costs that are added to your premium due to the **person insured** having a specific health or lifestyle risk

Each policy document provides a separate type of insurance cover under your Ultimate Life & Living Insurance policy. Each policy document should be read together with your **policy schedule** as these form the terms of that insurance cover. If there's any inconsistency between this policy document and your **policy schedule**, your **policy schedule** takes priority.

If you need help understanding this policy document, you can get in touch with your adviser, or contact us by visiting our [Help Centre](#).

Important words

Some words in this policy document are in **bold** text. This means they have a specific meaning in relation to your cover. You can find the meaning of these words below, or at the end of this document.

In addition, where we use the words:

- "**person insured**", we're referring to the person named as the 'person insured' in your **policy schedule**. This person can be different from the **policyowner**
- "**policy schedule**", we're referring to the most recent schedule to your policy
- "us", "our", "we" or "nib", we're referring to nib nz insurance limited
- "you", "your" or "yourself", we're referring to the **policyowner(s)**. This is the person(s) who owns this policy

Cover types

This Ultimate Total & Permanent Disability Insurance has two cover types:

- accelerated
- standalone

Your **policy schedule** tells you whether your Ultimate Total & Permanent Disability Insurance for the **person insured** is accelerated or standalone.

Accelerated Ultimate Total & Permanent Disability Insurance

If you have accelerated Ultimate Total & Permanent Disability Insurance cover, it is linked to your Ultimate Life Insurance. Benefits paid out of the **amount insured** under the accelerated Ultimate Total & Permanent Disability Insurance will reduce the Ultimate Life Insurance 'amount insured' by that amount.

Any accelerated Ultimate Trauma Insurance cover linked to that Ultimate Life Insurance will also be reduced, if necessary, to ensure that the reduced Ultimate Life Insurance 'amount insured' always equals or exceeds the 'amount insured' of the highest of all accelerated covers within the policy.

For example, the accelerated Ultimate Total & Permanent Disability Insurance cannot have a higher **amount insured** than the Ultimate Life Insurance. If the Ultimate Life Insurance 'amount insured' is reduced to zero, all associated accelerated covers will be removed.

Standalone Ultimate Total & Permanent Disability Insurance

If we pay a claim under the standalone Ultimate Total & Permanent Disability Insurance, then that payment does not affect any Ultimate Life Insurance 'amount insured'.



02.

Your
cover



Benefits

✓ What Occupation Type does the person insured have?

Your **policy schedule** shows you whether the Ultimate Total & Permanent Disability Insurance for the **person insured** is for 'Own Occupation', 'Any Occupation' or 'No Occupation'.

The **person insured** will automatically be deemed as 'No Occupation' regardless of what is written on their **policy schedule**, if immediately before becoming totally and permanently disabled, they have been one of the following:

- unemployed for 12 months or more
- on **employer approved leave without pay** for more than 12 months

- throughout the previous 12 months they had either been unemployed or on **employer approved leave without pay**

Your Occupation Type determines how we assess your Total and Permanent Disability Benefit (under 65 years of age) and Total and Permanent Disability Fast Track Benefit.

Total and Permanent Disability Benefit (under 65 years of age)

✓ What am I covered for?

If the **person insured** becomes totally and permanently disabled, we'll pay the amount insured.

- in our opinion, after considering all medical and any other evidence, they are incapacitated to such an extent that they are unlikely ever to return to their **pre-disability occupation** in any capacity

✓ Own Occupation

To be considered totally and permanently disabled under the 'Own Occupation' classification, the **person insured** must solely due to **illness** or **injury** meet all the following criteria:

- they must have been unable to work in their **pre-disability occupation** for 90 consecutive days directly related to the current total and permanent disability claim

✓ Any Occupation

To be considered totally and permanently disabled under the 'Any Occupation' classification, the **person insured** must solely due to **illness** or **injury** meet all the following criteria:

- they must have been unable to work for 90 consecutive days directly related to the current total and permanent disability claim

Total and Permanent Disability Benefit (under 65 years of age) *(continued)*

- in our opinion, after considering all medical and other relevant evidence, they are incapacitated to such an extent that they are unlikely ever to return to any occupation, including their **pre-disability occupation**, for which they are reasonably suited, based on their education, training and experience
- they must be unable to earn more than 25% of the pre-disability earnings they earned during the 12 consecutive months immediately preceding the start of the total and permanent disability

✓ **No Occupation**

To be considered totally and permanently disabled under the 'No Occupation' classification, the **person insured** must in our opinion, and after considering medical and other relevant evidence, meet one of the following criteria:

- they are totally and irreversibly **unable to perform** at least two **activities of daily living** solely due to an **illness** or **injury**, directly related to the current total and permanent disability claim
- they are totally and irreversibly **unable to perform** one of the **activities of daily living** solely due to an **illness** or **injury**, directly related to the current total and permanent disability claim, accompanied by permanent and irrecoverable cognitive impairment, as evidenced by either of the below:
 - formal neuropsychological testing conducted by a certified psychiatrist or neurologist
 - evaluation by a **specialist**;
- they have suffered any of the following in a total and irreversible manner:
 - **blindness**
 - loss of use of two **limbs**
 - **loss of sight in one eye**, and the loss of use of one **limb**

✓ **What else do I need to know?**

- the **person insured** must be under 65 years of age at the time they become totally and permanently disabled
- to claim on this benefit:
 - you'll need to provide us with the documents we request to support your claim
 - you'll need to provide us with a letter from the **specialist** who is treating the **person insured** to certify the diagnosis and prognosis
 - we may need the **person insured** to be assessed by another **specialist** chosen and paid for by us

Total and Permanent Disability Benefit (from age 65)

✓ What am I covered for?

If the **person insured** becomes totally and permanently disabled, we'll pay the **amount insured**.

To be considered totally and permanently disabled when the **person insured** is aged 65 or older, the **person insured** must in our opinion and after considering all medical and other relevant evidence meet one of the following criteria:

- they are totally and irreversibly **unable to perform** at least two **activities of daily living** solely due to an **illness** or **injury**, directly related to the current total and permanent disability claim
- they are totally and irreversibly **unable to perform** one of the **activities of daily living** solely due to an **illness** or **injury**, directly related to the current total and permanent disability claim, accompanied by permanent and irrecoverable cognitive impairment, as evidenced by either of the below:
 - formal neuropsychological testing conducted by a certified psychiatrist or neurologist
 - evaluation by a **specialist**
- they have suffered any of the following in a total and irreversible manner:
 - **blindness**
 - loss of use of two **limbs**
 - **loss of sight in one eye**, and the loss of use of one **limb**

✓ What else do I need to know?

- this benefit is available for the **person insured** if they are age 65 or older at the time they become totally and permanently disabled
- to claim on this benefit:
 - you'll need to provide us with the documents we request to support your claim
 - you'll need to provide us with a letter from the **specialist** treating the **person insured**, to certify the diagnosis and prognosis
 - we may need the **person insured** to be assessed by another **specialist** chosen and paid for by us

Total and Permanent Disability Fast Track Benefit

✓ What am I covered for?

We'll pay the **amount insured** if the **person insured** becomes totally and permanently disabled due to one of the below listed conditions. The 90-day requirement for being unable to work solely due to **illness** or **injury** will be waived for the **person insured** provided all the other conditions outlined under the Total and Permanent Disability Benefit (under 65 years of age) are met. This applies to both the 'Any Occupation' and 'Own Occupation' definitions under Total and Permanent Disability Benefit (under 65 years of age) (see above).

- Alzheimer's Disease
- Blindness
- Cardiomyopathy
- Chronic Lung Failure
- Deafness
- Dementia
- Loss of Speech
- Major Head Injury
- Motor Neurone Disease

- Multiple Sclerosis
- Muscular Dystrophy
- Paralysis
- Parkinson's Disease
- Primary Pulmonary Hypertension
- Severe Rheumatoid Arthritis
- Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

✓ What else do I need to know?

- this benefit is not available if the **person insured** is deemed as 'No Occupation' or is aged 65 or older.
- to claim on this benefit:
 - you'll need to provide us with the documents we request to support your claim
 - you'll need to provide us with a letter from the **specialist** treating the **person insured**, to certify the diagnosis and prognosis
 - we may need the **person insured** to be assessed by another **specialist** chosen and paid for by us

Partial and Permanent Disability Benefit

✓ What am I covered for?

If the **person insured** becomes partially and permanently disabled, we'll pay you the Partial and Permanent Disability Benefit.

To be considered partially and permanently disabled, the **person insured** must have suffered one of the following in a total and irreversible manner:

- loss of use of one limb
- loss of sight in one eye

💰 How much am I covered for?

We'll pay the lesser of:

- 25% of the **amount insured**; or
- \$100,000

✓ What else do I need to know?

- to claim on this benefit:
 - you'll need to provide us with the documents we request to support your claim
 - you'll need to provide us with a letter from the **specialist** who is treating the **person insured** to certify the diagnosis and prognosis of the partial and permanent disability
 - we may need the **person insured** to be assessed by another **specialist** chosen and paid for by us
- any payment made under this benefit will reduce the **amount insured** by that amount. Your premium will be automatically adjusted to take into account the reduced **amount insured**

Special Life Events Increase Benefit

✓ What am I covered for?

Each time the **person insured** has one of the following life events occur, you can choose to increase the **amount insured** on your Ultimate Total & Permanent Disability Insurance. The **person insured** won't need to answer any additional health questions as part of this increase, if they experience one of these life events:

- gets married, enters into a civil union, or first meets the definition of living with someone in the **nature of marriage**
- gets divorced, dissolves a civil union or separates from a relationship that was in the **nature of marriage**
- their **partner** dies or is diagnosed with a **terminal illness** or a **terminal condition**
- completes five continuous years of cover on this Ultimate Total & Permanent Disability Insurance (every five-year period counts)
- takes on **full-time care** (for the first time) of their **close relative**
- pregnancy at 28 weeks gestation
- they or their **partner** give birth to, or legally adopt a **child**
- increases their existing residential mortgage
- takes out a new mortgage to purchase a new home, residential investment property, holiday home, or a bare block of residential-zoned land
- their **child** has started secondary school or full-time tertiary education for the first time
- their annual salary has been increased as an employee
- they are self-employed, and their annual net business profit has increased

💰 How much can I increase my cover by?

You can apply to increase the **amount insured** on each life event by up to the lesser of the following:

- up to 50% of the **original amount insured**; or
- up to \$300,000

When taking out or increasing an existing mortgage, the individual increase to the **amount insured** can't exceed the amount of the new mortgage, or the increase in the existing mortgage.

For an annual salary increase or annual increase in net business profits, the individual increase to the **amount insured** can't exceed five times the increase in salary or net business profits.

The total of all increases made under this benefit must be the lesser of:

- the **original amount insured**; or
- \$750,000

The **amount insured** can no longer be increased if it's reached the maximum that we set.

📅 When can I apply for the increase?

- you'll need to apply for the increase under this benefit within whichever is the later out of the following:
 - 180 days of any of the life events listed above
 - 60 days of the first **policy anniversary date** after the life event happened
- the last opportunity to apply for this benefit is 60 days after the last **policy anniversary date** before the **person insured** turns 60 years old

Special Life Events Increase Benefit *(continued)*

✓ What else do I need to know?

- for accelerated Ultimate Total & Permanent Disability Insurance, the **amount insured**, including the total of all the Special Life Events Increase Benefit and the Future Insurability Benefit increases, cannot exceed the Ultimate Life Insurance 'amount insured'
- to apply for the increase under this benefit, you'll need to provide evidence of the life event
- you can only apply for one of the benefits listed below once in any 12-month period
 - this benefit
 - the Special Life Events Conversion Benefit under an Ultimate Life Insurance policy to add accelerated Ultimate Total & Permanent Disability Insurance
 - the Future Insurability Benefit
- if any of the below have occurred, then no increase is available under this benefit. If the **amount insured** is increased under this benefit at a time when any of the below apply, then any additional amount of cover will be immediately cancelled, and any overpaid premium will be refunded:
 - we've paid a claim under this Ultimate Total & Permanent Disability Insurance
 - the **person insured** has met all the criteria for a claim under this Ultimate Total & Permanent Disability Insurance, even if the claim hasn't been made yet
 - the **person insured** has undergone, is undergoing, or has been advised to undergo investigation due to any signs or symptoms which could be caused by, or be an indication of, the existence of an **illness** or **injury** that can lead to a claim under the Ultimate Total & Permanent Disability Insurance
 - the **person insured** was aware of any signs or symptoms which could be caused by, or be an indication of, the existence of an **illness** or **injury**, that would cause a reasonable person to seek diagnosis, care or treatment
 - the **person insured** isn't working **full-time** due to an **illness** or **injury**
- this benefit is not available when your Ultimate Total & Permanent Disability Insurance is suspended
- any personal exclusions, loadings or special terms that apply to the **original amount insured** will also apply to any increase in cover and the premium will be adjusted accordingly
- the additional amount will begin when we accept your request to increase the **amount insured**. Your premium will be automatically adjusted based on the age of the **person insured** and our premium rates at the date of the increase
- for the first six months after we've increased your cover, we'll only pay the increased amount under your Ultimate Total & Permanent Disability Insurance in the event of **injury**

Future Insurability Benefit

✓ What am I covered for?

At every third **policy anniversary date**, you can apply to increase the **amount insured** on your policy for the **person insured**. The **person insured** won't need to answer any additional health questions as part of this increase.

💰 How much can I increase my cover by?

You can apply to increase the **amount insured** on each increase by the lesser of the following:

- 25% of the **original amount insured**; or
- \$50,000

The total of all increases made under this benefit must be the lesser of:

- the **original amount insured**; or
- \$500,000

The **amount insured** can no longer be increased if it's reached the maximum that we set.

📅 When can I apply for the increase?

- you'll need to apply for the increase within 60 days either side of the applicable **policy anniversary date**. You won't be able to apply to increase your **amount insured** again under this benefit for another three years
- the last opportunity to use this benefit is the last **policy anniversary date** before the **person insured** turns 55 years old

✓ What else do I need to know?

- for accelerated Ultimate Total & Permanent Disability Insurance, the **amount insured**, including the total of all the Special Life Events Increase Benefit and the Future Insurability Benefit increases, cannot exceed the Ultimate Life Insurance 'amount insured'
- you can only apply for one of the benefits listed below once in any 12-month period:
 - this benefit
 - the Special Life Events Conversion Benefit under an Ultimate Life Insurance to add an accelerated Ultimate Total & Permanent Disability Insurance
 - the Special Life Events Increase Benefit

- if any of the below has occurred, then no increase is available under this benefit. If the **amount insured** is increased under this benefit at a time when any of the below apply, then any additional amount of cover will be immediately cancelled, and any overpaid premium(s) will be refunded:
 - we've paid a claim under this Ultimate Total & Permanent Disability Insurance
 - the **person insured** has met all the criteria for a claim under the Ultimate Total & Permanent Disability Insurance, even if the claim hasn't been made yet
 - the **person insured** has undergone, is undergoing, or has been advised to undergo investigation due to any signs or symptoms which could be caused by, or be an indication of, the existence of an **illness** or **injury** that can lead to a claim under the Ultimate Total & Permanent Disability Insurance
 - the **person insured** was aware of any signs or symptoms which could be caused by, or be an indication of, the existence of an **illness** or **injury**, that would cause a reasonable person to seek diagnosis, care, or treatment
 - the **person insured** isn't working **full-time** due to an **illness** or **injury**
- this benefit is not available when your Ultimate Total & Permanent Disability Insurance is suspended
- any personal exclusions, loadings or special terms that apply to the **original amount insured** will also apply to any additional amount of cover and the premium will be adjusted accordingly
- the additional amount will begin when we accept your request to increase the **amount insured**. Your premium will be automatically adjusted based on the age of the **person insured** and our premium rates at the date of the increase
- for the first six months after we've increased your cover, we'll only pay the increased amount under your Ultimate Total & Permanent Disability Insurance in the event of **injury**

Financial and Legal Advice Benefit

✔ What am I covered for?

If the **person insured** has become totally and permanently disabled and we've paid the **amount insured**, we'll reimburse you for any fees that you pay towards getting financial or legal advice from either of the below:

- a financial adviser registered on the Financial Service Providers Register
- a lawyer with a current practising certificate

💰 How much am I covered for?

- up to \$2,500 per **person insured**
- we'll only make one payment under this benefit per policy for the **person insured**, even if the **person insured** has a financial and legal advice benefit available under a separate cover on this policy

✔ What else do I need to know?

- this benefit is payable in addition to the **amount insured**
- the advice you receive must be regarding the **amount insured** that you've received
- you must pay for the advice within 12 months of being paid the **amount insured**
- to claim on this benefit, you'll need to provide us with a claim form and receipts within three months of using these services

Counselling Benefit

✔ What am I covered for?

If the **person insured** has become totally and permanently disabled and we've paid the **amount insured**, we'll reimburse you towards the cost of **counselling** for you, the **person insured** or the **person insured's** close relative(s).

💰 How much am I covered for?

- up to \$2,500 per **person insured**
- we'll only pay a counselling benefit once per policy even if the **person insured** has a counselling benefit available under a separate cover on this policy

✔ What else do I need to know?

- this benefit is payable in addition to the **amount insured**
- you must pay for the **counselling** within 12 months of being paid the **amount insured**
- to claim on this benefit, you'll need to provide us with a claim form and receipts within three months of using these services

Recovery Support Benefit

✓ What am I covered for?

If the **person insured** has become totally and permanently disabled and we've paid the **amount insured**, we'll reimburse you towards agreed costs that you pay for the below which are necessary, as confirmed by a treating **specialist**, as a direct result of the **illness** or **injury** which led to the **person insured's** claim under this policy:

- purchasing specialist equipment
- making home alterations on **person insured's** principal residence
- making modifications to the **person insured's** vehicle

💰 How much am I covered for?

- the maximum we will pay per policy for recovery support benefits under this policy is \$15,000 even if the **person insured** has a recovery support benefit available under a separate cover on this policy

✓ What else do I need to know?

- this benefit is payable in addition to the **amount insured**
- the costs must be incurred after the **person insured** is totally and permanently disabled and within six months of being paid the **amount insured**
- we'll work with the **person insured** to create a plan and must agree any expenses before they're incurred
- we'll arrange for a **health professional** to assess any recommendation for the equipment, home alteration, or vehicle modification
- to claim on this benefit, you'll need to provide us with receipts and/or other evidence satisfactory to us, for the costs you're claiming
- if the **person insured** is eligible to receive assistance similar to this recovery support benefit from any other source including **ACC** or under any other insurance policy, you and the **person insured** must use best endeavours to pursue any entitlement available from that other source before we will consider a claim under this benefit.

Support Person Accommodation Benefit

✓ What am I covered for?

If the **person insured** has become totally and permanently disabled and we've paid the **amount insured**, we'll reimburse the accommodation costs of the support person when:

- a treating **specialist** recommends that a support person should accompany the **person insured** outside of their residential region (100km or more from their usual place of residence) for necessary medical assessment or treatment that can't be provided locally
- this necessary medical assessment or treatment is a direct result of the **illness** or **injury** which led to the **person insured's** total and permanent disability claim

This applies for each day that the **person insured**, along with their support person, remains outside of their residential region for assessment or treatment in New Zealand.

💰 How much am I covered for?

- up to \$300 per night, up to a maximum of 10 nights
- we'll only make one payment per policy under this benefit for each **person insured**, even if the **person insured** has a support person accommodation benefit available under a separate cover on this policy

✓ What else do I need to know?

- this benefit is payable in addition to the **amount insured**
- the costs must be incurred after the **person insured** is totally and permanently disabled and within six months after being paid the **amount insured**

Support Person Accommodation Benefit *(continued)*

- if the **person insured** is eligible to receive assistance similar to this support person accommodation benefit from any other source including **ACC** or under any other insurance policy, you and the **person insured** must use best endeavours to pursue any entitlement available from that other source before we will consider a claim under this benefit.
- you must provide us with a completed claim form and receipts, satisfactory to us, verifying the accommodation costs you are claiming
- the support person can either travel with the **person insured** or travel at a later date to accompany the **person insured**

Support Person Transport Benefit

✓ What am I covered for?

If the **person insured** has become totally and permanently disabled and we've paid the **amount insured**, we'll reimburse the actual transport costs of the support person when:

- a treating **specialist** recommends that a support person should accompany them outside of their residential region (100km or more from their usual place of residence in New Zealand) for necessary medical assessment or treatment that can't be provided locally
- this necessary medical assessment or treatment is a direct result of the **illness** or **injury** which led to the **person insured's** total and permanent disability claim

💰 How much am I covered for?

We'll reimburse the lesser of the following:

- the actual transport costs (such as airfares or petrol costs) of the support person, provided that those costs are the **usual and reasonable charges** for transport directly to and from the treatment destination; or
- up to \$1,000
- we'll only make one payment under this benefit per policy for each **person insured** even if the **person insured** has a support person transport benefit available under a separate cover on this policy

✓ What else do I need to know?

- this benefit is payable in addition to the **amount insured**
- the costs must be incurred after the **person insured** is totally and permanently disabled and within six months after we have paid the **amount insured**
- you must provide us with a completed claim form and receipts, satisfactory to us, verifying the transport costs you are claiming
- if the **person insured** is eligible to receive assistance similar to this support person transport benefit from any other source including **ACC** or under any other insurance policy, you and the **person insured** must use best endeavours to pursue any entitlement available from that other source before we will consider a claim under this benefit.

Return to Home Benefit

✓ What am I covered for?

If the **person insured** has become totally and permanently disabled while overseas, and we have paid the **amount insured**, we'll reimburse the cost of a standard economy flight back to New Zealand or Australia for the **person insured** and one support person.

💰 How much am I covered for?

We'll pay the lesser of the following:

- the transport costs actually incurred for the **person insured** and one support person to return to New Zealand or Australia
- the cost of a standard economy flight back to New Zealand or Australia from the overseas location where the **person insured** became totally and permanently disabled, for the **person insured** and one support person. Where more than one airline provides flights back to New Zealand or Australia at the relevant time we reserve the right to select which airline's standard economy fare will apply.
- \$10,000

✓ What else do I need to know?

- this benefit is payable in addition to the **amount insured**
- to claim on this benefit, you'll need to provide us with evidence of the transport costs before we reimburse you
- the amount we pay under this benefit will be offset against any direct costs which can be, or have been claimed, reimbursed, or paid for under any of the following:
 - a travel insurance policy
 - any other insurance policy
 - government aid or assistance
 - any other source

Suspension of Cover Benefit

📅 When can I suspend my cover?

You can apply to suspend this Ultimate Total & Permanent Disability Insurance for up to 12 months if the **person insured** is experiencing any of the below:

- made redundant or becomes unemployed
- becomes bankrupt
- on leave without pay
- travelling overseas
- undertaking tertiary study
- has their salary or wages reduced by at least 20% (comparing the most recent payslips against other payslips within the same year)
- self-employed, and their revenue is reduced by at least 30% (by comparing revenue against the same month for the previous year)
- experiencing any other event we agree to

You cannot suspend your cover if the **person insured** became totally and permanently disabled or partially and permanently disabled before the suspension period starts.

✓ What happens if I suspend my cover?

You don't have to pay for premiums on your Ultimate Total & Permanent Disability Insurance while it is suspended. We won't cover any event that might give rise to a claim under this policy that occurs during the suspension period that may have otherwise led to an accepted claim.

✓ What happens when my cover is resumed?

When your Ultimate Total & Permanent Disability Insurance is resumed, a claim will only be payable if the **person insured** first meets the criteria for an eligible claim under this policy after the date that your Ultimate Total & Permanent Disability Insurance has been resumed. We won't pay a claim if the first date of total and permanent disablement or partial and permanent disablement happened during the suspension period.

Suspension of Cover Benefit *(continued)*

How long can I suspend my cover?

- your Ultimate Total & Permanent Disability Insurance cover must be suspended for at least 90 days, and up to a maximum of 12-months
- you can only suspend your Ultimate Total & Permanent Disability Insurance cover once in any 12-month period
- you can only suspend your Ultimate Total & Permanent Disability Insurance cover for a total of 24-months within any 10-year period

When can I use this benefit?

After six months of continuous cover following your Ultimate Total & Permanent Disability Insurance **start date** as shown on your **policy schedule**.

What else do I need to know?

When applying to suspend your Ultimate Total & Permanent Disability Insurance:

- you'll need to let us know the duration of the suspension within three months of one of the listed events occurring
- you must provide us with any supporting documentation we request
- your premium payments must be up-to-date before you can suspend your Ultimate Total & Permanent Disability Insurance

- the suspension cannot be backdated to a date prior to us receiving your application to suspend your Ultimate Total & Permanent Disability Insurance, and you cannot resume your Ultimate Total & Permanent Disability Insurance before the end of the suspension period you've chosen
- once your suspension period ends, your Ultimate Total & Permanent Disability Insurance will automatically resume. Any changes to your **amount insured** during this time due to an Inflation Adjustment or Increasing Adjustment type will apply when suspension ends. The premium payable will be based on our premium rates at the time the suspension ends
- if your policy passes a **policy anniversary date** while your Ultimate Total & Permanent Disability Insurance is suspended, an increase in your premium may apply



03.

What
we don't
cover

⊗ What we don't cover

There are some things we don't provide cover for.

We won't pay any claims that are related directly or indirectly to, or are the consequences of any of the following:

Self-inflicted

- any intentional self-inflicted act by the **person insured** (whether sane or insane)

Crime or conflict

- any **condition** attributable to an **illness** or **injury** suffered in the course of a crime committed by you or the **person insured** where you or the **person insured** is charged for that crime under the Crimes Act

We will not make any claim payments while you or the **person insured** is in jail or home detention.

We also don't provide cover for any other specific exclusions set out in the **policy schedule**.



04.

Types of adjustments

What type of adjustments to the amount insured can I select?

You must choose from the following three adjustment types:

- Inflation Adjustment
- Increasing Adjustment
- No Adjustment

The adjustment you've selected will be shown on your **policy schedule**. You can also have a combination of these adjustment types on different portions of your **amount insured**.

The adjustment type on any accelerated Ultimate Total & Permanent Disability Insurance must match the adjustment type on the linked Ultimate Life Insurance.

The three types of adjustment are explained below:

Inflation Adjustment

If you've selected Inflation Adjustment, the **amount insured** will increase every **policy year** by a percentage, at our discretion, of between 1% and 10%.

We'll decide what the percentage increase will be each **policy year**, and it will be guided by the most recently published **Consumer Price Index (CPI)** changes.

Any increase to the **amount insured** will automatically apply at your next **policy anniversary date**. If you don't want the **amount insured** to increase in any year, you can choose to opt out of the next increase by advising us at any time before your next **policy anniversary date**.

Your premium will be automatically adjusted to take into account the increase in the **amount insured**.

The **person insured** won't need to answer any additional health questions as part of this increase.

The Inflation Adjustment increase won't apply if:

- you've asked us not to apply the inflation increase for that **policy year**
- you've declined the inflation increase for three **policy years** in a row. If this happens, your cover will automatically change to No Adjustment.
- the **amount insured** can no longer be increased as it's reached the maximum that we set.

Increasing Adjustment

If you've selected Increasing Adjustment, the **amount insured** will increase every **policy year** by a fixed percentage of 5%.

The increase to the **amount insured** will automatically apply at your next **policy anniversary date**. If you don't want the **amount insured** to increase in any year, you can choose to opt out of the next increase by advising us at any time before your next **policy anniversary date**.

Your premium will be automatically adjusted to take into account the increase in the **amount insured**.

The **person insured** won't need to answer any additional health questions as part of this increase.

The Increasing Adjustment won't apply if:

- you've asked us not to apply the increase for that **policy year**
- you've declined the increase for three **policy years** in a row. If this happens, your cover will automatically change to No Adjustment
- the **amount insured** can no longer be increased as it's reached the maximum that we set

No Adjustment

If you've selected No Adjustment, the **amount insured** won't be automatically increased at each policy anniversary date.

How can I change my adjustment type?

You can apply to change your adjustment type. Any requests will need to be made in writing and can be made through your adviser or our [Help Centre](#). We'll then let you know if you can change the adjustment type, at our discretion.

Changing your adjustment type may:

- result in your premiums changing
- require the **person insured** to answer additional health questions



05.

Using
your cover

What do I need to do to submit my claim?

It's important that you tell us as soon as possible about any event that may lead to a claim. To make a claim, your policy and the cover you're claiming for must still be in force at the time of the event.

If there's more than one **policyowner**, all **policyowners** must agree to the claim being made in writing, in addition to the standard requirements for making a claim.

It's important we receive all the information we ask you for during the claims process, as we may not be able to approve a claim until we have all the required information.

We'll only pay out a claim after we're satisfied that the claim is legal and valid.

All fees for information we may request to support your claim must be paid for by you. However, if we need the **person insured** to take additional steps, such as providing additional information or undergoing any assessment by another **health professional** chosen by us to further help us assess your claim, these costs will be met by us.

We reserve the right to recover any claim amounts that:

- have been paid out by mistake
- have been paid out as a result of:
 - you breaching the terms of your policy
 - your dishonesty or fraud or
 - the dishonesty or fraud of the **person insured**.

Who does my claim get paid to?

Any claim payments under this Ultimate Total & Permanent Disability Insurance will be paid to the **policyowner(s)** provided your premium payments are up to date.

We may contact the **policyowner(s)** to ensure we have received all the requirements before assessing the claim.

Once we're satisfied that a claim is payable in accordance with the terms of this policy document, we'll transfer the funds to one New Zealand bank account nominated by the **policyowner**. If there's more than one **policyowner**, all **policyowners** must jointly nominate one New Zealand bank account.

Am I covered while overseas?

The **person insured** is covered by this policy for any **illness** or **injury** that occurs anywhere in the world unless you have a relevant personal exclusion that applies. All benefit payments under this policy will be in New Zealand dollars.

Renewal of your Ultimate Total & Permanent Disability Insurance

We will automatically renew your Ultimate Total & Permanent Disability Insurance every 12 months on your **policy anniversary date** until your Ultimate Total & Permanent Disability Insurance ends, so long as you continue to pay your premiums and meet the terms and conditions of your policy.

When does my Ultimate Total & Permanent Disability Insurance end?

The cover for a **person insured** will automatically end when one of the following happens:

- you cancel this Ultimate Total & Permanent Disability Insurance or this policy
- we cancel this Ultimate Total & Permanent Disability Insurance or this policy as provided for in the section '[Can nib cancel my policy?](#)'
- the expiry date of this Ultimate Total & Permanent Disability Insurance as shown on your **policy schedule** occurs
- the **amount insured** reduces to zero
- the **person insured** dies

If your cover has ended because we've paid out the **amount insured**, we'll still pay the Financial and Legal Advice Benefit, Counselling Benefit, Recovery Support Benefit, Support Person Transport Benefit, Support Person Accommodation Benefit and the Return to Home Benefit, providing the relevant benefit criteria have been met and nothing has happened that would enable us to cancel your Ultimate Total & Permanent Disability Insurance for any other reason.



06.

Making changes to your policy

Who can view and change my policy?

Any **policyowner** can ask about claims for the **person insured** under your policy. When we give information to any one **policyowner**, we will treat that as giving it to all **policyowner(s)** (unless you've asked us to do otherwise).

It's possible to request to change some aspects of your Ultimate Total & Permanent Disability Insurance cover, including:

- increasing or decreasing the **amount insured**
- changing how often you pay your premiums
- changing the adjustment type on your Ultimate Total & Permanent Disability Insurance

Any requests to change your policy need to be made in writing by all **policyowner(s)** other than:

- a request to change a **person insured's** occupation which can be made by any one **policyowner** with a declaration from the **person insured** confirming the change; or
- a request to change how often you pay your premiums which can be made by the **policyowner** who is responsible for making the premium payment

and can be made through your adviser or our [Help Centre](#).

You may also transfer policy ownership of your policy at any time. We'll need to register the transfer for it to be legally binding. If you remove yourself as a **policyowner**, you give up all rights and obligations under this policy.

If we approve your request, we will update your policy, adjust your premiums (if necessary), and provide the new **policyowner(s)** with an updated **policy schedule**. Any change to your premiums will start from the date of the premium payment after the change is approved.

How do I cancel my Ultimate Total & Permanent Disability Insurance or the policy?

If you'd like to cancel your Ultimate Total & Permanent Disability Insurance cover or the policy, all **policyowner(s)** will need to tell us in writing. This can be done through your adviser or our [Help Centre](#) at least 30 days before you want the policy to end. Any overpaid premiums at the time the policy is cancelled will be refunded.

Can nib cancel my policy?

It's important you and the **person insured** give us all the information we need to decide the terms we'll offer for your policy. We may, subject to the Insurance Law Reform Act 1977, cancel your policy from the policy **start date** (and we may keep any premiums and recover any claim payments made) where you or the **person insured**:

- do not disclose all relevant information; or
- provide information that is substantially incorrect and material to our decision to issue your policy.

We may cancel the entire policy immediately if any of the following applies:

- your premium payment is overdue by more than 90 days
- the **person insured** on your policy has died
- you or the **person insured** have breached the terms of your policy
- information provided by the **person insured**, you, or on your behalf (when applying for or making changes to the policy or making a claim) is not true, correct or complete
- your claim is fraudulent in any way
- you or the **person insured** behaves in an offensive or intimidating way towards an nib employee

06. Making changes to your policy

If we cancel your policy for any reason, including fraud, we'll let you know in writing, and may keep any premiums that have been paid to us. If we've already made any benefit payments for claims that were submitted fraudulently, we may recover the money from the **policyowner(s)**. Where there is more than one **policyowner**, each **policyowner** is severally liable for any resulting debt we are entitled to recover, and we may seek recovery from any one or more **policyowners** in our discretion.

We may cancel your Ultimate Total & Permanent Disability Insurance cover if your cover wasn't resumed after a suspension period. If this happens, we will let you know in writing and may keep any premiums that have been paid to us.

We won't provide any cover or be liable to pay any claim if the provision of that cover, or claim payment, would be to or in respect of a person who is the subject of any sanction, prohibition or restriction under:

- United Nations resolutions or trade or economic sanctions applied in New Zealand under the United Nations Act 1946
- the Russia Sanctions Act 2022
- the laws or regulations of the European Union, United States of America, Australia and/or New Zealand

This applies without limitation not only to the **policyowner**, but also to the **person insured** and any third party, related party or beneficiary of this policy.

Should we determine that the above is applicable, we may cancel the policy with immediate effect.

No surrender value

This policy has no surrender value or cash value if cancelled.

What if the person insured's lifestyle changes?

If the **person insured**:

- changes their occupation;
- changes their lifestyle that means their personal exclusions may no longer apply – for example a diving exclusion was applied and the **person insured** no longer dives;
- stops smoking or vaping,

you'll need to let us know as it may affect your premiums and/or the exclusions on your policy.

Where the **person insured** has stopped smoking or vaping, they need to have stopped smoking or vaping for at least 12 months continuously for us to be able to change the smoking status to non-smoker.

Any change to your premiums will take effect from your policy's next premium due date.



07.

Conditions of your policy

Who can be a policyowner?

You need to be at least 16 years old to be a **policyowner**. There can be more than one **policyowner**. The **policyowner** is named in your **policy schedule**.

What happens if a policyowner passes away?

If there's a single **policyowner** and they passed away, the ownership of the policy will transfer to the **policyowner's** estate.

If there is more than one **policyowner** and one of the **policyowners** passes away, the ownership of the policy will transfer to the surviving **policyowner(s)**.

Your responsibilities

As a **policyowner** or **person insured**, you must do the following:

- comply completely with your policy
- read your policy documents and ask us or your adviser if you're unsure about what you have cover for
- be truthful, correct and complete when making a claim
- ensure your premiums are paid on time
- let us know if your contact details, or any details that might affect your cover, change
- provide us with any information we ask for if it is reasonable and related to your policy. The information must be true, correct, and complete at the time it's provided to us. You'll also need to tell us about any changes to the information you've provided as soon as possible.

If you, or someone acting on your behalf, or the **person insured** don't provide us with true, correct, and complete information (that you or they know, or should know), when you apply for insurance, change your policy or make a claim, depending on the individual facts of any situation, we may do all or any of the following:

- cancel your policy with immediate effect
- change the terms and conditions of cover provided under your policy, and apply these changes back to your **start date** of the Ultimate Total & Permanent Disability Insurance or the policy **start date** as we determine appropriate
- not pay any claims after your **start date** of the Ultimate Total & Permanent Disability Insurance or the policy **start date** as we determine appropriate
- keep any premiums that have been paid to us
- recover any claim payments that we have already made



08.

About your premiums and benefits

Managing your payments

To keep your policy active so you can make a claim, you'll need to make sure that payments for your premiums are up to date. Your premium includes any applicable policy fee.

If your premium payments are overdue and you're eligible for a claim payment, we will automatically deduct any unpaid premiums from any claim payments due under this policy, and pay you the difference.

If we send you communications about your premiums and they're returned to us, we'll keep making deductions until you tell us to stop. This is to ensure your policy continues until it's cancelled (see section '[Can nib cancel my policy?](#)').

You can pay your premiums up to 12 months in advance from your **policy anniversary date**.

How are my premiums and claims being managed?

Under the Insurance (Prudential Supervision) Act 2010, we're required to establish a statutory fund. All premiums we receive under your policy will be held in the nib nz insurance limited Statutory Fund No. 1. All claims paid will also be paid out from this Fund.

Changes to your benefits

Safeguarded Benefits and Future Upgrades

The benefit wording, terms, important words and exclusions for this policy are safeguarded from detrimental changes by us.

We can only make changes that may be detrimental, if:

- a law that applies to your policy has changed (including tax changes); or
- information provided by you, or on your behalf, or by the **person insured** is not true, correct and complete.

If we make any improvements to our on-sale Ultimate Total & Permanent Disability Insurance cover in the future, that favourable change will automatically apply to you if that benefit exists in your policy.

When a claim is made, we'll compare the enhanced benefit of the latest policy wording against your original policy wording and apply the most favourable terms to your claim. If we can't determine which version of the policy wording is more favourable, you'll decide which version you want to claim under. Once you've made this decision, you won't be able to change this.

The improvement to the policy will only apply from the date that we choose. This date is called the **pass-back date**. The improvement will only apply to claim events that first happen on or after the **pass-back date**. The improvements won't apply to any claim where any sign, symptom, treatment, or surgery of the claimed **condition** happened on or before the **pass-back date**.

Any personal exclusions, loadings or special terms that apply to your policy won't be impacted by any improvement in the policy wording and will continue to apply to your policy.

Any premium increase as a result of the improvement(s) will apply at your next **policy anniversary date**.

Changes to your premiums

As the **person insured** gets older, we'll review and adjust your premiums on each **policy anniversary date** to reflect their current age, and **amount insured**.

There may also be a change to your premiums for any of the following reasons:

- the **amount insured** has changed
- our premium rates have changed
- we determine that a policy fee needs to increase due to an increase in operational expenses
- there has been a change in how premiums are calculated
- a law that applies to your policy has changed (including tax changes)

We won't make changes to your premiums because of any individual claims that have been made under this policy.

If we need to make changes to your premiums, we'll let you know at least 30 days before the change(s) take effect.



09.

Total and permanent disability benefit – condition definitions

Total and Permanent Disability Benefits - Condition names	Definition
Alzheimer's Disease	means the unequivocal diagnosis of Alzheimer's disease by a specialist in psychiatry, neurology, psychogeriatrics or geriatrics that confirm permanent irreversible failure of brain function.
Blindness	<p>means the unequivocal diagnosis of one of the following diseases or disorders:</p> <ul style="list-style-type: none"> • age related macular degeneration or Stargardts Disease by a specialist where both of the following apply to the person insured: <ul style="list-style-type: none"> • they are under the age of 55 years old • significant central vision loss is present and categorised by the presence of Drusen or retinal atrophy • glaucoma by a specialist where there is progressive and irreversible loss of visual field over a 12-month period and this is as a result of optic nerve atrophy as signified on fundoscopy or appropriate digital screening; or • visual acuity less than 6/36 in both eyes after correction; or • a field of vision constricted to 20 degrees or less of arc. <p>All treatment to arrest or improve the visual acuity or field of vision must have been exhausted.</p>
Cardiomyopathy	means impaired ventricular function of variable aetiology due to primary disease of the heart muscle, resulting in permanent and irreversible physical impairments to the degree of at least class three of the New York Heart Association classification of cardiac impairment.
Chronic Lung Failure	means end stage lung disease requiring medically necessary permanent supplementary oxygen as confirmed by a specialist .
Deafness	<p>means the diagnosis of total and irreversible loss of intelligible hearing in both ears to the extent that either:</p> <ul style="list-style-type: none"> • the hearing loss, with and without the assistance of an external hearing aid is greater than 90 decibels across 0.5, 1, 2, 4 kHz frequencies; or • the hearing loss is greater than 90 decibels across all frequencies and a specialist has recommended the insertion of a cochlear implant.
Dementia	<p>means the confirmed diagnosis by a specialist of dementia with the permanent and irreversible loss of cognitive function. Loss of cognitive function is deterioration or loss of intellectual capacity which requires the need for daily supervision of another adult to ensure the person insured's safety. Daily supervision means situations such as preparing food, taking medicines, leaving the home or activities of similar severity.</p> <p>The loss needs to be measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:</p> <ul style="list-style-type: none"> • short or long-term memory • orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year) • deductive or abstract reasoning.

Total and Permanent Disability Benefits - Condition names	Definition
Loss of Limb	means the person insured has suffered the total and irreversible loss of use of one limb .
Loss of Sight in One Eye	<p>means the total and irreversible loss of sight in one eye. Loss of sight is defined as one of the following:</p> <ul style="list-style-type: none"> • visual acuity less than 6/36 in one eye after correction • a field of vision constricted to 20 degrees or less of arc • a combination of visual defects causing the same amount of visual impairment as either of the above.
Loss of Speech	means the total and permanent loss of the ability to produce intelligible speech due to permanent damage to the larynx or its nerve supply or disorder affecting speech centres of the brain.
Major Head Injury	<p>means accidental cerebral injury resulting in either of the following:</p> <ul style="list-style-type: none"> • infarction of brain tissue or intracranial or subarachnoid haemorrhage, as clearly evidenced by CT, MRI or equivalent scan • neurological deficit causing either: <ul style="list-style-type: none"> • a 25% whole person impairment that is permanent • the person insured becoming totally and irreversibly unable to perform at least one of the activities of daily living.
Motor Neurone Disease	means the unequivocal diagnosis of motor neurone disease by a specialist .
Multiple Sclerosis	<p>means the unequivocal diagnosis of multiple sclerosis by a specialist.</p> <p>Multiple sclerosis means a disease characterised by demyelination in the brain and/or spinal cord. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities causing one of the following:</p> <ul style="list-style-type: none"> • the person insured to suffer at least 25% whole person impairment that is permanent • the person insured to be constantly and permanently unable to perform at least one of the activities of daily living • being assigned a 7.5 or higher score on the Expanded Disability Status Scale (EDSS) by a consultant neurologist. <p>Neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, and evoked auditory responses are required to confirm unequivocal diagnosis.</p>
Muscular Dystrophy	means the unequivocal diagnosis of muscular dystrophy by a specialist .
Paralysis	means the total and permanent loss of function of at least one limb , due to illness or injury of the spinal cord.
Parkinson's Disease	<p>means the unequivocal diagnosis of Idiopathic Parkinson's disease by a specialist resulting in either of the following:</p> <ul style="list-style-type: none"> • a 25% whole person impairment that is permanent • the person insured becoming permanently unable to perform at least one of the activities of daily living.

Total and Permanent Disability Benefits - Condition names	Definition
Primary Pulmonary Hypertension	means idiopathic pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterisation.
Severe Rheumatoid Arthritis	<p>means the unequivocal diagnosis of severe rheumatoid arthritis by a specialist which is progressive and non-responsive to at least six months' intensive treatment with all conventional therapy (including non-biologic DMARDs). This must be supported by evidence of all the following:</p> <ul style="list-style-type: none"> • symptoms and signs of persistent inflammation (arthralgia, swelling, tenderness) in at least twenty joints or four of the following large joints (ankles, knees, hips, elbows, shoulders); and • evidence of joint deformity/destruction and limitation of joint movement. <p>Degenerative osteoarthritis and all other forms of arthritis are excluded.</p>
Systemic Lupus Erythematosus (SLE) with Lupus Nephritis	<p>means the unequivocal diagnosis of SLE according to internationally accepted criteria by a specialist. Internationally accepted criteria would include the 'American College of Rheumatology revised criteria for the classification of Systemic Lupus Erythematosus'.</p> <p>In addition, the diagnosis of SLE must be confirmed by renal changes as measured by a renal biopsy, that it is grade 3 to 5 of the WHO classification of lupus nephritis and be associated with persisting proteinuria (more than 2+).</p>



10.

Important words

Important words

Some words in this policy document are in **bold**, which means they have a specific meaning. This specific meaning also applies to all words that are derived from that word. For example, the specific meaning of claim also applies to claims and claiming.

All Acts of Parliament referenced here include any Act of Parliament that is a replacement or substitute.

The meanings of these words are outlined below:

ACC

Accident Compensation Corporation (or any subsequent Government body).

Accident/accidental

A sudden, unintended, single, visible, violent, external event that caused a physical bodily **injury**.

Activities of Daily Living

The activities of daily living are:

- bathing – the ability for the **person insured** to wash themselves either in the bath or shower. If the **person insured** performs these tasks by using equipment or adaptive devices we will consider them able to bathe themselves
- dressing – the ability for the **person insured** to put on and take off all garments. If the **person insured** is using modified clothing or adaptive devices including but not limited to tape fasteners or zipper pulls to perform this task, we will consider the **person insured** able to dress themselves
- feeding – the ability for the **person insured** to get food from a plate into the mouth once it has been prepared. If the **person insured** is able to perform this task using assistive devices, including but not limited to modified utensils and adaptive dinnerware, we will consider the **person insured** able to feed themselves
- toileting – the ability for the **person insured** to get on and off the toilet and clean themselves. If the **person insured** can care for a stoma or catheter or uses adaptive devices to perform this task, we will consider the **person insured** able to toilet themselves
- mobility – the ability for the **person insured** to move in and out of bed and a chair. If the **person insured** uses motorised equipment and supportive devices, including but not limited to bed rails, grab bars, walkers, transfer platforms and canes, we will consider the **person insured** able to mobilise themselves

Amount insured

The amount a **person insured** is covered for under this Ultimate Total & Permanent Disability Insurance. This is shown in your **policy schedule** under accelerated Ultimate Total & Permanent Disability Insurance or standalone Ultimate Total & Permanent Disability Insurance.

The amount insured includes GST (where applicable).

Child(ren)

The natural or legally adopted child(ren) of the **person insured** under the age of 21.

Close relative

Any individual who is the **person insured's partner**, parent, step-parent, sibling, son, daughter, step-child, father-in-law, mother-in-law, grandparent, step-grandparent, grandchild or step-grandchild.

Condition

Any **illness, injury, ailment, disease, or disorder**.

Consumer Price Index (CPI)

The Consumer Price Index (or any subsequent index) issued by the New Zealand Government. This index is published on the stats.govt.nz website (or any subsequent location).

Counselling

A provision of professional assistance and guidance in resolving personal or psychological **conditions** provided by one of the following:

- GP; or
- clinical psychologist; or
- psychiatrist or psychologist, and

who is acceptable to us.

This cannot be you or the **person insured** or a **close relative** or business partner of you or the **person insured**.

Employer approved leave without pay

Approved absence by the employer with a formal agreed return date before the absence has started, this includes sabbatical leave and parental leave.

If an employer has provided parental leave payments or other financial contributions to the **person insured** while on parental leave, we still consider this to be leave without pay.

Full-time

Working at least 25 hours per week.

Full-time care

Day-to-day care that is medically required for a person who cannot safely take care of themselves and requires constant supervision for 16 or more hours per day by another adult.

GP

A **health professional** who:

- is registered with the Medical Council of New Zealand (or its replacement) in General Practice; and
- holds a current annual practising certificate.

This cannot be you or the **person insured** or a **close relative** or business partner of you or the **person insured**.

Health professional

A registered person who:

- holds a current practising certificate in compliance with the Health Practitioners Competence Assurance Act 2003 (or its replacement); and
- is a member of the appropriate registration body; and
- who we consider is appropriately qualified to assess and/or treat (as applicable) the **person insured's** medical **condition**.

If the **person insured** is in another country, the **health professional** must have qualifications and registration satisfactory to us and equivalent to New Zealand standards

Illness

Any form of illness or disorder that is not related to an **accident**.

Injury

A physical harm or a disorder as a result of an **accident**.

Limb

A whole arm or whole leg

Medically necessary

A service or supply provided by a **health professional** or treating **specialist** that we deem on reasonable grounds is necessary for the treatment of the **condition**.

Under no circumstances shall the following services or supplies be considered medically necessary if the following apply:

- those services or supplies that do not require the skills or services of a registered **health professional** or **specialist**;
- those services or supplies provided mainly for the comfort or convenience of the **person insured**.

Nature of marriage

A relationship where a couple live together (but are not married or in civil union with one another) where we are satisfied the relationship meets the definition of a de facto relationship in section 2D of the Property (Relationships) Act 1976.

Original amount insured

This is the original 'amount insured' when the Ultimate Total & Permanent Disability Insurance was first taken out under this policy.

Partner

The **person insured's** spouse, civil union partner, or a person who cohabits with the **person insured** in the **nature of marriage**.

Pass-back date

The date from which improvements to an existing policy take effect.

Person insured

A person who is named as a 'person insured' on the **policy schedule**.

Policy anniversary date

The date 12 months after your policy's **start date** and the same date every 12 months after that.

Policy schedule

The most recent schedule to your policy.

Policy year

The 12-month period that commences on the policy's **start date** and ends on the **policy anniversary date** and each successive 12-month period after that.

Policyowner(s)

A person who owns the policy and is responsible for premium payments and who is listed as 'policyowner(s)' on the **policy schedule**.

This means all **policyowners** if more than one.

Pre-disability occupation

The occupation the **person insured** most recently worked in to earn their main income before the **illness or injury** directly related to the current total and permanent disability

Pre-existing condition(s)

Any sign, symptom, treatment, or surgery of any **condition** that happened on or before the **start date** of the Ultimate Total & Permanent Disability Insurance, or increase in **amount insured**, that applies to any of the **policyowner(s)** or the **person insured**, if any of the following apply:

- they were aware of it
- they had an indication that something was wrong
- they sought investigation or medical advice for
- it was something that would cause a reasonable person to seek diagnosis, care, or treatment

Specialist

A health professional who:

- has vocational registration with the Medical Council of New Zealand; and
- holds a current annual practising certificate; and
- is a member of an appropriately recognised specialist college
- who we consider is appropriately qualified to assess and/or treat (as applicable) the **person insured's** medical **condition**.

If the **person insured** is in another country, the **specialist** must have qualifications and registration satisfactory to us and equivalent to New Zealand standards

This cannot be you or the **person insured** or a **close relative** or business partner of you or the **person insured**.

Start date

The date, shown in your **policy schedule**, when:

- your Ultimate Total & Permanent Disability Insurance cover and any additional cover started
- any increase to your **amount insured** at your request started (this applies for the increased portion only)
- your policy started

Terminal condition

A diagnosis of an **illness** or **injury** that, even with reasonable medical treatment, is likely to result in death within 24 months of the diagnosis, but not **terminal illness**.

Terminal illness

A diagnosis of an **illness** or **injury** that, even with reasonable medical treatment, is likely to result in death within 12 months.

Unable to perform

The **person insured** is unable to perform the activity, duty or task without the physical assistance of an adult. If the **person insured** can perform the activity, duty or task by using aid or special equipment, we will not treat the **person insured** as unable to perform that activity, duty or task.

Us, our, we, nib

nib nz insurance limited

Usual and reasonable charges

The costs that are charged for a service which we determine are usual and reasonable according to our data.

Whole Person Impairment

Evaluation of whole person function which is derived from the most recent edition of the American Medical Association's Book Guides to the Evaluation of Permanent Impairment.

You, your, yourself

The **policyowner(s)**.



If you need support, you can get in touch with your adviser,
or contact us via:

nib Help Centre
my nib

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