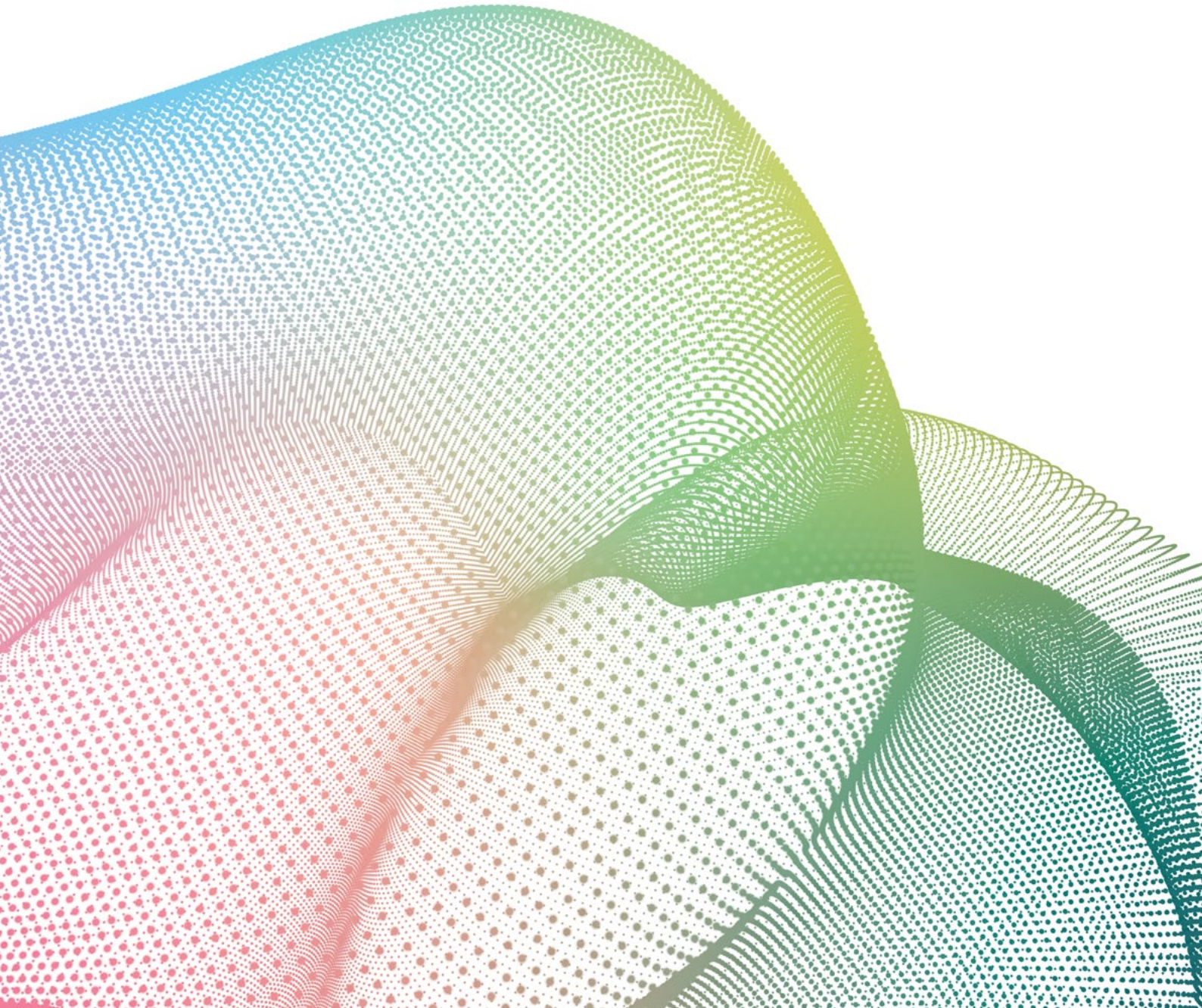
partners life

All about our claims



Over the past 12 years, Partners Life has supported thousands of New Zealanders by paying out thousands of claims. Here, we'll cover key details about the claims we've paid – and a few reasons we haven't paid others.

Why choose Partners Life?

Over 1 Billion dollars total claims paid since Partners Life launched in 2011

We're a proudly New Zealand-operated company. From fledgling start-up in 2011, we've grown to become a multi-award-winning industry leader and one of the largest Life and health insurers in New Zealand. We're here to protect Kiwi families and businesses when they need it most, and we're focused on building strong and lasting partnerships. After all, that's why we're called Partners Life.

Award winning

We're delighted to say that we've picked up many industry awards over the years. For instance, in 2022, we added 'ANZIIF Life Insurance Company of the Year Award' to our trophy shelf.

The rainbow tick of approval

Over the years we've evolved into a diverse and inclusive business. So much so, we were awarded Rainbow Tick certification in 2018 and the Advanced Gender Tick in 2023.

Financial advisers

Our experienced advisers work with you throughout the application process. Helping to give you certainty and confidence that your cover is right for you.

5-star rating for 12 years straight

We earnt a 5-star rating from the Lewers Insurance Benchmark Study the very first year we opened. And we've achieved 5-stars every year since.

Increasing financial literacy

We're proud supporters of Banqer High; an interactive learning tool designed to help secondary school students build their financial literacy and capability.

Innovative insurance products

Some insurers offer near-identical cover, but we do things differently. We offer several market-first covers, uniquely designed to fully cater to client needs.

Guaranteed policy wording

No matter what changes we make to our policies in the future, we guarantee you'll hold onto your original benefits for as long as your policy is in place.

Guaranteed upgrades

Partners Life's attitude is about restless improvement. Making what we do even better and better, for our clients. That means we're always improving our products, and we make sure our existing clients reap the benefits by offering guaranteed upgrades.

89% of our claims paid*

At Partners Life, we pay a vast majority of our claims. That's because we're here to help our clients, so when we can, we do.
*1 April 2022 - 31 March 2023

The Partners Life Client Loyalty Discount

To thank and reward our long-time customers, we also offer a loyalty discount on eligible policies – the longer you stay with Partners Life, the larger the premium discount you could receive – up to a maximum of 10% of your policy premiums. You can find out more about the eligibility regarding this discount by clicking here.

Non-PHARMAC subsidised cover

We offer comprehensive cover for non-PHARMAC subsidised drugs; which is not limited to cancer only. With Partners Life, it's a standard part of our Private Medical Cover – at no additional cost to you.

Monthly Disability Cover claims

as at May 2023

Our Monthly Disability Covers are like a financial safety net – they help support you should you fall sick, be injured, or need surgery. They pay a significant portion of your lost income each month, and can be structured to offer specific short-term support, or cover you right up to retirement.

In the last 12 years...

We've paid out total claims of

$176,897,982

The biggest claim paid was

$1,318,333*

11,458

Claims have been paid

The longest claim paid was

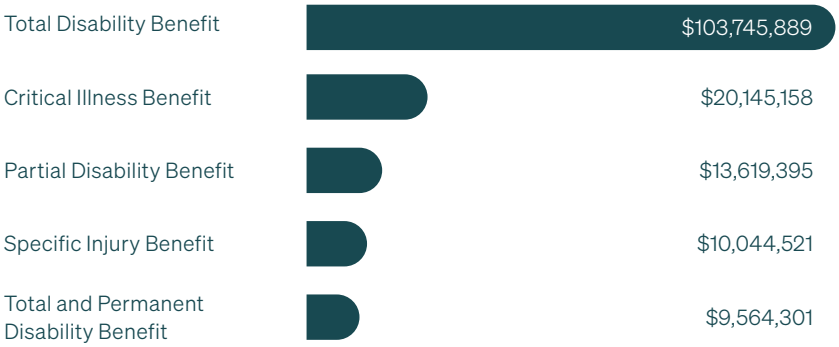
3,765 days

The average claim length was

393 days

* a single claim may include multiple benefits paid for the same condition.

The top 5 benefits paid were...



The top 5 benefits claimed were...

Top claimed conditions by occupation class

Occupation class 1

1. Neoplasms (cancers) - $15,788,484
2. Injury, poisoning and other external - $10,665,826
3. Mental and behavioral disorders - $9,688,533

Occupation class 2

1. Injury, poisoning and certain other consequences of external causes - $15,629,104
2. Neoplasms (cancers) - $10,267,933
3. Mental and behavioral disorders - $7,313,239

Occupation class 3

1. Injury, poisoning and certain other consequences of external causes - $29,390,846
2. Neoplasms (cancers) - $7,355,459
3. Diseases of the musculoskeletal system and connective tissue - $5,647,780

Our claims have been paid out to people aged...

Monthly Disability Cover claims

as at May 2023

In the last year...

We've paid out total claims of

$39,301,799

3,059

Claims have been paid

The top 5 benefits paid were...

The top 5 benefits claimed were...

Life Cover claims

as at May 2023

Should you pass away and leave loved ones behind, our Life Cover is there to help support and protect them with either a lump sum or monthly payments.

In the last 12 years...

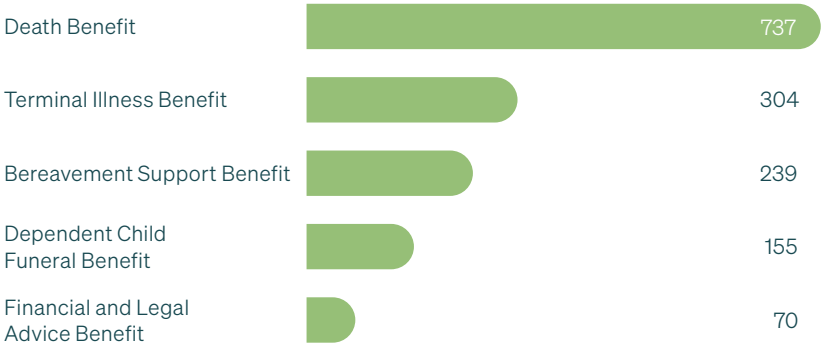
We've paid out total claims of
$279,180,854

1,246
Claims have been paid

The biggest claim paid was
$2,837,394

The top 5 benefits paid were...

The top 5 benefits claimed were...



The top 5 claimed conditions were...

- Neoplasms (cancers) $125,160,405
- External cause of mortality $48,375,952
- Disease of the circulatory system $46,586,344
- Factors of influencing health status and contact with health services $7,594,835
- Disease of nervous system $7,399,819

Our claims have been paid out for people aged...

Life Cover claims

as at May 2023

In the last year...

We've paid out total claims of

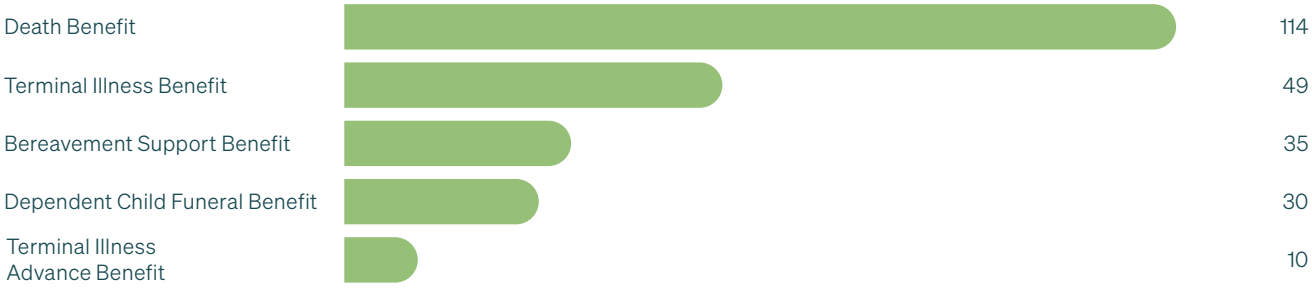
$47,118,505

216

Claims have been paid

The top 5 benefits paid were...

The top 5 benefits claimed were...



Private Medical Cover claims

as at May 2023

Life is full of unexpected health curveballs, and the financial impact can be significant. Our Private Medical Cover is designed to help cover the cost of private care. So you can get the treatment you need, when you need it – without having to wait for the public health system.

In the last 12 years...

We've paid out total claims of

$283,433,473

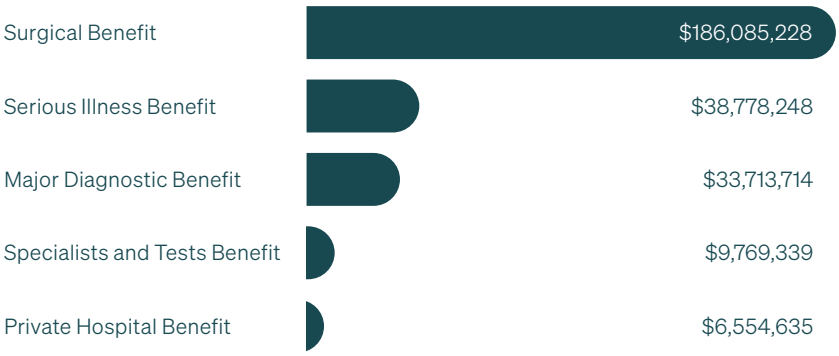
42,533

Claims have been paid

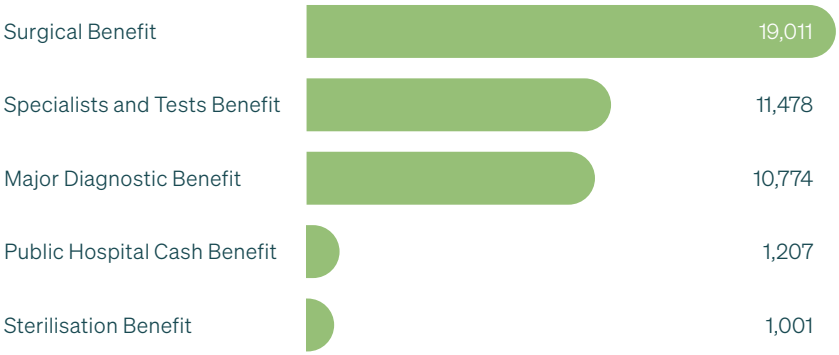
The biggest claim paid on a single claimable condition was

$897,130

The top 5 benefits paid were...



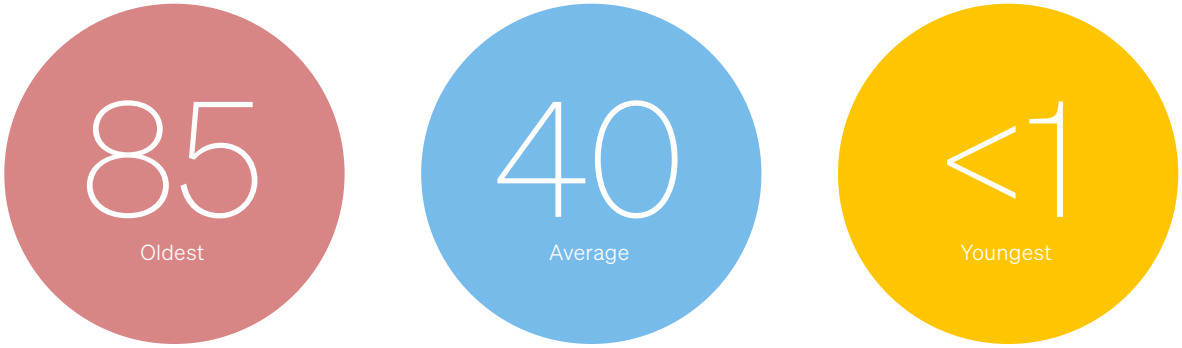
The top 5 benefits claimed were...



The top 5 claimed conditions were...

- Diseases of the digestive system $48,236,687
- Neoplasms (cancers) $45,026,385
- Diseases of the musculoskeletal system and connective tissue $37,881,773
- Symptoms, signs and abnormal clinical and laboratory findings $37,808,211
- Diseases of the genitourinary system $28,412,360

Our claims have been paid out for people aged...



Private Medical Cover claims

as at May 2023

In the last year...

We've paid out total claims of

$57,346,638

10,266

Claims have been paid

The top 5 benefits paid were...

The top 5 benefits claimed were...

Trauma Cover claims

as at May 2023

If you have a serious or potentially life-threatening health condition – like a heart attack, cancer, or stroke – Trauma Cover will pay you a lump sum. So you can take time off work, cover your expenses, or simply focus on your recovery with your family by your side.

In the last 12 years...

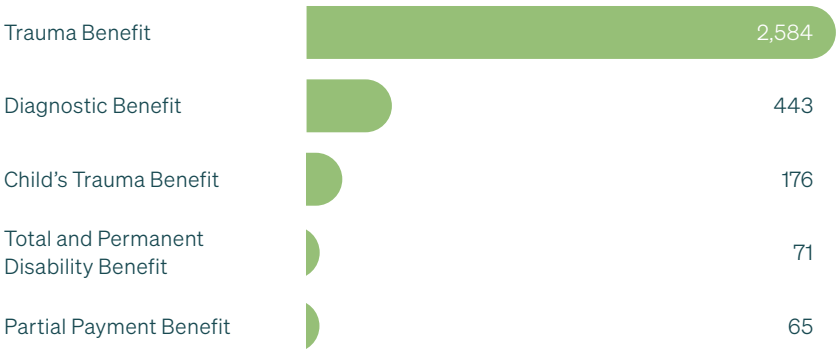
We've paid out total claims of
$296,117,349

3,335
Claims have been paid

The biggest claim paid was
$1,500,000

The top 5 benefits paid were...

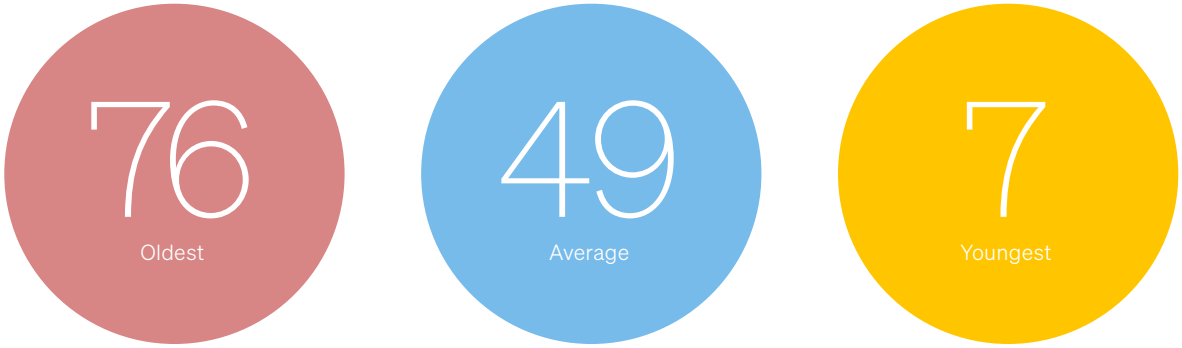
The top 5 benefits claimed were...



The top 5 claimed conditions were...

- Neoplasms (cancers) $181,808,695
- Diseases of the circulatory system $60,381,672
- Diseases of the nervous system $10,091,400
- Injury, poisoning and certain other consequences of external causes $9,580,717
- Diseases of the digestive system $4,381,224

Our claims have been paid out for people aged...



Trauma Cover claims

as at May 2023

In the last year...

We've paid out total claims of

$54,675,633

568

Claims have been paid

The top 5 benefits paid were...

The top 5 benefits claimed were...

So, why doesn't every claim get paid?

We're proud to have paid out 89% of claims over the past year. But while a huge majority have been accepted, you might be wondering about the 11% that weren't. Here are a few common reasons why some claims don't get paid, and what happens if yours is one of them.

Reason #1:

You recover before your waiting period is over

For some Partners Life covers, you'll need to choose a 'waiting period'. This is the amount of time – for example 4, 8 or 13 weeks – that will need to pass before you're eligible for a claim to be paid. If you're still not back on your feet by the time your waiting period is over, that's when we'll start paying your cover. When you take out insurance, it could be years before you need to make a claim. So your chosen waiting period can easily slip your mind. That's why it pays to re-look at your policy every year, to make sure your waiting period still works for you.

Reason #2:

Your condition didn't meet the medical definition

For some cover types, claims are assessed against a very specific medical definition. This definition will be outlined in your policy, which will also include the exact ins and outs of your cover. We use medical documents and other key information to determine whether your condition meets your policy's specific definition. The wording of these definitions can get pretty technical. So if you're ever unsure, you can always talk to our claims team to check that you're fully across your cover.

Reason #3:

Relevant information wasn't disclosed

When you take out a policy with us, we'll ask all sorts of questions and gather all kinds of information, relevant to your application. We'll then use our findings to figure out the cover we can offer. In rare cases, we might discover at claim time that certain information wasn't initially shared. This can affect our ability to pay out your claim. Luckily, it doesn't happen often – and it's easy to avoid. So just let us know everything from the get-go, and this issue is unlikely to crop up come claim time.

Reason #4:

Your treatment isn't medically necessary

This specifically applies to our Private Medical Cover, which helps pay for the cost of medically necessary treatments and procedures. In most cases, this cover won't pay for 'elective' treatments. That includes procedures that might improve your health, but won't actually stop or cure your ailment. Or treatments that manage the symptoms of an ongoing condition that there's currently no cure for. Or procedures that might help you avoid developing a certain condition in the future.

Reason #5:

Your condition is excluded under your policy

At the time you take out insurance, you could have an existing condition (or high-risk job or dangerous hobby) that's more likely to lead to a future claim. If so, your policy might come with certain exclusions or restrictions. For example, say your left knee has already suffered several injuries. Your policy may have a 'Left Knee' exclusion. So, in almost all cases, you won't be able to make any claims for issues to do with your left knee. Any exclusions in your policy will always be clearly explained upfront, and they can always be reviewed and possibly removed. So if your circumstances change – like, say, you leave a high-risk job – let your financial adviser know. They can talk you through the amendment process.

Making a claim with Partners Life

Every life is unique, and so is every insurance claim. But while each claim may look slightly different, we're committed to making sure the process always stays fair, accurate, and delivers the best possible client outcome.

Need to make a claim?

Filling out your claim form is the first step in the process. Find the right form for the claim you'd like to make.
Start your claim here.

What's the Partners Life Customer Outcomes Review Committee (CORC)?

The CORC is a special committee made up of key members of the Partners Life team. It plays two critical roles; to review client complaints, and to investigate any claims that have been denied because of incorrect or non-disclosed information. As far as we know, this robust process of challenging declined claims is unique in the insurance industry, and we're very proud of it.

What do we mean by 'if it's grey we'll pay'?

If it's not clear whether a claim should be accepted or declined, this can leave our clients in an uncertain grey area. And when you're already navigating a life-changing event, extra uncertainty is the last thing you need. So we live by a philosophy of 'if it's grey we pay'. This means that if all available information and evidence has been received, and it's still unclear if the claim should be accepted – we'll pay it.

How to make a complaint?

We want to ensure clear and open lines of communication between us and our clients and we understand that sometimes that includes taking on negative feedback. This page outlines the specific process we undertake to receive, review and seek to resolve your complaints, for more information click here www.partnerslife.co.nz/complaints-process

What if your claim isn't accepted?

We'll be sure to keep you informed during the entire claims process. And if your claim is one of the few that gets declined, we'll get in touch to discuss why. It might be that we don't have enough information to accept your claim. If that's the case, your financial adviser will work with you to gather the information needed and explain the next steps.

If you don't think we've made the right decision on your claim, you can let us know over the phone, online, or by post. Where possible, we'll resolve your complaint at first contact – or it may need to undergo further review. Either way, we'll keep you fully updated with progress until we come to a solution.

Want to know more about our claims?

Hear first-hand

To find out how we've been there for our clients when they needed us most, see some of their real-life stories at www.partnerslife.co.nz/news-and-views/

Contact us:

Call us today
0800 145 433