

Injury & Illness | Policy



- Welcome to Aon Stylecover Injury & Illness Policy
- Renewing your policy
- Policy document
- The Policy
- Introduction
- General exclusions
- General conditions
- Injury & Illness
- General definitions

... Restless nights or sweet dreams?

Some decisions in life are hard. Stylecover is the easy choice.

Aon / New Zealand's Largest Insurance Broker

0800 50 51 52

Money back guarantee

If you are not completely satisfied with this Injury & Illness Policy, simply return it to Aon Stylecover within 30 days of the commencement date. Your entire premium will be refunded if no claims have been made and we will both regard this policy as never commencing.

Welcome to Aon Stylecover Injury & Illness Policy

Congratulations on choosing to insure Your income with Aon Stylecover. As a valued client it is our aim to provide You with efficient service and prompt claim settlement.

This booklet contains important information on the details and benefits of your Aon Stylecover Injury & Illness Policy so we recommend that you read it carefully. Your certificate of insurance containing details particular to your Policy is inside the front cover. When you have finished reading this booklet, store it in a safe place with your other important documents.

If You have any questions about this Policy or any aspect of Aon Stylecover, please call Aon Stylecover toll free on 0800 50 51 52.



CALL 0800 50 51 52 VISIT WWW.STYLECOVER.CO.NZ

Renewing your policy

Annual policies

Before *your* policy expires, we will invite *you* to renew it. Before renewing, it is very important that *you* check all the information in the renewal invitation to confirm that *your* insurance details are still correct.

The invitation to renew *your* Policy assumes that there has been no change in the circumstances of *your* insurance in the past year. If *your* circumstances have changed, *you* must inform *us* of such changes and any other matters that may affect *your* Policy.

Monthly Policies

Monthly Policies do not have an annual renewal date. Monthly policies expire every month on the same day that *you* took out *your* Policy. To maintain cover under the Policy *you* need to make sure that *you* continue to make monthly premium payments otherwise *you* will be without cover. *You* should review *your* cover once a year to make sure it still meets *your* requirements and to do this *you* should call Aon Stylecover toll free on 0800 50 51 52.

It is important that *you* notify Aon Stylecover toll free on 0800 50 51 52 anytime there has been a change in the circumstances of *your* insurance. If *your* circumstances have changed, *you* must inform *us* of any such changes and any other matters that may affect *your* Policy.

Changing Your Policy

From time to time, *you* may want to alter *your* Policy, perhaps to change *your* address or *you* have changed occupations. If so *you* will need to contact Aon Stylecover. Once changes have been made Aon Stylecover will confirm them by sending *you* a replacement certificate of insurance showing the updated details of *your* Policy.

Policy document

Renewing your policy
Annual policies
Monthly policies
Changing your policy
Policy document
Your schedule of selected benefits

Your schedule of selected benefits

Part A	Weekly injury benefit
	Result 1 - 1 x <i>earnings</i> up to \$1,500.00 per week Aggregate Period 104 Weeks <i>Excess Period</i> 28 Days
Part B	Weekly illness benefit
	Result 2 - 1 x <i>earnings</i> up to \$1,500.00 per week Aggregate Period 104 Weeks <i>Excess Period</i> 28 Days
Period of insurance	As outlined in <i>Your</i> Certificate of Insurance
Age limitation	Over age: 18 and under age: 65
Endorsement	Pre Existing Conditions: This Policy does not apply to any pre-existing condition, including declared conditions, for which a legally qualified medical practitioner was consulted or for which treatment or medication was prescribed or the manifestation of symptoms of which would have caused a reasonable person to seek medical advice unless agreed by Vero Insurance New Zealand Limited in writing.
Territorial Scope	This cover applies to permanent New Zealand residents only.

The Policy

Thank *you* for choosing Stylecover to provide *you* with *your* insurance cover.

Arranging insurance means *you* are making a legal contract under which *you* promise to meet certain obligations and conditions, and in return, we promise to provide specified insurance cover.

The obligations, exclusions, extensions and conditions in this contract are subject to *your* rights under the Insurance Law Reform Acts 1977 and 1985.

Words shown in italics are words that have had their meaning defined. These meanings are found under the general definitions section of this policy. Any word or expression to which a specific meaning has been given will have the same meaning wherever it appears.

Please examine this document, including the *schedule*, to ensure the insurance protection is in accordance with *your* requirements. If it does not meet *your* requirements, or *you* wish to make changes to the insurance cover, please contact Stylecover.



Introduction

Insurance contract

In consideration of *you* having paid or promised to pay the required premium we agree to indemnify *you* in the manner and to the extent set out in this policy.

The insurance contract consists of any statements on which this insurance is based, *your* proposal, this policy and the *schedule*.

General obligations

These are the general obligations that apply to this policy.

You must comply with all the obligations and conditions of this policy. If *you* do not in some instances, *your* claim will not be paid.

Some parts of this policy may cover other people or companies or entities as well as *you*. To gain the benefit of any cover under this policy they must meet all the same conditions and obligations *you* are required to meet.

To disclose material information

You must advise *us* of all material information before inception of the policy and before each renewal or variation of the policy. Failure to do so entitles *us* to avoid the policy. Material information includes any information which might influence the decision we make as to whether or not to provide insurance and if so on what terms and at what premium.

If circumstances change

1. *You* must *notify us* immediately of any change in circumstances that has happened after the start of this policy or that *you* know is going to happen and which may increase:
 - (a) the amount of the risk; or
 - (b) the risk of loss or disablement; or
 - (c) the risk of insuring *you*.
2. If *you* do *notify us* of a change we may alter the premium and/or the terms of this contract.
3. If *you* do not comply with this obligation any loss or disablement that happens after the date of the change in circumstance may not then be insured and we may not continue to insure *you*.

To provide accurate information

You must make sure all statements made to *us* are in every respect correct and complete.



The Policy
Introduction
Insurance contract
General obligations
To disclose material information
If circumstances change
To provide accurate information

Introduction continued

What you need to know about making a claim

These general claims conditions apply to this policy.

As soon as *you* are aware of any event or circumstance that is likely to result in a claim under this policy *you* or any person entitled to claim under this policy must give *us* written notice within 30 days or as soon as is reasonably practicable.

You or any such person must at *your*, his or her expense give *us* such certificates, information and other documentation as we may reasonably require.

We may at *our* expense have any *insured person* medically examined from time to time.

If you wish to make a claim on this policy

You must then:

1. fully complete *our* claim form as soon as practical;
2. give *us* free access to examine and assess any loss;
3. provide any other information or assistance *we* reasonably request in relation to *your* claim;
4. if *we* request it, provide a statutory declaration to verify the loss; and
5. if *we* request it, attend interviews with any person *we* nominate.

If you don't agree with our claim decision

If *you* do not agree with *our* decision on *your* claim then *you* should contact *your* broker. If *you* are still not happy and believe *our* decision is incorrect *you* can ring *our* Head Office on 0800 835 548 or write to *us* at Private Bag 92 120 Auckland.

General exclusions

Introduction continued	General Exclusions
What you need to know about making a claim	Age
If you wish to make a claim on this policy	AIDS/HIV
If you don't agree with our claim decision	Asbestos
	Illegal act
	Piloting
	Pregnancy
	Professional sports/racing
	Psychiatric conditions
	Radioactivity
	STD
	Under the influence
	War

These are the general exclusions that apply to this policy.

Upon application we may offer terms to modify or delete exclusions in this policy on an individual case-by-case basis.

There is no cover under this policy for any claim resulting from or directly or indirectly caused by or arising in connection with:

1. **Age**
any *insured person* who is over the age of sixty-five (65) years at the time of the loss, event, *injury* or *illness*;
2. **AIDS/HIV**
infection with Human Immunodeficiency Virus (HIV) or any variant including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC);
3. **Asbestos**
asbestos, asbestos fibres, any derivatives of asbestos or any material containing asbestos or any exposure to the existence of asbestos;
4. **Illegal act**
any intentional self-*injury* or attempt at self-*injury*, suicide or attempt at suicide or any illegal or criminal act committed by *you* or an *insured person*;
5. **Piloting**
flying in an aircraft or aerial device other than as a passenger in an aircraft licensed to carry passengers and flown by a pilot licensed to carry passengers;
6. **Pregnancy**
pregnancy, childbirth and miscarriage except for unexpected medical complications or emergencies arising from them;
7. **Professional sports/racing**
professional sports of any kind, or the racing or preparation for racing of any motor propelled conveyance of any kind;
8. **Psychiatric conditions**
psychiatric or psychological conditions (including mental stress);
9. **Radioactivity**
the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel;
10. **STD**
any sexually transmitted disease;
11. **Under the influence**
being under the influence of intoxicating liquor and/or a drug (or combination of drugs), other than a drug taken or administered by and in accordance with the advice of a qualified and registered medical practitioner;
12. **War**
war, invasion, act of foreign enemy, warlike operations (whether war is declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power.

General conditions

General conditions
Beneficiary
Cancellation by us
Cancellation by you
Disablement benefits limitation
Due observance
Fraud
Governing law
Medical examination
Other insurance
Payment of TTD Benefits

These are the general conditions that apply to this policy.

1. Beneficiary

All Benefits will be payable to *you* or such person or persons and in such proportions as *you* nominate.

2. Cancellation by us

We may cancel this policy at any time by sending a letter, facsimile or e-mail to *you* at *your* last postal address, facsimile number or e-mail address on *our* records. The cancellation will take effect at 4 pm on the 30th day after the letter facsimile or e-mail has been sent. In the event of such cancellation we will refund to *you* a pro rata proportion of the premium (subject to any adjustment required by the terms of this policy).

3. Cancellation by you

You may cancel this policy at any time, and with immediate effect, by written notice delivered to *us* or by facsimile transmission or e-mail. In the event of such cancellation, we will be entitled to a pro rata proportion of the premium (subject to any adjustment required by the terms of this policy) for the time during which the policy has been in force.

4. Disablement benefits limitation

Benefits will not be payable:

- a) for Results 1 and 2 in excess of a total period of 104 weeks in respect of any one *injury* or *illness*;

- b) for Results 1 and 2 during the *excess period* stated on the *schedule*, calculated from the commencement of disability, and for an amount which exceeds the percentage of *earnings* stated on the *schedule*;
- c) unless the *insured person* as soon as possible after the happening of any *injury* or the manifestation of any *illness* giving rise to a claim under this policy obtains and follows proper medical advice from a legally qualified and registered medical practitioner, dental practitioner or registered hospital;
- d) for more than one of Results 1 and 2 that occur during the same period of time.



5. Due observance

The due observance and fulfilment of the terms, provisions, exclusions and conditions of this contract insofar as they relate to anything to be done or complied with by *you* or any *insured person* or his or her personal representatives will be conditions precedent to the liability of *us* to make any payment under this contract.

6. Fraud

If any claim is in any respect fraudulent or if any false declaration is made or false or incorrect information is used in support of any claim or if any fraudulent means or devices are used by *you* or anyone acting on *your* behalf to obtain any benefit under this policy we will not pay *your* claim and *you* will forfeit all benefits under this policy.

7. Governing law

This policy will be governed in accordance with the laws of New Zealand. Any disputes arising out of or under this policy will be submitted to the exclusive jurisdiction of the courts of New Zealand.

8. Medical examination

We have at *our* expense, the right and opportunity to have any *insured person* examined when and as often as we may require during the duration of any claim under this policy and the right and opportunity to have a post-mortem performed in the case of death, where it is not forbidden by law.

9. Other insurance

The benefits payable under Results 1 and 2 shall be limited to the amount insured or *your* weekly income which ever is the lesser. If *you* receive Disability Benefits under any other Insurance Policy, Workers' Compensation Act or ordinance, any Accident Compensation Act or ordinance or any legislation having a similar effect in respect of the same *injury* or *illness* or receive compensation from any other source (eg Insurance, Sick leave etc) then the Compensation payable under Results 1 and 2 shall be reduced by the amount necessary to limit the total of all such payments and or benefits payable.

10. Payment of TTD Benefits

Weekly benefits for Results 1 and 2 will be payable monthly in arrears. Disability for a period of less than a week will be paid for at the rate of 1/7th of the Weekly benefit for each day during which disability continues.

General conditions continued

Injury & Illness

General conditions continued
Recurrence of TTD
Same injury
Injury & Illness
Part A - Weekly benefits - injury
Part B - Weekly benefits - illness

11. Recurrence of TTD

If as a result of *injury or illness* Benefits become payable under Parts A or B of the Table of results and while this policy is in force and the *insured person* suffers a recurrence of *Temporary total disablement* from the same or a related cause or causes, the subsequent period of disablement will be deemed a continuation of the prior period unless between such periods the *insured person* has worked on a full-time basis for at least 6 consecutive months, in which case the subsequent period of disablement will be deemed to have resulted from a new *injury or illness* and a new *excess period* will apply, subject to any pre existing conditions exclusion applicable under the policy.

12. Same injury

All bodily injuries resulting from the same accident will be deemed a single *injury* for the purposes of this condition.

Part A - Weekly benefits - injury

Cover under this Part only applies if an amount is shown on the *schedule* for Part A - Weekly benefits *injury*.

Injury directly resulting in the following, which occur within 12 months of the date of the *injury*.

1. Temporary total disablement

During such disablement the Benefit stated on the *schedule* but not exceeding the *earnings* of the *insured person*.

Part B - Weekly benefits - illness

Cover under this Part only applies if an amount is shown on the *schedule* for Part B - Weekly benefits *illness*.

Illness directly resulting in the following within 12 months of the date of the first manifestation of the *illness*.

2. Temporary total disablement

During such disablement the Benefit stated on the *schedule* but not exceeding the *earnings* of the *insured person*.



General definitions

Where headings or margin references are used in this policy the headings or references are purely descriptive in nature and are not to be used for interpretative purposes.

Whenever the following words are used in italics in this policy this is what they mean:

Aerial devices

any type of aircraft, hovercraft, spacecraft or other craft or thing made or intended to float on or in or travel through air or space.

Age limit

that there is no cover under this policy with respect to any *insured person* who is aged 65 years or more and all cover with respect to an *insured person* will cease upon him or her attaining that age. This will not prejudice any entitlement to claim Benefits that had arisen before an *insured person* has attained the age of 65 years.

Earnings

in the case of an employee, his or her weekly pre-tax income, excluding commission, bonuses, overtime payments and any allowances averaged during the period of 12 months immediately preceding the commencement of disability over such shorter period as he or she has been employed;

or in the case of a self-employed person, his or her pre-tax weekly income derived from personal exertion after deduction of all expenses incurred in connection with the derivation of that income averaged over the period of 12 months immediately preceding the commencement of the disability or over such shorter period as he or she has been self-employed.

Excess period

the period of time shown on the *schedule* during which no benefit is payable.

Illness

any *illness* or disease first manifesting itself not less than 30 days after the commencement of the initial *period of insurance*.

Injury

bodily *injury* happening fortuitously and resulting from an accident occurring while this policy is in force caused by violent, external and visible means, but does not include any condition which is also an *illness*.

Insured person

such person or persons who come within the description of *Insured person* contained on the *schedule*, who are nominated by *you* from time to time for insurance under this policy and with respect to whom premium has been paid or agreed to be paid.

Notify

notify/notified in writing to *us*.

Period of insurance

the period shown on the current *schedule*.

Schedule

the most recently dated schedule issued by *us* including the current schedule of benefits attaching to and forming part of this policy.

Temporary total disablement

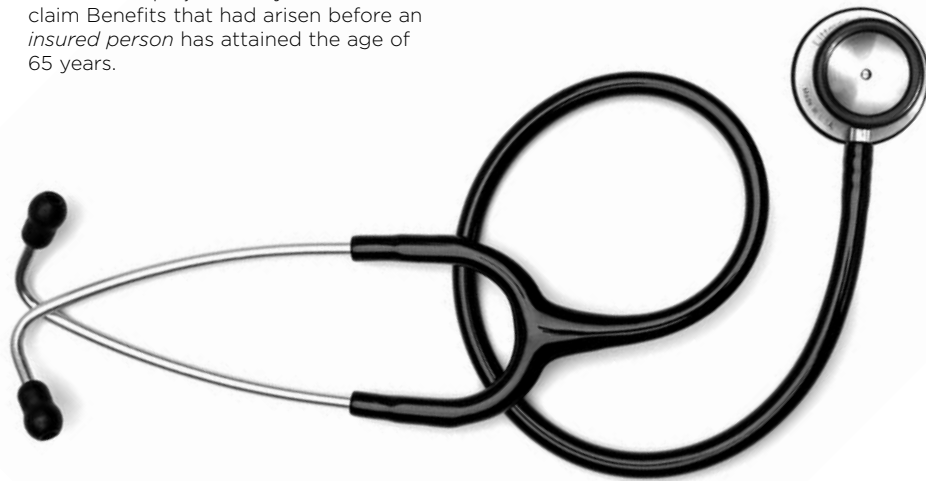
the temporary inability of an *insured person* to engage in his or her usual occupation, or business duties.

We/Our/Us

Vero Insurance New Zealand Limited.

You/Your

the Insured named on the *schedule*.



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UNDERWRITTEN BY

