



OneChoice Life Insurance

Policy Document
Issue date: 30 September 2019


OneChoice
INSURANCE FOR KIWIS

Welcome to **OneChoice**



OneChoice is a trading name of Greenstone Financial Services NZ Limited (Greenstone), NZBN 9429047013582, who've partnered with Pinnacle Life Limited (Pinnacle Life) (Level 2, Gillies Avenue Office Park, 27 Gillies Avenue, Newmarket, Auckland 1023) NZBN 9429030397248, the insurer of this product.

This document sets out the standard terms and conditions of OneChoice Life Insurance. If you purchase OneChoice Life Insurance, you'll enter into a contract with Pinnacle Life in accordance with the terms and conditions set out in this document. OneChoice isn't a party to this contract and doesn't take any responsibility for the content in this document.

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Reading this Policy Document

Your OneChoice Life Insurance *policy* consists of this Policy Document and *your policy schedule*. You should read both documents together to ensure *you* understand *your* cover in full.

In this Policy Document, some words or expressions shown in italics have a special meaning which affects the *insurance* cover and/or benefits provided. An explanation of these words or expressions may be found in the **Glossary** which begins on page 21.

When *you* purchase this *policy*, *you're* the *key life insured*. *You're* also the *policyowner*, which means *you're* the only person who can nominate and change the beneficiary named in this *policy*. With this *policy*, *you* can also apply for a *joint plan* to include *your* spouse, partner, or de facto. They will be the *partner life insured*.

Introducing OneChoice Life Insurance

OneChoice Life Insurance offers a range of *insurance* combinations to suit *your* needs. There's **Life Insurance** which provides a lump sum benefit in the event of death or *terminal illness*, which *you* can apply for on its own. Plus, there are optional benefits that *you* can apply for with *your* Life Insurance:

- **Serious Illness Insurance** – a lump sum benefit is paid in the event the *life insured* suffers a covered serious illness; and
- **Total & Permanent Disability Insurance** – a lump sum benefit is paid in the event the *life insured* suffers a *total & permanent disability*.

Whatever combination *you* choose, with OneChoice Life Insurance, *you* as the *life insured* are protected 24 hours a day, 7 days a week, worldwide while *your policy* is in force. A full explanation of these benefits, and the terms and conditions of this *policy* are contained in this Policy Document.

Life Insurance

Purchasing a policy

You can apply for a OneChoice Life Insurance *policy*, if *you* (and/or *your partner life insured* if applicable) are:

- a *New Zealand resident/s*; and
 - between 16 to 70 years of age at the time *your policy* commences.
-

Benefits you're covered for

Life Insurance

We'll pay a lump sum benefit if *you* (and/or the *partner life insured* if applicable):

- die from any cause, except as a result of a self-inflicted injury in the first 13 months; or
- are diagnosed with a *terminal illness*, with a life expectancy of 12 months or less.

Funeral benefit payment

In the event of a *life insured's* death, we'll advance \$10,000 of the Life Insurance *benefit amount*. If we pay an advance funeral benefit, the final Life Insurance *benefit amount* will be reduced by the amount already paid.

Interim Accidental Death Insurance

If *you* apply for *insurance*, and we require further information to assess *your* application, *you'll* automatically be provided with interim Accidental Death Insurance for up to 30 days while we assess *your* application. The Interim Accidental Death Insurance will pay a lump sum benefit if *you* die as a result of an *accident*, and the *accidental death* occurs within 90 days of the *accident*.

There are some circumstances which aren't covered as part of Interim Accidental Death Insurance. These are explained under **What you're not covered for** on page 6. The amount of interim cover is the Life Insurance *benefit amount* *you* apply for and will cease after 30 days, or on the *acceptance date*, whichever occurs first.

What you're not covered for

Life Insurance

We won't pay a Life Insurance benefit in respect of a *life insured*, if the *life insured* dies, or has a *terminal illness*, directly or indirectly as a result of a self-inflicted injury, within 13 months of:

- the *acceptance date* of the *policy*;
- the date that any increase in cover starts (but only in respect of the increase); or
- where we've agreed to *reinstate* the *policy* after it was cancelled, the date on which we *reinstate* the *policy* (*reinstatement date*).

We won't pay any benefits where we've agreed a special term with *you* in respect of *your* cover that specifically excludes the event or condition leading to the claim. Any such special term will be agreed with *you* before *your policy* is issued and will appear on *your policy schedule*.

Interim Accidental Death Insurance

We won't pay an interim Accidental Death *benefit amount* in respect of a *life insured* if the *life insured* suffers an *accidental death* directly or indirectly as a result of:

- intentional self-inflicted bodily injury;
- engaging in any criminal activities or illegal acts;
- suicide or attempted suicide;
- the consumption of drugs (unless it was under the direction of a *medical practitioner* and not in connection with treatment for substance abuse, drug addiction, or dependence);
- the consumption of intoxicating liquor (including having a blood alcohol content over the prescribed legal limit whilst driving);
- engaging in any professional sport (meaning the *life insured's* livelihood is substantially dependent on income received as a result of playing sport);
- engaging in any motor sports as a rider, driver, and/or passenger;
- war (whether declared or not) or warlike activity, or taking part in a riot or civil commotion; or
- being a pilot or crew member of any aircraft, or engaging in any aerial activity except as a passenger in a aircraft operated by a licensed commercial airline.

Benefit amount

Your policy schedule will specify the Life Insurance *benefit amount* that applies to *your policy*.

When *you* apply with a *partner life insured*, *you* both apply for individual *benefit amounts*.

Benefit limits

The total benefits payable for a *life insured* under the *policy* can't exceed:

- the maximum *benefit amount* for Life Insurance for *your* age at the *commencement date* as shown on *your policy schedule*, plus
- any automatic *benefit amount* increases under the *policy*.

The maximum *benefit amounts* can be found in the Key Fact Sheet. Alternatively, *you* may contact us to find out the maximum *benefit amount* available to *you*.

If the *life insured* is covered under more than one OneChoice Life Insurance *policy*, we'll apply this maximum limit to the total of the benefits payable for the *life insured* under all OneChoice Life Insurance *policies*. Any reduction to the *benefit amount* will be applied to the *policy* or *policies* most recently commenced and any excess premiums paid as a result will be refunded.

Only one Life Insurance *benefit amount* is payable per *life insured*. The Life Insurance *benefit amount* will be reduced by the amount of:

- any Total & Permanent Disability *benefit amount* paid for a *life insured*;
- any Serious Illness Insurance *benefit amount* paid for a *life insured*; and
- any advance payment of the Life Insurance *benefit amount*.

If we reduce the Life Insurance *benefit amount*, we'll reduce the premiums accordingly.

When your cover starts

Your cover (and/or cover for the *partner life insured* if applicable) starts on the date *your* application is accepted by us (*acceptance date*). The *acceptance date* is set out in *your policy schedule*.

When your cover ends

Your Life Insurance benefit ends when the first of the following occurs:

- the date of death of the *life insured*;
- the date of payment of a *terminal illness* claim for the *life insured*;
- the date of a payment of a *total & permanent disability* claim for the *life insured* where the Total & Permanent Disability Insurance *benefit amount* is the same as the Life Insurance *benefit amount* (see page 12);
- the date *you* cancel the *policy*; or
- the date we cancel the *policy*.

Prior to cancelling *your* cover due to non-payment of premiums, we'll take steps to contact *you* and provide *you* with an opportunity to pay any outstanding amounts.

Where the *policy* ends solely as a result of the *key life insured's* cover ending, if there's a *partner life insured* who wishes to retain cover, the *benefit amount* for the *partner life insured* can continue (provided we receive payment of the first premium) under a new *policy*.

Serious Illness Insurance Option

Serious Illness Insurance is an optional benefit. *You* only have this benefit if we accepted *your* application and it's shown in *your policy schedule*.

Purchasing Serious Illness Insurance

You can apply for this *insurance* cover if *you* (and/or *your partner life insured* if applicable) are:

- a New Zealand resident/s; and
 - aged between 16 and 59 years old.
-

Benefits you're covered for

We'll pay the Serious Illness Insurance *benefit amount* as a lump sum if the *life insured* suffers any of the following insured events while covered under the *policy*:

- cancer;
- coronary artery bypass surgery;
- heart attack; or
- stroke

provided the *life insured* survives for 14 days after the day that the serious illness is contracted.

The *cancer, coronary artery bypass surgery, heart attack, or stroke* must be diagnosed by a *medical practitioner* and confirmed by our medical advisers.

What you're not covered for

We won't pay a Serious Illness Insurance *benefit amount* in respect of a *life insured* if the *life insured* suffers *cancer, coronary artery bypass surgery, heart attack, or stroke* directly or indirectly as a result of an intentional self-inflicted bodily injury or attempted suicide.

There are a number of *cancers* excluded from the definition of *cancer*. It's important that *you* check these in the **Glossary** which begins on page 21.

No *benefit amount* will be payable if the condition resulting in a claim first becomes apparent before the Serious Illness Insurance for the *life insured* starts or during the first three months after:

- the Serious Illness Insurance for the *life insured* starts;
 - the date that any increase in cover starts (but only in respect of that increase); or
 - where we've agreed to *reinstate* the *policy* after it was cancelled, the date on which we *reinstate* the *policy* (*reinstatement date*).
-

What you're not covered for (continued)	<p>After this three-month period, we'll pay for any new and unrelated occurrence of <i>cancer, coronary artery bypass surgery, heart attack, or stroke</i>.</p> <p>We won't pay any benefits where we've agreed a special term with <i>you</i> in respect of <i>your</i> cover that specifically excludes the event or condition leading to the claim. Any such special term will be agreed with <i>you</i> before <i>your policy</i> is issued and will appear on <i>your policy schedule</i>.</p>
Benefit amount	<p>If <i>you've</i> selected this option, and <i>your policy schedule</i> shows <i>you've got</i> this cover included in <i>your policy</i>, <i>your policy schedule</i> will specify the Serious Illness Insurance <i>benefit amount</i> that applies to <i>your policy</i>.</p> <p>When <i>you</i> apply with a <i>partner life insured</i>, <i>you</i> both apply for individual <i>benefit amounts</i>.</p>
Benefit limits	<p>The total Serious Illness Insurance <i>benefit amount</i> payable for a <i>life insured</i> under the <i>policy</i> can't exceed:</p> <ul style="list-style-type: none"> ○ the lesser of \$500,000 or 50% of the total Life Insurance <i>benefit amount</i>, plus ○ any automatic <i>benefit amount</i> increases under the <i>policy</i>. <p>If the <i>life insured</i> is covered for Serious Illness Insurance under more than one OneChoice Life Insurance <i>policy</i>, we'll apply the maximum <i>benefit amount</i> limit to the total of the Serious Illness Insurance benefits payable for the <i>life insured</i> under all OneChoice Life Insurance <i>policies</i>.</p> <p>Any reduction to the Serious Illness Insurance <i>benefit amount</i> will be applied to the Serious Illness Insurance most recently commenced and any excess premiums paid as a result will be refunded.</p> <p>Where a <i>benefit amount</i> is paid under this Serious Illness Insurance, we'll reduce the Life Insurance and any Total & Permanent Disability Insurance <i>benefit amount</i> by that Serious Illness Insurance <i>benefit amount</i> in respect of that <i>life insured</i>. If we reduce the Life Insurance <i>benefit amount</i> and/or the Total & Permanent Disability Insurance <i>benefit amount</i>, we'll reduce <i>your</i> premium accordingly.</p> <p>Only one <i>benefit amount</i> is payable per <i>life insured</i> under this Serious Illness Insurance option.</p>

When your Serious Illness Insurance starts

If *your* (and/or *your partner life insured's* if applicable) application for Serious Illness Insurance is accepted by us, then cover starts on the *acceptance date* set out in the *policy schedule*. If we agree to add Serious Illness Insurance to *your policy* after the *acceptance date*, we'll advise *you* of the date the Serious Illness Insurance starts.

When your Serious Illness Insurance ends

Serious Illness Insurance ends for a *life insured* when the first of the following occurs:

- the date of death of the *life insured*;
 - the date of payment of a Serious Illness Insurance *benefit amount* for the *life insured*;
 - the date *you* cancel the *policy*;
 - the date we cancel the *policy*;
 - the date *you* cancel the Serious Illness Insurance cover; or
 - the *policy anniversary* following the *life insured's* 65th birthday.
-

Total & Permanent Disability Insurance Option

Total & Permanent Disability Insurance is an optional benefit. *You* only have this benefit if we accepted *your* application and it's shown in *your policy schedule*.

Purchasing Total & Permanent Disability Insurance

You can apply for this *insurance* cover if *you* (and/or *your partner life insured* if applicable) are:

- a New Zealand resident/s;
- between 16 and 59 years of age; and
- working at least 20 hours per week or, if *you're a homemaker* who works less than 10 hours per week.

Benefits you're covered for

We'll pay the Total & Permanent Disability Insurance *benefit amount* as a lump sum if the *life insured* suffers any of the following insured events while covered under the *policy*:

- the loss of limbs or sight;
- is unable to work; or
- suffers loss of independent existence.

Before any claim can be fully assessed, we must receive proof that the insured event has occurred. In addition, proof must be supported by one or more appropriate *medical practitioners*.

Please refer to the **Glossary** which begins on page 21 for the complete definition of *total & permanent disability*.

What you're not covered for

We won't pay a Total & Permanent Insurance *benefit amount* in respect of a *life insured* if the *life insured* suffers a *total & permanent disability* directly or indirectly as a result of:

- an injury caused or accelerated by an intentional act performed by the *life insured*, *policyowner*, or person who will otherwise be entitled to all or part of the *benefit amount*; or
- an injury caused as a result of engaging in any motor sport as a rider, driver, and/or passenger.

We won't pay any benefits where we've agreed a special term with *you* in respect of *your* cover that specifically excludes the event or condition leading to the claim. Any such special term will be agreed with *you* before *your policy* is issued and will appear on *your policy schedule*.

Benefit amount

If you've selected this option, and your *policy schedule* shows you've got this cover included in your *policy*, your *policy schedule* will specify the Total & Permanent Disability Insurance *benefit amount* that applies to your *policy*.

When you apply with a *partner life insured*, you both apply for individual *benefit amounts*.

Benefit limits

The Total & Permanent Disability Insurance *benefit amount* payable for a *life insured* can't exceed:

- the Life Insurance *benefit amount*, or
- the maximum Total & Permanent Disability Insurance *benefit amount* for your age at the *commencement date*, whichever is lower, plus
- any automatic *benefit amount* increases under the *policy*.

The maximum *benefit amounts* can be found in the Key Fact Sheet. Alternatively, you may contact us to find out the maximum *benefit amount* available to you.

If the *life insured* is covered for Total & Permanent Disability Insurance under more than one OneChoice Life Insurance *policy*, we'll apply the maximum *benefit amount* limit to the total of the Total & Permanent Disability Insurance benefits payable for the *life insured* under all OneChoice Life Insurance *policies*.

Any reduction in the Total & Permanent Disability Insurance *benefit amount* will be applied to the Total & Permanent Disability Insurance most recently commenced and any excess premiums paid as a result will be refunded.

Where a *benefit amount* is paid under this Total & Permanent Disability Insurance, we'll reduce the Life Insurance and any Serious Illness Insurance *benefit amount* by the Total & Permanent Disability Insurance *benefit amount* in respect of that *life insured*. If we reduce the Life Insurance *benefit amount* and/or the Serious Illness Insurance *benefit amount*, we'll reduce your premium accordingly.

Only one *benefit amount* is payable per *life insured* under this Total & Permanent Insurance option.

When your Total & Permanent Disability Insurance starts

If *your* (and/or *your partner life insured's* if applicable) application for Total & Permanent Disability Insurance is accepted by us, then cover starts on the *acceptance date* set out in the *policy schedule*. If we agree to add Total & Permanent Disability Insurance to *your policy* after the *acceptance date*, we'll advise *you* of the date the Total & Permanent Disability Insurance starts.

When your Total & Permanent Disability Insurance ends

Total & Permanent Disability Insurance ends for a *life insured* when the first of the following occurs:

- the date of death of the *life insured*;
 - the date of payment of a Total & Permanent Disability Insurance *benefit amount* for the *life insured*;
 - the date *you* cancel the *policy*;
 - the date we cancel the *policy*;
 - the date *you* cancel the Total & Permanent Disability Insurance cover; or
 - the *policy anniversary* following the *life insured's* 65th birthday.
-

General terms and conditions

Changing the policyowner

When you purchase this *policy*, you're automatically the *policyowner*.

If this *policy* is purchased as a *single plan*, this *policy* can't be assigned to any other person or entity.

If this *policy* is purchased as a *joint plan*, upon request, you may transfer ownership of this *policy* to the *partner life insured*.

Any change and the terms and conditions relating to the change are subject to approval and written confirmation by us.

Changing your insurance

You can call us on **0800 005 804** (Monday to Friday between 8am and 8pm) to discuss changing your *insurance*. You may need to confirm changes in writing if you wish to:

- decrease your *insurance*;
- increase your *insurance*;
- change from a *single plan* to a *joint plan* (or from a *joint plan* to a *single plan*); or
- change a *life insured's* status from a smoker to a non-smoker, for the purpose of determining your *insurance* premium rating. You must provide a completed declaration form.

Any change and the terms and conditions relating to the change are subject to approval and written confirmation by us.

**Automatic
benefit
amount
increases**

To help *your* level of *insurance* keep up with the cost of living, *your insurance* and all optional benefits (if applicable) are automatically increased on each *policy anniversary* by 5%.

Automatic increases will continue even where the maximum *benefit amount* is met or exceeded. Any automatic increase to your *benefit amount* will also increase your premium and will be in addition to the annual premium calculation.

We'll send *you* an updated *policy schedule* each year *your policy* remains in force 30 days prior to *your policy anniversary* setting out *your* updated *benefit amount* and premium. *You* can decline the automatic increase by calling us on **0800 005 804** (Monday to Friday between 8am and 8pm) or by writing to:

OneChoice
Reply Paid DX Box EP71505
Penrose, Auckland

If *you* decline the automatic increase, the updated *policy schedule* we sent *you* won't be valid and we'll send *you* a replacement *policy schedule*.

If *you* decline the automatic *benefit amount* increase in any given year, we'll continue to offer *you* automatic *benefit amount* increases on each subsequent *policy anniversary* until *you're* no longer eligible for them.

The automatic increases will end on the *policy anniversary* following the *life insured's* 75th birthday.

Cancellation

30-day free look

If within 30 days from the *commencement date* you decide you don't wish to keep the *policy* (or optional benefit/s if applicable), please send a written request providing *your* instruction to cancel along with *your* full name and *policy* number. If *your* request is received within 30 days of *your commencement date*, we'll refund any premiums *you've* paid, except in the case of an annually paid *policy*, where a pro rata refund will be made.

Cancelling this policy

After the 30-day free look, *you* can cancel this *policy* at any time, however *your* payments are non-refundable.

No cash value

This *policy* contains no savings or investment, and has no cash value if cancelled.

Premium

How we calculate your premiums

Premiums are the cost of *your insurance*. The premium *you're* required to pay when the *policy* commences is shown in *your policy schedule*.

Your premium is a stepped premium, which means that it'll increase each year as *you* age.

Your premium for Life Insurance (and Serious Insurance Illness and/or Total & Permanent Disability Insurance Options if applicable) is calculated at each *policy anniversary* and is based on:

- *your* age (and/or the age of the *partner life insured* if applicable) at that time;
- the *benefit amount* provided for each *life insured*;
- the *insurance plan* chosen by *you* (*joint plan* or *single plan*); and
- various other factors which affect *your* premium rating (applicable to *you* or *your partner life insured* if applicable) such as gender, smoking status, state of health, family history, occupation, and participation in hazardous activities.

On the *policy anniversary* following the *life insured's* 100th birthday, the premium will stay the same for the remaining term of the *policy* in respect of that *life insured*.

Currency	All transactions are in New Zealand dollars.
Payment frequency & due-date	<p>Payments will be debited on the date of <i>your</i> choice, either fortnightly, monthly, or annually.</p> <p>The date <i>you</i> nominate <i>your</i> first premium to be deducted is referred to as the <i>commencement date</i>.</p>
Payment methods	<p><i>You</i> can pay by direct debit from <i>your</i> bank, credit union or building society account, or by credit card.</p> <p>Where <i>you've</i> chosen to pay by direct debit, all transactions are made in accordance with the terms and conditions we disclose to <i>you</i> when <i>you</i> provide <i>your</i> authority, or as confirmed to <i>you</i> in writing.</p>
Policy terminated for non-payment	<p>If <i>you</i> don't pay <i>your</i> premium and it remains unpaid for more than one month, <i>your policy</i> may be cancelled by us for non-payment.</p> <p>Before we cancel <i>your policy</i>;</p> <ul style="list-style-type: none"> ○ we'll notify <i>you</i> at <i>your</i> last known contact address that <i>you've</i> failed to make a scheduled payment; and ○ provide <i>you</i> with information about how <i>you</i> can pay any outstanding payments and the date by which <i>you</i> need to provide this payment. <p><i>Your policy</i> will be cancelled on the later of 28 days from the date we first inform <i>you</i> that <i>your policy</i> is at risk of lapsing or 28 days since the date of <i>your</i> overdue premium.</p> <p>If we cancel <i>your policy</i> in this manner, <i>you</i> can contact us within six months of the date of cancellation to apply to <i>reinstate your cover</i>. Any <i>reinstatement</i> is subject to eligibility criteria and our terms and conditions.</p> <p>If <i>your policy</i> is cancelled, there are no refunds for the payments <i>you've</i> made to date.</p>

Claims

Information we need to assess your claim

If *you* (or *your* legal personal representative on *your* death) wish to claim under this *policy*, please call us on **0800 005 806** (Monday to Friday between 8am and 8pm) or write to:

OneChoice
Reply Paid DX Box EP71505
Penrose, Auckland

We'll send *you* a form to be completed, signed, and returned. We may also require *your* treating doctor or specialist to complete a form at *your* (or *your* estate's) expense.

Claims should be made as soon as possible after the event giving rise to the claim.

Before a claim can be fully assessed, we must receive proof, provided at *your* (or *your* estate's) expense and to our satisfaction, that the insured event has occurred.

In addition:

- proof must be supported by one or more appropriate *medical practitioners*; and
- all relevant information, including any test, examination, or laboratory results must be provided to us.

We may be entitled to refuse to pay the benefit under this *policy* if we don't have evidence to our satisfaction of the *life insured's* death, the cause of the *life insured's* death, or of the applicable insured event.

We reserve the right to require the *life insured* to undergo (at our expense), medical examinations, or other reasonable tests (including, where necessary, a post-mortem examination) to confirm the occurrence of an insured event. In addition, we may conduct investigations to assess the validity of the claim. This could involve the use of investigation agents and surveillance, legal advisers, and the collection of personal data.

Who we pay

You can nominate up to five *beneficiaries* to receive payment of the Life Insurance *benefit amount* on *your* death. Please use the **Nomination of Beneficiaries Form** provided to nominate *your* beneficiaries.

If a valid benefit nomination isn't received, death benefits are payable to *your* legal personal representative, or person that we're permitted to pay under New Zealand law.

All other benefit payments are made to *you*.

All benefits paid in connection with this policy will be made in New Zealand dollars.

Compliance

We protect your privacy

We understand how important *your* privacy is to *you*. All information *you* provide us will be held securely and confidentially. This information will be used to process *your* application, to administer *your policy*, pay any claim, offer you other products and for any other purpose that's directly related to one or all of these. We'll also use *your* personal information to comply with our legal obligations. If *you* don't supply us with the information requested, we may not be able to process *your* application. *You* may contact us at any time to access or correct any information we hold about *you*.

From time to time, we may offer *you* other products. However, if *you* don't want this information, *you* can request that we don't send it to *you* at any time. *Your* personal information will be shared with, and may be collected by, our service provider Greenstone, and their related companies in Australia.

We're unlikely to disclose *your* personal information in any other foreign jurisdiction. However, there's a possibility that we may need to do so if other parties that we deal with in respect of this *policy* are based in these jurisdictions.

We may disclose *your* personal information with reinsurers, financial adviser, claims assessors, mail distributors, and any other service providers that are necessary to perform the *insurance* services in accordance with this *policy*. We'll also disclose *your* information to any person or organisation where required by law.

For further information on privacy, please see our privacy policy on our website.

NZ law applies

This *policy* is governed by New Zealand law. Any legal action in relation to this *policy* must be conducted in New Zealand.

Our statutory fund

All payments that we receive from *you* (or pay to *you*) in relation to this *policy* will be transacted through the Pinnacle Life Rimu Statutory Fund. Pinnacle Life is required under New Zealand law to have such a fund to protect *your* interests by ensuring accounting transparency.

Contact Us

Immediate response

Usually when *you've got* a concern, we can resolve it immediately on the phone. If we can't immediately resolve *your* concern, we'll treat it as a complaint and take steps to resolve *your* matter as soon as possible. Please contact us using one of the following means:

Phone: 0800 005 804

(Monday to Friday between 8am and 8pm)

Writing: Customer Service Complaints
OneChoice
Reply Paid DX Box EP71505
Penrose, Auckland

Email: support@onechoice.co.nz

Please supply *your policy* number to enable the enquiry to be dealt with promptly. *Your* enquiry or complaint will be dealt with by someone with appropriate authority.

Internal dispute resolution

If we haven't resolved *your* matter to *your* satisfaction, at *your* request, we'll escalate *your* complaint for review by our Internal Dispute Resolution team. All escalated matters will be acknowledged within two business days of being escalated. After full consideration of the matter, a written final response will be provided that will outline the decision reached and the reasons for the decision.

External dispute resolution

Pinnacle Life Limited is a registered financial services provider. Its registration number is FSP273205. As a registered financial services provider, it is obliged to submit complaints that cannot be resolved internally to an external dispute resolution scheme.

In the unlikely event that *your* complaint isn't resolved to *your* satisfaction, *you* may refer *your* matter to the **Insurance & Financial Services Ombudsman (IFSO)**, provided *your* matter is within the scope of the **IFSO** Terms of Reference.

The **IFSO** is an independent dispute resolution service provided free of charge. *You* may contact the **IFSO** at:

Insurance & Financial Services Ombudsman

Writing: PO Box 10-845
Wellington 6143
New Zealand

Phone: 0800 888 202

Fax: 04 499 7614

Website: ifso.nz

Email: info@ifso.nz

Glossary

In this *policy*, some words have been shown in italics. These words have special meanings as explained below.

acceptance date	means the date <i>your</i> application is accepted by us and cover starts as set out in the <i>policy schedule</i> .
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accident	means an event resulting in bodily injury occurring while this <i>policy</i> is in force, where the injury is directly and solely caused by accidental, violent, external, and visible means without any other contributing causes and where the injury isn't self-inflicted.
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accidental death	means death occurring as a direct result of an <i>accident</i> and where death occurs within 90 days of the <i>accident</i> .
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benefit amount	means the amount payable on the applicable insured event covered under this <i>policy</i> in respect of a <i>life insured</i> . The <i>benefit amount</i> at the <i>acceptance date</i> for each benefit for each <i>life insured</i> is shown in the <i>policy schedule</i> .
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cancer	<p>means the confirmed diagnosis by a <i>medical practitioner</i> of the presence of one or more malignant tumours histologically characterised by the uncontrolled growth and spread of malignant cells, and the invasion and destruction of normal tissue beyond the basement membrane. The term 'malignant tumour' also includes leukaemia, sarcoma, and lymphoma.</p> <p>The following cancers are specifically excluded for Serious Illness Insurance Option claims:</p> <ul style="list-style-type: none">○ tumours which are histologically classified as 'pre-malignant', 'noninvasive', 'high-grade dysplasia', 'borderline', or 'having low malignant potential';○ all carcinoma in situ except for carcinoma in situ of the breast where total mastectomy was performed specifically to arrest the spread of malignancy and where it was considered the appropriate and necessary treatment;○ all prostatic cancers, unless having progressed to T2 on the TNM Clinical Staging System; or histologically classified as having a Gleason Score of 7 or higher; or having resulted in the surgical removal of the prostate (where it was considered by treating doctors to be the appropriate and necessary treatment);○ all melanomas less than 1mm thickness as determined by histological examination and which is also less than Clark Level 3 depth of invasion;
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cancer (continued)	<ul style="list-style-type: none"> ○ all Hyperkeratosis or Basal Cell Carcinoma (BCC) of skin and Squamous Cell Carcinoma (SCC) of skin unless having spread to the bone, lymph node, or another distant organ; ○ chronic lymphocytic leukaemia Rai Stage 0; ○ all cancers of the thyroid unless: <ul style="list-style-type: none"> a. having progressed to at least TNM classification T2N0M0 (Stage II); or b. where total thyroidectomy is undertaken ○ all cancers of the bladder unless having progressed to at least TNM classification T1N0M0 (Stage I); and ○ cutaneous lymphoma where the skin is the only organ affected.
commencement date	<p>means the date on which <i>your</i> first premium payment is deducted. The date <i>you</i> select for the first premium deduction is set out in the <i>policy schedule</i>.</p>
coronary artery bypass surgery	<p>means the actual undergoing of bypass graft surgery, either through an open-heart operation procedure or through a 'key-hole' surgical technique, to two or more blocked coronary arteries causing inadequate myocardial blood supply.</p>
heart attack	<p>means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area, measured by the tests specified below, where the diagnosis is supported by a diagnostic rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit and at least three of the following:</p> <ul style="list-style-type: none"> ○ symptoms of ischaemia consistent with myocardial infarction; ○ ECG changes indicative of new ischaemia (new ST-T changes or new left bundle branch block); ○ development of new pathological Q waves on the ECG; or ○ new regional wall motion abnormality persisting for at least six weeks and confirmed on cardiac imaging including echocardiogram, cardiac CT, cardiac MRI, or cardiac radio nuclear scan. <p>If the tests specified are inconclusive or unable to be met, then the definition will be met if three months after the event the <i>life insured's</i> left ventricular ejection fraction is less than 50%.</p> <p>The following aren't covered:</p> <ul style="list-style-type: none"> ○ a rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease; and ○ other acute coronary syndromes including but not limited to angina pectoris.

homemaker	<p>means the <i>life insured</i> who's the main provider of domestic duties within the family home and if also in paid employment, working for less than 10 hours per week.</p> <p>Domestic duties are the tasks performed by a <i>life insured</i> whose main occupation is to maintain their family home. These tasks are:</p> <ul style="list-style-type: none"> ○ cooking of meals for their family; ○ cleaning of the home; ○ shopping for their family's food; ○ doing their family's laundry; and ○ taking care of dependent children (if applicable). <p>Domestic duties don't include duties performed outside the person's home for salary, reward, or profit.</p>
insurance	<p>means, in respect of a <i>life insured</i>, the <i>insurance</i> benefits that have been applied for by the <i>policyowner</i> and accepted by us as indicated on the <i>policy schedule</i>.</p>
insurance plan	<p>means the <i>insurance plan</i> nominated by the <i>policyowner</i> in the application, subject to acceptance by us.</p> <p>The <i>insurance plans</i> available under the <i>policy</i> are:</p> <ul style="list-style-type: none"> ○ <i>single plan</i> – this plan applies if the <i>key life insured</i> is the only person nominated in the application. ○ <i>joint plan</i> – this plan applies if there's a <i>key life insured</i> and a <i>partner life insured</i> nominated in the application.
joint plan	<p>means the <i>insurance plan</i> where there's a <i>key life insured</i> and a <i>partner life insured</i> nominated in the application.</p>
key life insured	<p>means a person named in the <i>policy schedule</i> as the <i>key life insured</i>.</p>
life insured	<p>means, as the context requires, the <i>key life insured</i> and, if applicable, the <i>partner life insured</i>.</p>
medical practitioner	<p>means a person who's a qualified, practicing medical specialist licensed to practice his or her medical specialty within Australia or New Zealand, and whose specialty qualifies him or her to make a diagnosis or a prognosis of a <i>terminal illness</i> or (as the context requires), to diagnose a medical condition, illness, disability, or injury covered under this <i>policy</i>, of a <i>life insured</i>. The <i>medical practitioner</i> mustn't be the <i>policyowner</i> or a <i>life insured</i> under this <i>policy</i>, their spouse, relative, or business associate.</p>
New Zealand resident	<p>means a person who resides in New Zealand at the time of application and:</p> <ul style="list-style-type: none"> ○ holds a New Zealand or Australian citizenship; ○ holds a New Zealand permanent residency visa; or ○ has been in New Zealand continuously for 12 months or more on a temporary work visa.

partner life insured	means a person named in the <i>policy schedule</i> as the <i>partner life insured</i> . A partner must be a legal spouse or de facto of the <i>key life insured</i> and may be of the same gender as the <i>key life insured</i> .
policy	means the legal contract between the <i>policyowner</i> and us. This Policy Document, <i>your</i> application, any future application accepted by us, the current <i>policy schedule</i> , and any special conditions, amendments, or endorsements make up the <i>policy</i> .
policy anniversary	means the anniversary of the <i>commencement date</i> of <i>your policy</i> .
policyowner	means the <i>key life insured</i> .
policy schedule	means the document that confirms the details of <i>your policy</i> , including any special conditions, amendments, or endorsements. A new <i>policy schedule</i> will be issued at any time there's a change in <i>your policy</i> . <i>Your new policy schedule</i> will apply from the date shown on <i>your new policy schedule</i> .
reinstate/ reinstated/ reinstatement	means the process of having <i>your policy</i> put back in force. If you don't pay <i>your</i> premium and <i>your policy</i> is cancelled by us for non-payment, <i>you</i> can contact us within six months of the date of cancellation to apply to have <i>your policy</i> reinstated. Eligibility criteria may apply.
single plan	means the <i>insurance plan</i> where the <i>key life insured</i> is the only person nominated in the application.
stroke	<p>means death of brain tissue resulting from insufficient blood supply (typically due to a thrombus or clot), bleeding within the skull, or intracerebral embolism, and that's resulted in permanent neurological impairment.</p> <p>This diagnosis must be supported by both of the following:</p> <ul style="list-style-type: none"> ○ evidence of 'permanent neurological deficit with persisting clinical symptoms' confirmed by a neurologist at least six weeks after the <i>stroke</i>; and ○ findings on Magnetic Resonance Imaging (MRI), Computerised Tomography (CT), or other reliable imaging techniques consistent with the diagnosis of a new <i>stroke</i> and compatible with the neurological deficit. <p>The following are excluded:</p> <ul style="list-style-type: none"> ○ transient ischaemic attacks; ○ cerebral events and symptoms due to reversible neurological deficits and migraine; ○ vascular disease affecting the eye or optic nerve; ○ ischaemic disorders of the vestibular system; ○ any <i>stroke</i> related to recreational drug use and/or substance abuse; and ○ brain damage due to an <i>accident</i> or injury.

**stroke
(continued)**

'Permanent neurological deficit with persisting symptoms' means dysfunction in the nervous system that's present on clinical examination and expected to last throughout the *life insured's* life. It includes outcomes such as:

- a coma;
- a lack of coordination;
- a tremor;
- an objectively documented significant loss of cognitive function;
- aphasia (inability to speak);
- difficulty in walking;
- dysarthria (difficulty with speech);
- dysphagia (difficulty in swallowing);
- hemiparesis;
- hemiplegia;
- hyperaesthesia (increased sensitivity);
- hypertonicity;
- monoparesis;
- monoplegia;
- numbness;
- paralysis (localised weakness); and
- visual impairment.

The following don't constitute 'permanent neurological deficit with persisting symptoms':

- an abnormality seen on brain or other scans without definite related clinical symptoms;
- neurological signs occurring without symptomatic abnormality, such as brisk reflexes without other symptoms; or
- symptoms of psychological or psychiatric origin.

terminal illness

means the diagnosis by a *medical practitioner* approved by us, of a *terminal illness* where life expectancy, after taking into account all reasonably available treatment, is 12 months or less.

**total &
permanent
disability**

means the *life insured* (as a result of sickness or injury):

- suffers the loss of limbs or sight;
- is unable to work; or
- suffers loss of independent existence which is defined as follows:
 - a. **loss of limbs or sight** means the total and permanent loss of use of:
 - both hands;
 - both feet;
 - one hand and one foot;
 - the sight of one eye and the use of either one hand or one foot; or
 - the sight of both eyes.

b. unable to work

If the *life insured* isn't a *homemaker*, a state of physical or mental incapacity which:

- results in the *life insured* being disabled and unable to work in any employed capacity for at least six consecutive months; and
- in our opinion, after considering medical evidence and/or other evidence, results in the *life insured* being unable to ever follow any occupation for which he or she is reasonably qualified by education, training, or experience.

If the *life insured* is a *homemaker*, a state of physical or mental incapacity which:

- results in the *life insured* being unable to engage in normal domestic duties for at least six consecutive months; and
 - in our opinion, after considering medical evidence and/or other evidence, results in the *life insured* being unable to ever perform normal domestic duties or engage in any other occupation for which he or she is reasonably qualified by education, training, or experience.
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total & permanent disability (continued)

C. loss of independent existence means:

- there's a permanent and irreversible inability of the *life insured* to perform any two of the following 'activities of daily living' without the physical assistance of someone else:

Activity	Description
Washing	bathing and showering
Dressing	dressing and undressing
Eating	eating and drinking
Continence	maintaining continence with a reasonable level of personal hygiene
Mobility	getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair, or walking aid

If the *life insured* can perform the activity on their own by using special equipment, we won't treat them as unable to perform the activity; or

- the *life insured* suffers cognitive impairment that results in the *life insured* requiring permanent and constant supervision for a continuous period of at least six months. The *life insured's* impairment must be established by a *medical practitioner* nominated by us.

you, your

mean the *key life insured*.



Nomination of Beneficiaries Form

As the *policyowner*, you've got the option to nominate a beneficiary or beneficiaries to receive benefits payable under your *policy* on your death. The option to nominate a beneficiary is subject to the conditions listed below.

Unless a valid nomination applies (explained below):

- we make all benefit payments to you, the *policyowner*; or
- if the *policyowner* dies, for a *joint plan*, the *insurance benefit* will be paid to the surviving *partner life insured*, or for a *single plan*, the *insurance benefit* will be paid to the *policyowner's* legal personal representative, or other person that Pinnacle Life Limited (Pinnacle Life) is permitted to pay under New Zealand law.

Nominations

As *policyowner*, you can nominate beneficiaries to receive payment of any benefits on your death. To make a nomination, you need to complete a **Nomination of Beneficiaries Form** and return it to OneChoice, Reply Paid DX Box EP71505, Penrose, Auckland.

Conditions

The following conditions apply:

- There mustn't be more than five nominees.
- Nominations must be of a natural person.
- Nominations must be in writing on a **Nomination of Beneficiaries Form**.
- The *policyowner* may vary the nomination at any time by properly completing and signing a new **Nomination of Beneficiaries Form** and returning it to OneChoice. The variation takes effect when it's received by OneChoice.
- Payment of benefits will be made on the basis of the latest valid nomination received by OneChoice.
- If a nominee is a minor when payment is made, the payment will be made to the minor's legal guardian on trust for the benefit of the minor.
- If a nominee pre-deceases the *policyowner*, that nominee's share is payable to the *policyowner's* legal personal representative, or other person that we're permitted to pay under the New Zealand law.

Full name of beneficiary	Address	Phone number	Date of birth	Relationship to policyowner	Proportion of benefit
			/ /		%
			/ /		%
			/ /		%
			/ /		%
			/ /		%
Your policy number					
Name of policyowner					
Signature of policyowner					Date / /

Please return this form to OneChoice, Reply Paid DX Box EP71505, Penrose, Auckland (no stamp required)

Nomination of **Beneficiaries Form**

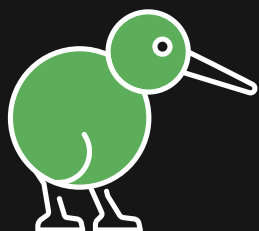
If *you* wish to nominate a beneficiary or beneficiaries to receive benefits payable under *your policy* on *your* death, please complete the form on the reverse of this page and return it to:

OneChoice
Reply Paid DX Box EP71505
Penrose, Auckland
(no stamp required)



Notes

A series of horizontal dashed lines for writing notes.



Need to chat?



0800 005 804

Monday to Friday between 8am and 8pm

onechoice.co.nz