

Policy or Benefit Suspension Application Form



In order for you to apply for a policy or benefit suspension, please complete this form and email it to enquireNZ@aia.com

Policy details

Policy owner full name

Policy owner full name

Policy owner full name

Policy number(s) to be suspended

Reason for suspension

Parental leave Leave without pay Redundancy or Unemployment

Reduction in income by 20% or more Reduction in revenue by 30% or more (self-employed)

How long are you wanting to suspend for?

3 months 6 months 9 months 12 months

(Please note you cannot reinstate during your selected suspension period)

Do you want to suspend your whole policy or specific benefits?

Whole policy Specific benefits

Please specify:	Life Assured	Benefit
	<input type="text"/>	<input type="text"/>

I/we understand that by suspending my/our policy / benefits / part of a benefit that no claim under this Benefit will be payable for any claim event (i.e. the death, illness, injury, condition, or redundancy that you are claiming for under your policy) that occurs during the period that the cover is suspended. I/we understand that we are unable to reinstate suspended cover before the nominated suspension end date. I/we confirm that the reason for suspension provided above is accurate at the time of completing this form.

Please note: This request will only be actioned with all owners of any suspended policies acknowledging the request via phone or email (from a known email on file) or by all owners signing this form.

Date

/ /

Owner full name <input type="text"/>	Owner signature <input type="text"/>
Owner full name <input type="text"/>	Owner signature <input type="text"/>
Owner full name <input type="text"/>	Owner signature <input type="text"/>

