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To replace a significant portion of lost income when your client suffers a total disability or partial disability.

Premium Re	view Periods	Minimum Entry Age	Maximum Entry Age	Expiry Age	Payment Term Options	Minimum Sum Insured	Maximum Su	ım İnsured			GST		imum acement Ratio
· ·	oped e 65, Non Guaran e 70, Non Guaran		 57 for to age 65 62 for to age 70 (reduced commission required after age 55) 	• 65 • 70	To age 65 or 702 or 5 years12 months	\$100 per month; or \$1,200 per annum	restricted to a	annum		er month	Apply to premiums, claims and commissions	incor Taxa	o 62.5% of me, or 75% if the ble AV option is sted
Worldwide Cover	Paid in O	ffsets				Financial Underwriting	Unemplo Leave Wit	yment and thout Pay	Inflation Adjus Escalation	tment and		Taxation and Bene	of Premium efit
Yes	oo to or di	ccupation during a pe b be received from AC r entitled to be receiv isability (unless the to	CC for the same disabil ed from any other insu	before tax b lity; and any urance comp nefits does	nenefits received or entitled monthly benefits received panies in respect of the same not exceed 62.5% for Non	Financially underwritten at time o application and claim	of reverts to class 5, with	an 12 months, occupation th maximum oount of \$2,500	Automatically ap actual inflation 9 available with lev period options. 0 does not apply t review periods w		ng option to review a lation a	that prem are not tax and claim	derstanding iums payable x deductible s proceeds are not taxable
Occupation Class		lity Income Calcula				Partial Disab					Wait Perio	Wait Period	
Classes 1-4	in any 12 r last 3 yea • Monthly in	ncome cely preceding	Self-Employed The average monthl income earned in th 12 consecutive mon immediately preced disability	e last ths	Unable to work for more than 10 hours per week their usual occupation; Unable to perform at least 75% of key tasks ar responsibilities; and Not be working in any of occupation	in (A) = sum insu or (B) = any offse (C) = 100% if to if non-taxable	nere: ured, ets, axable, or 75%	disability in Unable to w	vork more than sability hours, or erform tasks and	• A - (B (A) = S (B) = C (D) = 7	Calculation x D) where: Gum Insured Offsets 75% if taxable, c if non-taxable	or	4, 8, 13, 26, 52 & 104 weeks
Class 5	-		-		 Home/Hospital bound, unable to perform 2 Activities of Daily Living (ADL's); or Unable to perform 3 No Domestic Duties (NDD's 	5 Benefit* per rmal (B) = any offse	er of sum ocupation Class r month ets calculated as h, increased by nt of the inflation on selected and	No Benefit Pay	yable	No Bene	fit Payable		13, 26, 52 & 104 weeks

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Exclusions

- Self-inflicted harm
- · Participating in criminal activity
- Non-compliance with medical treatment
- Normal Pregnancy, childbirth or miscarriage unless continued 90 days post end of pregnancy
- Refusal to provide claims information or undergo requested examinations or tests

Activities of Daily Living (ADL)

- Bathing and showering
- Dressing and undressing
- Eating and drinking
- Using the toilet to maintain personal hygiene
- Moving from place to place by walking, wheelchair or with the assistance of a walking aid

Normal Domestic Duties (NDD

- Cleaning of the home
- Shopping for the family's groceries
- Cooking of meals for the family
- Taking care of any dependent relatives
- · Doing the family laundry

Base Benefits	Criteria	Benefit	Limitations or Conditions		
Partial Disability Bonus	Minimum of 1 month's total disability benefit paid and receiving Partial Disability Benefit	An additional 25% of the Partial Disability Benefit	Ends at the earlier of 12 months, or the earlier of either the cover term ending, or when client is no longer partially disabled		
Waiver of Waiting Period	New or recurrent disability suffered within 12 months of previous claim ending, and disability lasts more than 30 days. Clients suffering a new disability can choose not to exercise this option	-	For payment terms other than to age 65 or to age 70, where waiting period is waived, a new claim will be considered a continuation of the previous claim for payment term purposes		
Recovery Support Benefit	Receiving monthly benefit and purchased specialised equipment, e.g. mobility	Reimburses actual costs	$\textbf{Maximum 6 \times monthly sum insured} \ payment \ terms > 2 \ years$		
	devices or home modifications		Maximum 3 × monthly sum insured payment terms = 12 months		
Return to Home Benefit	Working or living overseas for more than 3 consecutive months prior to disability	Reimburses actual costs	Maximum \$10,000 over the life of the policy		
Vocational Retraining and	Training/Rehabilitation program must help to improve capacity to return	Reimburses actual costs	Maximum 24 × monthly sum insured		
Rehabilitation Benefit	to work		Not available for payment terms less than 2 years		
Return to Work Benefit	Received Vocational Retraining and Rehabilitation Benefit and subsequently	After 3 months 1 × monthly sum insured	-		
	returns to full-time work	After 6 months 2 × monthly sum insured			
Special Care Benefit	On claim and requiring full-time care	Lesser of monthly sum insured , actual cost of professional carer, 75% of family member's after tax income, or \$2,500	Maximum 6 months , or to the end of either the cover or payment term, or when client is no longer totally disabled		
Emergency Transportation Benefit	Emergency transport recommended by medical doctor or specialist	Reimburses actual costs	Maximum 3 × monthly sum insured once per 12 months		

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Specific Injury and Critical	Specific Injury Option	Critical Illness Option – Covered Conditions		Payment Period		
Illness Options	Monthly Payment Period	Injury		Critical lilless Option - Ci	Payment Period	
If your client suffers one of the listed	One Month	Fracture of the jaw	Fracture of the collarbone	Angioplasty (Triple)	Heart attack	6 months
injuries or illnesses, we will pay the sum insured for the lesser of		Fracture of the skull	Fracture of the wrist	Aortic surgery	Heart valve replacement	
the payment term or the specified payment period irrespective of		Fracture of the forearm		Cancer	Major burns	
whether they are totally or partially	Two Months	Fracture of the upper arm	Fracture of the elbow	Chronic kidney failure	Major head trauma	
disabled		Fracture of ankle	Fracture of vertebrae	Chronic liver failure	Multiple sclerosis	
No offsets apply		Fracture of the heel	Fracture of kneecap	Chronic lung failure	Organ transplant	
Both benefits pay monthly in advance from the date of injury		Fracture of the shoulder blade	Fracture of the leg below the knee	Coronary artery surgery	• Stroke	
If disability lasts longer than the	Three Months	Fracture of leg above the knee	Fracture of pelvis	Deafness		
payment period the total or partial disability benefit will commence at the end of the wait period	Six Months	Amputation or permanent loss of for the same hand	unction of the thumb and index finger of			
	Twelve Months	Amputation or permanent loss of formation and the second sec	unction of a foot or a hand			
		Permanent total blindness in one eye				
	Eighteen Months	Amputation or permanent loss of formation and the second sec	unction of one or more limbs			
	Twenty-Four Months	Amputation or permanent loss of for or sight in one eye	unction of any combination of hand, foot,			
	Sixty Months	Paralysis (loss of everything)				

Total and Permanent Disability (TPD) Option	Criteria		Calculation
If your client becomes totally disabled for a continuous period of 12 months and it becomes clear that they will never be able to return to their pre-disability occupation again, we will pay a lump sum of up to 24 times their monthly disability cover(s) sum insured along with their regular monthly benefit	Classes 1-4 Class 5	 Total disability claim for 12 months and unlikely to ever return to own occupation; or Permanent cognitive impairment; or Blindness; or Loss of use of hands, feet, or 1 hand and 1 foot; or Loss of sight in 1 eye and use of 1 hand or foot; or Unable to perform 2 Activities of Daily Living (ADL's) Permanent cognitive impairment; or 	24 × monthly sum insured payment terms > 2 years 12 × monthly sum insured payment terms = 12 months 24 × monthly sum insured payment terms > 2 years
		 Blindness; or Loss of use of hands, feet, or 1 hand and 1 foot; or Loss of sight in 1 eye and use of 1 hand or foot; or Unable to perform 2 Activities of Daily Living (ADL's); or Unable to perform 3 Normal Domestic Duties (NDD's) 	12 × monthly sum insured payment terms = 12 months

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Options	Criteria	Benefit	Limitations or Conditions		
Reduction in Waiting Period	A change in occupational circumstances justifying a reduction in wait period	No further medical underwriting	New waiting period must be justifiable		
Option			Request within 90 days of change in occupational circumstances or within 60 days of the policy anniversary		
Dependent Caregiver Option	Parent, child, sibling, grandparent, grandchild, mother-in-law, father-in-law,	Lesser of monthly sum insured or \$3,500 per month	Maximum 6 months		
	spouse, de facto partner, or civil union partner; under age 65 when first disabled		Pre-existing conditions specifically excluded		
KiwiSaver Option	Be a member of KiwiSaver	Monthly sum insured \times 2%, 4% or 6%	Benefit is paid directly to client's KiwiSaver fund		
Payment Term Restriction Option	For disabilitity arising as a result of illness or injury which are predominantly self-reported or not supported by medical evidence	10% premium discount	Limits payment term to 1 year, irrespective of the selected payment term.		
			Not available for payment terms of 12 months or less. This Option applies to all self-employed applicants.		
Booster Option	Client disabled beyond the waiting period	Monthly benefit increased by 1/3 for first 3 payments	12 month stand-down for same illness/injury Not available for payment terms less than 2 years		
Total and Permanent Disability Booster Option	A Total and Permanent Disability Option has been paid	Monthly benefit becomes the monthly sum insured plus an additional 1/3 No offsets apply	Not available for payment terms less than 2 years		
Lifestyle Assist Option	Death Benefit	3 × monthly sum insured	-		
	Death of life assured while cover is in force				
	Bed Confinement Benefit	1/30th of monthly sum insured per day, paid during wait	Until end of waiting period or until no longer hospitalised or confined to bed		
	Confined to hospital or bed under regular medical supervision by a Specialist, Medical Doctor or Registered Nurse for minimum of 3 nights during wait period	period			
	Childcare Assistance Benefit	Reimburses actual costs	Maximum of \$800 per month per dependent child under 14, for a maximum of 6 months, or to the end of either the cover or payment terms, or when client is no longer disabled		
	Additional childcare costs incurred as a direct result of disability				
	Fixed Payment Term Reset Benefit	Resets shorter Payment Terms	After returning to work for 6 months or not suffering from the		
	New or recurrent disabilities		previous condition for 12 months		
	Increasing Income Benefit	Each increase limited to what can be financially justified	Total of all increases limited to 100% of aggregated sum		
	Increase in income prior to age 55	No further assessment of health, occupation or pastimes	insured, capped at monthly benefit of \$12,000. Claims within 90 days of increase limited to pre-increase sum insured plus 10%		