



GREENWICH
LIFE INSURANCE

The Funeral Plan

 YOUR POLICY SCHEDULE SHOULD BE ATTACHED HERE.

PLEASE KEEP THIS DOCUMENT IN A SAFE PLACE

This document is your Greenwich 'The Funeral Plan' Policy Wording. Please make sure you read it carefully as it contains important information you should know, including what your insurance covers – and what it doesn't.

The Insurer

This insurance policy is underwritten by DPL Insurance Limited, a licensed insurer under the Insurance (Prudential Supervision) Act 2010. The Insurance (Prudential Supervision) Act 2010 requires all licensed insurers to have a current Financial Strength Rating, given by an approved rating entity. For more information and details on our Financial Strength Rating and Solvency Calculation go to www.dplinsurance.co.nz.

Welcome

Thank you for choosing Greenwich to provide you with insurance cover.

Your insurance policy is underwritten by DPL Insurance Limited.

Customer Commitment

We are committed to treating our customers with fairness, respect and dignity. This means that we will:

- Act with integrity at all times
- Provide high quality service
- Listen to our customers concerns
- Be open and transparent in all our dealings
- Take the time to answer any questions our customers have.

Reading Your Policy

It is important **you** read **your** policy in full and understand **your** benefits and the terms and conditions of the policy. If there is anything **you** don't understand, or if **you** have any questions, please contact **us**.

Complaints

We will work with **you** to resolve any complaint and provide regular communication throughout the resolution process. If **you** have a complaint relating to our activities, in the first instance, please contact **us**.

We are committed to resolving all complaints and concerns quickly, respectfully and in good faith. Any dispute which **we** cannot resolve can be referred to our Disputes Resolution provider by contacting:

The Insurance and Financial Services Ombudsman
P. 0800 888 202, PO Box 10845, Wellington 6143,
www.ifso.nz.

Our Guarantee

If **you** are not completely happy with the cover provided by this policy, **you** can cancel it within 30 days of the start of the **period of insurance**, provided **you** have not made a claim under the policy. **We** will refund any premiums **you** have paid **us**. Please note that only the **policy owner** can cancel the policy and any refund will be paid to the **policy owner**.

Privacy

The personal information **you** have provided to **us** on **your** application form or through any other means will be held by **us** and as necessary by **our** subcontractors and re-insurers. The information will be used to process **your** application and to administer **your** policy and any claims. The information may also be used from time to time to send **you** details, including by electronic means, of other products and services available to **you** as a policyholder. Under the Privacy Act 1993

you have the right to access and / or request correction of any information held about **you**.

About this Policy

This policy is a contract between **you** and **us** and comprises of:

1. **your** online application or application form;
2. this policy wording; and
3. **your** current policy **schedule**.

Policy Benefits

Subject to the terms of this policy

- If **you** suffer **accidental death** at any time after the **policy commencement date** we will pay the relevant **funeral benefit** specified in **your schedule**

During the first two years

- If **you** suffer **death by natural causes** during the first two years after the **policy commencement date** we will refund all **premiums** paid for the policy but the **funeral benefit** will not be payable

After the first two years

- If **you** suffer **death by natural causes** at any time after the policy has been in force for two consecutive years, we will pay the relevant **funeral benefit** specified in **your schedule**

Policy Conditions

Alterations to Cover

If **we** have agreed to an increase in **your** funeral benefit, the increased value will be treated as **additional cover** with a separate **additional cover commencement date**. The **additional cover commencement date** will be used instead of the **policy commencement date** to determine the validity of any claim for, and the value of, any **additional cover** benefit payment.

Any increase or reduction in cover will start from the next premium due date after the date of the change.

Automatic Cancellation

The policy will automatically cease:

- Upon **your** death
- If a premium is not paid within 31 days of when it is due

Cancellation by Us

We will cancel **your** policy and refuse to accept any liability if **you** or anyone acting on **your** behalf attempts to make a false or fraudulent claim. If a claim has been paid that is later found to have been fraudulent, all amounts paid must be refunded to **us**.

We will also cancel the policy if **premium** is not paid within 31 days of when it is due. The policy will be cancelled from the date the unpaid **premium** was first due and notice of cancellation will be sent to the **insured person** at their last known address.

Cancellation by You

You can cancel the policy at any time by writing to **us**. If the policy is cancelled within 30 days of the **policy commencement date**, all **premium** paid for the policy will be refunded to the **insured person**. If the policy is cancelled after the first 30 days, the term of cancellation will depend on how often **you** pay the **premiums**:

- If **you** pay the **premiums** fortnightly or monthly, the policy will be cancelled from the next **premium due date** and no **premium** will be refunded
- If you pay the **premiums** quarterly or yearly, the policy will be cancelled from the date **we** receive the notice of cancellation or the date specified in the notice (whichever is later). **Premium** paid for any period beyond the date of cancellation will be refunded to the **insured person**

As soon as **we** receive notice of cancellation, entitlement to any benefits under the policy will cease. Please note that notice of cancellation must be made in writing, not by telephone.

Clerical Error

A clerical error by **us** or any of **our** agents or representatives will not validate a policy not otherwise validly in force or invalidate a policy that is otherwise valid.

Geographical Limits

You are covered under this policy 24 hours a day, world-wide however **you** must notify **us** if **you** are or expect to be away from New Zealand for longer than 6 months, or if **you** work outside

of New Zealand for any period. Depending on the circumstances, it may be necessary for **us** to apply special restrictions or conditions to **your** policy for the period of your absence. If **you** fail to notify **us** of such an absence **your** policy may at **our** discretion be avoided or terminated without refund of any **premiums** paid, or cover may be withheld for the period of the absence. All payments **we** make under this policy will be made in New Zealand dollars.

Law Changes

If changes in the law or its interpretation occur after the **policy commencement date** and **we** believe on reasonable grounds that those changes will affect **our** liability for tax (other than taxation on **our** overall income) or the way in which the policy works or the amount of benefit payable, then **we** can change the provisions of the policy, the **premium** or the benefits in whatever way we decide is appropriate. The **insured person** will be given at least 30 days written notice in advance of any such change.

Law and Jurisdiction

The laws of New Zealand shall govern this policy and any legal action involving cover under the policy must be conducted in New Zealand.

Misstatement of Your Age

If **your** age has been found to have been misstated on **your** application form or in any subsequent statements, **your funeral benefit** will be adjusted to that which would have applied had **your** age not been misstated.

Multiple Policies

You can be covered under more than one Greenwich Funeral Plan policy or any other funeral insurance policy underwritten by DPL Insurance Ltd, provided the total **funeral benefit** does not exceed \$30,000, unless **you** have been given a written exemption signed by a Director of DPL Insurance Ltd. If **your** cover exceeds this limit **we** will consider **you** to be insured only under the policy providing the greatest amount of benefit (up to the \$30,000 maximum), or under the policy first issued, if the benefits are identical. **We** will refund **premium** paid for any policy or policies found to be invalid in this way.

Notices

If **you** wish to write to **us** about **your** policy please do so. **We** are not bound by anything contained in a letter or notice sent to **us** unless **we** actually receive it. Any letters or notices sent by **us** will be sent to **you** at **your** last known address or email address.

Policy Term

The policy has a term of one year. After the first year, **we** will automatically renew **your** cover annually on the same terms and conditions and for the same **premium** and **funeral benefit**, until such time as the cover under the policy ceases.

Premiums

The **premium** stated in **your schedule** must be paid to **us** when it is due to keep **your** policy current. The first **premium** payment is due on the **premium** due date shown in the letter sent with this document.

Premiums can be paid fortnightly or monthly

by direct debit from a bank account, or monthly, quarterly or annually using a Visa or MasterCard. The payment type **you** have selected can be changed at any time by **you**. To arrange this, please contact **us**.

Premium Cessation

Once the total **premium** paid equals the **funeral benefit** further **premium** payments will cease. **Your** policy will remain in force until the **funeral benefit** becomes payable.

Smoking Status

If **you** were a smoker at the **policy commencement date** and later cease smoking for a period of at least 24 months, **you** can apply in writing to have **your premium** adjusted to that of a non-smoker. **You** will be required to complete a non-smoking declaration, and **your** adjusted **premium** will be based on **your** age at the date **your** request is accepted. If **you** later take up smoking again, **your funeral benefit** will revert to that of a smoker, even if **you** fail to notify **us**.

Who We Pay

Payment will be made as soon as **we** are satisfied with all the information provided to support the claim.

Payment will be made to the nominated beneficiary or to **your** estate if **you** have no nominated beneficiary.

If the nominated beneficiary is deceased or if **we** do not have current contact details for them,

payment will instead be made to **your** estate. Once a benefit has been paid, the policy will stop and no further benefits will be payable.

Nominated Beneficiary

Your nominated beneficiary is named in **your schedule** and can be changed by **you** at any time. **Your** beneficiary must be an individual person who is aged 16 or older and cannot be a trust, trustee, or a company.

To be valid any change to **your** nominated beneficiary must be registered with Greenwich. **You** will need to complete a Change of Beneficiary form – Please contact **us** for this form or download from **our** website. **You** will not be charged for changing **your** beneficiary.

Making a Claim

A claim can only be made by the nominated beneficiary or your estate and must be made as soon as practicable after **your** death. To make a claim please contact **us**.

We will advise what documentation is required, but usually this would include:

- Death certificate stating the cause of death and a coroner's report if one has been issued
- Proof of the **insured person's** age if the date of birth is not given on the death certificate (an original birth certificate, passport or drivers licence)

- Proof of name change if the name on the death certificate differs from the name on the above documentation
- A grant of administration – probate or letters of administration if the claim is being made by the estate
- Proof of identity of the nominated beneficiary if applicable

A claim will not be considered until all of the information we request has been provided. If any **premium** is outstanding at the time a claim is to be paid, **we** may deduct the overdue amount from any claim payment.

Definitions

These definitions apply to the plural and any derivatives of these words. Where these words are used in the policy wording (**in bold font**), this is what they mean.

Accidental Death

Means death arising from bodily injury which:

- Was caused solely and directly by violent accidental and visible means; and
- Is the sole direct and proximate cause of death; and
- Was sustained after the **policy commencement date** but no earlier than 12 months before the date of death; and
- Was not intentionally self inflicted (whether sane or insane)

Additional Cover

Means any increased **funeral benefit** that **we**

have agreed may be added to the policy. Any additional cover will be identified as such in the **schedule**.

Additional Cover Commencement Date

Means the date on which any **additional cover** was added to the policy, as specified in the **schedule**.

Additional Cover Premium

Means premium specific to any **additional cover** that has been added to the policy, calculated at Greenwich's premium rates applicable at the time the **additional cover** was issued.

Death by Natural Causes

Means death other than **accidental death** and includes death arising from intentional self injury (whether sane or insane).

Insured Person

You, your, means the person named in the **schedule** who is insured under this policy.

Funeral Benefit

Means the amount specified in the **schedule** that is payable on the death of the **insured person**.

Policy Commencement Date

Means the date this policy was issued.

Policy Owner

Means the **insured person**. Ownership cannot

be transferred to any other person or entity.

Premium

Means the amount specified in the **schedule** as payable to Greenwich.

Premium Date Due

Means the date specified in the **schedule** on which the **premium** is payable.

Schedule

Means the latest (in time) **schedule** of policy details, including endorsements, that forms part of this policy document.

We, Us, and Our

Means Greenwich, a business division of DPL Insurance Limited.

You and Your

Means the **policy owner** or the **insured person** named in the policy **schedule** depending on the context.

Contact Us

PO Box 33 1248, Takapuna
Auckland 0740

T: 0800 666 004

E: info@greenwichlife.co.nz

www.funeralinsuranceservices.co.nz