

The Funeral Plan

> Policy Wording

CUSTOMER COMMITMENT

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

- treat our customers with fairness, respect and dignity
- act with integrity at all times
- provide high quality service
- listen to the concerns of our customers
- be open and transparent in all our dealings
- take the time to answer any questions our customers have

Financial Advisers

Greenwich uses the services of independent financial advisers who are independently registered under the FSP (Regulation and Disputes) Act 2008.

Your Financial Adviser, in providing Greenwich products should provide you with;

- a copy of their registration
- a copy of their Financial Adviser Disclosure Statement

You can check that your adviser is registered at: <http://fspr.govt.nz>

Commissions and Fees

Your distributor may earn a fee or commission from the proceeds of the sale of your insurance policy.

Feedback

We value all feedback, both good and bad. We promise to listen to all ideas, issues and concerns and respond swiftly and efficiently.

Complaints

We will work with our customers 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 Savings Ombudsman
Level 11, Classic House, 15-17 Murphy Street
PO Box 10-845, Wellington
Freephone 0800 888 202

ABOUT THIS POLICY

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

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

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

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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.

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 proved. If any **premium** is outstanding at the time a claim is to be paid, **we** may deduct the overdue amount from any claim payment.

MONEY BACK GUARANTEE

You have 30 days from the **policy commencement date** to review these documents and to change **your** mind if **you** decide not to keep the policy. **You** do not have to give **us** a reason, just let **us** know in writing within the 30 days and **we** will cancel the policy and refund any **premium** paid. Please note that only the **policy owner** can cancel the policy and any refund will be paid to the **policy owner**.

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.

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**

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 reinsurers. 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**.

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.

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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 or email.

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 the 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.

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