



JANSSEN
INSURANCE

DRIVING PEACE OF MIND FOR OVER 25 YEARS



LPI *Lifestyle Protection Insurance*



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INSURANCE

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Welcome,

Congratulations on the purchase of your Janssen LifeStyle Protection Insurance. Please take time to familiarise yourself with this material.

This policy has been written so that you can understand what is covered, what your obligations are, and the procedure to be followed should any of the Insured Events occur.

Please read this policy carefully and call us if you have any queries. This policy is administered by Janssen Claims Administration. All communications relating to claims or queries should be directed to:

Janssen Insurance Limited

0800 526 7736
(0800 JANSSEN)

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COOLING OFF PERIOD

You can cancel this Policy within 10 working days after the date on which you purchased the Policy by giving us notice of cancellation. In addition, if we have failed to comply with our disclosure requirements relating to this Policy, you may cancel at any time. In any case where you are entitled to cancel this Policy, you can give us notice of cancellation in writing by post or email, or in person by visiting our office. Upon cancellation within this 10-day cooling off period we will provide you with a full refund of the premium you have paid.

PRODUCT DISCLOSURE OVERVIEW

This product disclosure overview is to help you make an informed decision about this product. The product disclosure overview provides general information. For full details of the policy cover, benefits and exclusion, you must read the entire policy alongside your policy schedule.

Purpose of the insurance: Lifestyle Protection Insurance can protect you and your family's financial situation in the event of the unexpected including Life (Death), Terminal Illness, Accident, Disablement, Redundancy, Business Interruption, Pandemic, Bankruptcy, Suspension, Hospitalisation, Serious Medical Trauma and Home Health Aide that occur during the period of insurance

No obligations to buy: You are not obliged to buy this product. The purchase of the product is not a condition of your finance agreement that you enter into.

10 working days cooling off period and cancellation: You will receive a full refund if you cancel your policy within 10 working days of purchasing this product, providing no claim has been made. Valid cancellations and refunds are calculated on pro rata basis providing no claims have been made. Please ref to page 9

Excess: No excess is applicable

Eligibility: To be eligible for this product you must meet the age, employment, and health criteria at the time of the commencement date Refer to the policy sections: Lifestyle protection cover option page 3

Exclusions: General exclusions refer to page 8.

YOUR COVER

WHAT YOU ARE COVERED FOR:

There are three different categories of LifeStyle Protection cover available to you. It is important you pay special attention to the information on the category of cover you have selected.

LIFESTYLE PROTECTION COVER OPTIONS:

EMPLOYEE:	SELF-EMPLOYED:	EVERY DAY LIFE:
<p>Pandemic Lockdown, Redundancy, Accident, Life Cover, Terminal Illness, Disablement, Suspension, Hospitalisation, Serious Medical Trauma, Home Health Aide, Customer Care Package.</p> <p><i>For people in full-time permanent employment (More than 30 hours per week)</i></p>	<p>Pandemic Lockdown, Business Interruption, Accident, Life Cover, Terminal Illness, Bankruptcy, Hospitalisation, Disablement, Serious Medical Trauma, Home Health Aide, Customer Care Package.</p> <p><i>For people who are self employed (More than 30 hours per week)</i></p>	<p>Life Cover, Terminal Illness, Accident, Hospitalisation, Serious Medical Trauma, Home Health Aide, Customer Care Package.</p> <p><i>For people not in full-time permanent employment or self-employed (Less than 30 hours per week)</i></p>

CUSTOMER CARE PACKAGE:

The Customer Care benefits apply to the related insured event for which you are covered based on your selected cover category, the specific claim you are making, and claim approval.

<p>Additional Customer Care Benefits:</p> <ul style="list-style-type: none"> ✓ Uber cover \$1000 ✓ Medical/Doctor prescription \$1000 ✓ Employment consultants \$500 (Employee category only) ✓ Medical Aids and Equipment \$1000 ✓ Ambulance Cover \$1000 ✓ Funeral Cover \$1000 ✓ Claimable insured events \$500 one off payment to the purchaser.
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INSURED EVENTS

INSURED EVENT: LIFE COVER

The death of the Insured (as at the date of death) before the Insured's 71st birthday.

Amount payable – the benefit shall be a lump sum calculated as the monthly benefit as nominated on this policy (and/or if amended by us in accepting this policy, the amended amount) multiplied by the number of whole months outstanding on this policy.

This event applies to employee, self-employed and every-day life categories.

INSURED EVENT: TERMINAL ILLNESS

Any illness or Accidental Injury resulting in the Insured being diagnosed with a Terminal Illness providing the illness or Accidental Injury occurs before the Insured's 71st birthday.

Amount payable – the benefit shall be a lump sum calculated as the monthly benefit as nominated on this policy (and/or if amended by us in accepting this policy, the amended amount) multiplied by the number of whole months outstanding on this policy.

This event applies to employee, self-employed and every-day life categories.

INSURED EVENT: SERIOUS MEDICAL TRAUMA

If the Insured is diagnosed with a Serious Medical Trauma: heat attack, stroke, coronary artery surgery, cancer, kidney failure, organ transplant, coma and providing this occurs before the Insured's 71st birthday and is not a pre-existing condition/symptom of any kind.

Amount payable – the monthly benefit as nominated on this policy (and/or if amended by us in accepting this policy, the amended amount) calculated on a daily basis up to a maximum of 185 days or the end date of this policy, whichever is the lesser.

This event applies to employee, self-employed and every-day life categories.

INSURED EVENT: HOSPITALISATION

Hospitalisation of the Insured which causes total disablement or being confined to a bed at home at the written direction of a registered medical practitioner resulting in the Insured's inability to attend employment.

Amount payable – the monthly benefit as nominated on this policy (and/or if amended by us in accepting this policy, the amended amount) calculated on a daily basis for each 24 hour period of confinement to a hospital or bed at home up to a maximum of 185 days or the end day of this policy, whichever is the lesser. No benefit is payable for the first 7 days of such confinement.

This event applies to employee, self-employed and every-day life categories.

INSURED EVENT: ACCIDENT

If you are unable to attend to your usual business or employment as a result of accidental bodily injury.

Amount payable – the monthly benefit as nominated on this policy (and/or if amended by us in accepting this policy, the amended amount) calculated on a daily basis provided that we shall not be liable for the first 3 days of such accident. The benefit will cease once you return to your usual business or employment.

Please note that any single claim under the Accident component of this policy is limited to a maximum of 52 weeks.

This event applies to employee, self-employed and every-day life categories.

INSURED EVENT: DISABLEMENT

Any illness or Accidental Injury whilst the Insured is in Permanent Employment resulting in the Insured being Totally Disabled for a continuous period longer than 7 days before the Insured's 71st birthday and provided the illness does not manifest within 28 days of the commencement of this policy.

Amount payable – the monthly benefit as nominated on this policy (and/or if amended by us in accepting this policy, the amended amount) calculated on a daily basis provided that we shall not be liable for the first 3 days of such disablement. The benefit will cease once you return to your usual business or employment.

Please note that any single claim under the Disablement component of this policy is limited to a maximum of 52 weeks.

This event applies to the employee and self-employed category.

INSURED EVENT: HOME HEALTH AIDE

If you become the Home Health Aide of an immediate family member during the period of insurance and the condition is not pre-existing to the start date of this policy.

Amount payable – the monthly benefit as nominated on this policy (and/or if amended by us in accepting this policy, the amended amount) calculated on a daily basis up to a maximum of 185 days or the end date of this policy, whichever is the lesser.

This event applies to employee, self-employed and every-day life categories.

INSURED EVENT: REDUNDANCY

Redundancy other than voluntary redundancy from full time employment resulting in unemployment for not less than 7 days. "Full time employment" (for a minimum of 3 calendar months) shall mean working for salary or wages for a minimum of 30 hours a week. Such expression shall not apply to self-employed persons or working directors. Redundancy shall mean an excess of manpower resulting from mechanisation, rationalisation, or from a decrease in business activity, including the closing down of an enterprise or changes of plant, methods, materials or products, or reorganisation or like cause requiring a permanent reduction in the number of workers employed on other than a casual, temporary or seasonal basis. Self-employed persons, seasonal workers and working directors are excluded from this indemnity.

The Redundancy Benefit is available only if:

- prior to the termination of your employment you had been in continuous permanent full-time employment (for a minimum of 3 calendar months); and
- you continue to actively seek alternative employment.

Amount payable – the monthly benefit as nominated on this policy (and/or if amended by us in accepting this policy, the amended amount) calculated on a daily basis up to a maximum of 185 days, provided that we shall not be liable for:

- statutory holidays of any period of unemployment during which the monthly benefit is payable; or
- the first 30 days of unemployment.

Subject to other terms of this policy, the Redundancy Benefit will be paid until the earliest of the following:

- you begin working again as a casual, part time, full time, contractor or become self employed
- you are made Redundant from an permanent employment before your 71st birthday.

This event applies to the employee category.

INSURED EVENT: SUSPENSION

Suspension from permanent employment which is the direct result of a lawful strike, lock-out or strike related action which occurs during the term of the policy, outside your place of employment, providing that your employer is lawfully entitled to withhold your remuneration for the period of your suspension.

Amount Payable – the monthly benefit as nominated on this policy (and/or if amended by us in accepting this policy, the amended amount) calculated on a daily basis up to a maximum of 185 days during the period of suspension provided that we shall not be liable for the first 30 days following your suspension.

This event applies to the employee category.

INSURED EVENT: BUSINESS INTERRUPTION

Interruption to the business operated by the Insured resulting in the Insured being unable to carry on his/her normal business activity as a result of total physical loss or damage to the business premises or the prevention of access for the Insured and/or the Insured's entire customer base to the business premises, or failure of the essential services required for its normal safe operation other than by natural disaster. The Business Interruption benefit is only available if the Insured has been operating in the same business for a period of 6 months prior to any claim being lodged.

Amount payable – the monthly benefit as nominated on this policy (and/or if amended by us in accepting this policy, the amended amount) calculated on a daily basis up to a maximum of 185 days, provided that we shall not be liable for the first 7 days of any period of business interruption.

This event applies to the self-employed category.

INSURED EVENT: BANKRUPTCY

Providing you are adjudged bankrupt by the High Court during the period of insurance pursuant to a Creditors' Petition under the Insolvency Act 1967, you were self-employed and you have been trading in the same style and same business for not less than 3 years prior to the commencement of this policy.

Amount payable – six times the monthly benefit as nominated on this policy (and/or if amended by us in accepting this policy, the amended amount) subject to the maximum amount as stated on your policy document and paid directly to the official assignee office. In the event of a claim, you must provide written evidence from a chartered accountant and related court documents together with any other information and documentation that we reasonably require to prove the validity of your claim for Bankruptcy Cover.

This event applies to the self-employed category.

INSURED EVENT: PANDEMIC

An epidemic illness or pandemic illness declared to be an outbreak, epidemic or pandemic by the World Health Organisation and alert level 4 (or highest alert level at the time) is activated by the New Zealand Government – Alert level 4 means everyone must stay home (in lockdown) and as a consequence you, the Insured, are unable to work or earn an income from home and are not receiving any income or have reduced income from an employer.

Amount payable - the monthly benefit as nominated on this policy (and/or if amended by us in accepting this policy, the amended amount) calculated on a daily basis up to a maximum of 90 days, provided that we shall not be liable for the first 7 days of any period of the declared outbreak, epidemic or pandemic.

This event applies to the employee and self-employed categories.

LIMITATIONS

You are covered under this policy subject to the following limits and conditions:

1. Amounts payable under this policy are subject to a maximum monthly benefit* and/or as stated on your policy document inclusive of Customer Care Benefits.
2. This policy and all benefits payable under it terminate at 4pm on the day the period of insurance expires as specified on this policy. No admitted claims or benefits payable can extend beyond this expiry date.
3. Renewal of this policy may be offered to you at our sole discretion providing you have not reached 71 years of age.
4. You must inform us immediately if you change your name or address.
5. All benefits payable under this policy shall be payable as specified on your policy document.
6. You can only claim on one benefit per event.

* See policy document for maximum monthly benefits

GENERAL EXCEPTIONS

EXCLUSIONS:

No amount shall be payable in respect of:

1. As a consequence of, or in any way attributable to any medical condition existing prior to the inception date of this policy. This means there is no cover for any claim attributable either wholly or in part to any illness, injury or condition:
 - You had known about or you had any treatment for in the 6 months prior to the start of the period of insurance; and/or
 - Where a symptom existed that would cause a reasonable person in the circumstances to seek diagnosis, care or treatment prior to the period of insurance.
 - You have previously sought diagnosis for or asked for medical advice on a possible illness.
2. Directly or indirectly related to:
 - A known or should have been known event before this insurance began.
 - You have breached the terms of your employment.
 - You retiring from permanent employment.
 - Your wilful misconduct.
3. Any occurrence consequent upon:
 - War, terrorism and related risks;
 - Earthquake, volcanism, tsunamis or other seismic event;
 - Redundancy due to cessation of work where the work is of a seasonal, contractual, self-employed or temporary nature or where the Insured is employed for a specified period or by reference to specified work and becomes unemployed at the expiration of the period or on completion of the work;

- Redundancy, Business Interruption, Bankruptcy, Suspension or Hospitalisation that the Insured or Financier knew or ought to have known was possible, probable or likely at the commencement of cover.
4. Any occurrence caused directly or indirectly to the Insured whilst:
- Engaging in air travel other than as a passenger or air crew in an aircraft fully licensed for the carriage of passengers;
 - Engaging in a criminal act;
 - Engaging in motor racing of any kind, parachuting, hang-gliding, or professional sporting activities;
 - Driving a vehicle under the influence of intoxicating liquor, narcotics or drugs.
5. Any occurrence attributable either wholly or in part to:
- Infection by the Human Immunodeficiency Virus, AIDS or by any sexually transmitted disease;
 - Pregnancy, childbirth or menopause;
 - Medical or surgical treatment including cosmetic surgery (except where such treatment is rendered necessary by a covered occurrence);
 - Suicide or intentional self-injury or deliberate exposure to exceptional danger (except in an attempt to save human life);
 - Mental Illness, any psychological, mental or nervous condition or disorder (this includes but is not limited to depression, anxiety, fatigue or stress related conditions);
 - Ionising radiations or contamination by radioactivity from any nuclear fuel;
 - Alcoholism, chemical or drug dependency;
 - Redundancy which is notified or occurs within 60 days of commencement of this indemnity.

IMPORTANT NOTICES

CANCELLATIONS

Valid cancellations and refunds are calculated on a flat-line/pro-rata basis from the unused portion of the Insurance, based on the amount charged by the retailer (retail price) and calculated as follows:

$$y = p \times s / t$$

y - is the amount of the rebate of the consideration paid for the insurance.

p - is the amount of the consideration paid for the insurance.

s - is the number of whole months in the unexpired portion of the period for which the insurance applied.

t - is the number of whole months for which the insurance applied.

STATUTORY FUND

We are required under the Insurance (Prudential Supervision) Act 2010 to establish and maintain a statutory fund. The statutory fund relevant to your policy is the Quest Insurance Group Statutory Fund.

DIRECT DEBIT PREMIUM PAYMENT

Your Lifestyle Protection Insurance policy is an annual contract for the period of cover as shown on your Policy Document and premiums are calculated on such a basis. Where we have agreed to accept payment of premium by instalments:

1. The policy remains an annual contract, and the period of cover will only be valid if you maintain your instalment payments.
2. We reserve the right in the event of a claim being made to require immediate payment of the balance of any annual premium outstanding, and/or we may refuse a claim if an instalment payment is overdue or cancel your policy due to non-payment of premium.
3. In the event of a total loss and/or paid to the limitation of the policy, we reserve the right to deduct any outstanding annual premiums from the final settlement amount.

DISCLOSURE OF INFORMATION

Your Policy records a contract of insurance between you and us (Janssen Insurance). The insurance application form is deemed to be incorporated in and forms part of this Policy. In providing you with this insurance, we have relied on the information that you disclosed to us. We have also relied on you to disclose any other facts material to this insurance as required by law. If we discover that all facts material to this insurance have not been disclosed, we have the right to alter the terms and premium of this insurance or to void this insurance from its inception.

Subject to the rights set out in the Criminal Records (Clean Slate) Act 2004, you are under a duty to disclose all material information to us whether the information is asked for or not.

YOUR PRIVACY

This Policy collects personal information about you to evaluate the insurance you seek. Janssen Insurance Limited and the underwriter, Quest Insurance Group Limited are the intended recipient of this information, but it may also be passed on to others. We may also obtain from others information relating to this insurance for underwriting or other insurance purposes. If you give us information about someone else, you confirm you've got their permission, and their information may be treated in the same way as yours. You have the right of access to, and correction of this information, subject to the provisions of the Privacy Act 1993. The information will be held at our office. The information may be used for the purposes of marketing by us.

INFORMATION

INSURANCE AND FINANCIAL SERVICES OMBUDSMAN

We are committed to providing you with a great customer experience. If you feel that we have let you down, please bring this to our attention by contacting us on 0800 526 773. If after working with a manager and we still do not get it right, we will escalate to our Complaints Resolution Panel. If we are unable to resolve your complaint, we will advise you in writing, you can choose to refer the matter to the Insurance and Financial Services Ombudsman Scheme (IFSO).

The underwriter, Quest Insurance Group Limited, is a member of the Insurance & Financial Services Ombudsman Scheme (IFSO Scheme). The IFSO is an approved dispute resolution scheme that is accessible, independent, fair, accountable, efficient and effective. It is a free service for our customers. If we are unable to resolve your problem, contact the IFSO Scheme. www.ifso.nz, email: info@ifso.nz, or phone: 0800 888 202

INSURER FINANCIAL STRENGTH RATING

The Insurance (Prudential Supervision) Act 2010 requires all licensed insurers to have a current financial strength rating that is given by an approved rating agency. The underwriter, Quest Insurance Group Limited, has been given a B (Fair) Financial Strength Rating by A.M. Best. The rating outlook is stable. The rating scale is:

A. M.	Best Rating Scale	B+	Good	C	Weak	F	In Liquidation
A+	Superior	B	Fair	D	Poor	S	Suspended
A	Excellent	C+	Marginal	E	Under Regulation		

Ratings from 'A+' to 'C' may be modified by the addition of plus (+) or minus (-) signs to reflect gradation of financial strength within the category. The rating scale above is in summary form. The full version of this rating scale can be obtained from www.questinsurance.co.nz

NO FINANCIAL ADVICE

Janssen Insurance does not hold a licence to provide financial advice. Our representatives provide general information about our insurance products and their features, benefits, and risks, to help you decide which product may be best for you. The general information we provide about our insurance products does not take into account your specific financial situation, needs or goals and is not intended to be financial advice. If you are unsure, you should seek advice from an independent financial adviser before making a decision.

CLAIMS PROCEDURE

To make a claim, please adhere to the following procedure:

1. Contact Claim Services on 0800 526 7736 (0800 JANSSEN) and request a claim form.
2. On receipt of the claim form complete all sections and return to us with all relevant information and documentation that is requested.
3. Authorise the release of all relevant documentation and information that is required.
4. Notice must be given as soon as possible following the event that has resulted in a claim but in any case within 28 days to Claim Services, 0800 526 7736 (0800 JANSSEN)
5. You must consult a registered medical practitioner at your cost as soon as possible after suffering an event that leads to your disablement, and if necessary keep consulting & following their advice until you are fit to resume full time employment.

0800 JANSSEN

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Our Janssen Insurance family of products:

EliteCover 
With ROADSIDE

EliteCover+
With ROADSIDE

EliteCover^{MC}
With ROADSIDE

EcoCover 
With ROADSIDE

GAP Guaranteed
Asset Protection

LPI Lifestyle Protection
Insurance

CCI Credit Contract
Insurance

CVI Comprehensive
Vehicle Insurance
With ROADSIDE

CMI Comprehensive
Motorcycle Insurance
With ROADSIDE

ROADSIDE ASSIST
Unlimited callouts. 24 hours a day. 365 Days a year.

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