JANSSEN
INSURANCE

DRIVING PEACE OF MIND FOR OVER 25 YEARS

LPI *Lifestyle Protection Insurance*

Lifestyle Protection Insurance (LPI)

Welcome to Janssen Insurance. Thank you for choosing us to provide your Lifestyle Protection Insurance (LPI).

Get in Touch

For policy and claim enquiries:

Call us on:
0800 526 7736 (0800 JANSSEN)
– Monday to Friday between 8am and 5pm

Email us at:
info@janssens.co.nz

Find out more at:
www.jansseninsurance.co.nz

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Cooling-Off Period

You may cancel this policy within 14 days of the purchase date if you are not satisfied with the coverage. To cancel, you must notify your selling agent or your lender in writing by email. If you cancel during the cooling-off period and you have not made a claim, we will refund the premiums you have paid, less an administration fee to cover the cost of processing your cancellation. The amount of this fee is shown in your **policy certificate**.

Understanding Your LPI Policy

Lifestyle Protection Insurance provides a monthly benefit, as chosen by you and shown in your **policy certificate**, if you experience an **insured event** covered by this policy. The benefit is paid directly to you and is designed to help with your financial commitments. Cover is subject to the terms, conditions, limits, and exclusions set out in this policy.

You are not required to purchase this product. Buying it is not a condition of your finance agreement.

There is no excess applicable to this policy.

This document, together with your **policy certificate**, and application form, is your insurance contract. Together they detail your coverage, benefits, exclusions and terms and conditions.

The words 'you' or 'your' mean the person or persons named as 'insured person(s)' in your **policy certificate**. Only the policy owner(s) named in your **policy certificate** can cancel or alter your policy, unless they have provided us authority to deal with another person. The words 'we', 'us' or 'our' mean Janssen Insurance Limited.

Key Actions:

- Read thoroughly: Familiarise yourself with your benefits, coverage and exclusions.
- Check details: Check all the details are correct on your **policy certificate** and notify us immediately of any errors or updates to ensure full coverage.
- Have questions? Contact us, we're here to help!

Defined Words

If a word is shown in **bold**, it has a special meaning. A list of these words and their meanings can be found in the definitions section of this policy.

Headings are a guide only. The headings help you find your way around this policy wording.

Your Responsibilities

You have a legal duty of disclosure, which means being honest with us about important details, when you:

- apply for insurance,
- request changes to your policy, and
- make a claim.

We use this information to decide:

- whether to issue your policy,
- the terms and conditions of your policy,
- the premium you'll pay,
- whether to update your policy, or
- whether your policy covers your claim.

This applies to all relevant details, even if we don't specifically ask for them, unless protected under the Criminal Records (Clean Slate) Act 2004. We need your full and accurate information to provide this insurance. If you don't disclose key details, we may:

- change your policy terms or premium, or
- cancel your policy from the start.

All statements made by you or on your behalf, either on the application form or otherwise, in support of this policy or any claim, must be correct in all respects.

You, or any representative acting on your behalf, must not submit a claim that is false or fraudulent in any way. Additionally, you should refrain from providing any false or misleading statements regarding any claim.

If you or someone on your behalf provides a statement that is not true, accurate, or complete, we may take the following actions:

- partially or fully decline your claim;
- recover from you some or all of any amount we have paid if the amount would not have been paid had we been provided with the true, correct, and complete information;
- change the terms of your policy, including, if necessary, charging you an additional premium amount. This extra premium will be calculated based on the amount that would have been charged if we had been provided with the true, correct, and complete information; and/or
- void your policy from the beginning of your insurance period.

You must notify us immediately if:

- your employment status changes, as this may affect your **cover category** and the **insured events** you are eligible to claim under.
- If you change your name, address, or any other contact details.

If you make a claim, you must inform us when your **insured event** ends. Failing to do so could make you liable to repay any payments, including customer care benefits, made after that date.

What You're Covered For

LPI helps you safeguard your financial well-being by providing you with a chosen **monthly benefit** paid directly to you, as well as reimbursement for selected extra costs, if you suffer a covered unforeseen **insured event**.

LPI offers three different **cover categories** based on your employment status:

- Employee: for people in **full-time permanent employment** (30 hours or more per week)
- Self-Employed: for people who are self-employed (30 hours or more per week)
- Everyday Life: for people not in **full-time employment** or self-employed (less than 30 hours per week)

Your cover is based on the **insured events** available under the **cover category** you have selected, which is related to your employment status. The **insured events** that apply to you are listed on your **policy certificate**, and your policy only provides cover for those **insured events** and their related customer care benefits during your **period of insurance**.

Insured Events

All **insured events**, whether individually or in combination, are subject to the **maximum benefit** amount stated in your **policy certificate.**

Insured Event	Benefit	Category
Death If you pass away.	We will pay a **one-time** lump sum. This amount is limited to the lesser of: • your selected **monthly benefit** multiplied by the number of whole months remaining on the policy; or • the **maximum benefit.** We will not consider you deceased solely because you have gone missing, unless your body remains missing 12 months after the officially recorded disappearance, sinking, or wreck of your mode of transport.	Employee, self-employed and everyday life
Terminal Illness If you're diagnosed with a **terminal illness.**	We will pay a **one-time** lump sum. This amount is limited to the lesser of: • your selected **monthly benefit** multiplied by the number of whole months remaining on the policy; or • the **maximum benefit**.	Employee, self-employed and everyday life
Total and permanent disablement If you're diagnosed as **totally and permanently disabled.**	We will pay a **one-time** lump sum. This amount is limited to the lesser of: • your selected **monthly benefit** multiplied by the number of whole months remaining on the policy; or • the **maximum benefit**.	Employee, self-employed and everyday life
Severe illness or injury If you're diagnosed with **blindness, deafness,** or **severe cancer**.	We will pay a **one-time** lump sum. This amount is limited to the lesser of: • your selected **monthly benefit** multiplied by the number of whole months remaining on the policy; or • the **maximum benefit.**	Employee, self-employed and everyday life

Insured Event	Benefit	Category
Hospitalisation If you are **admitted to hospital**, or a **medical practitioner** confirms that you need to be **confined to bed** at home. A three day **waiting period** applies. The benefit starts on the fourth day.	We'll pay your **monthly benefit** amount listed in your **policy certificate**, calculated on a **daily basis** for each 24-hour period of confinement to a hospital bed or bed at home, until the earliest of: • you're discharged from hospital or no longer certified as needing to be **confined to bed**; • you've been **hospitalised** or **confined to bed** for 185 days; • you've reached the **maximum benefit** stated on your **policy certificate**; or • the end of your **period of insurance.**	Employee, self-employed and everyday life
Serious medical trauma If you're diagnosed as having **cancer**, undergoing **coronary artery surgery**, having suffered a **heart attack** or **stroke**, having **kidney failure**, being in a **coma**, or needing an **organ transplant**.	We'll pay your **monthly benefit** amount, listed in your **policy certificate**, from the day you're diagnosed, calculated on a **daily basis**, for 185 days, or until you have reached your **maximum benefit**, or until the end of your **period of insurance**, whichever comes first. If, after the 185 days you're still **disabled**, we'll continue paying your **monthly benefit** under the **disabled insured event**, subject to the conditions under that **insured event** and the **maximum benefit** listed in your **policy certificate**.	Employee, self-employed and everyday life
Disabled If you become **disabled** and remain unable to do your usual business or employment. A seven day **waiting period** applies. The benefit starts on the eighth day.	We'll pay your **monthly benefit** amount listed in your **policy certificate**, calculated on a **daily basis**, until the earliest of: • you confirm that you are no longer **disabled**; • you return to your usual business or employment; • you're no longer certified as **disabled** by a **medical practitioner**; • you've been **disabled** for 52 weeks; • you've reached the **maximum benefit** stated on your **policy certificate**; or • the end of your **period of insurance**.	Employee, self-employed and everyday life

Insured Event	Benefit	Category
Accident If you are unable to attend to your usual business or employment as a result of a **sudden accidental bodily injury.** A three day **waiting period** applies. The benefit starts on the fourth day.	We'll pay your **monthly benefit** amount listed in your **policy certificate**, calculated on a **daily basis** until the earliest of: • you return to your usual business or employment; • you've been injured for 52 weeks; • you've reached the **maximum benefit** stated on your **policy certificate**; or • the end of your **period of insurance**. **ACC** cover does not exclude this **insured event**; if **ACC** accepts your **accident**, you may still receive your **monthly benefit** under this policy if your claim is approved.	Employee, self-employed and everyday life
Home health aide If you become the **home health aide** of an immediate **family** member.	We'll pay your **monthly benefit** amount listed in your **policy certificate**, calculated on a **daily basis** until the earliest of: • you confirm that you are no longer a **home health aide**; • your **family** member is no longer certified as needing a **home health aide** by a **medical practitioner**; • you have been a **home health aide** for 185 days; • you've reached the **maximum benefit** stated on your **policy certificate**; or • the end of your **period of insurance**. You're not covered for any claim under any **home health aide insured event** if you have not been in **full-time permanent employment** in New Zealand for at least 90 consecutive days at the time you become a **home health aide**.	Employee
Redundancy If you're made **redundant**. A seven day **waiting period** applies. The benefit starts on the eighth day. A 60-day **stand-down** period applies to this **insured event**, starting from the policy start date shown on your **policy certificate**.	We'll pay your **monthly benefit** amount listed in your **policy certificate**, calculated on a **daily basis** until the earliest of: • you return to **full-time employment**, or you become self-employed or a contractor; • you have been **redundant** for 185 days; • you've reached the **maximum benefit** stated on your **policy certificate**; or • the end of your **period of insurance**.	Employee

Insured Event	Benefit	Category
Redundancy ***(continued)***	**Partial Benefit Payment** If you return to work in a part-time or casual role while receiving your **monthly benefit** for this **insured event**, we will pay a reduced **monthly benefit**. • The reduced benefit will be calculated based on the difference between your earnings from part-time or casual work and your earnings from **full-time employment** immediately before your **redundancy**. • This payment is subject to the conditions under this **insured even**t. You're not covered for any claim under any **redundancy insured event**: • if prior to the time of your **redundancy** you had not been in continuous **full-time permanent employment** for a minimum of 90 consecutive days; • if your employer is you or your **family**, whether directly or indirectly; • if your work was of a **seasonal nature**, • on or after the completion of your contract or fixed-term agreement, including retirement; • if you accept voluntary **redundancy**; • if you resign or cease work for any reason other than **redundancy**; • if your employment is terminated due to you not performing to your employer's satisfaction, you breach your terms of employment or your willful misconduct; • if you're made **redundant** because your **employer ceases trading**; • if you're not actively seeking alternative employment.	Employee

Insured Event	Benefit	Category
Employer ceases trading If your **employer ceases trading**, causing you to become unemployed. A seven day **waiting period** applies. The benefit starts on the eighth day. A 60-day **stand-down** period applies to this **insured event**, starting from the policy start date shown on your **policy certificate**.	We'll pay your **monthly benefit** amount listed in your **policy certificate**, calculated on a **daily basis** until the earliest of: • you return to **full-time employment**, or you become self-employed or a contractor; • you have been **redundant** for 185 days; • you've reached the **maximum benefit** stated on your **policy certificate**; or • the end of your **period of insurance**. **Partial Benefit Payment** If you return to work in a part-time or casual role while receiving your **monthly benefit** for this **insured event**, we will pay a reduced **monthly benefit**. • The reduced benefit will be calculated based on the difference between your earnings from part-time or casual work and your earnings from **full-time employment** immediately before your **employer ceased trading**. • This payment is subject to the conditions under this **insured event** and the **maximum benefit** shown on your **policy certificate**. You're not covered for any claim under any **employer ceases trading insured event**: • if prior to the time of your **employer ceasing trading** you had not been in continuous **full-time permanent employment** for a minimum of 90 consecutive days; • if your employer is you or your **family**, whether directly or indirectly; • if your work was of a **seasonal nature**; • on or after the completion of your contract or fixed-term agreement, including retirement; • if you resign or cease work for any reason other than your **employer ceasing trading**; • if your employment is terminated due to you not performing to your employer's satisfaction, you breach your terms of employment or your willful misconduct; • if you're not actively seeking alternative employment.	Employee

Insured Event	Benefit	Category
Strike or lockout If your permanent employment is suspended because of a **strike or lockout**.	We'll pay your **monthly benefit** amount listed in your **policy certificate,** calculated on a **daily basis** until the earliest of: • the **strike or lockout** ends; • **the strike or lockout** has continued for 185 days; • you've reached the **maximum benefit** stated on your **policy certificate**; or • the end of your **period of insurance**. You're not covered for any claim under any **strike or lockout insured event** if, at the start of the **strike or lockout**, you had not been actively engaged in **full-time permanent employment** for a minimum of 90 consecutive days.	Employee
Business interruption If the business you operate suffers a **business interruption**. A seven day **waiting period** applies. The benefit starts on the eighth day.	We'll pay your **monthly benefit** amount listed in your **policy certificate**, calculated on a **daily basis** until the earliest of: • you confirm to us that your **business interruption** has ended; • your **business interruption** has continued for 185 days; • you've reached the **maximum benefit** stated on your **policy certificate**; or • the end of your **period of insurance**. You're not covered for any claim under any **business interruption insured event**: • if you have not been trading in the same style and in the same business for at least 90 consecutive days prior to the date you suffer the **insured event**; • if the claim is attributable either wholly or in part to vandalism, a wilful and malicious act that causes damage or destruction (including cyber-attacks); or • if the claim is attributable either wholly or in part to an information technology system failure or outage.	Self-employed

Insured Event	Benefit	Category
Pandemic lockdown If you are unable to work or earn an income due to a **pandemic lockdown**. A seven day **waiting period** applies. The benefit starts on the eighth day.	We'll pay your **monthly benefit** amount listed in your **policy certificate**, calculated on a **daily basis** until the earliest of: • the **pandemic lockdown** is declared over; • the **pandemic lockdown** has continued for 90 days; • you've reached the **maximum benefit** stated on your **policy certificate**; or • the end of your **period of insurance**. You're not covered for any claim related to any **pandemic lockdown insured event** if you are able to continue earning income from home, or if your loss of income is less than 20% of your annual earnings.	Employee and self-employed

Additional Insured Events

These **additional insured events** apply to all **cover categories**. If you experience one of these events and we accept your claim, we will pay the benefit to you by reimbursement, subject to the terms, conditions, and limits of this policy.

Insured Event	Benefit	Stand-down
Prescription Glasses If you're diagnosed for the **first time** by a **medical practitioner** as needing **prescription glasses**.	We'll reimburse part of your **prescription glasses** cost as a **one-time** payment during your **period of insurance**, subject to the limit shown on your **policy certificate**.	A 6-month **stand-down** applies to this **additional insured event**.
Hearing Aid/s If you're diagnosed for the **first time** by a **medical practitioner** as needing **hearing aid/s**.	We'll reimburse part of your **hearing aid/s** cost as a **one-time** payment during your **period of insurance**, subject to the limit shown on your **policy certificate**.	A 6-month **stand-down** applies to this **additional insured event**.
Dental emergency If you suffer an immediate and necessary **dental emergency** diagnosed by a **medical practitioner**.	We'll reimburse 50%, up to the maximum stated in your policy certificate, for your **dental emergency** treatment as a **one-time** payment during your **period of insurance**.	A 60 day **stand-down** applies to this **additional insured event**.

Customer Care

Customer care benefits will be reimbursed to you, or to your estate if applicable. Some benefits may only apply to certain **insured events** or **cover categories**.

The total maximum amount payable for all customer care benefits during the **period of insurance** is shown in your **policy certificate**. This maximum applies to your whole policy, not to each claim. Each payment of a customer care benefit reduces the total amount remaining. Any subsequent claims will be paid only up to the remaining balance.

Customer Care	Benefit
Funeral cost If you pass away	We'll reimburse the costs of your funeral, up to the value stated in your **policy certificate.**
Ambulance cost If your claim is accepted for one of the following **insured events**: death, **terminal illness**, **total and permanent disablement**, severe illness or **injury**, **hospitalisation**, serious medical trauma, **disabled**, or **accident**.	We'll reimburse the cost of air or road ambulance transport to hospital, if it is required due to you suffering one of the related **insured events**, up to the value stated in your **policy certificate.**
Medical cost If your claim is accepted for one of the following **insured events**: **terminal illness**, **total and permanent disablement**, severe illness or **injury**, **hospitalisation**, serious medical trauma, **disabled**, or **accident**.	We'll reimburse the costs of chiropractors, counsellors, physiotherapists, prescriptions and **medical practitioner** consultations if they are required due to you suffering one of the related **insured events**, up to the value stated in your **policy certificate.**
Medical aids and equipment If your claim is accepted for one of the following **insured events**: **terminal illness**, **total and permanent disablement**, severe illness or **injury**, **hospitalisation**, serious medical trauma, **disabled**, or **accident**.	We'll reimburse the cost of medically necessary specialised equipment you need as a direct result of an **insured event**. This may include, but is not limited to, items such as wheelchairs or modifications to your home or vehicle, up to the value stated in your **policy certificate.**
Taxi or Uber costs If your claim is accepted for one of the following **insured events**: **terminal illness**, **total and permanent disablement**, severe illness or **injury**, **hospitalisation**, serious medical trauma, **disabled**, **accident**, or home health aide.	We'll reimburse the cost of taxi or Uber transport for doctor's visits, hospital, or specialist appointments required as a result of an **insured event**, up to the value stated in your **policy certificate.**
Family support If your claim is accepted for one of the following **insured events**: **terminal illness**, **total and permanent disablement**, severe illness or **injury**, **hospitalisation**, serious medical trauma, **disabled**, **accident**, or home health aide.	We'll reimburse your costs for additional child care or pet care expenses incurred outside your usual care arrangements, where these costs arise as a result of an **insured event**, up to the value stated in your **policy certificate.**

Customer Care	Benefit
Employment consultant If your claim is accepted for one of the following **insured events**: **redundancy**, **employer ceases trading**, **strike or lockout**, **business interruption**, or **pandemic lockdown**.	We'll reimburse costs related to employment support services such as career consultations, CV preparation, interview coaching, or course fees, provided these are pre-approved by us and required as a result of an **insured event**, up to the value stated in your **policy certificate.**
Legal advice If your claim is accepted for one of the following **insured events**: **redundancy**, **employer ceases trading**, **strike or lockout**, **business interruption**, or **pandemic lockdown**.	We'll reimburse your costs of legal advice obtained from a qualified lawyer, where that advice is necessary as a direct result of an **insured event**, up to the value stated in your **policy certificate.**

What You're Not Insured For

We will not pay any benefit under this policy, whether for an **insured event**, a customer care benefit, or an **additional insured event**, if it is attributable in whole or in part to any of the following:

Alcohol or Drugs

We do not provide cover for any claim that results, whether directly or indirectly, from alcohol or drug dependency, or from being under the influence of intoxicating liquor or drugs.

Criminal Act

We do not provide cover for any claim that results, whether directly or indirectly, from you engaging in a criminal act.

Elective

We do not cover any claim that arises, in whole or in part, from you undergoing medical treatment or surgery that is not medically necessary or not directly related to an **insured event**, and is undertaken at your request for personal, psychological, or cosmetic purposes. This exclusion does not apply where treatment is rendered necessary by a covered **insured event**.

Hazardous Activities

We do not cover any claim that arises, directly or indirectly, from your participation in any professional, extreme, or hazardous sport or activity. This includes, but is not limited to:

- professional sports
- flying, except as a passenger on a licensed aircraft
- parachuting, hang-gliding, paragliding, or mountaineering
- quad biking or scuba diving
- competitive racing, including horse racing, motor vehicle racing, or motor boat racing.

Natural Disaster

We do not provide cover for any claim arising, whether in whole or in part, from an earthquake, volcanic eruption, tsunami, or any other type of seismic event.

Pandemic

We do not cover any claim that arises, whether directly or indirectly, from avian influenza or any virus or disease that has been declared an outbreak or epidemic by the World Health Organisation or the New Zealand Government.

This exclusion does not apply to the **insured events pandemic lockdown** and **redundancy**.

Pregnancy, Childbirth or Miscarriage

We do not cover any claim arising, in whole or in part, from infertility, pregnancy, childbirth, caesarean delivery, miscarriage, or termination of pregnancy.

Pre-Existing Conditions

We do not cover any claim that arises, whether directly or indirectly, from any illness, **injury**, or medical condition:

- that you were aware of before your insurance cover began;
- that you have previously sought a diagnosis for or asked for medical advice regarding a possible illness; or
- for which you had symptoms that would have reasonably led someone in your position to seek medical advice, diagnosis, or treatment before the start of your **period of insurance**.

Prior Knowledge

We do not provide cover for any claim that arises, whether directly or indirectly, from any circumstance, condition, or cause that you knew about, or could reasonably have been expected to know or foresee, before the start of your **period of insurance**. This includes, but is not limited to, situations involving a **family** member who may require a **home health aide**.

Psychiatric Disorder or Conditions

We do not cover any claim arising, whether in whole or in part, from any psychological, psychiatric, or mental health condition you experience, including but not limited to anxiety, stress, depression, or any form of mental illness or disorder.

Self-Injury or Suicide

We do not provide cover for any claim that arises, whether directly or indirectly, from attempted or completed suicide, intentional self-harm, or knowingly placing yourself in extreme danger—unless undertaken in an effort to save a human life.

Sexually Transmitted Diseases

We do not cover any claim that arises, whether directly or indirectly, from any sexually transmitted infection or disease.

War, Radioactivity and Terrorism

No cover is provided for any claim arising, whether directly or indirectly, from:

- war, invasion, acts of foreign enemies, armed conflict or war-like activities (whether war is declared or not), civil unrest, rebellion, revolution, insurrection, military takeover, or any action by government or local authorities involving destruction or compulsory acquisition;
- nuclear materials, radioactive contamination, ionising radiation, or radiation resulting from nuclear fuel or its by-products; or
- **terrorism**, including any action taken to prevent, control, or respond to a terrorist act.

Making A Claim

If an **insured event** occurs that might result in a claim on your policy, you must:

1. take all reasonable steps to reduce the extent of your claim and avoid any further loss. This includes, in the case of illness or **injury**, seeking medical attention promptly and providing proof that you've obtained and are following the advice of a **medical practitioner**;
2. report the matter to the police if it appears your claim involves or results from unlawful activity;
3. notify us of the event by calling **0800 526 7736 (0800 JANSSEN)** as soon as practicable after it occurs, and **no later than 28 days from the date of the event**. If you do not contact us within 28 days, your claim may be affected;
4. complete the claim form and provide it to us, along with any relevant information or documents we may reasonably require, at your own expense. This may include, but is not limited to, written statements, medical certificates, and other supporting evidence;
5. cooperate with us in any reasonable manner we request in connection with your claim.

You are responsible, at your own expense, for providing evidence that the loss, damage, or expense you are claiming results from an **insured event** covered under this policy.

We may ask you to authorise the release of relevant medical or financial information, including details held by your doctor, accountant, or employer. We also reserve the right to make reasonable inquiries related to your claim.

At our cost, we may require you to undergo a medical assessment or other reasonable examinations to verify the **insured event**.

Payment of any claim is subject to our receipt of all information we reasonably request in support of your claim. If the required information is not provided, we may decline your claim.

Death – you must provide evidence of your death, such as a death certificate and/or a coroner's final report, as applicable, along with proof of your age and identity. We may also require a post-mortem examination, which will be arranged at our expense.

Terminal illness – Documentation from a **medical practitioner** confirming the diagnosis of a terminal condition.

Total and permanent disablement – confirmation from a **medical practitioner** that you are suffering from a condition that renders you **totally and permanently disabled**.

Severe illness or **injury** – confirmation from a **medical practitioner** diagnosing you with **blindness**, **deafness**, or a major form of **severe cancer**.

Disabled – documentation from a **medical practitioner** confirming the onset of you becoming **disabled**, along with continued medical certification verifying that you continue to be **disabled**.

Serious medical trauma – confirmation from a **medical practitioner** diagnosing you as having **cancer**, undergoing **coronary artery surgery**, having suffered a **heart attack** or **stroke**, **kidney failure** or being in a **coma**, or requiring an **organ transplant.**

Home health aide – proof that you were engaged in **full-time permanent employment** prior to assuming **home health aide** responsibilities, that you have either taken employer-approved unpaid leave or ceased employment entirely, and that you provide a minimum of 30 hours per week of care to a **family** member. We may also request medical documentation from a **medical practitioner** regarding your **family** member's medical history, current condition, and expected prognosis.

Hospitalisation – confirmation from a **medical practitioner** or hospital verifying that you have been admitted for inpatient care.

Bed confinement - confirmation from a **medical practitioner** that you are **confined to bed** at home and are receiving daily supervision from either a **medical practitioner** or a registered nurse.

Accident – confirmation from a **medical practitioner** that you have suffered a **sudden accidental bodily injury** as a result of an **accident**.

Redundancy – documentation from your previous employer confirming your **redundancy**, along with proof that you are registered with Work and Income New Zealand (WINZ) as a job seeker and actively pursuing **full-time permanent employment.**

Employer ceases trading – confirmation that your employer has ceased trading, leading to your unemployment, along with evidence that you are registered with Work and Income New Zealand (WINZ) as a job seeker and are actively seeking **full-time permanent employment**.

Strike or lockout – documentation confirming a strike, lockout, or lawful industrial action taken by your employer, along with evidence showing how it has directly affected you.

Business interruption – documentation showing that your business has suffered loss or damage as a result of a **business interruption**. You must provide the amount being claimed, a breakdown of the costs, and a clear explanation of how the figures were calculated. Supporting evidence must include your business's actual financial performance prior to the interruption, as well as a reasonable projection of the financial performance that would have been expected had the interruption not occurred.

Pandemic lockdown – confirmation from your employer that you are unable to perform your duties remotely, and documentation demonstrating a reduction in your income as a result of the **pandemic lockdown**.

Additional insured events: **prescription glasses**, **hearing aid/s** and **dental emergency** - to be eligible for reimbursement, you must provide:

- written confirmation from a **medical practitioner** of your **first-time** diagnosis requiring **prescription glasses** and/or **hearing aids**
- written confirmation from a **medical practitioner** in the event of a **dental emergency**.
- Original, itemised tax invoices or receipts for the relevant goods or services. EFTPOS or credit card receipts alone will not be accepted as proof of payment.

Customer care benefits – original, itemised tax invoices or receipts for the relevant goods or services. EFTPOS or credit card receipts alone will not be accepted as proof of payment.

Reimbursement will only be processed upon receipt of the required documentation.

Claim Conditions

To make a claim, you must comply with all the terms and conditions of your policy. If you, or anyone acting on your behalf:

- breach any term of your policy;
- make a claim that is false or fraudulent in any way; or
- provide any false or misleading information in relation to a claim,

we may:

- decline your claim, in whole or in part; and/or
- cancel your policy.

One Payment at Any One Time

You can receive only one claim payment at a time. If you are eligible for multiple **insured event** benefits at once, we will pay the benefit with the highest value during the time you qualify for more than one benefit.

Total Benefit

The maximum amount we'll pay for all claims under your policy during your **period of insurance** is limited to the lesser of:

- your **monthly benefit** multiplied by the number of months remaining in your **period of insurance** at the time of the **insured event**, plus the applicable customer care benefits, and any **one-time additional insured events** (subject to the individual maximums for those benefits); or
- the **maximum benefit** stated on your **policy certificate**, plus the applicable customer care benefits, and any **one-time additional insured events** (subject to the individual maximums for those benefits).

The maximum benefit applies to your whole policy, not to each claim. Each time we pay a claim, it reduces the **maximum benefit** still available. Accepted claims are limited to the balance of the **maximum benefit** remaining after any earlier paid claims.

Policy Conditions

Cancellation of your policy

Policy cancellation by you: you can cancel this policy at any time by notifying your selling agent in writing, after which they will contact us to arrange the cancellation.

Policy cancellation by us: we may cancel this policy at any time by giving you 14 days' written notice, sent to your postal or email address listed on your **policy certificate**.

Premium Refunds

We will not refund any premium if:

- you have made a claim under this policy; or
- you have breached your responsibilities or any conditions of this policy.

Valid cancellations and any applicable premium refunds, outside of the cooling-off period, are calculated on a flat-line/pro-rata basis from the unused portion of the premium based on the amount charged by the retailer (retail price). This calculation is outlined here:

Pro-rata Refund = (R/T) x U - A

R = Retail price
T = Total term in days of the Policy
U = Unused days remaining on the Policy
A = Admin fee may apply

All refunds will be processed through the agent from whom you purchased the insurance, and may incur a processing fee, as outlined in your **policy certificate**.

Amounts

All amounts stated in your policy are in New Zealand dollars and include Goods and Services Tax (GST).

Period of Cover

Your policy provides cover if an **insured event** takes place within the dates shown as your **period of insurance**. The specific start and end dates of your cover are listed in your **policy certificate**. The policy and all benefits payable under it terminate at 4pm on the day the **period of insurance** expires.

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.

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+	Superior	C+	Marginal
A	Excellent	C	Weak
B+	Good	D	Poor
B	Fair		

Ratings from 'A+' to 'C' may be modified by the addition of either a second plus sign (+) or a minus sign (-) 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

Governing Law

The laws of New Zealand govern your policy. Any legal proceedings concerning your policy must be initiated and adjudicated in New Zealand.

Privacy Act

To assess your eligibility for the insurance you are applying for, we, and/or our Agent acting on our behalf, will collect personal information from you during our interactions—whether in person, by phone, or through other channels. This includes your contact details, billing information, answers to disclosure questions in your application, and other information related to your risk profile.

Providing this information is optional. However, if you choose not to provide any requested details, we may be unable to assess your application, and your policy may be declined or void. If your disclosure is incomplete or incorrect, cover may not apply if you make a claim.

Your personal information may be shared with our Agent and Quest Insurance Group for the purpose of assessing your application and arranging cover. We may also share your information with third parties where required by law, or where you have authorised us to do so.

With your consent, we and our Agent may also use your personal information to contact you with marketing offers, including by phone, text, or email.

You have the right under the Privacy Act 2020 to access and request correction of your personal information at any time by contacting us at privacy@janssens.co.nz. For more information, please see our full privacy policy available at www.janssseninsurance.co.nz.

No Financial Advice

Janssen Insurance does not hold a licence to provide financial advice.

Our representatives can provide general information about our insurance products, including their features, benefits, and risks, to help you understand the options available. This information does not take into account your personal financial situation, needs, or goals, and should not be relied on as financial advice. If you are unsure whether a product is right for you, we recommend that you seek advice from a licensed independent financial adviser before making a decision.

If You Have A Concern

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 at complaints@janssens.co.nz.
Where possible, we will try to resolve your concerns straight away. If we are unable to resolve your complaint to your satisfaction, we will escalate the matter to our complaints resolution panel for further review. If your complaint still cannot be resolved, we will notify you in writing and advise you and you can choose to refer the matter to the Insurance and Financial Services Ombudsman Scheme (IFSO).

Definitions

Accident/sudden accidental bodily injury

Means a specific, unforeseen incident or event that results in bodily **injury**. The **injury** must be capable of diagnosis by a **medical practitioner**, who must also certify the nature of the **injury** and confirm the reason and expected duration that it prevents you from engaging in your usual employment or business activities.

ACC (Accident Compensation Corporation)

Means the government-funded organisation that provides no-fault compensation to people in New Zealand who are unable to work due to a physical **injury** caused by an **accident**. **ACC** benefits are subject to maximum limits.

Act of terrorism

Means any act, including but not limited to the use of force or violence, or the threat thereof, by any person or group, whether acting alone or on behalf of or in connection with any organisation or government, committed for political, religious, ideological, or similar purposes, including the intention to influence any government and/or to intimidate the public or a section of the public. This includes any act which is determined by the relevant New Zealand authority to be an **act of terrorism** under applicable law.

Activities of daily living

Means the basic tasks a person must be able to perform without assistance to live independently. For the purposes of this policy, these activities include:

- washing or showering the whole body;
- putting on and taking off clothing;
- eating and drinking;
- using the toilet;
- moving in and out of bed or a chair, including the use of mobility aids.

A person is considered unable to perform an activity of daily living when they require physical assistance from another person to complete the task.

Additional insured event

The **additional insured events** are extra features of this lifestyle protection policy, designed to help with some of the costs from needing **prescription glasses** for the **first time**, requiring **hearing aids** for the **first time**, or experiencing a **dental emergency**.

Each **additional insured event** is a **one-time payment** and is subject to the **maximum benefit** shown on your **policy certificate**, as well as any benefit limits set out in this policy wording.

Blindness

Means the complete and permanent loss of sight in both eyes, as confirmed by **a medical practitioner**. This includes:

- visual acuity worse than 6/60 in both eyes after correction; or
- a visual field restricted to less than 20 degrees in diameter; or
- a combination of visual impairments resulting in an equivalent level of vision loss.

Business Interruption

Means a disruption or obstruction of your usual business operations in New Zealand, resulting from:

- physical damage or loss affecting any part of a building or other property at your business location;
- restricted or blocked access to your premises due to property damage occurring within a 10-kilometre radius; or
- damage to essential services such as electricity, gas, water, sewage, or telecommunications systems that are directly linked to your premises.

Cancer

Means a confirmed diagnosis by a **medical practitioner** of the presence of at least one malignant tumour, such as melanoma, leukaemia, lymphoma, or Hodgkin's disease. These are characterised by the uncontrolled multiplication of abnormal cells and the invasion and destruction of surrounding healthy tissue.

Cover under this definition is subject to the following specific conditions and exclusions:

Carcinoma in situ is only covered if it meets one or more of the following criteria:

- requires significant and appropriate medical treatment (whether or not undertaken), such as radiotherapy, chemotherapy, immunotherapy, or other comparable therapies to control disease progression;
- surgical removal of the entire affected organ is required (e.g. breast, cervix, uterus, ovary, fallopian tube, vagina, prostate, colon/rectum, or bladder);
- the condition is deemed entirely untreatable.

Chronic lymphocytic leukaemia (CLL) is covered only if:

- it is confirmed as Rai Stage 1 or higher; or
- it is considered totally incurable.

Malignant melanoma is covered only when at least one of the following applies:

- a Breslow thickness of 1.0 mm or more is measured;
- classified as Clark Level 3 or above;
- histological analysis confirms ulceration;
- requires substantial and appropriate treatment (regardless of whether it is carried out) such as chemotherapy, radiotherapy, immunotherapy, or similar interventions;
- the condition is deemed totally incurable.

Prostate **cancer** is covered only if any of the following apply:

- it is staged as T2 or higher under the TNM classification system;
- a Gleason score of 6 or more is recorded;
- it requires significant treatment (undertaken or not) such as chemotherapy, radiotherapy, immunotherapy, or similar interventions;
- complete surgical removal of the prostate is necessary;
- the **cancer** is incurable.

Thyroid **cancer** (specifically papillary or follicular carcinoma) is covered only if:

- it is classified as T2 or higher under the TNM staging system;
- it requires appropriate treatment (regardless of whether it is undertaken) such as chemotherapy, radiotherapy, immunotherapy, or similar;
- it is deemed incurable.

Coma

Means a state of unconsciousness, diagnosed by a **medical practitioner**, in which you are unresponsive to external stimuli and require the use of life-support systems for a continuous period.

Confined to bed

Means being restricted to bed and requiring ongoing daily care or monitoring provided by a **medical practitioner** or registered nurse.

Coronary artery surgery

Means a **medical practitioner** has confirmed that you have had coronary artery bypass surgery to treat or manage coronary artery disease.

Cover Category

Means the policy type you have selected based on your employment status shown on your **policy certificate**.

Daily basis

Means each calendar day, unless otherwise stated. If used in relation to payments or benefits, it refers to an amount calculated or applied for every full day the condition, event, or benefit continues.

Deafness

Means a diagnosis by a **medical practitioner** confirming that you have experienced complete and permanent loss of hearing in both ears. This is defined as either:

- hearing loss exceeding 90 decibels across all frequencies, with or without the use of a **hearing aid**; or
- hearing loss exceeding 90 decibels across all frequencies, where a **medical practitioner** has advised the need for a cochlear implant.

Dental emergency

Means sudden and unexpected pain, trauma, or damage to the teeth, gums, or mouth that requires immediate treatment by a **medical practitioner** to relieve acute symptoms, prevent further harm, or restore function. This does not include routine dental care, check-ups, orthodontic treatment, cosmetic treatment, cast restorations or treatment for pre-existing dental conditions.

Disabled

Means any sickness or **injury** that results in your complete and ongoing inability to carry out the normal duties of your regular occupation or business, as confirmed by a **medical practitioner**.

Employer ceases trading

Means your employer has ceased trading, has been declared bankrupt, placed into liquidation, or is under the control of a receiver.

Family

Means your spouse, de facto partner (as defined under the Property (Relationships) Act 1976), civil union partner (as defined under the Civil Union Act 2004), your children (by birth, legal adoption, stepchildren, or those under your legal guardianship at the time of claim), as well as your siblings (including half- or step-siblings) and parents (including step-parents).

First time

Refers to the initial occurrence of an event, condition, or circumstance during the **period of insurance** and after the policy start date. It does not include any continuation, recurrence, or symptoms that existed, were known to you, or for which advice or treatment was sought before the policy start date.

Full-time permanent employment

Means you are engaged in ongoing paid work in New Zealand and are working more than 30 hours per week on a regular basis in one employment.

Heart attack

Means a **medical practitioner** has diagnosed you with the death of a portion of heart muscle caused by an inadequate blood supply. This diagnosis must be supported by appropriate medical investigations, clinical findings, or specialist opinion that a cardiologist would typically consider sufficient to confirm that part of the heart muscle has died.

Cover does not extend to less severe coronary conditions such as unstable angina or acute coronary insufficiency.

Hearing aid/s

Means a medically prescribed device designed to improve hearing for a person with diagnosed hearing loss. The device must be prescribed or recommended by a **medical practitioner** and be intended for personal, everyday use. This includes behind-the-ear, in-the-ear, and other professionally fitted **hearing aids**, but does not include personal sound amplification products or over-the-counter devices not prescribed for a specific hearing condition.

Home health aide

Means you are required to stop working completely or take leave without pay (with your employer's agreement) to provide unpaid care for a **family** member who has suffered an illness or **injury** and needs a **home health aide** for 30 hours or more per week. This does not include situations where you are on parental leave.

Hospitalised / admitted to hospital

Means a **medical practitioner** has certified that you need to be **admitted to a hospital** or an appropriate care facility to receive medical treatment.

Injury

Means a physical **injury**, either from outside or within the body, suffered by you that is the direct result of an unexpected and unintentional external event.

Insured event

Means an event described in this policy that entitles you to make a claim.

Not all **insured events** or customer care benefits apply to every policy. The **insured events** that apply to you depend on the **cover category** you have selected, as shown on your **policy certificate**.

Kidney failure

Means the diagnosis by a **medical practitioner** of end-stage renal failure, where both kidneys have permanently lost their ability to function. This condition must require either regular dialysis or a kidney transplant to sustain life.

Maximum benefit

Refers to the highest total amount payable under this policy, as stated in your **policy certificate**. All claims and benefits paid under the policy are subject to this limit, regardless of the number of **insured events** that occur.

Medical practitioner

Means a suitable specialised and registered person who holds a current practising certificate issued by the Medical Council of New Zealand.

Monthly benefit

Means the amount shown in your **policy certificate** that we will pay each month while you have an accepted claim under this policy as a result of you suffering an **insured event**. The **monthly benefit** is subject to any applicable limits, offsets, and conditions outlined in this policy and is intended to help support your lifestyle by covering ongoing living expenses during the benefit period.

One-time

Means a benefit that occurs only once and is not intended to repeat during the **period of insurance**.

Organ transplant

Means you have either been placed on an official New Zealand transplant waiting list by a **medical practitioner** or have received a human-to-human transplant of one or more of the following organs or tissues:

- kidney
- heart
- lung
- liver
- pancreas
- small bowel
- bone marrow

This policy does not cover transplants involving any other organs, partial organs, tissues, or cells.

Pandemic Lockdown

Means a period when the New Zealand Government, or any authorised government agency, imposes mandatory restrictions that require you to remain at home due to a pandemic disease outbreak in New Zealand.

Pandemic Lockdown does not include:

- voluntary self-isolation or quarantine,
- working from home when your business is otherwise permitted to operate, or
- travel restrictions

Parental leave

Means you taking leave to carry out parental duties for children who do not have a medical or psychological need for parent-specific care.

Period of Insurance

Means the period of time your policy is active. It begins on the insurance start date shown on your **policy certificate** and ends on the earliest of the following:

- when we pay a claim for your death, **terminal illness**, total and permanent disability, or a serious illness or **injury**;
- when you or we cancel the policy;
- at 4.00 pm on the insurance end date shown on your **policy certificate**;
- at 4.00 pm on your 71st birthday; or
- when the **maximum benefit** shown on your **policy certificate** has been paid.

Policy certificate

Means the latest **policy certificate** we've provided to you, including any updates, changes, or endorsements we've sent you in writing.

Prescription glasses

Refers to corrective eyewear that includes lenses prescribed by a **medical practitioner** to correct a diagnosed vision impairment. **Prescription glasses** must be intended for everyday use and be dispensed by a licensed optical provider. This does not include non-**prescription glasses**, sunglasses without corrective lenses, hobby glasses, fit-overs or cosmetic eyewear.

Redundancy

Means the involuntary loss of your **full-time permanent employment**, confirmed in writing by your employer, due to your role being declared surplus to the organisation's requirements.

Seasonal Nature

Means employment or business activity that operates only during certain periods of the year due to seasonal demand, weather conditions, or the natural cycle of production, and is not conducted on a continuous, year-round basis.

Severe Cancer

Means a diagnosis by a **medical practitioner** confirming that you have been diagnosed with metastatic **cancer**, advanced lymphoma, leukaemia, or multiple myeloma, classified as Stage 4.

Stand-down

Means the period of time starting from the policy start date during which no claim can be made for certain **insured events**. If an **insured event** occurs during the **stand-down** period, no benefit is payable. The length of any **stand-down** period, if applicable, is stated for each **insured event** in this policy.

Strike or lockout

Means any form of industrial action where employees collectively stop work, or an employer prevents employees from working, as part of a dispute relating to employment conditions. This includes strikes, lockouts, or other concerted work stoppages recognised under New Zealand employment law.

Stroke

Means a diagnosis by a **medical practitioner** confirming that you have experienced a **stroke** caused by a cerebrovascular event. The **stroke** must be supported by:

- imaging evidence (such as a CT, MRI, or similar scan) showing either:
  - infarction of brain tissue; or
  - bleeding within the skull (intracranial) or into the space around the brain (subarachnoid haemorrhage); or
- a diagnosis by a **medical practitioner** of lasting neurological damage and/or functional impairment, including but not limited to, memory loss, speech difficulties, vision problems, or paralysis affecting one side of the body.

You're not covered for symptoms caused by transient ischaemic attacks (TIAs), migraines, or vascular conditions affecting the eyes, optic nerves, or balance systems.

Terminal illness

Means a diagnosis by a **medical practitioner** confirming that you have a medical condition with a formal prognosis that, despite all reasonable medical treatment, is expected to result in your death within 12 months.

Totally and permanently disabled

Means certification by a **medical practitioner** that you have experienced an illness or **injury** resulting in total and permanent loss of one or more of the following:

- your ability to carry out the duties of your usual job or occupation;
- your ability to perform at least two **activities of daily living** without assistance from another adult;
- the use of both hands, both feet, or one hand and one foot;
- cognitive function, due to a permanent and irreversible brain condition, resulting in:
  - disorientation regarding time and place; and
  - a Mini-Mental State Examination (MMSE) score below 20 out of 30, or an equivalent result on a comparable test.

Waiting period

Means the number of consecutive days that must pass after the occurrence of an **insured event** before any benefit becomes payable under this policy. No benefit is payable for the **waiting period**. The length of the **waiting period**, if applicable, is stated for each **insured event** in this policy.

Our Janssen Insurance family of products:

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WWW.JANSSENINSURANCE.CO.NZ

Email: info@janssens.co.nz | Phone: 0800 526 7736
Address: 4 Pacific Rise, Mount Wellington, Auckland 1060 | Postal address: PO BOX 14764, Panmure, Auckland 1741