

AIA STARTER PLAN

PLAN WORDING



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30 day walk away policy

If you are not satisfied with your plan, you can cancel it within 30 days of the *plan start date* and we will refund any *plan charges* you have paid, provided that no claim has been made.

Definitions

Words in italics are defined in section 9: Definitions.

The headings in this document are for guidance only. They do not form part of your policy and they are not to be used when interpreting it.

1. About your plan

Your **AIA Starter Plan** includes:

- > an *AIA Vitality Starter* membership; and
- > an insurance *policy*.

Details of the plan you have chosen, the type of cover and amount of cover, and the name of the *life assured* are shown in the *schedule*.

When does your plan end?

Your plan will end if:

- > You cancel your plan; or
- > The *life assured* dies or has a claim paid for *terminal illness*; or
- > You have Rent or Mortgage Protection, the *life assured* reaches age 65 and written notice of cancellation has been provided to you; or
- > Any *plan charges* are unpaid for more than 90 days from the payment due date; or
- > We end your plan in any of the circumstances described below.

When can we end your plan?

We can end your plan and may decline liability for any claims made under your policy if you or the *life assured*, or anyone acting on the *life assured*'s behalf, makes a claim that is false or fraudulent in any respect.

Any claim payments that have already been paid in relation to any false or fraudulent claim must be repaid to us.

Cancellation due to Sanctions

We shall not provide cover for any risk and/or activity and shall not be liable to pay any claim or pay any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would be in respect of a person who is the subject of any sanction, prohibition or restriction under United Nations resolutions or trade or economic sanctions, laws or regulations of New Zealand, the European Union, United Kingdom or United States of America, or any of its states and/or any other applicable economic or trade sanction laws or regulations. This provision applies without limitation not only to the policy owner or holder, but to the *life assured* and any assignee, other third party, related party or beneficiary of the policy. Should we determine that the above is applicable, we may at our sole discretion terminate the policy with immediate effect.

Non-disclosure or the provision of false or misleading information

Any information you give us must be complete, true and correct.

If you or the *life assured* fail to disclose material information or make a substantially incorrect statement *AIA* may review your plan.

If the review finds that different terms would have been offered when your plan was issued, renewed, varied or reinstated, *AIA* may at its complete discretion either:

- > alter the terms of your cover, effective from the *plan start date* or a date of our choosing; or
- > avoid the cover under your plan, meaning it is deemed never to have existed.

If this policy is avoided or any terms altered, we may retain all *plan charges* paid.

2. Your plan charges

Your plan charges

Your *plan charges* include the *premium* for your insurance *policy* and your *AIA Vitality Starter* membership fee.

The initial *plan charge* is shown in the *schedule*. To ensure you remain covered you must pay the *plan charge* at the frequency shown in the *schedule* or agreed with *AIA*.

If a claim is payable when *plan charges* are outstanding, you may be required to pay the outstanding *plan charges* before a claim payment will be made.

Changes to your plan charges

Your *premium* will change each year on the *anniversary date* based on the *life assured*'s age, the amount of your cover and *AIA*'s *premium* rates at the time.

AIA may change your *premium* at its discretion at other times, for example to allow for an unexpected and unsustainable increase in claims across **AIA Starter Plans**. *AIA* may also change your *AIA Vitality Starter* membership fee. These changes would be made to **AIA Starter Plan** policies as appropriate.

AIA will advise you of the new *plan charges* before the change.

Your *premium* will not increase based on your own claim experience or any change in health of the *life assured* which has occurred since the cover was first added to the plan.

3. Changes to your plan

If more than one person is named as the *policy owner*, the policy is owned by all of them jointly. Any request, instruction or notice to us to do with your policy must be given by all *policy owners* unless we are satisfied that, after reasonable efforts have been made, a *policy owner* cannot be located. In that case we may act on a request, instruction or notice given by the other *policy owner* and, if we do, we will not be liable to any person for any consequences.

Change of smoker status

If the *life assured* was a smoker at the *plan start date* and has not smoked for a period of 12 months or more, you can apply to have the *premium* reduced to that for a non-smoker. The *life assured* will have to complete a non-smoker declaration. The *premium* reduction will be effective from the next payment date after your request is accepted.

Change of occupation class

If in *AIA*'s opinion the *life assured* has changed to a lower risk occupation class than they were at the *plan start date* (e.g. they have changed from being a builder doing manual work to an office worker doing no manual work), you can apply to have the *premium* reduced accordingly. The *life*

assured will have to contact us and provide details of their new occupation. The *premium* reduction will be effective from the next payment date after your request is accepted.

Changing the cover

If you want to change the cover under your plan, you should contact us.

You can request that we reduce or remove any cover. The reduction or removal will be effective from the next payment date after your request is accepted.

Change of ownership

You may add one additional *policy owner* at any time by completing an Additional/Replace Policy Owner form.

References in this *policy* document to you, your and the *policy owner(s)* are references to the most recent transferee(s).

Changes we can make

It is our normal business practice to review this policy over its lifetime. Any changes to the terms of this *policy* will apply across **AIA Starter Plan policies**.

The following are examples of when this may occur:

- > To improve the cover under the *policy*;
- > To take account of changes in law;
- > To allow for an unexpected and unsustainable increase in claims across **AIA Starter Plan policies**;
- > To take account of a new or increased public health threat e.g. a pandemic.

We will give you at least 30 days' notice of any change to the terms or your *policy* and will highlight any change to your entitlements under it. You always retain the right to cancel your *policy* at any time.

4. How to make a claim

For any claim enquiries, advice about submitting a claim or before incurring any costs in respect of a claim, please phone the AIA Claims Team.

AIA Claims Hotline: 0800 500 108

Information that may be required for each different type of cover is detailed in the relevant section below.

AIA will tell you about any other information that may be required once notice of the claim has been received.

AIA is under no obligation to consider a claim unless all of the information requested is provided. Furthermore, AIA is under no obligation to assess or pay a claim prior to receiving notification.

5. Important information

Your **AIA Starter Plan policy** is a contract between the *policy owner(s)* named in the *schedule* (you or your) and AIA (we, our or us).

What forms part of this contract?

- > This **AIA Starter Plan** wording including the *schedule* and any alterations made as permitted under the *policy*.
- > Any application forms and declarations or other

information provided by you and the *life assured* at any time concerning your *policy*.

How to contact us

To get in contact with us via Live Chat, go to www.aia.co.nz

No surrender or cash value

Your *policy* does not have a surrender or cash value.

Statutory Fund

Your *policy* is part of the Statutory Fund Number 1.

Policy subject to laws of New Zealand

Your *policy* is issued in New Zealand and is subject to the laws of New Zealand.

Payments in New Zealand

All payments made by us will be made in New Zealand dollars.

Complaints

If you have any complaints, you can contact us as detailed above.

Complaints must be made to us in writing in the first instance. We will investigate any complaint. If you are not satisfied with the final outcome of the investigation, you may have the right to refer the complaint to the Insurance and Financial Services Ombudsman (IFSO).

To find out more about the IFSO, go to www.ifso.nz

The IFSO's address and phone number is:

Insurance and Financial Services Ombudsman
PO Box 10-845
Wellington
New Zealand
(04) 499 7612 or 0800 888 202

6. Life Cover

This section only applies if the *schedule* states that you have Life Cover.

When will AIA pay Life Cover?

If the *life assured* dies or is diagnosed with a *terminal illness*.

A terminal illness is an illness which AIA believes at its discretion, after considering medical evidence provided by the *life assured's* own *registered medical practitioner* and any other evidence we may reasonably require, is likely to result in the death of the *life assured* within 12 months, irrespective of any treatment that the *life assured* may receive.

What amount of Life Cover will AIA pay?

AIA will pay the Life Cover amount shown in the *schedule*.

Bereavement Support Benefit

Upon receiving written notification that the *life assured* has died, AIA may pay a lump sum of \$15,000. This Bereavement Support Benefit will be treated as an early payment of the Life Cover. The Life Cover will then be reduced by the amount paid.

Only one Bereavement Support Benefit payment per *life assured* will be made.

How to make a claim

For a Life Cover claim, *AIA* may require:

- > A full death certificate.
- > Coroner's report.
- > A grant of administration – probate, or certificate of administration, or letters of administration if the deceased was the sole *policy owner*.
- > Evidence from a *registered medical practitioner* of a *terminal illness* diagnosis, if applicable.

Exclusions – when *AIA* won't pay Life Cover

AIA will not pay any Life Cover if the *life assured* dies or is diagnosed with a *terminal illness* as a direct or indirect result of an intentional self-inflicted act (whether sane or insane) within 13 months of the *plan start date* or, if cover has been reinstated, the date of reinstatement. This exclusion applies to any subsequent increase in cover you make.

7. Rent or Mortgage Protection

This section only applies if the *schedule* states that you have Rent Protection or Mortgage Protection.

When will *AIA* pay a Total Disability Benefit?

AIA will pay a Total Disability Benefit if the *life assured*:

- > becomes *totally disabled* or *partially disabled*;
- > remains *totally disabled* or *partially disabled* during the *wait period*, which starts at the *disablement date*; and
- > is *totally disabled* at the end of the *wait period*.

We will pay you the Total Disability Benefit less offsets monthly in advance from the end of the *wait period*.

What does *totally disabled* mean?

The definition of *totally disabled* that applies depends on the *life assured's* occupation class. If the *life assured* has been on *leave without pay* for more than 12 months or was *unemployed* for three months or more immediately before becoming *totally disabled*, that *life assured* is automatically classed as occupation class five.

For occupation classes other than occupation class five:

In *AIA's* opinion, the *life assured* is *totally disabled*, if as a direct result of sickness or injury, they are:

- > under the regular and personal care of a *registered medical practitioner*, and
- > unable to:
 - perform at least one important income producing duty of the role they were involved in immediately before the *disablement date* and are not working in that role; or

- engage in the occupation they were involved in immediately before the *disablement date* for more than 10 hours per week; and
- > not working or engaged in any other occupation or business.

For occupation class five:

In *AIA's* opinion, the *life assured* is *totally disabled*, if as a direct result of sickness or injury, they are:

- > disabled to such an extent that necessitates confinement to the home under medical supervision or to a recognised medical institution and necessitates receiving regular medical care; or
- > unable to perform at least two of the *Activities of Daily Living* without the assistance of an adult; and
- > not working in any gainful occupation or engaged in voluntary work.

What amount will *AIA* pay for a Total Disability Benefit?

The amount that *AIA* will pay monthly is the Rent or Mortgage Protection amount shown in the *schedule* less offsets shown below.

Any payment for a period of less than one month is calculated on a pro-rata basis.

Offsets:

Any rent, mortgage or income protection benefits that you or your mortgage provider receive or are entitled to receive in relation to the *life assured* and in respect of the same or a related disability. This excludes ACC benefits and Work and Income New Zealand (WINZ) benefits received or entitled to be received.

When will *AIA* stop paying a Total Disability Benefit?

AIA will stop paying a Total Disability Benefit when:

- > the *life assured* is no longer *totally disabled*; or
- > the end of the *benefit payment period* is reached; or
- > the cover ends,

whichever is the earlier.

When will *AIA* pay a Partial Disability Benefit?

AIA will pay a Partial Disability Benefit if the *life assured*:

- > is in an occupation class other than occupation class five at the time of becoming *totally disabled* or *partially disabled*; and
- > has been *partially disabled* during the *wait period*, and is *partially disabled* at the end of the *wait period*; or
- > becomes *partially disabled*, following a period of receiving a Total Disability Benefit and the *life assured* is no longer *totally disabled*, provided:
 - the period in respect of which a Total Disability

Benefit has been paid in advance has expired;
and/or

- where a lump sum payment has been made in lieu of monthly benefit payments the benefit period to which the lump sum corresponds has expired.

We will pay you the Partial Disability Benefit monthly in arrears.

What does *partially disabled* mean?

In AIA's opinion, the *life assured* is *partially disabled*, if as a direct result of sickness or injury they:

- > have a reduction in work capacity resulting from the continuation of the disability; and
- > because of the reduction in work capacity, the *life assured* is working less than 75% of *pre-disability working hours*.

What amount will AIA pay for a Partial Disability Benefit?

The amount that AIA will pay monthly is calculated in the following way:

the benefit amount shown in the *schedule* x

$$\frac{(\text{pre-disability working hours} - \text{post-disability working hours})}{\text{pre-disability working hours}}$$

less offsets shown below.

If the *life assured* was on *leave without pay* for 12 months or less when they became *totally disabled*, then *pre-disability working hours* will be based on the working hours immediately before the *life assured* went on leave.

Offsets:

Any rent, mortgage or income protection benefits that you or your mortgage provider receive or are entitled to receive in relation to the *life assured* and in respect of the same or a related disability. This excludes ACC benefits and Work and Income New Zealand (WINZ) benefits received or entitled to be received.

For example:

<i>pre-disability working hours</i>	37.5 hours
<i>post-disability working hours</i>	15 hours
Cover amount shown in the <i>schedule</i>	\$3,000 per month
Offsets	\$500 per month

Calculation:

$$\begin{aligned} & \$3,000 \times \frac{(37.5 - 15)}{37.5} - \$500 \\ & = \$3,000 \times 0.6 - \$500 \\ & = \$1,300 \text{ per month} \end{aligned}$$

When will AIA stop paying a Partial Disability Benefit?

AIA will stop paying a Partial Disability Benefit when, in AIA's opinion, after considering the advice of a *registered medical practitioner* and other relevant information, the disability is no longer preventing the *life assured* from working at least 75% of their *pre-disability working hours*, or until the end of the *benefit payment period*, whichever is the earlier.

What is the Partial Disability Bridging Benefit and when will AIA pay it?

AIA will pay you a Partial Disability Bridging Benefit if:

- > you have been receiving a Total Disability Benefit; and
- > the *life assured* is no longer *totally disabled*; and
- > based on the information provided to, and requested by AIA, we reasonably expect that a Partial Disability Benefit will be payable for that *life assured* for the first month after the *life assured* ceased to be *totally disabled*.

The Partial Disability Bridging Benefit is a lump-sum payment equivalent to 1/3rd (33.3%) of the final monthly Total Disability Benefit paid before the *life assured* ceased to be *totally disabled*.

The Partial Disability Bridging Benefit is paid at the end of the final month in respect of which a Total Disability Benefit was paid for the *life assured*.

Payment of the Partial Disability Bridging Benefit does not affect the amount of the Partial Disability Benefit.

The Partial Disability Bridging Benefit is payable once for all claims resulting from the same or a related injury or illness.

The Partial Disability Bridging Benefit is not payable where a lump sum payment has been made in lieu of monthly benefit payments.

What is the Recurrent Disablement Benefit?

The *waiting period* will be waived if not later than 12 months after the benefit payments related to the original claim ceased, the *life assured* becomes disabled again and, in AIA's opinion, after considering the advice of a *registered medical practitioner* and other relevant information, this is caused by the same or a related illness or injury as the original period of *total or partial disablement*.

All claims resulting from the same or a related illness or injury will be considered to be the same claim in respect of the *benefit payment period*.

Waiver of plan charges

AIA will waive the regular *plan charges* for any period for which the *life assured* qualifies for a Total Disability Benefit or Partial Disability Benefit under your Rent or Mortgage Protection.

How to make a claim

For a Rent or Mortgage Protection claim, AIA may require:

- > the *life assured* to be examined by a *registered medical practitioner* acceptable to AIA, before accepting liability for a claim; and
- > an AIA claims form completed by the *life assured* and a *registered medical practitioner* (at your expense); and
- > other information which AIA may reasonably request to help assess the claim, which may include evidence of monthly earnings, taxable income, business accounts, ACC details or similar; and
- > the *life assured* to undergo medical and/or surgical treatment (including any operation or vocational, medical and/or social rehabilitation) at your expense which the *life assured's registered medical practitioner* or a *registered medical practitioner* approved by AIA considers necessary; and
- > any other information that AIA may deem relevant to the assessment of the claim.

Ongoing claims requirements

For ongoing claims AIA may require:

- > A monthly medical certificate by a *registered medical practitioner* in a form approved by AIA.
- > A monthly individual declaration by the *life assured* in a form approved by AIA, which may include completion of daily activity logs detailing the *life assured's* functional activities.
- > Proof of any remunerated or non-remunerated work completed during the claim period.
- > Any other information that AIA may deem relevant.

When will AIA cease paying a benefit?

AIA will cease paying a Total Disability Benefit or Partial Disability Benefit if:

- (a) The *life assured* fails to undergo and complete:
 - any surgical operation; and/or
 - any medical rehabilitation; and/or
 - any social rehabilitation; and/or
 - any vocational rehabilitation,which a *registered medical practitioner* approved by AIA considers reasonably necessary.
- (b) The *life assured* fails to undertake any medical examinations that AIA requires the *life assured* to have.
- (c) The *life assured* fails to comply with the ongoing claim

requirements of the section above.

- (d) AIA determines that the *life assured* is no longer *totally disabled* or *partially disabled*.
- (e) The *benefit payment period* expires in relation to the *life assured*.
- (f) The *life assured* or anyone acting on behalf of the *life assured* makes a false or fraudulent statement in respect of a claim or supports any claim with false evidence.
- (g) The *life assured* is in prison or sentenced to home detention for any reason.
- (h) The *life assured* dies.

If AIA ceases paying a benefit in accordance with paragraphs (a), (b) or (c) and the *life assured* subsequently complies with the relevant requirement(s), then:

- > The claim will be treated as a continued claim and payments will start again from the date that the *life assured* complied with the relevant requirement(s).
- > The *wait period* will be waived for the continued claim.
- > The original claim and the continued claim will be considered to be the same claim in respect of the *benefit payment period*.
- > No monthly benefit payments will be payable retrospectively for any period of time before the date that the *life assured* subsequently complies with the relevant requirement(s).

Exclusions – when AIA won't pay Rent or Mortgage Protection

AIA will not pay any Rent or Mortgage Protection where any of the following directly or indirectly cause or contribute to the disability:

- > The *life assured* deliberately injures themselves or attempts to do so.
- > The *life assured* engages in or is part of any conduct that is criminal.
- > Pregnancy of, or childbirth by, the *life assured*, unless the disability lasts for more than 90 days after the end of pregnancy, in which case the *wait period* will start from the 91st day.
- > The *life assured* does not comply with the treatment recommended by the attending treatment providers.

When does Rent or Mortgage Protection end?

Rent or Mortgage Protection ends when the *life assured* reaches age 65 and when written notice of cancellation is provided to you.

Your plan will also end if the *life assured* is diagnosed with a *terminal illness* and Life Cover is paid. If the *life assured* is receiving Rent or Mortgage Protection benefit payments at the time, we will pay as a lump sum, the remaining benefit payments up to the end of the *benefit payment period* taking in to account any benefit payments received to date related to that disability.

8. Specialist and Diagnostic Testing

This section only applies if the *schedule* states that you have Specialist and Diagnostic Testing.

What am I covered for?

AIA will reimburse 100% of covered *reasonable charges* incurred as a result of *medically necessary* consultations with *specialists* and diagnostic tests, up to a maximum of \$5,000 per policy year.

Specialist consultations

Covers the *life assured* for *reasonable charges* of a *specialist* when referred by a *registered medical practitioner* including but not limited to:

- > Cardiac surgeons
- > Cardiologists
- > Ear, nose and throat specialists
- > Gastroenterologists
- > General surgeons
- > Gynaecologists
- > Neurosurgeons
- > Oncologists
- > Orthopaedic surgeons
- > Urologists

Cover is not provided for obstetricians, psychiatrists or psychologists.

Diagnostic tests

Covers the *life assured* for the *reasonable charges* of diagnostic procedures directly relating to a medical condition when referred by a *specialist* including but not limited to:

- > Allergy testing
- > Audiology
- > Audiometric tests
- > CT scans
- > Colonoscopy
- > Cystoscopy
- > Electroencephalography (EEG)
- > Electromyography (EMG)
- > Exercise ECG
- > Gastroscopy
- > Holter monitoring
- > Laboratory tests
- > Mammography
- > MRI scans
- > Myelogram

- > Ultrasound
- > Urodynamic assessments
- > X-rays

Cover is not provided for *routine screening* or periodic testing.

How to make a claim

We recommend that you seek prior approval as soon as you are aware that you will need to make a claim.

By seeking approval we are able to give you certainty of cover by addressing your eligibility prior to the *specialist* consultation or diagnostic test taking place.

There may be certain costs or medical services that are not covered by this *policy*. Obtaining prior approval ensures you understand what will be covered and allows AIA an opportunity to negotiate costs with the health service provider or discuss alternatives with the *registered medical practitioner* or *specialist* on your behalf.

Submit a claim or pre-approval request online by logging in to MyAIA, our customer portal. We need at least five working days to issue prior approval.

AIA may request supporting evidence, including a second opinion, in order to satisfy itself that the *specialist* consultation or diagnostic test is *medically necessary*.

Applying for pre-approval

You will need to provide AIA with:

- > details of the planned *specialist* consultation or diagnostic test including an estimate of cost; and
- > a copy of the *registered medical practitioner's* referral letter and any other relevant clinical notes that may be requested by us in order to assess whether the consultation or test is *medically necessary* and falls within the terms of this policy.

If your claim is pre-approved, AIA will provide written confirmation of the pre-approval, including details of any costs that are not covered that you will need to pay directly to the health service provider. AIA will pay the health service provider directly upon receipt of the invoice up to the maximum cover.

Reimbursement of medical services you have paid for

If you have not applied for prior approval and you have paid for your *specialist* consultation or test you will need to apply for reimbursement.

You will need to provide AIA with:

- > details of the planned *specialist* consultation or diagnostic test including all the original receipts and itemised invoices; and
- > a copy of the *registered medical practitioner's* referral letter and any other relevant clinical notes that may be requested by us in order to assess whether the consultation or test is *medically necessary* and falls within the terms of this *policy*.

Claims involving ACC

- > It is the *life assured's* or the *policy owner's* responsibility to submit any accident related claim to ACC in the first instance.
- > In respect of any accident related medical services, AIA will not pay for MRI or CT scans or other specialised imaging procedures required within seven days of the injury occurring.
- > If, due to the *policy owner's* or *life assured's* failure to comply with ACC's requirements, ACC refuses to cover the claim or ceases claim cover, the *policy owner* or *life assured* will be deemed by AIA to not have made a reasonable effort to secure cover and will therefore be ineligible to claim under this cover.
- > If ACC declines cover for *private hospital* medical services related to an accident, AIA reserves the right to insist that the *policy owner* or *life assured* applies to ACC for a review of that decision before AIA accepts any claim. Where ACC reverses a decision for a previously declined claim, AIA reserves the right to seek reimbursement from ACC or the *policy owner* of any related claims paid by AIA.
- > AIA will not be liable for any additional costs where a lead care provider of ACC is used to provide *private hospital* medical services.

Claims on other insurers

It is your responsibility to advise AIA if there is another insurer, who is responsible under any contract of insurance or indemnity to pay for any costs for which you make a claim under this *policy*.

You must make every reasonable effort to make a claim or seek recovery of costs from that insurer for any expenses recoverable. Any expenses covered by another insurer in this way will not be covered by AIA under this policy. However, if there are other expenses that are not covered by your other insurer please send details of the level of payment to us along with your claim. We will deduct the payment made by your other insurer then reimburse you for the remaining costs in accordance with this *policy*.

If you have two or more policies with AIA you cannot claim for, or be reimbursed for, an amount higher than the total cost of your medical services.

Exclusions – when AIA won't pay Specialist and Diagnostic Testing

AIA will not pay any expenses incurred in relation to, or as a consequence of, any of the following:

- > A *pre-existing condition*, unless the symptom or condition was disclosed at the time of your application and accepted by AIA.
- > Any congenital conditions.
- > Any elective or cosmetic procedure.
- > Contraception.
- > Acne, except where classified by a specialist as Grade 4

acne with serious medical implications.

- > The misuse of prescribed or non-prescribed drugs, including where they have not been taken in accordance with the manufacturer's or a *registered medical practitioner's* directions.
- > Certifiable mental disease or psychiatric illness or any charges relating to services resulting from a referral to, or provided by, a psychiatrist. This includes all counselling services.
- > Any injury, illness, condition or disability arising from, caused or contributed by, drug taking, intoxication or misuse of alcohol.
- > Obstetric visits, pregnancy, childbirth, abortion, or any associated conditions or complications.
- > Diagnosis, management and treatment of infertility.
- > Diagnosis, management and treatment of snoring.
- > New medical services that have not been approved by AIA in its sole discretion.
- > Preventative medical services, health surveillance screening or treatment or investigation (including as a result of family history) where the *life assured* has no medical symptoms or where the condition will not cause significant problems for the health of the *life assured* if medical treatment is not received.
- > Obesity related medical services.
- > Charges for a medical service not provided by a *registered medical practitioner* practising within their scope of practice.
- > Physiotherapist's, chiropractor's, osteopath's, naturopath's, homeopath's, acupuncturist's, podiatrist's, dietician's and speech therapy costs.
- > Nursing costs.
- > Costs for *specialist* consultations and diagnostic tests carried out in a public hospital.
- > Costs for *specialist* consultations and diagnostic tests carried out outside of New Zealand.
- > Any injury or condition arising from participation in a criminal activity.

When does Specialist and Diagnostic Testing end?

Specialist and Diagnostic Testing ends when all other cover under your *policy* has ended.

If the *life assured* is diagnosed with a *terminal illness* and Life Cover is paid, we will pay \$5,000 for Specialist and Diagnostic Testing before ending your plan. Any claims paid under Specialist and Diagnostic Testing for the current policy year will not be deducted from this amount.

9. Definitions

ACC

The Accident Compensation Corporation of New Zealand (or any organization or agency

	executing or administering the Accident Compensation Act 2001).		Under no circumstances will the following services be considered medically necessary:
Activities of Daily Living	<p>Activities of Daily Living are:</p> <ul style="list-style-type: none"> > Bathing and showering. > Dressing and undressing. > Eating and drinking. > Using a toilet. > Moving from place to place by walking, in a wheelchair or with a walking aid. 		<ul style="list-style-type: none"> > those that do not require the skills or services of a <i>registered medical practitioner</i> or <i>specialist</i>, > those provided mainly for the comfort or convenience of the <i>life assured</i>, > those services that do not relate to the medical treatment being provided.
AIA	Means AIA New Zealand Limited, also referred to in this policy as 'we', 'our' or 'us'.	plan charges	The amount payable by you to AIA for this plan, including the <i>premium</i> for your insurance policy and your <i>AIA Vitality Starter</i> membership fee.
AIA Vitality Starter	Entry level access to AIA Vitality, AIA's health and wellbeing programme.	plan start date	The commencement date of the plan, as shown in the <i>schedule</i> .
anniversary date	The anniversary in each year of the <i>plan start date</i> .	policy	The insurance cover under your AIA Starter Plan , as detailed in the <i>schedule</i> .
benefit payment period	<p>The maximum term for which Rent or Mortgage Protection is payable as stated in the <i>schedule</i>.</p> <p>This is the total period for which benefits will be payable for all claims arising from the same or a related illness or injury.</p>	policy owner(s)	The person or people named as 'policy owner' in the <i>schedule</i> , also referred to in this policy as 'you' or 'your'.
consumer price index	<p>The consumer price index (all groups) issued by the Government Statistician or any index which may replace that index.</p>	post-disability working hours	The number of hours per week that the <i>life assured</i> is able to work while disabled, as determined by AIA on the basis of medical certification or demonstrated ability.
disablement date	The date the <i>life assured</i> became <i>totally disabled</i> or <i>partially disabled</i> .	pre-disability working hours	<p>The average number of hours per week that the <i>life assured</i> worked in the three months immediately before the <i>disablement date</i>.</p> <p>However, if the <i>life assured</i> becomes <i>totally disabled</i> or <i>partially disabled</i> when the <i>life assured</i> has been on <i>leave without pay</i> for 12 months or less, then the pre-disability working hours is the average number of hours per week that the <i>life assured</i> worked in the three months immediately before the <i>life assured</i> went on leave.</p>
leave without pay	<p>Voluntary leave without pay, approved by the employer, and where the <i>life assured</i> has the employer's agreement to return to the same role within 12 months or less.</p> <p>This includes, parental, study, long service or sabbatical leave.</p>		
life assured	The person insured as named in the <i>schedule</i> .		
medically necessary	A <i>specialist</i> consultation or diagnostic test provided by a <i>registered medical practitioner</i> or <i>specialist</i> that AIA deems on reasonable grounds is necessary for the diagnosis, care or treatment of the disease or illness involved.	pre-existing condition	Any disease, injury or medical condition for which, prior to becoming covered under this benefit, the <i>life assured</i> experienced a symptom, consulted a <i>registered medical practitioner</i> ,

	received treatment or services from a <i>registered medical practitioner</i> , or took prescribed drugs and medicines.		investigative procedures performed by a <i>registered medical practitioner</i> where the <i>life assured</i> has no medical symptoms.
premium	The portion of your <i>plan charges</i> payable by you to <i>AIA</i> attributed to your insurance cover under your AIA Starter Plan policy .	schedule	The most recent schedule for your plan and: <ul style="list-style-type: none"> > any notice of a change to <i>plan charges</i>; and > any plan alteration or endorsement documents recording a change to your plan.
private hospital	A “hospital care institution” as defined by section 58 of the Health and Disability Services (Safety) Act 2001 (or its amendment or replacement), that is privately owned.		
public hospital	A “hospital care institution” as defined by section 58 of the Health and Disability Services (Safety) Act 2001 (or its amendment or replacement), that is directly or indirectly owned or funded by the New Zealand Government.	specialist	A <i>registered medical practitioner</i> who is a member of an appropriately recognised specialist college; and <ul style="list-style-type: none"> > Has authority granted under the Health Practitioners Competence Assurance Act 2003 (or its successor) to perform that health service; and > Has Medical Council of New Zealand (or its successors) vocational registration for that health service. <p>For the purpose of this definition, this excludes general practitioners (GPs).</p>
reasonable charges	Charges for medical services that are determined by <i>AIA</i> in its sole discretion to be reasonable and within a range of fees charged under similar circumstances by persons of equivalent experience and professional status in the area in which the medical services are provided.		
registered medical practitioner	A person, acceptable to <i>AIA</i> , who holds a current practising certificate in compliance with the Health Practitioners Competence Assurance Act 2003 (or its successor) and who is registered and practising as a medical practitioner in New Zealand or Australia, other than: <ul style="list-style-type: none"> > The <i>policy owner(s)</i>; > The <i>life assured</i>; > A family member of the <i>life assured</i> or <i>policy owner(s)</i>; or > The business partner or associate of a <i>life assured</i> or <i>policy owner</i>. <p><i>AIA</i> reserves the right to accept the advice of a medical practitioner practising outside New Zealand or Australia with qualifications equivalent to New Zealand or Australian standards.</p>	terminal illness	An illness which <i>AIA</i> believes at its discretion, after considering medical evidence provided by the <i>life assured's</i> own <i>registered medical practitioner</i> and any other evidence we may reasonably require, is likely to result in the death of the <i>life assured</i> within 12 months, irrespective of any treatment that the <i>life assured</i> may receive.
		unemployed	A person who is not engaged in remunerated work or business activities, for 10 hours or more a week. <p>This definition does not include a person on <i>leave without pay</i>.</p>
routine screening	Any preventative treatment, health surveillance testing (including as a result of family history), or	wait period	The period stated as such in the <i>schedule</i> for which no Total Disability Benefit or Partial Disability Benefit is payable. <p>The wait period starts on the <i>disablement date</i>.</p>