

# Claim

Policy number

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partners life

## Premium Holiday Claim Form

### 1.0 Life assured's details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="text"/>
First name	<input type="text"/>			
Middle name(s)	<input type="text"/>			
Surname	<input type="text"/>			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Date of birth	<input type="text"/>			
PO Box <input type="checkbox"/>	Private Bag <input type="checkbox"/>	Street Number <input type="checkbox"/>		
Number	<input type="text"/>			
Street name	<input type="text"/>			
Rural delivery no. <input type="text"/>	Suburb	<input type="text"/>		
Town/City <input type="text"/>	Postcode	<input type="text"/>		
Email address*	<input type="text"/>			
Contact number	<input type="text"/>			
Alternative contact number	<input type="text"/>			

Please complete **all** remaining Sections

### 2.0 Event triggers

Please tick the event trigger that applies to your circumstances:

- ☐ Redundancy
- ☐ Bankruptcy
- ☐ Becoming a full-time carer for a life partner<sup>1</sup>
- ☐ Becoming a full-time carer for a dependant child
- ☐ Death of a life partner<sup>1</sup> or child
- ☐ Natural Disaster

<sup>1</sup> (Spouse, defacto partner, or Civil Union partner)  
\*compulsory

## 2.1 Evidence provided

Please tick the evidence that you have supplied in support of your claim:

- ☐ Letter from employer confirming redundancy
- ☐ Letter from NZ Insolvency
- ☐ Letter from medical professional confirming the requirement for a full-time carer for the life assured's life partner/child<sup>1</sup>
- ☐ Certified copy of death certificate
- ☐ Other

## 3.0 Premium Holiday period (please complete)

Complete the number of weeks you require for your Premium Holiday Period:

Amount

Weeks ☐ Months ☐

## 4.0 Previous Premium Holidays

☐

Please tick this box if this policy has previously been paid for by Partners Life under a Premium Holiday.

## 5.0 Declaration

I/we, the Policy Owner(s), declare the following:

1. I/we acknowledge that the period of any Premium Holiday Claim which is agreed to by Partners Life (other than for death of a life partner<sup>1</sup> or child) will be limited to the earlier of: the maximum accumulated period as detailed below; or the Premium Holiday Period you have nominated on this form; or the date that the life assured returns to work<sup>2</sup>; and
2. I/we accept that any previous periods of Premium Holiday that have applied to this policy, will be deducted from the maximum 6-month accumulated Premium Holiday period to determine the maximum period available for this Premium Holiday; and
3. I/we acknowledge that with the exception of the death of a life partner<sup>1</sup> or child of a life assured, all other trigger events require me/us to notify Partners Life as soon as the applicable trigger event is no longer applicable to my/our circumstances i.e. the life assured returns to work. In these

circumstances the Premium Holiday period will immediately end, and Partners Life will recommence collecting premiums for the policy. Any balance of the maximum accumulated Premium Holiday period remaining will then be available for any future trigger events; and

4. I/we understand and agree that, should we not proactively end the Premium Holiday within the maximum suspension period for this Premium Holiday, Partners Life will automatically restart collecting premiums from that date onwards; and
5. I/we acknowledge that the terms and conditions that apply to this Premium Holiday are those set out in the Partners Protection Plan Policy Document; and
6. All of the answers given, and declarations made in this Claim Form are true and correct.

<sup>2</sup> Commences paid employment as an employee, business owner or fixed-term contractor.

Name of Life Assured

Signature of Life Assured

Date

Name of first Policy Owner

Name of second Policy Owner

Signature of first Policy Owner

Signature of second Policy Owner

Date

Date