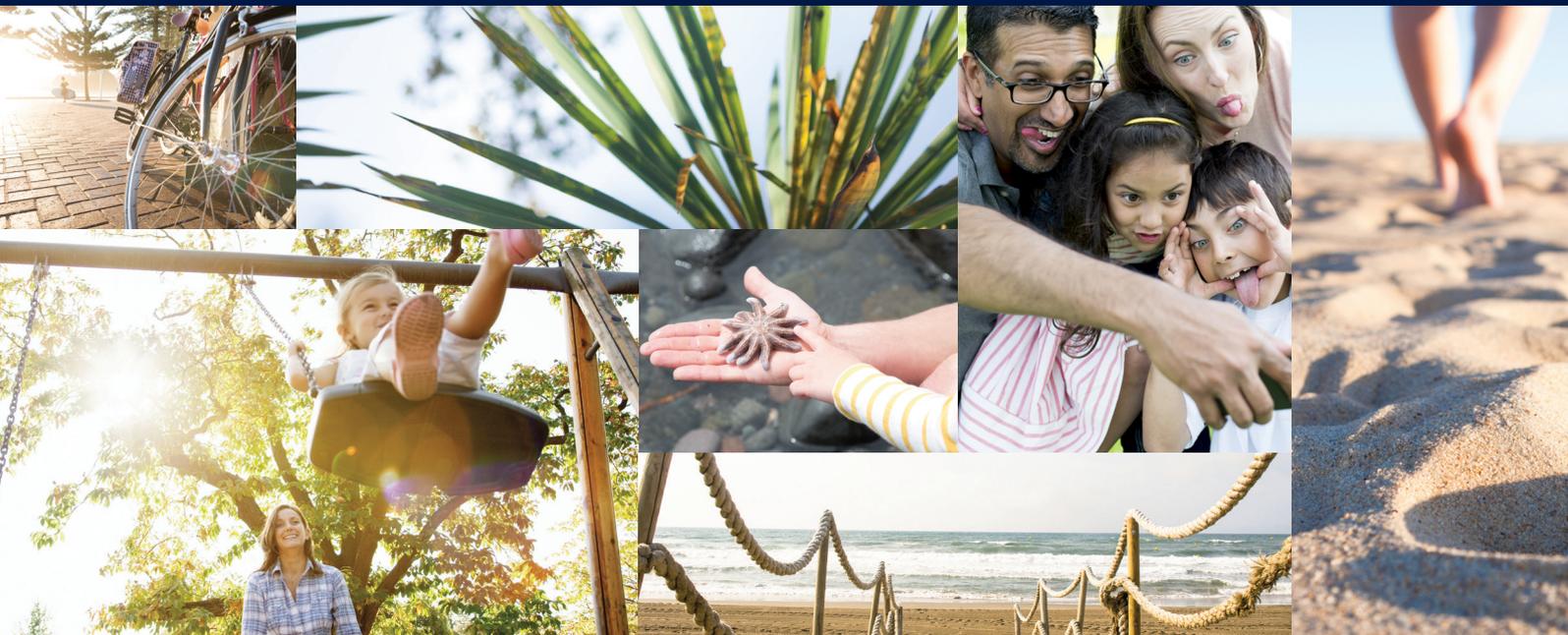


AMP Essentials

Cover Terms

Applies to Essentials Policies which commenced on or after 16 October 2017



This “Cover Terms at a glance” section gives You an overview of how Your AMP Essentials cover works and tells You where You can find more information about the terms and conditions of Your cover, including definitions, limits and exclusions.

It is important that You read the Cover Terms in full so that You know what You are covered for.

Your Cover Terms at a glance

What are the Benefits?

The *Benefits* are the things that You are covered for. The amount of the *Benefits* depends on the level of cover You have chosen.

The *Benefits* are:

- *Life Benefit* – a lump sum to be paid on Your death.
- *Trauma Benefit* – a lump sum to be paid if You suffer for the first time one of the *Traumas* described in [Part J](#).
- *Temporary Disablement* cover, providing *Total* or *Partial Disablement Benefits* – a monthly payment to be paid if You suffer *Sickness* that prevents You from working or performing key daily living activities.

For more information on the *Benefits*, see [Part B](#).

A *Qualifying Period* applies to *Temporary Disablement* cover. For more information on the terms of the *Temporary Disablement* cover see [Part C](#).

What are the Cover Terms?

Your *Cover Terms* are made up of this document, Your *Welcome Email*, and certain other information and correspondence in relation to Your cover, all of which is more fully described in the definition of *Cover Terms* in [Part I](#).

Words or expressions in the *Cover Terms* which have a particular meaning are set out in italics. A list of these is set out in [Part I](#).

[Part J](#) sets out the definitions that relate to *Traumas*.

The words in the side boxes are explanatory and are included for convenience. They do not form part of the *Cover Terms*.

The other Parts of the *Cover Terms* take priority over these “Cover Terms at a glance” if there is any conflict.

Your Welcome Email

Your *Welcome Email* sets out important details specifically relating to Your cover and You should keep it in a safe place.

Are there situations where You won't receive the Benefit?

There are circumstances where the *Insurer* may decline to pay *Benefit(s)* for You, including:

- if You provide incorrect information;
- if You do not disclose things You must disclose;
- certain specified circumstances where cover is excluded; and/or
- if You have already received Your *Trauma Benefit* payment (in which case the *Trauma Benefit* will cease, and no further benefit for *Trauma* will be payable).

You can find more information on these terms in [Part D](#).

Certain *Traumas* are noted as “90 day no claims period applies”. Further information about this is in [Part E](#), clause 10, and the *Traumas* are described in [Part J](#).

How do I make a claim?

[Part E](#) explains how to make a claim, including the timeframes in which You must notify Us of Your claim and the information that You will need to provide.

What do *You* pay?

You have to pay *Your Premium* in order to ensure that *Your* cover remains in force.

You can find more information on the terms relating to *Your Premium*, including when *You* have to pay and how *Your Premium* is calculated, in [Part E](#).

How does *Your AMP Essentials* cover stop?

[Part G](#) explains how and when *Your* cover stops and what happens to *Your* cover when *You* are overseas.

[Part G](#) also tells *You* how *You* or the *Insurer* can stop *Your* cover.

It is important to note that, if *You* leave the AMP KiwiSaver Scheme, *You* will no longer be covered under AMP Essentials cover.

How to communicate about *Your* cover?

[Part H](#) explains how *You* can communicate with *Us* and how *We* can communicate with *You* about *Your* cover.

[Part H](#) also provides information about the use of *Your* personal information.

How does *Your AMP Essentials* cover work?

Information on how *Your* AMP Essentials cover is arranged and how it works is set out in [Part A](#).

The rest of the *Cover Terms* are divided into “Parts” which set out the terms and conditions of *Your* cover.

Part A – Important information about this cover

The *Cover Terms* are the terms and conditions (including definitions, limits and exclusions) for Your AMP Essentials cover (also referred to in these *Cover Terms* as “Your cover” or “cover”).

It is important that You read the *Cover Terms* in full so that You know what You are covered for.

We have arranged a *Policy* of insurance with the *Insurer* to pay the *Benefits* under the *Cover Terms* if You die or suffer a *Trauma* or a *Temporary Disablement*. The *Policy* is a group policy, which means that the *Insurer* provides insurance cover to Us under the *Policy* on the life of more than one person.

Under the *Cover Terms*, We pay You the *Benefits* that we receive from the *Insurer* in relation to Your cover. You do not have any rights against the *Insurer*, whether under the *Policy* or otherwise.

We are neither an insurer under the *Policy* or the *Cover Terms*, nor are We the agent of the *Insurer*, and We do not guarantee the obligations of the *Insurer*.

Free-look period

You have 14 days starting from the *Cover Start Date* to check that the cover meets Your needs.

Within this 14-day free-look period, You may tell Us to cancel Your cover, in which case it will be cancelled and We will refund all *Premiums* received for Your cover.

If Your cover stops at any time after the expiry of the 14-day free-look period, You will not be entitled to any refund of Your *Premium* in respect of any period of cover where You have already paid a *Premium*.

If You cancel Your cover within the 14-day free-look period, You will not be able to apply again for AMP Essentials cover, unless We agree.

Changing Your cover

You can change Your level of cover from Essentials Plus down to Essentials at any time on request, but You cannot otherwise change the level of Your cover without the prior agreement of the *Insurer*.

Your AMP Essentials cover is personal to You and cannot be transferred.

Your duty of disclosure

You must disclose true, complete and accurate information to Us in relation to Your application for the AMP Essentials cover. If You fail to do so, the *Insurer* may be entitled to decline a claim, cancel Your cover, avoid Your cover from inception, decline to pay any *Benefit*, and/or take other action as specified in these *Cover Terms* or available at law.

You declare the truth, accuracy and completeness of all information and answers given in support of Your application for AMP Essentials cover.

Until You have been accepted for cover, You must continue to disclose to Us everything that is material to the risk to Us and the *Insurer* in relation to Your cover.

Your disclosure obligations apply to Your application for cover, as well as to an application for any change in cover (if and to the extent any change may be permitted by these *Cover Terms*).

Part B – Benefits

Part B describes the Benefits

1. The Benefits

You are covered for the Benefits, for the cover option that You chose, subject to any amendment that may be made from time to time to any of the Benefits, and subject to, and in accordance with, the further provisions of the Cover Terms.

All Benefit payments are in New Zealand dollars and are subject to the Cover Terms.

Life cover

The Life Benefit is the lump sum amount that the Insurer will pay to Us if You die after Your Cover Start Date and prior to Your cover stopping.

We will pay the Life Benefit we receive from the Insurer to Your estate.

Trauma cover

The Trauma Benefit is the lump sum amount that the Insurer will pay to Us if You suffer a Trauma listed in [Part J](#) for the first time, after Your Cover Start Date and prior to Your cover stopping, provided that:

- before Your cover stops, You received written confirmation from a Medical Practitioner (or from a specialist or consultant, as the relevant Trauma requires) that all of the requirements and conditions contained in the definition of the relevant Trauma in [Part J](#) are met; and
- the Insurer has not previously paid the Trauma Benefit for You.

We will pay the Trauma Benefit we receive from the Insurer to You.

Temporary Disablement cover

For Temporary Disablement cover, the Total Disablement Benefit is the monthly amount that the Insurer will pay Us if You become Totally Disabled after Your Cover Start Date and prior to Your cover stopping.

In some cases a Benefit is payable if You are Partially Disabled after being Totally Disabled.

We will pay the Total Disablement Benefit or Partial Disablement Benefit we receive from the Insurer to You.

The maximum Temporary Disablement Benefit You can receive per annum is:

- \$25,000 for AMP Essentials cover; or
- \$35,000 for AMP Essentials Plus cover.

Further terms and conditions relating to Temporary Disablement cover are set out in [Part C](#).

Part C – Temporary Disablement

2. If You are *Totally Disabled*

Total Disablement

Total Disablement Benefit

If You are *Totally Disabled*, We will pay You any *Total Disablement Benefit* We receive from the *Insurer* in relation to Your cover.

The *Insurer* will pay Your *Total Disablement Benefit* to Us on a monthly basis, in arrears.

Totally Disabled means that You meet the criteria in (a) and/or (b) below:

(a) In relation to Your *Usual Occupation*:

- You were engaged in remunerative work immediately prior to the *Sickness* for which the claim is being made for 30 hours or more per week, and had been for at least the 3 consecutive months immediately prior to that *Sickness*;
- You are not capable, by reason solely of *Sickness*, of performing Your *Usual Occupation* for more than 10 hours per week;
- You are not engaged in any other occupation or business; and
- You are under the continuous direction and professional care of a *Medical Practitioner*.

Usual Occupation means the occupation that You were engaged in at the time the *Sickness* occurred for which the claim is being made.

Or

(b) In relation to *Activities of Daily Living*, You are unable to perform independently two or more of the *Activities of Daily Living* due to *Sickness*.

If You qualify for a *Total Disablement Benefit* for part of a month You will receive 1/30th of the monthly *Benefit* for each day You are entitled to be paid under these *Cover Terms*.

Total Disablement (a) – Usual Occupation category

Total Disablement (b) – Activities of Daily Living category

Qualifying Period

You will not start receiving the *Total Disablement Benefit* as soon as You become *Totally Disabled*. You must wait for a period of 13 weeks (as may be extended in accordance with the provisions below) before a *Total Disablement Benefit* entitlement starts. That period is called the *Qualifying Period*.

The *Qualifying Period* starts from the date when a *Medical Practitioner* first examines You and certifies that:

- (a) for a claim under the *Usual Occupation* category, You are not capable, by reason solely of *Sickness*, of performing Your *Usual Occupation* for more than 10 hours per week; or
- (b) for a claim under the *Activities of Daily Living* category, You are unable to perform independently two or more *Activities of Daily Living*, due to *Sickness*.

If, during the *Qualifying Period*:

- (a) You return to work once for more than 10 hours per week; or
- (b) You become able to perform independently four or more *Activities of Daily Living*,

and then the *Total Disability* recurs for the same or related reasons, the *Qualifying Period* is extended by the number of weeks that You returned to work for more than 10 hours per week or were able to perform independently four or more *Activities of Daily Living*. The *Qualifying Period* does not start again.

If, in the same *Qualifying Period*:

- (a) You returned to work more than once for more than 10 hours per week; or
- (b) You have not been *Totally Disabled* for a continuous period of at least 14 days,

then the *Qualifying Period* starts again.

Qualifying Period

When the *Insurer* will stop paying the *Total Disablement Benefit*

When You will stop receiving the *Total Disablement Benefit*

The *Insurer* will stop paying *Your Total Disablement Benefit*, as soon as any one of the following happens:

- (a) *You* stop being *Totally Disabled*;
- (b) *You* reach the *Expiry Age*;
- (c) *You* are in jail or otherwise detained as a result of a criminal act;
- (d) *You* make a claim that is false, dishonest or fraudulent in any way, including that *You* support any claim with false evidence, in which case *You* agree to repay all previous *Benefits* paid to *You*;
- (e) The 2-year *Benefit Period* for the *Temporary Disablement* ends;
- (f) In respect of paragraph (a) of the definition of *Totally Disabled (Usual Occupation)* category:
 - *You* do not undertake treatment and/or rehabilitation which in the *Insurer's* opinion could be expected to allow *You* to return to work;
 - *You* fail to take all steps to return to work if, in the *Insurer's* opinion, *You* have the capacity to do so; and/or
 - *You* fail to make available to *Us* medical, financial or other evidence which *We* reasonably request to allow *Us* to assess the claim; or
- (g) *You* die.

If the *Benefit* payments are stopped under this clause, then the *Insurer* is entitled to close the claim.

Recurring Temporary Disablement

Recurring *Temporary Disablement*

- If,
- *You* return to work and are no longer *Totally Disabled* or *Partially Disabled* (where paragraph (a) *Your Usual Occupation* category applied); or
 - *You* are able to perform independently four or more of the *Activities of Daily Living* following a period of *Total Disability*, (where paragraph (b) *Activities of Daily Living* category applied),

in each case, for less than 6 months since *You* were last paid a *Benefit* for being *Totally Disabled* or *Partially Disabled* and (while *Your* cover is still current) *You* have a recurrence of *Total Disability* or a recurrence of *Partial Disability* that in the *Insurer's* opinion arises from the same cause or a related cause, then the *Insurer* will treat it as a continuation of the same claim and no *Qualifying Period* applies.

However, if,

- *You* return to work and are no longer *Totally Disabled* or *Partially Disabled* (where paragraph (a) *Your Usual Occupation* category applied), or
- *You* are able to perform independently four or more of the *Activities of Daily Living* (where paragraph (b) *Activities of Daily Living* category applied),

in each case, for at least 6 months since *You* were last paid a *Benefit* for being *Totally Disabled* or *Partially Disabled* and (while *Your* cover is still current) *You* have a recurrence of *Total Disability* or a recurrence of *Partial Disability* whether or not, in the *Insurer's* opinion, it arises from the same cause or a related cause, then the claim will be treated as a separate claim and the *Qualifying Period* applies.

Medical and other evidence will be used by the *Insurer* to determine if the disability is from the same or related cause.

Death while *Totally Disabled*

Death while *Totally Disabled*

If *You* die before the *Expiry Age* and while *Your* cover is in force, and *You* are receiving a *Total Disablement Benefit* at the time, the *Total Disablement Benefit* will cease and *You* will receive the *Life Benefit*.

3. If You are *Partially Disabled*

If You have been *Totally Disabled* for a continuous period of at least 14 days under paragraph (a) *Your Usual Occupation* category of the *Totally Disabled* definition and then You become *Partially Disabled* You will receive a reduced monthly *Benefit*.

However, You will not receive any payments until the end of the *Qualifying Period*.

Partially Disabled means:

- (a) immediately after a continuous period of at least 14 days *Total Disablement* You return to work; and
- (b) solely because of the continuation of the *Sickness* that caused *Your Total Disablement*, *Your* income from the work is less than the amount of *Your* pre-disability income; and
- (c) You are under the continuous direction and professional care of a *Medical Practitioner*.

Partial Disablement Benefit amount

The *Partial Disablement Benefit* is a proportion of the *Total Disablement Benefit*. The proportion is based on the reduction in *Your* income earned before You became *Totally Disabled*, as compared to the income earned whilst You are *Partially Disabled*.

The *Partial Disablement Benefit* amount is calculated as shown in the formula:

$$\frac{A - B}{A} \times C$$

subject to the maximum monthly *Temporary Disablement Benefit* for You.

For the formula:

- A is *Your* monthly income immediately before You became *Totally Disabled*.
- B is *Your* actual income during the month in which You are *Partially Disabled*.
- C is the *Benefit* amount which would otherwise be payable on *Total Disablement* (before deduction of *Offset Amounts*).

When *Partial Disablement Benefit* stops

The *Insurer* will stop paying *Your Partial Disability Benefit*, and will not make any further payments in relation to that claim, as soon as one of the following happens:

- (a) You stop being *Partially Disabled*;
- (b) You reach the *Expiry Age*;
- (c) You are in jail or otherwise detained as a result of a criminal act;
- (d) You make a claim that is false, dishonest or fraudulent in any way, including that You support any claim with false evidence, in which case You agree to repay all previous *Benefits* paid to You;
- (e) The 2-year *Benefit Period* for the *Temporary Disablement Benefit* ends;
- (f) You do not undertake treatment and/or rehabilitation which in the *Insurer's* opinion could be expected to assist to allow You to return to pre-disability hours of work;
- (g) You fail to take all steps to return to pre-disability hours of work if, in the *Insurer's* opinion, You have the capacity to do so;
- (h) You fail to make available to Us medical, financial or other evidence which We reasonably request to allow Us to assess the claim; or
- (i) You die.

If the *Benefit* payments are stopped for any of the above reasons, then the *Insurer* is entitled to close the claim.

If You die while *Partially Disabled*

If You die before the *Expiry Age* and while *Your* cover is in force, and You are receiving a *Partial Disablement Benefit* at the time, You will stop receiving the *Partial Disablement Benefit* and You will receive the *Life Benefit*.

Partial Disablement Benefit amount

When *Partial Disablement Benefit* stops

4. Reduction of *Your Temporary Disablement Benefit* by other money received

Offsets against Benefits

Offsets against Benefits

The *Total Disablement Benefit* or the *Partial Disablement Benefit* payable for *You* will be reduced by any amount which is paid to *You* (whether by lump sum, periodic payment or otherwise) – or is required to be paid to *You* – under any legislation or award in relation to *Your Sickness*.

The *Benefit* payable to *You* will also be reduced by:

- any amount which is paid to or for *Your* benefit under any other income protection policy *You* hold with the *Insurer* or any other insurance company or any other equivalent cover;
- any amount which is paid to or for *Your* benefit for loss of earnings, past and future;
- any income earned by *You* while *Totally Disabled* or *Partially Disabled*; and
- any paid sick leave *You* receive at the same time as *You* are receiving a *Benefit*.

The above amounts are referred to as *Offset Amounts*.

Your Benefit will only be reduced in this way if the *Offset Amounts*, plus the *Benefit* payable to *You*, total more than the amount of *Your* insured *Benefit* (before the deduction of *Offset Amounts*). If this applies, *Your Benefit* will be reduced to an amount which, when added to the *Offset Amounts*, equals the amount of *Your* insured *Benefit*.

However, *We* won't pay more than *Your Total Disability Benefit* while *You* are *Partially Disabled*.

If *You* have a claim, the *Benefit* payable to *You* may be reduced to nil because of the operation of this clause. In this case, *You* will be deemed to be receiving a *Benefit*, even though *You* receive no money. The *Benefit Period*, and waiver of the *Total Disability Premium* (if applicable) referred to in [Part F](#), clause 13, will continue.

Temporary Disablement recovery of Offset Amounts

If *You* receive any *Offset Amounts*, or become entitled to receive any *Offset Amounts*, *You* must promptly inform *Us* in writing and provide *Us* with full details of the amounts *You* have received or are entitled to receive.

We will provide that information to the *Insurer* and the *Insurer* may then reduce the *Benefit* payable, and/or *You* may be required to repay the amount of any *Benefit* overpaid to *You*, which should have been reduced by any *Offset Amounts*.

You agree to pay *Us* the amount of any *Benefit* overpaid to *You* within ten working days of receiving written notice from *Us* requiring the payment.

5. Only one *Temporary Disablement Benefit* at a time

One Benefit payable at a time

One Benefit payable at a time

You will receive only one *Benefit* in respect of *Your Temporary Disablement* at a time.

Part D – When *You* won't receive a *Benefit*

6. When incomplete or incorrect information is given to *Us* or the *Insurer*

Incorrect information

Incorrect information – claims

We and the *Insurer* rely on the information provided by *You* to assess whether *You* will receive a *Benefit*.

If *You* make a claim that is false, dishonest or fraudulent in any way, including that *You* support any claim with false evidence, the *Insurer* may in its discretion take one or more of the following actions:

- (a) Choose not to pay any *Benefit*;
- (b) Cancel *Your* AMP Essentials cover; and/or
- (c) Require the repayment of any amount that has been paid in relation to a *Benefit* and all costs and expenses incurred by *Us* and the *Insurer* in connection with the cover and/or the claim. *You* agree that *You* will repay any such *Benefits* when required by the *Insurer*.

Exclusions

7. When cover is excluded

You won't receive any *Benefit*, or part of any *Benefit*, if *Your Trauma*, death, or *Temporary Disablement* was directly or indirectly caused by or attributable to:

- pregnancy, childbirth or miscarriage – if they are uncomplicated;
- participation in criminal acts;
- any act of war, whether war is declared or not;
- *Your* service in the armed services of any country or international organisation; or
- suicide or attempted suicide, whether sane or insane, within 13 months from *Your Cover Start Date*.

Without limiting the foregoing or any other rights at law, in addition, *You* won't receive any *Total Disablement Benefit*, *Partial Disablement Benefit*, or *Trauma Benefit*, or part of any of those *Benefits*, if *Your Trauma*, *Total Disablement* or *Partial Disablement* was directly or indirectly caused by or attributable to:

- *Your* intentional self-injury; or
- a *Sickness* or *Trauma* *You* have which either:
 - (a) results in; or
 - (b) but for the use of artificial life support would, in the *Insurer's* opinion, have resulted in,

directly or indirectly, *Your* death within 14 days of the diagnosis of that *Sickness* or within 14 days of the occurrence of that *Trauma*.

Trauma payments

Trauma payments

Once *You* have received one *Trauma Benefit*, the *Trauma Benefit* will cease, and no further *Benefits* for *Trauma* will be payable to *You*. *Your Premiums* will not reduce.

8. No cover

Failure to meet eligibility criteria

Eligibility criteria not met

If *You* applied for cover but *You* did not meet the eligibility criteria at the time of *Your* application, which criteria include:

- (a) *You* were a member of the AMP KiwiSaver Scheme, or had completed an AMP KiwiSaver Scheme application within the period specified by *Us*;
- (b) *You* were aged 18 years or more, but less than 61 years old on the date that *You* applied for cover; and
- (c) *You* were permanently resident in New Zealand and in New Zealand when *You* applied for cover,

or your AMP KiwiSaver Scheme application is not fully completed or is not accepted by *Us*, in either case within the timeframe specified by *Us*, then *Your* cover will be deemed never to have commenced. This is the case even if *Your* application for AMP Essentials was initially accepted.

Failure to make first Premium payment

First Premium not paid

Despite anything to the contrary, if *Your* first Premium payment is not received by *Us* in accordance with *Our* arrears process, then *Your* cover will be deemed never to have commenced. The final step in *Our* arrears process is to notify *You* that no Premium will now be accepted and cover will be deemed never to have commenced.

Non-disclosure – applications for cover

Incorrect information – applications for cover

If there was any breach of *Your* duty of disclosure, including a material misstatement by *You* in *Your* application for cover or in any other document in reliance on which *Your* cover was issued or altered, and/or on which any *Benefit* was paid or *You* did not disclose any matter material to any risk insured by the *Insurer*, then the *Insurer* may in its discretion take one or more of the following actions:

- Avoid *Your* cover from its inception (this means *Your* cover will be deemed to have never existed and no *Benefits* will be paid by the *Insurer*);
- Cancel *Your* AMP Essentials cover;
- Decline any claim made under *Your* cover and not pay any *Benefit* in relation to any such claim; and/or
- Require the repayment of any amount that has been paid in relation to a *Benefit* and all costs and expenses incurred by *Us* and the *Insurer* in connection with the cover and/or the claim. *You* agree that *You* will repay any such *Benefits* as and when required by the *Insurer*.

No Benefit

You will not receive any *Benefit* if *Your* cover was deemed never to have commenced under any of the provisions of this clause 8.

Part E – Making a claim

9. How to make a claim

You must tell *Us* in writing within 14 days, or as soon after that as possible, of *You* becoming aware of any event likely to result in a claim.

You must provide *Us* with all information in support of *Your* claim including meeting any request by *Us* to complete claim forms, provide proofs of death, *Sickness* and/or *Trauma* and/or provide information about:

- (a) the circumstances of the claim; and
- (b) *Your* medical condition and history,

and provide any other information that *We* or the *Insurer* may reasonably request in order to assess the claim.

Where *You* have died, *We* or the *Insurer* may require *Your* personal legal representative to provide information of the nature described above.

Notice requirements

All necessary claim forms and information about making a claim will be available from *Us* on request. *You* must obtain, complete and return a claim form to *Us* within 30 days after the claimable event has occurred.

Once the *Insurer* has received the properly completed claim form, the *Insurer* treats this as written notice of *Your* claim.

If *We* do not have written notice of *Your* claim within 60 days of *You* becoming *Totally Disabled*, the ability to properly assess *Your* claim may be prejudiced.

Therefore, the *Insurer* may refuse to pay a *Benefit* for any part of *Your* claim, which happened 60 days or more before *We* received written notice of the claim.

Your Medical Practitioner will be required to fill in a section of the claim form. Neither the *Insurer* nor *Us* will pay for any costs involved in getting the *Medical Practitioner* to do this.

We can ask for more information

At any time *We*, or the *Insurer*, or appointed representatives of either, may ask *You* for more information, including information about *Your* health, current employment, previous work history and education, financial and business affairs, other insurance claims and any other matter which *We*, or the *Insurer*, or appointed representatives of either, reasonably consider relevant to the claim or the application for cover.

You must provide that information, and if *We*, or the *Insurer*, or appointed representatives of either request, *You* agree to be interviewed or examined in connection with any claim or the application for cover.

We and the *Insurer* (as applicable) may suspend processing or paying a claim if *You* do not provide information that in the *Insurer's* opinion is adequate and appropriate to calculate or determine whether and/or from what date a *Benefit* is payable.

The *Insurer* or *We* may choose one or more *Medical Practitioners* or other relevant professionals to examine *You*, and *You* must attend and travel to such examinations as required.

The *Insurer* pays the costs of getting any additional medical information or having any medical examination that the *Insurer* requests.

In this clause 'information' includes an authority to obtain and/or provide information from or to another source.

If *You* are residing or travelling overseas, in the event of a claim (and if the *Insurer* requires) *We* may require *You* to return to New Zealand for medical treatment or assessment.

Neither *We* nor the *Insurer* pays any costs relating to *Your* return to New Zealand. See [Part G](#), clause 16, for details.

Notice requirements

We can ask for more information

10. No claims period for the *Trauma Benefit*

If You seek advice or treatment from a *Medical Practitioner* within 90 days of *Your Cover Start Date* for symptoms that are found to relate to any *Trauma* that is designated as “*90 day no claims period applies” then no *Benefit* is payable for that *Trauma*.

Part F – Premium

11. General provisions relating to *Your Premium*

You must pay *Your Premium* on time and in New Zealand currency.

You must pay the *Premium* for all periods during which *Your* cover is in force.

We are not liable for the payment of any *Premium* in relation to *Your* cover.

All *Premiums* are inclusive of GST.

Because the *Benefits* are provided to *You* as a package, if *You* receive a *Benefit*, then the *Premium* will not be adjusted, even if *You* are no longer covered for a particular *Benefit*.

Subject to the immediately following clause, the *Insurer* can review and change the *Premium* rates at any time. *We* will advise *You* of any such change in writing no less than 60 days before the change takes effect.

In some cases, the *Insurer* can change *Your Premium* immediately

In some cases, *Your Premium* can change with effect immediately

The *Insurer* can change *Your Premium* rate with immediate effect and confirm the change by notice in writing if:

- New Zealand is involved in war, whether declared or undeclared;
- There has been a significant change in the circumstances *You* and/or *We* advised, and/or on which the *Insurer* relied in setting *Your Premium* rate; or
- There is a change in taxes or other legislative changes that increase the *Insurer's* costs in relation to the cover.

How the *Insurer* will calculate *Your Premium*

How *Your Premium* is calculated

The calculation of *Your Premium* is based on age brackets set by the *Insurer*.

When *You* change age brackets, *Your Premium* will be recalculated. The *Insurer* can add or remove age brackets or change the age brackets and the premiums in each age bracket from time to time at the *Insurer's* discretion.

In addition, *Your Premium* may change from time to time as a result of a general review of the *Insurer's* premium rates and rating factors that apply to all insurances of the type provided by the *Policy*.

We will give *You* no less than 60 days' notice in writing that *You* are going to enter a different age bracket and/or that *Your Premium* is going to change as a result of a general premium review.

If *Your* cover stops, *You* will not be entitled to any refund of *Your Premium* in respect of any period of cover where *You* have already paid a *Premium*.

The *Insurer* may, at the *Insurer's* discretion, automatically deduct any overdue *Premiums* from any *Benefit* payable for *You*.

12. When *Your Premium* must be paid

Your Premium is payable monthly or fortnightly, as chosen by *You*.

Your Premium is payable in advance.

Your Premium payments will be first applied to satisfy the oldest outstanding *Premium* amount, then any subsequent outstanding *Premium* amounts thereafter.

Without limiting the provisions of [Part D](#), clause 8 (which relates to non-payment of *Your* first *Premium* payment), if at any time *Your Premium* is not paid, then the *Insurer* may stop *Your* cover and, if the *Insurer* does so, *We* will give *You* notice in writing. *Your* cover will stop effective from the *Premium* due date for the *Premium* that was not paid.

13. *Premium waived during Total Disablement*

If the *Insurer* is paying a *Total Disablement Benefit*, *You* do not have to pay *Your Premium* for the period that the *Insurer* is paying the *Total Disablement Benefit*, and cover will continue for *You*.

You must start paying *Your Premium* again on the first *Premium* payment date which falls after the date the *Insurer* stopped paying *Your Total Disablement Benefit*.

Part G – When *Your* cover stops

14. You can stop *Your* cover

You can stop *Your* cover by telling *Us* that *You* want to stop *Your* cover. *Your* cover will stop on the date that *You* notify *Us* that *You* want to stop *Your* cover, unless *We* agree on a different date with *You*.

We and the *Insurer* are not obliged to pay any refund of *Premiums* if *You* stop *Your* cover.

15. When *Your* cover stops

Your cover will stop as soon as one of the following happens:

- *You* stop *Your* cover under clause 14 of this [Part G](#);
- *You* reach the *Expiry Age*;
- *You* die;
- In respect of *Trauma* cover, as soon as *You* have received the *Trauma Benefit*;
- *You* cease to be a member of the AMP KiwiSaver Scheme, in which case cover will stop when *Your* AMP KiwiSaver Scheme balance is transferred out of the AMP KiwiSaver Scheme in full;
- *Your* cover is cancelled in accordance with these *Cover Terms*;
- In the case where the *Insurer* has agreed first in writing in accordance with clause 16 that *Your* cover will continue while *You* are living overseas, if the *Insurer* exercises its right under clause 16 to stop *Your* cover after *You* have been living overseas for 3 years;
- When *You* go overseas to live, and the *Insurer* has not first agreed in writing that cover will continue in accordance with clause 16, cover will stop when *You* go overseas to live; or
- When cover stops under clause 12 of [Part F](#) due to non-payment of *Your Premium*.

16. Cover while living overseas

Subject to the *Cover Terms*, *You* will have insurance cover 24 hours a day, anywhere in the world.

As a New Zealand permanent resident, *You* will be covered for up to 3 years while *You* are living overseas, provided that the *Insurer* first agrees in writing.

The *Insurer* may impose conditions on its agreement to continue cover while *You* are living overseas.

The *Insurer* may stop *Your* cover at any time after the end of the 3-year period that *You* live overseas, with effect from the end of the 3-year period, and despite any *Premium* payments *You* may have made since the end of the 3-year period.

If the *Insurer* has agreed in writing to cover *You* while living overseas, and the *Insurer* receives a claim for *Temporary Disablement* or *Trauma* for *You*, the *Insurer* may require that *You* return to New Zealand for medical treatment or assessment. If this applies, neither the *Insurer* nor *Us* will pay any costs or losses relating to *Your* return to New Zealand.

You will also continue to receive a *Total Disablement* or *Partial Disablement Benefit* which *You* are entitled to receive, if *You* travel overseas, provided that *We* are told in advance in writing of *Your* travel.

Part H – General

17. Notices

If *You* change *Your* contact details, please let *Us* know.

All notices to *You* will be sent to the last email address that was provided to *Us* by *You* in relation to *Your* AMP Essentials cover. If *You* have opted to do so, *You* may receive some notices, including premium arrears and cancellation warning notices, by SMS text message.

You agree that all notices that *We* provide to *You* electronically satisfy any legal requirement that such communications be in writing.

You should send email notices to *Us* at the address provided on the AMP website.

18. Privacy

Your personal information (whether already held by *Us* or that may be obtained from time to time) will be disclosed to the *Insurer*.

Your personal information may also be disclosed by *Us* or the *Insurer* to any other person or entity, or obtained by *Us* or the *Insurer* from any other person or entity, to the extent that is reasonably necessary to evaluate, administer, service, or otherwise address any aspect of *Your* AMP Essentials cover, including (without limitation) administering any claim.

A copy of *Your* declaration and acknowledgement completed at the time that *You* applied for AMP Essentials cover is sufficient evidence to any person or entity of *Your* consent for that person or entity to release *Your* personal information to *Us* and/or the *Insurer* (including any appointed representatives of either *Us* or the *Insurer*).

You are entitled to request reasonable access to information and to request correction of information *We* or the *Insurer* have about *You*.

We reserve the right to charge an administration fee for collating or correcting the information *You* request.

19. Insurer can transfer cover

You agree that the *Insurer* is entitled to transfer any or all of *Your* cover under the *Policy* to another policy issued by the *Insurer* or another member of the AMP group of companies and/or to another administrative platform operated on behalf of the *Insurer* or another member of the AMP group of companies provided that the level of cover and other terms are at least as good or better than the terms of cover described in these *Cover Terms*. If this happens, then *We* will give *You* notice in writing.

20. Governing law

These *Cover Terms*, including *Your Welcome Email* and any other document forming part of the *Cover Terms* shall be governed by and interpreted in accordance with New Zealand law, and the New Zealand courts have exclusive jurisdiction in relation to any dispute arising in relation to these *Cover Terms*.

21. Tax

We are not liable for any tax that may become payable by *You*.

In the event that *We* or the *Insurer* are by law required to deduct any tax in connection with any *Benefit* payable to *You*, *We* will deduct the amount concerned from the *Benefit* and pay it to the proper authority.

Your entitlement will be the amount of the *Benefit* left after deduction of tax.

Based on *Our* current understanding of New Zealand tax legislation as at the *Cover Start Date*, *Benefits* payable to *You* under this AMP Essentials cover are not subject to New Zealand income tax. This is not tax advice and *We* recommend that *You* seek advice from *Your* tax adviser on *Your* tax position. The tax position may change in the future.

Transfer of cover

Governing law

Tax

Part I – Meaning of words and expressions

The following words and expressions shall be interpreted as follows:

Meaning of words and expressions used in these *Cover Terms*

Activities of Daily Living	means: <ul style="list-style-type: none">– the ability to bathe or shower without assistance from another person;– the ability to dress and undress without assistance from another person;– the ability to use a toilet without assistance from another person;– the ability to get in and out of a bed or chair without assistance from another person; and– the ability to eat and drink without assistance from another person;
Benefit(s)	means (as the context requires) one or more of the <i>Benefit(s)</i> payable subject to and in accordance with these <i>Cover Terms</i> , and as further described in Part B ;
Benefit Period	means the applicable period of up to 2 years in relation to the <i>Temporary Disablement Benefit</i> ;
Cover Start Date	means, subject to anything to the contrary in the <i>Cover Terms</i> , the date stated in <i>Your Welcome Email</i> on which <i>Your</i> cover starts;
Cover Terms	means: <ul style="list-style-type: none">– these terms and conditions;– <i>Your Welcome Email</i>;– any declaration and acknowledgements incorporated into <i>Your</i> application for AMP Essentials cover, or into any application by <i>You</i> for any change in cover in accordance with these <i>Cover Terms</i>; and– any arrears, lapse, or other correspondence confirming changes in <i>Your</i> cover (including in relation to <i>Your</i> cover stopping and in relation to changes in <i>Your Premium</i>) from <i>Us</i> to <i>You</i>.
Expiry Age	means the date on which <i>You</i> turn 65 years of age and being the point at which <i>Your</i> AMP Essentials cover for all <i>Benefits</i> stops;
Insurer	Insurer means AMP Life Limited ABN 84 079 300 379 (Incorporated in Australia), 29 Customs Street West, Auckland 1010, New Zealand PO Box 55, Auckland 1140, New Zealand;
Life Benefit	means the lump sum <i>Life Benefit</i> payable subject to and in accordance with these <i>Cover Terms</i> following <i>Your</i> death, and as further described in Part B ;
Medical Practitioner	means a registered <i>Medical Practitioner</i> who is appropriately qualified to treat the person insured for <i>Sickness</i> . The <i>Medical Practitioner</i> cannot be <i>Us</i> or <i>You</i> , or <i>Your</i> family member, business partner, employee or employer;
Offset Amounts	has the meaning set out in Part C , clause 4;

<i>Partial Disablement/Partially Disabled/Partial Disability</i>	has the meaning set out in <u>Part C</u> , clause 3;
<i>Policy</i>	means the <i>Policy</i> issued by the <i>Insurer</i> to <i>Us</i> which contains the terms and conditions under which the <i>Insurer</i> provides <i>Your AMP Essentials</i> cover;
<i>Premium(s)</i>	means the monthly or fortnightly payment amount stated in <i>Your Welcome Email</i> as may be amended from time to time in accordance with these <i>Cover Terms</i> ;
<i>Qualifying Period</i>	has the meaning stated in <u>Part C</u> , clause 2;
<i>Sickness</i>	means illness or disease;
<i>Temporary Disablement</i>	means <i>Total Disablement</i> or <i>Partial Disablement</i> , as the context requires;
<i>Total Disablement/Totally Disabled/Total Disability</i>	has the meaning stated in <u>Part C</u> , clause 2;
<i>Trauma</i>	means any of the conditions or events set out and defined in <u>Part J</u> ;
<i>Trauma Benefit</i>	means the one-off lump sum amount which is payable subject to and in accordance with these <i>Cover Terms</i> and, in particular, the terms and conditions described in <u>Part B</u> ;
<i>Usual Occupation</i>	means, as stated in <u>Part C</u> , clause 2, the occupation that <i>You</i> were engaged in at the time the <i>Sickness</i> for which the claim is being made occurred;
<i>We/Us/Our</i>	means AMP Wealth Management New Zealand Limited, Level 21, AMP Centre, 29 Customs Street West, Auckland, 1140;
<i>Welcome Email</i>	means the email titled "Welcome Email" that was sent to <i>You</i> after <i>You</i> applied for AMP Essentials cover;
<i>You/Your</i>	means the person obtaining AMP Essentials cover, as described in <i>Your Welcome Email</i> .

Part J – Traumas

Trauma means any of the following (all of which are subject to the proviso set out at the bottom of this Part J):

Alzheimer's disease and other dementias	1) ALZHEIMER'S DISEASE AND OTHER DEMENTIAS Which is specifically defined as the first unequivocal diagnosis of Alzheimer's disease or dementia made by a consultant neurologist where the diagnosis is based on persistent compromise in at least three of the following – memory, mood or personality, cognition, language skills and visuospatial skills and which causes permanent inability to perform independently at least two of the <i>Activities of Daily Living</i> .
Angioplasty Triple Vessel	2) ANGIOPLASTY TRIPLE VESSEL *90 day no claims period applies* <i>You</i> undergoing for the first time a coronary artery angioplasty to correct a narrowing, or blockage, of three or more coronary arteries within the same procedure. Angiographic evidence, indicating obstruction of three or more coronary arteries, is required to confirm the need for this procedure.
Aplastic Anaemia	3) APLASTIC ANAEMIA Irreversible bone marrow failure as confirmed by a consultant haematologist that results in anaemia, neutropenia and thrombocytopenia requiring treatment by at least one of the following: <ul style="list-style-type: none">– blood product transfusions;– marrow stimulating agents;– bone marrow transplantation; and/or– immunosuppressive agents.
Benign Brain Tumour	4) BENIGN BRAIN TUMOUR A non-cancerous tumour in the brain that gives rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures, sensory and motor impairment which: <ul style="list-style-type: none">– produces neurological damage and functional impairment, which an appropriate medical specialist considers to be permanent; or– <i>You</i> have had surgery to remove in accordance with the advice of a <i>Medical Practitioner</i>. The presence of the underlying tumour must be confirmed by imaging studies such as a CT scan or MRI ('Magnetic Resonance Imaging'). Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are excluded.
Blindness	5) BLINDNESS Blindness means the permanent loss of sight in both eyes as a result of disease, illness or injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 10 degrees or less arc irrespective of corrected visual acuity.

90 day no claims period applies

90 day no claims period applies

Cancer

6) CANCER

90 day no claims period applies

Means the occurrence of an invasive malignant tumour. Included will be the following:

- Prostate tumour classified as T1 (all categories) under the TNM classification system or of an equivalent classification if the tumour is confirmed by histological examination and requires *You* to undertake major interventionist therapy including radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment, or if the tumour is completely untreatable.
- Carcinoma in situ of the testicle, where one or both testes are removed by radical orchidectomy;
- Tumours classified as carcinoma in situ of the breast or other organ requiring Radical Surgery; and
- Leukaemia, lymphoma, Hodgkin's disease and malignant melanomas of at least Clark Level 3 or 1.5mm Breslow thickness or greater, unless specified below.

The following are excluded:

- tumours classified as carcinoma in situ unless a tumour specified above requiring Radical Surgery;
- prostate tumours classified T1 (all categories) under the TNM classification system and/or of an equivalent or lower classification other than those specified above;
- lymphocytic leukaemia less than Rai Stage 1;
- malignant melanomas and other skin cancers other than those specified above; and
- tumours that are a recurrence or metastases of a tumour that first occurred within the 90-day no claims period.

'Carcinoma in situ' means focal new growth of malignant cells that have not yet invaded normal tissues and have been diagnosed by biopsy.

'Radical Surgery' means, in respect of a diagnosed malignancy, an operation or surgery which:

- is intended to arrest the spread of the malignancy,
- involves the removal of the entire breast or organ affected by the malignancy, and
- is considered by a *Medical Practitioner* to be medically necessary to halt the spread of the malignancy*.

* Prophylactic surgery where there is a family history of breast cancer is specifically excluded.

Cardiomyopathy	7) CARDIOMYOPATHY The impairment of the ventricular function of variable aetiology resulting in significant and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association of cardiac impairment and resulting in the permanent incapacity to work.
Chronic Kidney Failure	8) CHRONIC KIDNEY FAILURE Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.
Chronic Liver Disease	9) CHRONIC LIVER DISEASE Chronic liver disease resulting in cirrhosis and with all of the following features: <ul style="list-style-type: none"> – permanent jaundice (the serum bilirubin must be continuously over 50µ mol/L); – portal hypertension; and – ascites or encephalopathy or hepatorenal syndrome.
Chronic Lung Disease	10) CHRONIC LUNG DISEASE Means end stage lung disease confirmed by a specialist resulting in either: <ul style="list-style-type: none"> – at least 25% permanent impairment of whole person function; or – requiring permanent supplementary oxygen.
Coma	11) COMA The failure of cerebral function as shown by total unarousable unresponsiveness to all external stimuli persisting continuously with the use of a life support system for a period of at least three days. Coma directly resulting from alcohol or drug abuse is excluded.
Coronary Artery Surgery	12) CORONARY ARTERY SURGERY *90 day no claims period applies* Coronary artery bypass grafting surgery which is considered medically necessary to treat coronary artery disease, but does not include: <ul style="list-style-type: none"> – angioplasty; – intra-arterial procedures; – laser techniques; and/or – other non-surgical techniques.
Creutzfeldt-Jakob Disease	13) CREUTZFELDT-JAKOB DISEASE The certain diagnosis of Creutzfeldt-Jakob Disease where such a diagnosis has been documented by the occurrence of cerebellar dysfunction with associated progressive dementia, uncontrolled muscle spasms, tremors and athetosis, requiring continual and permanent medical supervision.
Deafness	14) DEAFNESS The total, irreversible and irreparable loss of hearing, both natural and assisted, in both ears as a result of disease, illness or injury.

90 day no claims period applies

Diplegia**15) DIPLEGIA**

The total and permanent loss of the use of both sides of the body due to injury or disease of the spinal cord or brain.

Encephalitis**16) ENCEPHALITIS**

Severe inflammation of brain substance which results in significant and permanent neurological sequelae, resulting in either;

- At least 25% permanent impairment of whole person function; or
 - The permanent inability to perform independently at least one of the specified *Activities of Daily Living*.
-

Heart Attack**17) HEART ATTACK*****90 day no claims period applies***

The death of an area of the heart muscle due to a sudden lack of adequate blood supply to the relevant area where:

A.

- (i) There are typical new ischaemic electrocardiographic (ECG) changes at the time of the heart attack, and
- (ii) There are diagnostic changes in relevant cardiac enzymes or markers in the days following the heart attack.

If the above criteria are not met, the *Insurer* will consider a claim based on satisfactory evidence that *You* have unequivocally been diagnosed as having suffered a heart attack resulting in

B.

- (i) A permanent reduction in the Left Ventricular Ejection Fraction to less than 50 per cent measured in the three months or more after the event; or
- (ii) New pathological Q waves.

Chest pain that does not meet the above diagnostic requirements is excluded.

Heart Valve Surgery**18) HEART VALVE SURGERY**

The undergoing of heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.

Hemiplegia**19) HEMIPLEGIA**

The total and permanent loss of use of one side of the body due to injury or disease of the spinal cord or brain.

If the *Hemiplegia* occurs as a result of a *Stroke* (at (39) of this list of *Traumas*), payment of the *Benefit* will be subject to the same 90-day waiting period as for *Stroke*.

90 day no claims period applies

Loss of Capacity for Independent Living	<p>20) LOSS OF CAPACITY FOR INDEPENDENT LIVING The permanent and total inability to perform independently at least two of the specified <i>Activities of Daily Living</i>. <i>Loss of Capacity for Independent Living</i> applies until the <i>Expiry Age</i>.</p>
Loss of limbs	<p>21) LOSS OF LIMBS The total and permanent loss of the use of:</p> <ul style="list-style-type: none"> (i) Both hands; or (ii) Both feet; or (iii) One hand and one foot.
Loss of limbs and/or sight	<p>22) LOSS OF LIMBS AND/OR SIGHT The total and permanent loss of the use of:</p> <ul style="list-style-type: none"> (i) One hand and the sight of one eye; or (ii) One foot and the sight of one eye.
Loss of speech	<p>23) LOSS OF SPEECH Total and permanent loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply from the speech centres of the brain, whether caused by injury, tumour or sickness.</p>
Major head injury	<p>24) MAJOR HEAD INJURY A cerebral injury caused by external trauma which results in permanent neurological deficit and causes either:</p> <ul style="list-style-type: none"> – At least 25% permanent impairment of whole person function; or – The permanent inability to perform independently at least one of the specified <i>Activities of Daily Living</i>.
Major organ transplant	<p>25) MAJOR ORGAN TRANSPLANT The receipt of a transplant of human bone marrow or one of the following whole human organs: heart, lung, liver, kidney, pancreas or small bowel.</p>
Medically acquired HIV	<p>26) MEDICALLY ACQUIRED HIV Medically acquired HIV is the accidental infection with HIV after <i>Your Cover Start Date</i>, which in the <i>Insurer's</i> opinion arose from one of the following medically necessary events which must have occurred to <i>You</i>, by the act of a recognised and registered health professional:</p> <ul style="list-style-type: none"> – A blood transfusion; – Transfusion with blood products; – Organ transplant to <i>You</i>; – Assisted reproductive techniques; or – Any other medical procedure or operation performed by a doctor.

Notification and proof of the incident will be required via a statement from the appropriate statutory health authority (from within the country where the incident occurred) that the infection is medically acquired. HIV infection transmitted by any other means including sexual activity or recreational intravenous drug use is specifically excluded. Any incident occurring outside New Zealand or Australia, giving rise to a potential claim, must be reported to *Us* within thirty days of the incident and must be supported by a negative HIV antibody test taken within seven days of the incident. All evidence provided must be acceptable to the *Insurer*.

This *Trauma Benefit* will not apply and no payment will be made where a *Cure* has become available prior to the accident causing the infection.

'Cure' means any New Zealand Government approved treatment which renders the HIV inactive and non-infectious.

Meningitis

27) **MENINGITIS**

The unequivocal diagnosis of meningitis where the condition is characterised by severe inflammation of the meninges of the brain, causing either:

- at least 25% permanent impairment of whole person function; or
- the permanent inability to perform independently at least one of the specified *Activities of Daily Living*.

Motor Neurone Disease

28) **MOTOR NEURONE DISEASE**

The unequivocal diagnosis of motor neurone disease by a consultant neurologist (amyotrophic lateral sclerosis, primary lateral sclerosis, spinal muscular atrophy or progressive bulbar palsy) and confirmed by neurological investigations.

Multiple Sclerosis

29) **MULTIPLE SCLEROSIS**

The unequivocal diagnosis of multiple sclerosis certified by a consultant neurologist and where there is an associated neurological deficit resulting in either:

- at least 25% permanent impairment of whole person function; or
 - the permanent inability to perform independently at least one of the specified *Activities of Daily Living*; or
 - *You* being assigned a 7.5 or higher score on the Kurtzke Expanded Disability Status Scale (EDSS) by a consultant neurologist.
-

Muscular Dystrophy	<p>30) MUSCULAR DYSTROPHY</p> <p>The unequivocal diagnosis of muscular dystrophy certified by a consultant neurologist and where there is an associated neurological deficit resulting in either:</p> <ul style="list-style-type: none"> – At least 25% permanent impairment to whole person function; or – The permanent inability to perform independently at least one of the specified <i>Activities of Daily Living</i>.
Occupationally acquired HIV infection	<p>31) OCCUPATIONALLY ACQUIRED HIV INFECTION</p> <p>Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring whilst <i>You</i> were carrying out the normal duties of <i>Your Usual Occupation</i>. No payment will be made unless all of the following are proven to the <i>Insurer's</i> satisfaction:</p> <ul style="list-style-type: none"> – Proof of the accident giving rise to the infection; – Proof that the accident involved a definite source of the HIV infection; and – Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is specifically excluded. <p>This <i>Trauma</i> will not apply and no payment will be made where a Cure has become available prior to the accident causing the infection.</p> <p>'Cure' means any New Zealand Government approved treatment which renders the HIV inactive and non-infectious.</p>
Out of hospital cardiac arrest	<p>32) OUT OF HOSPITAL CARDIAC ARREST</p> <p>Cardiac arrest that is the sudden breakdown of the heart's pumping function where it:</p> <ul style="list-style-type: none"> – is due to asystole or ventricular fibrillation, and – is not associated with any clinical procedure, and – is documented by electrocardiographic ('ECG') changes, and – occurs outside a hospital, ambulance or other medical facility.
Paraplegia	<p>33) PARAPLEGIA</p> <p>The total and permanent loss of use of the lower limbs due to injury or disease of the spinal cord or brain.</p>
Parkinson's Disease	<p>34) PARKINSON'S DISEASE</p> <p>The unequivocal diagnosis of Parkinson's Disease certified by a consultant neurologist and where there is an associated neurological deficit resulting in either:</p> <ul style="list-style-type: none"> – At least 25% permanent impairment of whole person function; or – The permanent inability to perform independently at least one of the specified <i>Activities of Daily Living</i>.

<i>Pneumonectomy</i>	35) PNEUMONECTOMY The excision of an entire lung when deemed medically necessary by an appropriate specialist and whose opinion is supported by the <i>Insurer's</i> medical advisers.
<i>Primary pulmonary hypertension</i>	36) PRIMARY PULMONARY HYPERTENSION Primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.
<i>Quadriplegia</i>	37) QUADRIPLEGIA The total and permanent loss of use of the upper and lower limbs due to injury or disease to the spinal cord or brain.
<i>Severe burns</i>	38) SEVERE BURNS Full thickness burns to at least: <ul style="list-style-type: none"> – 20% of <i>Your</i> body surface area as measured by the Rule of Nines or the Lund & Browder Body Surface Chart; or – 25% of <i>Your</i> face requiring surgical debridement and/or grafting; or – 50% of both <i>Your</i> hands requiring surgical debridement and/or grafting.
<i>Stroke</i>	39) STROKE *90 day no claims period applies* A cerebrovascular incident that produces a sudden onset of neurological symptoms that persist for more than 24 hours. There must be resulting damage to the brain tissue that is clearly evidenced by: <ul style="list-style-type: none"> – MRI or PET; or – Angiogram; or – Computerised Tomography (CT Scan); or – Other reliable imaging techniques approved by the <i>Insurer</i>. Excluded: <ul style="list-style-type: none"> – Transient ischaemic attack; – Cerebrovascular disorder of the eye or optic nerve; – Symptoms due to migraine or headache; and – Brain tissue damage caused by head injury.
<i>Surgery of the aorta</i>	40) SURGERY OF THE AORTA Surgery performed to correct any narrowing, dissection, or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.

90 day no claims period applies

PROVIDED THAT if in the opinion of the *Insurer* advances in medical science have substantially reduced the seriousness of any of the foregoing *Traumas*, then *We* may notify *You* that such *Trauma* shall from a date not earlier than the date of the notice cease to be a *Trauma* for the purpose of these *Cover Terms* and the *Policy*.

Contact us

0800 267 5494

amp.co.nz

AMP Essentials is arranged by AMP Wealth Management New Zealand Limited. The insurer of AMP Essentials is AMP Life Limited ABN 84 079 300 379 (Incorporated in Australia), a member of the AMP group of companies.

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