provident insurance

# CREDITCARE INSURANCE



This Policy is provided to you by Provident Insurance Corporation Limited, Takapuna Beach Centre, Level 1, 61 Hurstmere Rd, Takapuna, Auckland 0622, New Zealand

Email: info@providentinsurance.co.nz

Phone: 0800 676 864

www.providentinsurance.co.nz

# Thank You

Thank you for choosing Provident Insurance for Your insurance needs. Provident Insurance is proudly Kiwi owned and operated, with a commitment to excellent customer service.

We pride ourselves on the quality of Our products and while it is Our intention to provide You with the best possible level of customer service, should We fall short on Our commitment, please contact Us as soon as possible so that We can assist You

# Important Information

It's really important that You read and understand this Policy Booklet. Some of the words used in this Policy Booklet have a special meaning. A list of these words is provided in the "Definitions" section on page 12 of this Policy Booklet.

This Policy comes with a 'cooling off period' of 14 days where You can change Your mind, ask for a cancellation and receive a full refund; provided You have not already made a claim against this Policy.

# False or Misleading Information

In providing You with this insurance Policy, We have relied on the information You have provided to Us. You have a legal duty to tell Us about any information that may be material to this insurance Policy.

If You know about but don't inform Us about something that could be relevant to Us providing You with this insurance, or there is information that You ought reasonably to know and You don't inform Us of, or You provide Us with information that is not correct or incomplete, We reserve the right to alter the terms and premium.

Depending on the significance of the misinformation, this could result in Your Policy being terminated, or avoided from inception which would mean it was as if the Policy never existed and no claim could be made.

If You are unsure, give Us a call and We can help You out.

# **Our Contact Details**

You can contact Our friendly team by calling Us between the hours of **8.00am and 5.00pm Monday to Friday**.

If calling from Auckland, phone (09) 484 0078 or outside Auckland on 0800 676 864

Alternatively You can email Us at info@providentinsurance.co.nz

Our postal address is PO Box 33 743, Takapuna, Auckland 0740

Our physical address is Takapuna Beach Centre, Level 1, 61 Hurstmere Road, Takapuna, Auckland 0622

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# Introduction

Your CreditCare Insurance Policy consists of Your most recent Registration Certificate, this Policy Booklet, the details You provided when You applied for this insurance, and any changes We agree with You in writing.

This Booklet contains the details of Your CreditCare Insurance Policy. How Your CreditCare insurance works, what is covered and for how long, what is not covered, Your responsibilities and how to make a claim.

Please feel free to call us if You have any questions regarding this Policy.

## We offer three types of CreditCare Insurance cover

Your Registration Certificate will show the type of cover You have selected and what is applicable to You.

#### Cover Option 1

This covers some or all of Your repayment amounts under the Credit Contract in the event of Your Death, Hospitalisation or Bankruptcy.

#### **Cover Option 2**

This covers some or all of Your repayment amounts under the Credit Contract in the event of Your Death, Accident, Illness, Hospitalisation or Bankruptcy.

## **Cover Option 3**

This covers some or all of Your repayment amounts under the Credit Contract in the event of Your Death, Accident, Illness, Hospitalisation, Bankruptcy, or Income Disruption.

# Can I Change my Mind and Cancel?

You can cancel this Policy **within 14 days** after the date on which You purchased the Policy. This is referred to as a 'cooling off period'.

In addition, if We have failed to comply with Our disclosure requirements relating to this Policy, You may cancel at any time.

If You decide to cancel this Policy, You can let Us know in writing by email or post, or in person by visiting Our office.

If You cancel the Policy within this 'cooling off period' We will provide You with a full refund of the premium You have paid, provided You have not made a claim under Your Policy.

# What Type of Insurance is this?

CreditCare Insurance covers the regular loan repayments under Your Credit Contract and will make some or all of Your repayments to Your Financier in the event that You suffer financial loss following an unexpected insured event.

# What is Covered?

Once You have paid the premium amount due, We will cover You during the Period of Cover for financial loss in respect of Your repayments under Your Credit Contract following You suffering from an unexpected insured event, subject to the terms, conditions and exclusions set out in this Policy.

Your Registration Certificate shows which of the following insured events You are covered for.

#### Death

## (i) Death

If You die We will pay Your Financier, for Your credit, the remaining amount due under Your Credit Contract after any early repayment adjustments, less any arrears owing at the date of Your death. This cover applies for the benefit of Your beneficiaries.

## (ii) Terminal Illness

If You are diagnosed with a Terminal Illness We will pay Your Financier, for Your credit, the remaining amount due under Your Credit Contract after any early repayment adjustments, less any arrears owing at the date of Your diagnosis.

# Accident/Illness

# (i) Accident/Illness

If You suffer from an Accident or illness and experience financial loss as a result of being unable to work in Your usual Full Time Employment, We will pay Your Financier, for Your credit, the instalments that become due and owing under Your Credit Contract calculated on a daily basis:

- ▲ From 7 days after You stop working.
- ▲ Until You are declared by a Registered Medical Practitioner as fit to return to work in Your usual Full Time Employment, or an occupation for which You are reasonably suited by education, experience or training.

We will not pay any amounts that were due and owing under Your Credit Contract before Your Accident or illness.

# (ii) Significant Illness

If You are diagnosed by a Registered Medical Practitioner as having first suffered from a Significant Illness as defined by Us, and experience financial loss as a result of being unable to work in Your usual Full Time Employment, We will pay Your Financier, for Your credit the instalments that become due and owing under Your Credit Contract calculated on a daily basis:

- ▲ From 7 days after You stop working.
- ▲ For a period of 6 months, whether You return to Full Time Employment during that period, or not.

If, after the 6 month period ends, You are still unable to unable to work in Full Time Employment due to the Significant Illness, we will continue payments under the Illness benefit, subject to the provision of completed medical certificates and other supporting medical evidence as We require.

We will not pay any amounts that were due and owing under Your Credit Contract before Your Significant Illness.

## (iii) Carer

If You experience financial loss as a result of being unable to work in Your usual Full Time Employment due to becoming a carer of an Immediate Family Member, due to them suffering from an Accident or illness, for no less than 30 consecutive days, We will pay Your Financier, for Your credit, the instalments that become due and owing under Your Credit Contract calculated on a daily basis:

- ▲ From 30 days after You stop working.
- ▲ Until You return to Full Time Employment; and
- ▲ For a maximum period of up to 6 months, whichever occurs first.

We will not pay any amounts that were due and owing under Your Credit Contract before Your Immediate Family Member's Accident or illness.

The exclusions listed under What is not Covered on page 6 will also apply to Your Immediate Family Member.

# Hospitalisation

If You are hospitalised for 5 or more consecutive days and experience financial loss as a result of being unable to work, We will pay Your Financier, for Your credit, the instalments that become due and owing under Your Credit Contract, calculated on a daily basis:

- ▲ From the day You are admitted to hospital.
- ▲ Until You return to Full Time Employment; and
- ▲ For a maximum period of up to 6 months, whichever occurs first.

We will not pay any amounts that were due and owing under the Credit Contract prior to Your hospitalisation.

# Bankruptcy

If You are made involuntarily Bankrupt We will pay Your Financier, for Your credit, the instalments that become due and owing under Your Credit Contract calculated on a daily basis:

- ▲ From 30 days after the date of Your Bankruptcy.
- ▲ For a maximum period of up to 6 months; and
- ▲ Up to a total claim of \$12,000, whichever occurs first.

We will not pay any amounts that were due and owing under Your Credit Contract prior to Your Bankruptcy

# **Income Disruption**

If You are a salary and wage earner, Income Disruption provides cover for "redundancy" and "industrial action" under the terms outlined in points (i) and (ii) below.

If You are self-employed, Income Disruption provides cover for "business interruption" on the terms outlined in point (iii) below.

# (i) Redundancy

If You are a salary or wage earner or become a salary or wage earner and are made involuntarily Redundant We will pay your Financier, for Your credit, the instalments that become due and owing under your Credit Contract, calculated on a daily basis, for a minimum period of 2 months:

- ▲ From 30 days after Your effective date of redundancy.
- ▲ Until You return to paid employment, if after 2 months; and
- ▲ Up to a maximum of 12 months of instalments being paid, whichever occurs first. Provided that:
  - You have registered as unemployed with Work and Income New Zealand; and
  - You can prove that You are seeking active employment.

We will not pay any amounts that were due and owing under the Credit Contract prior to Your Redundancy.

## (ii) Industrial Action

If Your wage or salary stops being paid or is suspended as a result of Industrial Action We will pay Your Financier, for Your credit, the instalments that become due and owing under Your Credit Contract calculated on a daily basis, for a minimum period of 2 months:

- ▲ From 30 days after Your wage or salary stopped being paid or was suspended.
- ▲ Until Your wage or salary payments start again, if after 2 months,
- ▲ For a maximum period of up to 6 months; and
- ▲ Up to a total claim of \$12,000, whichever occurs first.

We will not pay any amounts that were due and owing under the Credit Contract prior to when Your wage or salary stopped being paid or being suspended as a result of Industrial Action.

# (iii) Business Interruption

If You are a Business owner or become a Business owner during the policy term and You suffer financial loss as a result of Business Interruption to Your Business We will pay your Financier, for Your credit, the instalments that become due and owing under Your Credit Contract calculated on a daily basis, for a minimum period of 2 months:

- ▲ From 30 days after the Business Interruption commences.
- ▲ Until the Business Interruption ceases, if after 2 months,
- ▲ For a maximum period of up to 6 months; and
- ▲ Up to a total claim of \$12,000, whichever occurs first.

We will not pay any amounts that were due and owing under the Credit Contract prior to Your Business experiencing Business Interruption.

# **Special Allowances**

If Your claim for the insured event is accepted by Us, We will also repay You up to a limit of \$500 in total for Your reasonable expenses incurred, for any of the following, as a result of the insured event:

- ▲ Transportation for doctor's visits, hospital or specialist appointments; or
- ▲ Doctors, physiotherapy, hospital, grief counselling or specialist consultation fees; or
- ▲ Any costs necessarily incurred in connection with the Accident or illness; or
- ▲ Legal fees in relation to claims for Bankruptcy; or
- Professional fees incurred in the production of Your curriculum vitae, interview training, or vocational training in relation to claims for Redundancy.

#### Motor Vehicle Insurance Premium Reimbursement

If You have Your Motor Vehicle Insurance Policy with Us, and Your claim for the insured event is accepted by Us, so long as Your premium payments are up to date, We will reimburse You the premiums due and You paid on Your Motor Vehicle Insurance policy from:

- ▲ The date We commence payments to Your Financier; and
- ▲ Until We stop making payments for a benefit under this Policy.

# What is not Covered?

This insurance does not cover claims arising from:

- Any cause or condition, including Terminal Illness or Significant Illness that was known or should reasonably to have been known by You at the start of the Policy.
- Any medical condition, sign, symptom, event or cause known by You to be in existence at the start date of the Policy, or for which medical advice, diagnosis, care or treatment has been sought, or ought reasonably to have been sought, or provided, prior to the start date of the Policy.
- ▲ An insured event that occurs outside New Zealand.
- ▲ The normal effects of pregnancy or childbirth.
- Exposure to asbestos.
- ▲ You choosing to have non-essential or non-emergency surgery.
- Any mental or stress related illnesses including, but not limited to, psychiatric or physiological conditions or complaints, depression and anxiety.
- ▲ Suicide, self-inflicted injury or any deliberate exposure to harm.
- ▲ HIV or any sexually transmitted diseases.

- ▲ Any event whilst taking part in any criminal activity.
- Alcoholism, drug abuse, or any event whilst under the influence of alcohol or drugs.
- Engaging in motor sport, recreational quad biking, parachuting, hang gliding, extreme sports/ activities or professional sports.
- ▲ Any event whilst operating any vehicle or any other equipment You are not legally authorised to operate.
- ▲ Natural disaster including but not limited to earthquake, tsunami, landslip, volcanism, and flood.
- ▲ War, civil unrest, invasion, terrorism, military intervention and related risks.
- ▲ Any cause directly or indirectly as a consequence of a declared State of Emergency.
- ▲ Any cause directly or indirectly as a consequence of any form of Pandemic or Epidemic.

# Ways this Policy will end

- When the Credit Contract is discharged, terminated or expires (for example, as a result of full repayment or being repaid early);
- ▲ On the expiry of the Period of Cover;
- ▲ In the event of a death claim, unless You have selected joint cover as shown on Your Registration Certificate;
- ▲ If You wish to cancel Your Policy with the consent of Your Financier;
- ▲ Should You fail to meet Your responsibilities set out in the "What are my Responsibilities" section below and We decide to cancel Your Policy; or
- We may cancel Your Policy at any time, for any reason, by giving you 14 days' notice to Your last known email or postal address that We hold. If We cancel Your Policy, We will refund Your premium for the remaining Period of Cover, calculated in accordance with the Refund of Premium section of Your Policy booklet.

# Refund of Premium

A refund of premium may be due on full prepayment of Your Credit Contract. You are entitled to a part refund of the premium paid under this Policy if:

- ▲ Your Financier has arranged this Policy for You; and
- ▲ The premium paid or payable for the Policy is financed under Your Credit Contract; and
- ▲ You have fully prepaid the Credit Contract prior to the expiry of the Period of Cover; or
- ▲ You have requested to cancel the Policy with the consent of Your Financier.

We will calculate the rebate in accordance with the Credit Contracts and Consumer Finance Act 2003 and refund the amount to Your Financier to be offset against the amount owing under the Credit Contract, or to a person advised by the Financier.

# What are my Responsibilities?

Your responsibilities to Us under this Policy are:

- ↑ You must tell Us all material information before purchasing this Policy. Material information is information which may affect Our decision on whether or not to accept Your application for insurance and on what terms. If You are unsure of what information You need to tell Us, ask Us by calling on (09) 484 0078, if calling from Auckland, or if outside of Auckland phone 0800 676 864 and We will help You.
- ▲ You must provide Us with full, truthful and accurate information at all times, including when applying for this insurance, when You make a claim under this Policy, and in response to any questions We may ask of You.
- You must tell Us of any material change in Your circumstances that may affect any aspect of this Policy. If You are unsure of whether You need to tell Us about a change, call Us on on (09) 484 0078, if calling from Auckland, or if outside of Auckland phone 0800 676 864 and We will help You.
- A You must pay Us the premium (as shown on Your Registration Certificate) by the specified date. This Policy is not valid unless the premium due to Us has been received by Us or anyone authorised by Us to receive the premium on Our behalf.

# What happens if I don't meet my Responsibilities?

If You fail to meet any or all of Your responsibilities set out above, We may do one or more of the following things:

- ▲ Decline any claim You make.
- A Recover from You some or all of an amount We have already paid under this Policy if the amount would not have been paid had You met Your responsibilities.
- ▲ Cancel Your Policy.

- ▲ Change Your Policy terms and charge You an additional premium amount calculated as the amount that would have been charged had You met Your responsibilities.
- Avoid Your Policy from inception (this means it is as if it never existed) and avoid any liabilities or claims (You may forfeit some or all of the premium You have paid to Us).

# Making a Claim

#### Claim Limits

The benefits available under this Policy depend on whether You have opted for single cover, joint cover or double cover.

Your Registration Certificate shows which cover You have selected.

#### If You have selected:

#### Single cover:

Applicable to 1 named policyholder, You can claim 100% of the benefits available under this insurance.

#### Joint cover:

 Applicable to 2 named policyholders, You can claim 50% each of the benefits available under this insurance.

#### Double cover:

▲ Applicable to 2 named policyholders, You can claim 100% each of the benefits available under this insurance.

## **Maximum Claim Limits**

The most We will pay is the claim limit specified for the applicable insured event, or the amounts due under the Credit Contract, whichever is lower, up to a maximum claim limit of:

- ▲ \$4,000 per month; or
- ▲ \$200,000 over the Period of Cover of this Policy.

We will repay special benefits, up to a limit of \$500, in addition to the monthly maximum claim limit. However, any repayment for special benefits will be part of, and not additional to, the maximum claim limit of \$200,000 over the Period of Cover of this Policy.

# **Balloon Payments**

If a claim includes repayment of a Balloon Payment, the maximum monthly benefit payable for the month in which the Balloon Payment is due is calculated as the amount of the monthly instalment paid or payable on at least half of all of the monthly instalments under the term of Your Credit Contract.

## **GST**

All amounts referred to in this Policy are inclusive of any GST that may apply.

## How do I make a Claim?

To make a claim You must follow each step of the following process:

- 1. Request a claim form by phoning on (09) 484 0078, if calling from Auckland, or if outside of Auckland phone 0800 676 864, or by emailing finclaims@providentinsurance.co.nz as soon as possible after the event giving rise to the claim; and
- 2. Complete the claim form and send it to Us by post or email within 30 days after the event giving rise to the claim

#### **Proof of Claim**

The claim form will require You to provide additional information, certificates or evidence from Your employer, the Financier, a Registered Medical Professional, Your advisors, government departments, or any other person to the extent necessary to process and assess Your claim.

Any costs incurred in providing the information, certificates or evidence We require are at Your expense.

If You do not provide or authorise other persons to provide the information We reasonably require to process and assess the claim We may decline the claim.

# What if I wish to make a Complaint?

If You have a complaint about any aspect of this Policy or the service We have provided you, please follow these steps:

- 1. First, please contact one of Our customer representatives on on (09) 484 0078, if calling from Auckland, or if outside of Auckland phone 0800 676 864.
- 2. If Our customer representative cannot resolve the matter, You may make a formal written complaint by post or email to Our internal Complaints Handling Service:

Attention: Internal Complaints Handling Service

Provident Insurance Corporation Limited

PO Box 33 743

Takapuna

AUCKLAND 0740

Email: info@providentinsurance.co.nz

If You are dissatisfied with the outcome reached by Our Internal Complaints Handling Service, You may take Your complaint to the Insurance and Financial Services Ombudsman (IFSO).

The IFSO Scheme is a free and independent complaints resolution service which deals with certain types of complaints about personal insurance and other financial services.

If the IFSO has the ability to consider Your complaint and makes a decision, We are bound by that decision. If You are unhappy with the IFSO's decision, You can take Your complaint to another dispute resolution forum, such as the courts.

For further details about how our Complaints Resolution Process works please refer to our website.

# Fair Insurance Code

As a member of the Insurance Council of New Zealand, We must comply with the Fair Insurance Code, which sets service standards for insurance companies.

We have certain responsibilities to You, such as acting fairly and openly in all Our dealings with You, and giving You clear information when You make a claim.

You can request a copy of the Fair Insurance Code from Us at any time.

# Your Personal Information

We know that how We collect, use, disclose and protect Your information is important to You, and We value Your trust. That's why protecting Your information and being clear about what We do with it is a vital part of Our relationship with You. We collect personal information We need from You during Your interactions with Us and from others with Your consent in providing you with this Policy, in order to:

- ▲ Evaluate Your application for insurance under this Policy;
- ▲ Set Your premium and excess;
- Assess and process claims You make; and
- Provide You with information on Our other related products and services, or for other purposes if permitted by law.

We are the intended recipients of Your personal information and will hold this information (Provident Insurance Corporation Limited, PO Box 33 743, Takapuna, Auckland 0740).

We are required to collect your personal information under Your legal duty (as a person seeking insurance) to tell Us (as an insurer) material facts relevant to the insurance You seek. It is up to You to supply Us with this information.

However, if You choose not to provide all or any part of the information We request from You, Your application for insurance under this Policy may be denied, or Your claims may not be paid out.

We may provide Your personal information to third parties to the extent necessary to provide the benefits available to You under the Policy, including, but not limited to: Our agents and assessors, the Financier, Your employer, Your medical advisors, the courts, other insurers, Our legal advisers, and other similar entities. We may also share Your information with third parties if required by law.

We generally record inbound and outbound telephone calls for operational and training purposes.

We take reasonable steps to ensure Your Personal Information is safe. You can contact Us about the information We hold about You, to request a copy, and correct or delete under certain circumstances the information We hold about You.

# Financial Strength Rating

Provident Insurance Corporation Limited's financial strength rating is set out in Your Registration Certificate.

# **Definitions**

Certain words used in this Policy have a special meaning as follows:

#### I, You and Your

We mean the persons identified as Insured Name(s) on the Registration Certificate.

#### We, Our and Us

We mean Provident Insurance Corporation Limited.

#### **Accident**

The happening of an occurrence unintended and unexpected by You resulting in Your bodily injury.

#### **Balloon Payment**

A scheduled payment that is higher than any of the other monthly payments paid or scheduled to be paid under the Credit Contract as specified on Your Registration Certificate.

#### **Bankruptcy/Bankrupt**

Being declared bankrupt by a New Zealand court or an overseas court of competent jurisdiction. This does not include bankruptcy if the application for bankruptcy was filed by You or an associated person on Your behalf.

#### **Business**

The business specified in the Registration Certificate in respect of which Business Interruption cover is provided under this Policy.

## **Business Interruption**

Being unable to carry on the Business as a result of:

- ▲ Physical loss of or damage to the Business Premises, or
- ▲ Prevention of access to the Business Premises, or
- ★ Failure of essential services of the Business Premises.

#### **Business Premises**

The physical Address of the land and buildings from which the business is administered (as stated on the Registration Certificate).

#### **Business owner**

The Business that is owned either wholly or partially by You, at which You work fulltime, and which generates Your primary source of income.

#### **Credit Contract**

The credit contract identified in Your Registration Certificate under which the Financier has agreed to loan finance to You and You have agreed to make repayments.

#### **Financier**

The finance company identified as the Financier in Your Registration Certificate.

#### **Full Time Employment**

Working for 20 hours or more per week for salary or wages.

#### **Immediate Family Member**

Your spouse, de facto or civil union partner, children, parents and legal guardians.

## **Income Disruption**

Your loss of income due to:

- ▲ Redundancy; or
- ▲ Industrial Action; or
- ▲ Business Interruption.

#### **Industrial Action**

Strike, work to rule or similar action taken by employees to protest against working conditions or other matters relating to the employer's relationship with its employees.

## **Motor Vehicle Insurance Policy**

A motor vehicle insurance policy held with Us, that provides at least comprehensive cover, and premium payments are up to date at the date of occurrence of the insured event.

## **Pandemic or Epidemic**

An illness, virus or disease that has been declared or notified as a Pandemic or Epidemic by the New Zealand Government or the World Health Organisation.

#### **Period of Cover**

The period between the start date and the end date set out in Your Registration Certificate up to a maximum of 5 years, during which the cover under this Policy is provided to You, unless cancelled at an earlier date in accordance with the terms of this Policy.

## **Policy**

The contract of insurance contained in Your Registration Certificate, this Policy booklet, the information You provided when You applied for this insurance, and any changes We may agree with You in writing.

## **Redundant/Redundancy**

Termination of Your employment because Your position of employment has become superfluous to the needs of Your company (for example, as a result of changes to systems, processes, technology or initiatives to improve efficiency), and resulting in You registering with Work and Income New Zealand as unemployed. Your employer must notify You of Your redundancy in writing. This does not include:

- ▲ Voluntary redundancy or resignation;
- Persons or people who are self-employed or are employed on a seasonal, casual, contractual, temporary or part-time basis; or
- A Redundancy as a result of dismissal or retirement.

#### **Registered Medical Practitioner**

A person registered as a health practitioner in accordance with the Health Practitioners Competence Assurance Act 2003 or any legislation replacing that Act. This person must not be You, Your partner or Your relative.

## **Registration Certificate**

The most recent version of the certificate forming part of this Policy provided to You at the time the Policy was purchased.

## **Significant Illness**

An illness that meets one of the following definitions as diagnosed by an appropriately qualified Registered Medical Practitioner:

#### Cancer

Means the presence of at least one (1) malignant tumour including melanoma, leukaemia, lymphoma and Hodgkin's disease which are characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following tumours are excluded:

- ▲ Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-I (1), CIN-II (2) and CIN-III (3)) or which are histologically described as premalignant or non-invasive unless they result in Radical Surgery, or adjuvant therapy such as immunotherapy, chemotherapy or radiotherapy, provided that treatment is considered appropriate and necessary by an appropriate Specialist; or
- ▲ All non-melanoma skin cancers, unless there is evidence of metastases; or
- ▲ Malignant melanoma which are less than 1.0 mm depth of invasion using the Breslow method, less than Clarks Level 3 and have no evidence of ulceration as determined by histological examination; or
- A Prostatic cancers which are histologically described as:
  - TNM Classification T1; or
  - Gleason Score of 5 or less; unless
  - They result in Radical Surgery or Major Treatment; or

- ▲ Chronic Lymphocytic Leukaemia less than Rai Stage I; or
- ▲ Papillary and follicular carcinoma of the thyroid, histologically diagnosed as TNM Classification T1a (tumour 1 cm or less in greatest dimension), unless existence of lymph node and/or distant metastasis.

#### **Coronary Artery Surgery**

Means the actual undergoing of Coronary Artery Bypass Grafting to correct or treat coronary artery disease.

#### **Heart Attack**

Means part of the heart muscle dies due to lack of blood supply to the heart muscle confirmed by an appropriate Specialist and evidenced by:

- ▲ Typical rise and/or fall of cardiac biomarkers (Troponin T, Troponin I or CK-MB) with at least one (1) value above the ninety-ninth (99th) percentile of the upper reference limit; and
- ▲ Angiographic evidence of one (1) of the following:
  - · An occlusion in at least two (2) coronary arteries; or
  - Left anterior descending artery (LAD) occlusion; or
  - Left main coronary artery occlusion.

If the tests evidencing the above are inconclusive, outdated because of technical advances, or the test was not done, We will consider other appropriate and medically recognised tests that diagnose a heart attack of the same degree of severity as outlined above.

The following are excluded:

- ▲ A rise in biological markers as a result of an elective keyhole procedure for coronary artery disease; or
- ▲ Pulmonary embolisms; or
- ▲ Viral myocarditis; or
- ▲ Other acute coronary syndromes including but not limited to angina pectoris.

#### Stroke

Means the suffering of a stroke as a result of a cerebrovascular event. There must be:

- Clear evidence on a CT, MRI or equivalent scan that a stroke has occurred and there is evidence of either:
  - · Infarction of brain tissue; or
  - Intracranial or subarachnoid haemorrhage; or
- Permanent neurological damage and/or functional impairment diagnosed by an appropriate Specialist. Neurological damage and functional impairment include but are not limited to: memory loss, impaired speech, vision loss and paralysis on one side of the body.

Cerebral symptoms due to transient ischaemic attacks, migraine and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

# **Special Allowances**

The additional allowances provided under this Policy up to a limit of \$500 as set out in the special allowances section.

### **State of Emergency**

A localised or national State of Emergency declared under the Civil Defence Emergency Management Act 2002 or any other equivalent replacement legislation.

#### **Terminal Illness**

Any illness which, in Our opinion after consideration of medical evidence provided to Us by Your Registered Medical Practitioner, and such other evidence as We may require, shows that that illness You are suffering from will result in your death within 6 months or less, regardless of any treatment that might be undertaken.



Notes			



Provident Insurance Corporation Limited, Takapuna Beach Centre, Level 1, 61 Hurstmere Rd, Takapuna, Auckland 0622, New Zealand

Email: info@providentinsurance.co.nz Phone: 0800 676 864

www.providentinsurance.co.nz

