

ANZ CREDIT CARD REPAYMENT INSURANCE

POLICY DOCUMENT
EFFECTIVE 30 NOVEMBER 2018



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Thank you for choosing ANZ Credit Card Repayment Insurance. ANZ Bank New Zealand Limited (“ANZ”) and your insurer, Cigna Life Insurance New Zealand Limited (“Cigna”), are pleased to be helping you protect yourself in the event the unexpected happens. ANZ Credit Card Repayment Insurance is arranged through ANZ and is underwritten by Cigna.

This is your ANZ Credit Card Repayment Insurance Policy Document. This Policy Document and your policy schedule are important documents, so please make sure you read them carefully and keep them in a safe place. You may need them if you ever need to make a claim.

CIGNA’S FINANCIAL STRENGTH RATING

ANZ Credit Card Repayment Insurance is underwritten by Cigna Life Insurance New Zealand Limited (“Cigna”).

In this document, ‘we’, ‘us’, and ‘our’ refer to Cigna.

Cigna has an A (Excellent) financial strength rating which was given by A.M. Best Company Inc.

The rating scale is:

Secure		
A++	A+	Superior
A	A-	Excellent
B++	B+	Good
Vulnerable		
B	B-	Fair
C++	C+	Marginal
C	C-	Weak
D		Poor
E		Under regulatory Supervision
F		In Liquidation
S		Suspended

For more information visit www.ambest.com/ratings/guide.pdf.

No member of ANZ or its related companies guarantees the obligations of, or any products issued by, Cigna and its subsidiaries.

ANZ receives commission from Cigna on any Policy arranged.

ANZ CREDIT CARD REPAYMENT INSURANCE

We have agreed to issue you this Policy on the terms set out in this Policy Document.

Your Policy comes with a 30-day 'cooling off period'. If you decide it's not for you and the Primary Cardholder cancels it within 30 days of the Policy Commencement Date, we will refund all the premiums you've paid.

WHAT DOES ANZ CREDIT CARD REPAYMENT INSURANCE COVER YOU FOR?

The purpose of ANZ Credit Card Repayment Insurance is to help repay the debt on your ANZ Credit Card in the event of:

- Death or Terminal Illness
- Critical Illness (cancer, coronary artery bypass surgery, heart attack or stroke)
- Permanent Disability
- Temporary Disability
- Redundancy, if you are not Self-employed
- Bankruptcy, if you are Self-employed.

WHO IS ELIGIBLE TO BE COVERED?

The Primary Cardholder of your ANZ Credit Card account (being the first person named on the credit card application form for your ANZ Credit Card) and one nominated Additional Cardholder or Joint Cardholder are eligible to apply for cover under this Policy.

Acceptance is guaranteed provided the cardholders are aged over 18 and under 75. If any cardholder is aged over 65, only the death and Terminal Illness covers will apply to that cardholder.

The persons covered under this Policy are the insured cardholders shown on your policy schedule. References to "you" or "your" in this document are to the insured cardholder(s).

This Policy cannot be assigned to another person.

HOW YOUR PREMIUM IS BILLED

Your premium is billed to your ANZ Credit Card account every month.

The insurance premium will be shown as a separate line on your ANZ Credit Card account statement.

Interest may be payable on the premium, charged at your normal ANZ Credit Card interest rate.

HOW DO WE CALCULATE YOUR PREMIUM?

Your premium is calculated monthly based on the Net Closing Balance (if any) for that month.

If your Policy has one insured cardholder, the monthly premium on your Policy is calculated at a rate of 79* cents for every \$100 (and proportionately for every part \$100) of the Net Closing Balance (if any) for the relevant month.

If your Policy has two insured cardholders, the monthly premium on your Policy is calculated at a rate of \$1.29* for every \$100 (and proportionately for every part \$100) of the Net Closing Balance (if any) for the relevant month.

This premium includes GST, if any.

Example: if your Policy has one insured cardholder and you had \$550 owing at the closing date of your monthly statement (before calculation of your premium), the premium charged for that month would be:

$$5.5 \times \$0.79 = \$4.35.$$

So the amount to be paid on your ANZ Credit Card account would be calculated as follows:

Amount owing/Net Closing Balance	\$550.00
Insurance premium	\$4.35
Closing Balance	\$554.35

If there is no amount owing, or your ANZ Credit Card account is in credit at the closing date of your monthly statement, there will be no premium to pay for that month.

* These premium rates could change in the future. Please see the CHANGES TO YOUR POLICY section for more details.

BENEFITS – WHAT YOU ARE INSURED FOR

DEATH OR TERMINAL ILLNESS

If you die or are diagnosed with a Terminal Illness while the Policy is in force, we will pay the greater of:

- the total outstanding Account Balance as at the date of death or the date you are diagnosed with a Terminal Illness; or
- the Average Closing Balance calculated as at the date of death or date you are diagnosed with a Terminal Illness,

up to a maximum of \$60,000 less any payments already received under other benefits as a result of the same, a similar or a related condition or event.

Any premiums paid or interest accrued on the Account Balance from the date of death or diagnosis of a Terminal Illness, until payment is made under this benefit, will be refunded to your ANZ Credit Card account at the same time as payment of the death or Terminal Illness benefit.

If you die or are diagnosed with a Terminal Illness while the Policy is in force, and you have made a purchase transaction on your ANZ Credit Card account in the 180 days prior to the event or condition, we will pay you an additional single payment of \$2,500 as a contribution towards any additional expenses you may have. This will be paid even if you have a nil or credit balance on your ANZ Credit Card account (unless a policy exclusion applies).

In no circumstances will we pay both a death benefit and a Terminal Illness benefit for the same cardholder.

HOW DOES DEATH/TERMINAL ILLNESS COVER WORK FOR PRIMARY/ADDITIONAL CARDHOLDERS?

If a death or a Terminal Illness claim is paid in respect of the:

- Primary Cardholder, the Policy will cease for all cardholders
- Additional Cardholder, the Policy will continue for the Primary Cardholder.

HOW DOES DEATH/TERMINAL ILLNESS COVER WORK FOR JOINT CARDHOLDERS?

If a death or a Terminal Illness claim is paid in respect of one cardholder, the Policy will continue for the other cardholder.

Where cover continues for one cardholder, the premium will reduce to the premium payable for a single cardholder.

CRITICAL ILLNESS

If you are diagnosed with a Critical Illness as specified below while the Policy is in force, we will pay the greater of:

- the total outstanding Account Balance as at the date of diagnosis; or
- the Average Closing Balance calculated as at the date of diagnosis,

up to a maximum of \$60,000 less any payments already received under other benefits as a result of the same, a similar or a related condition or event.

We will only pay one Critical Illness benefit per cardholder.

The Critical Illness benefit is payable on satisfactory proof to Cigna that you were first diagnosed as suffering the Critical Illness at least 90 days after the Policy Commencement Date.

The following are the definitions of the Critical Illnesses covered by this policy:

Cancer

Histologically confirmed first diagnosis of one or more malignant tumours; characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following tumours are specifically excluded from the Critical Illness cover of this Policy:

- all skin cancers, including hyperkeratoses, squamous or basal cell carcinomas, unless there is evidence of metastases
- carcinoma in situ (including cervical dysplasia CIN1, CIN2 and CIN3), or pre-malignant tumours. Carcinoma in situ of the breast is covered where it leads to the removal of the breast by a mastectomy. The procedure must be performed as a direct result of the carcinoma in situ and specifically to arrest the spread of malignancy, and be considered the necessary and appropriate treatment
- prostate cancer which is histologically described as TNM classification T1 or another equivalent or lesser classification
- melanomas of a skin stage 1 A (thickness 1.0mm or less, Clark Level 2 or 3, and no ulceration)
- chronic lymphocytic leukaemia less than Rai Stage 3
- tumours treated by endoscopic procedures alone.

Coronary artery bypass surgery

The medically necessary open heart surgical grafting of a bypass to a coronary artery to overcome narrowing or obstruction.

Heart attack

We will pay on first diagnosis of the death of a part of the heart muscle due to lack of blood supply to the heart muscle.

The diagnosis must be:

- confirmed by a cardiologist; and
- evidenced by a rise or fall of cardiac biomarkers, such as troponins, with at least one value above the upper reference range of laboratory normal (99th percentile).

One of the following must also apply:

- new cardiac symptoms and signs consistent with myocardial infarction; or
- electrocardiogram (ECG) tests that show new changes associated with a myocardial infarction; or
- imaging evidence of new loss of viable myocardium or new regional wall motion abnormality consistent with a myocardial infarction.

If the above tests are inconclusive, not undertaken, or the tests are outdated due to technical advances, 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 not covered under this definition:

- other acute coronary syndromes
- elevations of troponins in the absence of overt ischaemic disease.

Stroke

A cerebrovascular incident resulting in permanent neurological damage, causing at least a 25% impairment of whole person function that is permanent.

There must be clear evidence on a CT, MRI or similar appropriate scan that a stroke has occurred and of:

- infarction of brain tissue; and
- intracranial or subarachnoid haemorrhage; or
- embolisation from an extracranial source.

The following are excluded:

- Transient Ischaemic Attacks (TIAs); or
- Vascular accidents affecting solely the eyes; or
- Neurological deficits due to migraines, physical head injury or any blood vessel outside the cranium.

PERMANENT DISABILITY

If you are in Employment or Self-employment and are completely unable to engage in work for 120 consecutive days as a result of an Accident or Illness while this Policy is in force and in the opinion of two medical specialists (one appointed by us) appropriate to your disability, your disablement will, in all probability, prevent you from engaging for any hours in any and all work for which you are Reasonably Suited for the rest of your normal working life, we will pay the greater of:

- the total outstanding Account Balance as at the date of disablement being medically certified; or
- the Average Closing Balance calculated as at the date of disablement being medically certified,

up to a maximum of \$60,000 less any payments already received under other benefits as a result of the same, a similar or a related condition or event.

The cost of providing medical evidence is to be met by you; however we will pay the cost of the medical specialist appointed by us.

Both the Temporary and Permanent Disability benefits will cease for you on the acceptance and payment of a Permanent Disability claim.

TEMPORARY DISABILITY

You can claim a monthly benefit if you become Temporarily Disabled for 14 consecutive days (the Wait Period) while this Policy is in force. The monthly benefit will equal 25% of the greater of:

- the total outstanding Account Balance as at the date you became Temporarily Disabled; or
- the Average Closing Balance calculated as at the date you became Temporarily Disabled.

This monthly benefit will compensate you from the date you became Temporarily Disabled, with the first benefit payment made following assessment of your claim after the 14 day Wait Period. Further monthly benefits are payable while you continue to be Temporarily Disabled, and will be paid at monthly intervals from the date you became Temporarily Disabled, until the earliest of the following occurs:

- you are no longer Temporarily Disabled; or
- 20 monthly payments have been made under the Temporary Disability benefit in relation to the same, a similar or a related condition or event; or
- you have received a total amount of \$60,000 in payments under this Temporary Disability benefit or any other benefit type as a result of the same, a similar or a related condition or event; or
- you reach 65 years of age.

The cost of providing medical evidence is to be met by you, however if we require any additional specialist medical examinations/reports that have not already been recommended or scheduled then such costs would be met by us.

To be entitled to a claim under the Temporary Disability benefit you must require regular treatment and/or supervision from an Approved Medical Practitioner, or if confined to hospital or bed at home such confinement must be medically certified as necessary. A suitable rehabilitation programme must also be undertaken.

Subject to the terms of this Policy, the payment of your claim will be made for the period that an Approved Medical Practitioner has certified you as being Temporarily Disabled.

If you have a claim accepted on the grounds of being unable to engage in Employment or Self-employment then to become eligible to submit any new claim on the same grounds you must return to Employment or Self-employment for a period of at least 14 consecutive days.

If you have a claim accepted on the grounds of being unable to perform an Activity of Daily Living then to become eligible to submit any new claim on the same grounds an Approved Medical Practitioner must certify that for at least 14 consecutive days you are able to perform every Activity of Daily Living that you were able to perform immediately prior to the Policy Commencement Date.

If you have a claim accepted on the grounds of bed confinement then to become eligible to submit any new claim on the same grounds an Approved Medical Practitioner must certify that for at least 14 consecutive days you are not medically confined to bed.

REDUNDANCY

You can claim a monthly benefit if you are in Employment for a continuous period of at least 90 days and, while this Policy is in force, are then made Redundant and remain unemployed for 14 consecutive days (the Wait Period). The monthly benefit will equal 25% of the greater of:

- the total outstanding Account Balance as at the notification date of your Redundancy; or
- the Average Closing Balance calculated as at the notification date of your Redundancy.

This monthly benefit will compensate you from the date you are made Redundant, with the first benefit payment made following assessment of your claim after the 14 day Wait Period. Further monthly benefits are payable while you remain unemployed, and will be paid at monthly intervals from the date you were made Redundant, until the earliest of the following occurs:

- you return to Employment; or
- you reach the date on which your fixed term contract was originally agreed to end before you were notified of your Redundancy (if you had been on a fixed term contract); or

- the greater of the outstanding Account Balance as at the notification date of your Redundancy or the Average Closing Balance calculated as at the notification date of your Redundancy is paid; or
- you have received a total amount of \$60,000 in payments under this Redundancy benefit; or
- you reach 65 years of age.

You must return to Employment for a period of no less than 90 days before you can submit a new claim under the Redundancy benefit.

If you are Self-employed you are not eligible for the Redundancy benefit.

BANKRUPTCY

If you are Self-employed and are made Bankrupt at least 180 days after the Policy Commencement Date and this Policy is in force, we will pay the greater of:

- the total outstanding Account Balance as at the date of Bankruptcy; and
- the Average Closing Balance calculated as at the date of Bankruptcy.

Payment will not exceed a maximum of \$60,000. Only one claim for Bankruptcy can be made during the term of this Policy. The Bankruptcy benefit will cease on payment of a Bankruptcy claim.

EXCLUSIONS – WHAT YOU ARE NOT INSURED FOR

TEMPORARY DISABILITY, PERMANENT DISABILITY, CRITICAL ILLNESS, DEATH, OR TERMINAL ILLNESS EXCLUSIONS

No benefit will be paid under the Temporary Disability, Permanent Disability, Critical Illness, Death or Terminal Illness benefits as a result of an event or condition that is caused or contributed to, directly or indirectly, by:

- suicide, attempted suicide, self-inflicted injury or self-inflicted illness, whether you are sane or insane, within the first 13 months after the Policy Commencement Date; or
- any Pre-existing Condition if the claimable event occurs within the first 12 months after the Policy Commencement Date; or
- war or any act of war, invasion, terrorism or any acts of terrorism, acts of a foreign enemy, hostilities (whether war is declared or not), strike, civil war, military or usurped power, rebellion, revolution, insurrection, riot or civil commotion; or
- any medical treatment or surgical procedure which is not essential for medical reasons and is requested by you for psychological, personal or cosmetic reasons; or
- the normal consequences of pregnancy, birth, miscarriage or termination of pregnancy; or
- alcohol, drugs or any other intoxicating substance taken by you (unless prescribed and taken as prescribed by an Approved Medical Practitioner); or
- service in any armed forces; or
- an unlawful act committed by you or in which you participated.

TEMPORARY DISABILITY AND PERMANENT DISABILITY EXCLUSIONS

No benefit will be paid under the Temporary Disability or Permanent Disability benefits in respect of:

- an Illness which first occurs within 14 days of the Policy Commencement Date; or
- backache and related conditions causing disability which first occurs within 24 months of the Policy Commencement Date unless there is a radiologically proven medical abnormality; or
- any event or condition happening to you whilst you are living or working outside New Zealand.

REDUNDANCY EXCLUSIONS

No Redundancy benefit will be paid in respect of an event caused by or resulting from:

- a strike or labour dispute in which you or your employer are involved; or
- Redundancy whilst you are engaged in casual work, or in fixed-term employment for a contract period of less than 3 months; or
- Redundancy caused by the expiry or non-renewal of a fixed-term employment contract; or
- your voluntary resignation, voluntary redundancy or retirement; or
- the closure or sale of your own business; or
- your dismissal; or
- Redundancy whilst you are living or working outside New Zealand; or
- Redundancy if written or verbal notice of Redundancy is received by you before or within 90 days of the Policy Commencement Date; or
- Redundancy where you are employed by a company of which you or your immediate family have direct or indirect control.

No Redundancy benefit will be payable if:

- you are made Redundant and you are a director in the business; or
- you are not actively seeking paid employment; or
- you are not registered with an appropriate employment agency for your occupation.

BANKRUPTCY EXCLUSIONS

No Bankruptcy benefit will be payable if you are declared Bankrupt:

- within 180 days of the Policy Commencement Date; or
- voluntarily; or
- whilst you are living or working outside New Zealand.

CLAIMS

HOW DO YOU MAKE A CLAIM?

In the event of a claim, please contact:

ANZ Credit Card Repayment Insurance
PO Box 24 031
Wellington 6140
Phone 0800 883 012

So that claims can be dealt with as quickly as possible, the claimant should notify us as soon as possible.

Other than for death claims, notification of a claim should be submitted within 90 days of the occurrence of the event which led to the claim. If a claim is not submitted within this time limit, we may choose not to accept the claim. We are able to choose not to accept a claim if late notification means that we can't assess your claim properly (for example, because evidence we need to assess your claim has been lost or is unavailable).

Full and accurate answers to all questions and prompt receipt of all claim forms, subsequent medical reports and other relevant information will aid prompt assessment of the claim.

In order to assess your claim under the Temporary Disability or Permanent Disability benefits we reserve the right to request any additional information relating to any previous disability claims you have made with any other insurer or ACC.

For Redundancy, you must provide us with a copy of your Redundancy letter, a correctly completed claim form, copies of job applications and responses and confirmation that you have registered with an appropriate employment agency for your occupation.

Adequate proof that you are actively seeking paid employment must be provided to us each month.

YOUR OBLIGATIONS

All information you provide when making a claim, or during the course of a claim under this Policy, must be complete and correct. If any information provided is incomplete or incorrect, or if you or another person have not given us information that you or they know or a reasonable person in the circumstances would be expected to know is relevant to our decision to accept your claim, we may decline to accept your claim and void or cancel this Policy. If we have already paid the claim, we can recover from you the amount we have paid.

OTHER IMPORTANT INFORMATION

WHEN THE POLICY STARTS

Your Policy starts on your Policy Commencement Date as shown on the policy schedule.

CONCURRENT CLAIMS

Benefits shall not be payable for more than one benefit under this Policy at any one time.

If two cardholders are covered under this Policy and both cardholders are involved in the same Accident then:

- for death claims, we will pay the maximum of the total outstanding Account Balance or the Average Closing Balance as at the date of death up to a maximum of \$60,000 in respect of that event
- for Permanent Disability or Temporary Disability claims, we will pay up to a maximum of \$60,000 in respect of that event.

CHANGES TO THE POLICY

We can change the insured events and exclusions of this Policy if it is reasonably necessary to protect our legitimate business interests. Examples of when this might happen include:

- if changes in the law or its interpretation occur after the date your Policy started and we reasonably believe that those changes will affect our tax liability, or how the Policy works, or the amount of benefit payable
- if claims experience across all ANZ Credit Card Repayment Insurance policies becomes significantly adverse.

The circumstances listed above are examples only; there may be other situations in which a change to the insured events and exclusions of this Policy is reasonably necessary to protect our legitimate business interests.

If a change to the insured events and exclusions of this Policy is reasonably necessary to protect our legitimate business interests, you will be given at least 90 days' written notice in advance of any such change.

We can change the premium rate of this Policy, provided that we give you at least 90 days' written notice of any change and provided all ANZ Credit Card Repayment Insurance policies issued by us are changed at the same time.

We can change or amend the benefits and exclusions at any time to provide you with additional cover or enhanced benefits.

WHEN THE POLICY ENDS

The Policy will end on the earliest of:

- your ANZ Credit Card account being closed by you or by ANZ, for any reason; or
- cancellation of the Policy following a written request from you; or
- lapsing of the Policy due to non-payment of the premium; or
- Cigna cancelling all ANZ Credit Card Repayment Insurance policies issued on these terms and conditions by giving 90 days' notice in writing. Notice will be sent to the most recent address on record; or
- you providing false or incorrect information in support of a claim.

Cover for a Primary or Joint Cardholder will end on the earliest of:

- the cardholder's 99th birthday; or
- the death of the cardholder; or
- payment of a Terminal Illness claim in respect of the cardholder.

Cover for an Additional Cardholder will end on the earliest of:

- the Primary Cardholder's or Additional Cardholder's 99th birthday; or
- the death of the Primary Cardholder or Additional Cardholder; or
- payment of a Terminal Illness claim in respect of the Primary Cardholder or Additional Cardholder.

Cover for Critical Illness, Permanent Disability, Temporary Disability, Redundancy and Bankruptcy benefits expires on your 65th birthday.

When cover ends in respect of:

- an Additional Cardholder, cover will continue for the Primary Cardholder, in which case the premium will be adjusted to a single cardholder premium
- a Joint Cardholder, cover will continue for the remaining cardholder, in which case the premium will be adjusted to a single cardholder premium.

COMPLAINTS

If you have a complaint we are happy to discuss it. Please contact us in the first instance, and we will do our best to resolve your issue through our formal complaints process.

We are members of the Insurance and Financial Services Ombudsman (IFSO) scheme, a free, independent service which can help settle any dispute you are unable to resolve with us.

Any dispute or action relating to this Policy will be determined in accordance with New Zealand law.

IFSO CONTACT DETAILS

Post: PO Box 10 845, Wellington 6143
Phone: 0800 888 202
Email: info@ifso.nz
Website: www.ifso.nz

JURISDICTION AND CURRENCY

This Policy shall in all respects be governed and interpreted according to the laws of New Zealand.

All money referred to in this Policy is expressed and payable in New Zealand dollars.

STATUTORY FUNDS

Cigna is required under the Insurance (Prudential Supervision) Act 2010 to establish a statutory fund. The statutory fund relevant to your policy is Cigna's Statutory Fund Number One.

NO SURRENDER VALUE

This Policy does not have a surrender value and does not participate in the profits or share in the surplus of Cigna.

PRIVACY ACT 1993 & HEALTH INFORMATION PRIVACY CODE 1994

Pursuant to the Privacy Act 1993, you may request access to and correction of any personal information held by Cigna by making a written request to:

ANZ Credit Card Repayment Insurance
PO Box 24 031
Wellington 6140.

CONTACT DETAILS

ANZ Credit Card Repayment Insurance
PO Box 24 031
Wellington 6140
Customer Care: 0800 883 012

DEFINITIONS

Definitions explain frequently used words in the Policy and the first letter of each term/word is in capitals.

Accident means:

bodily injury to you that is caused by violent, accidental, external and visible means which occurs after the Policy Commencement Date.

Account Balance means:

the amount you owe to ANZ in respect of your ANZ Credit Card account on the date of the insured event or the date the insured condition is diagnosed, less any arrears or fees. This includes any charges which have been incurred prior to that date, but which have not yet appeared on any statement of account.

This amount will exclude:

- any amounts on which premium is not being charged shown as “over limit” on your ANZ Credit Card statement together with accompanying interest; and
- any purchases or cash advances made when the possibility of an event giving rise to a claim was known, and which are outside the normal conduct of your ANZ Credit Card account.

Activity of Daily Living means:

- washing yourself (whether by bathing, showering or otherwise); or
- clothing yourself (both dressing and undressing); or
- eating and drinking; or
- using a toilet to maintain personal hygiene; or
- moving from place to place by walking, or with the use of a wheelchair or with the assistance of a walking aid.

Please note that you will only be covered under this Policy in relation to Activities of Daily Living that you were able to perform immediately prior to the Policy Commencement Date.

Additional Cardholder means:

a person who is an additional cardholder on your ANZ Credit Card account and who is an insured cardholder shown on your policy schedule.

ANZ means:

ANZ Bank New Zealand Limited.

ANZ Credit Card means:

the credit card issued by ANZ to you for use on your ANZ Credit Card account, but excluding any business, corporate, ticketing or associate cards.

Approved Medical Practitioner means:

A person registered as a medical practitioner with the Medical Council of New Zealand and who is not you, your partner or a relative. Should your claim relate to a mental health issue (including but not limited to stress, anxiety or depression), then we may require this person to be a registered mental health specialist.

Average Closing Balance means:

an amount equal to the average of the Closing Balance for each of the 6 months prior to the date of the insured event or the date the insured condition is diagnosed (or the average Closing Balance since the Policy Commencement Date if less than 6 months).

This amount will exclude:

- any amounts on which premium is not being charged shown as “over limit” on the relevant ANZ Credit Card statements together with accompanying interest; and
- any purchases or cash advances made when the possibility of an event giving rise to a claim was known, and which are outside the normal conduct of your ANZ Credit Card account.

Bankruptcy means:

the court has declared you Bankrupt as a result of your creditors asking the court to do so. Voluntary bankruptcy is not covered (Bankrupt has a corresponding meaning).

Closing Balance means:

the amount shown as the Closing Balance on your ANZ Credit Card statement each month.

Employment means:

employment for salary or wages by a single employer for at least 15 hours per week (Employed has a corresponding meaning).

Illness means:

any sickness or disease you have that first occurs at least 14 days after the Policy Commencement Date.

Joint Cardholder means:

a person who is a joint cardholder on your ANZ Credit Card account and who is an insured cardholder on your policy schedule.

Net Closing Balance means:

an amount equal to the Closing Balance less any insurance premium charged for this Policy for that month.

Policy means:

the contract between you and Cigna and comprises the application, policy schedule and this Policy Document.

Policy Commencement Date means:

the policy commencement date, cover start date or similar date shown on your policy schedule.

Policy Document means:

this document together with any supplementary or additional document issued by Cigna and/or ANZ from time to time which is stipulated as forming part of the Policy Document.

Pre-Disability Hours means:

the average total hours per week that you were engaging in paid Employment or Self-employment in the 3 months immediately prior to becoming Temporarily Disabled, subject to a maximum of 40 hours.

Pre-existing Condition means:

any illness (including mental illness), bodily injury or condition, whether existing, diagnosed or in remission for which you sought or received or could reasonably have been expected to have sought or received medical examination, advice, treatment or hospitalisation in the 12 months before the Policy Commencement Date.

Primary Cardholder means:

the first person named on the credit card application form for your ANZ Credit Card and who is an insured cardholder shown on your policy schedule.

Reasonably Suited means:

the type of work you would reasonably be expected to do based on your education, training or experience.

Redundancy means:

your employment position is disestablished, as it is no longer needed by your employer. (Redundant has a corresponding meaning).

Self-employed means:

you are employed by a company of which you or your immediate family have direct or indirect control, or you work for yourself in the capacity of a self-employed contractor, sole trader, partner in a partnership, or otherwise, for remuneration for 15 hours or more per week (Self-employment has a corresponding meaning).

Temporary Disability means:

that for medical reasons, due to an Accident or Illness:

- where you were in Employment or Self-employment immediately prior to your Accident or Illness, you are completely unable (for any hours) to engage in your Employment or Self-employment for at least 14 consecutive days (the Wait Period). Once you have qualified for your first monthly benefit you will then be considered as remaining Temporarily Disabled if you are completely unable to engage in Employment or Self-employment, or are only able to engage in Employment or Self-employment for less than 60% of your Pre-Disability Hours; or
- where you were not in Employment or Self-employment immediately prior to your Accident or Illness, you are unable to carry out, without physical assistance from another adult person, at least one Activity of Daily Living, provided that immediately prior to the Policy Commencement Date you were able to carry out the Activity of Daily Living for which your claim is being made; or
- regardless of your employment status, you are confined to a bed at hospital or at home. (Temporarily Disabled has a corresponding meaning.)

Terminal Illness means:

diagnosis of an advanced or rapidly progressive incurable Illness where, in the opinion of two medical specialists (one appointed by us), your life expectancy is less than 12 months.

Wait Period means:

a period of 14 consecutive days starting on the day you first become Temporarily Disabled or become unemployed through Redundancy. You must remain Temporarily Disabled or unemployed throughout the Wait Period before you can claim.

We, us, our and/or Cigna means:

Cigna Life Insurance New Zealand Limited as the underwriter of this Policy.

You or your means:

an insured cardholder shown on your policy schedule.

