



POLICY ENHANCEMENTS

Assurance Extra, Business Assurance, Agribusiness Extra and Business Extra

October 2021



Looking out for you, our customers, is at the heart of everything we do. That's why we're always striving to improve our products and services.

On 18 October 2021 we made some enhancements to our Assurance Extra, Business Assurance, Business Extra and Agribusiness Extra products.

You can read more about these changes in this brochure or contact your Adviser or us for more information.

Important information:

- The enhancements came into effect on 18 October 2021 and apply to events that occur on or after that date. They do not apply if the relevant illness, injury or condition showed signs or symptoms, or was diagnosed before this date.
- The product enhancements apply to relevant covers and options for Cigna Assurance Extra and Business Assurance policies issued on or after 1 May 2004 subject to the terms and conditions of your applicable Policy Enhancement Benefit.

The product enhancements also apply to the relevant covers and options for Agribusiness Extra and Business Extra policies regardless of the date your policy was issued.

Even more protection than before.

Contact us:

Talk to your Adviser or call us on **0508 464 999**

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Visit **cigna.co.nz**

CONTENTS

Policy Enhancement Benefit	3
Enhancements to our Medical Definitions	3
Enhancements to our Assurance Extra product	7
Enhancements to our Assurance Extra Life Cover, Life Income Cover, Trauma Cover and Complete Disablement Cover	8
Enhancements to our Assurance Extra Income Cover and Mortgage Repayment Cover	9
Enhancements to our Business Assurance product	10
Appendix Full terms of enhanced Business Assurance benefits (Sections 1-6)	11
Premium Review Periods (Section 7)	17

Policy Enhancement Benefit

Whenever we make enhancements to our product range we may pass these back according to the Policy Enhancements Benefit. This means that if you ever need to make a claim, you'll be assessed using the policy wording that provides you with the most favourable outcome.

Enhancements to our medical definitions

We have improved the below definitions across our product suite. Below is a summary of which covers have the enhanced definitions. Please note these enhancements will only apply to the relevant covers you have in place.

	Enhanced Medical definitions					New Medical definitions	
	Coma	Organ transplant	Paraplegia, quadriplegia, diplegia, tetraplegia and hemiplegia	Systemic lupus erythematosus (SLE) with lupus nephritis	Systemic sclerosis	Cerebral aneurysm	Hydrocephalus
Assurance Extra							
Trauma Cover	✓	✓	✓	✓	✓	✓	✓
Complete Disablement Cover			✓	✓			
Income Cover (with Optional Income Cover Extra)		✓	✓				
Mortgage Repayment Cover (with Optional Mortgage Deluxe)		✓	✓				
Specific Injury Cover			✓				
Business Assurance							
Accelerated Trauma Cover	✓	✓	✓	✓	✓	✓	✓
Accelerated Complete Disablement Cover			✓	✓			
Specific Injury Cover			✓				
Agribusiness Extra							
Accelerated Trauma Cover	✓	✓	✓	✓			
Accelerated Complete Disablement Cover			✓	✓			
Specific Injury Cover			✓				
Business Extra							
Sum Assured 9 Months (Trauma)	✓	✓	✓	✓			
Business Trauma Cover	✓	✓	✓	✓			
Sum Assured 12 Months (Trauma)	✓	✓	✓	✓			

Enhancement – Coma

The definition has been enhanced to assess eligibility based on the Glasgow Coma Scale.

Note: If customers meet the previous definition of Coma, they'll still be eligible to claim under our Intensive Care Treatment definition.

Previous definition*	New definition
<p>Coma</p> <p>Full Trauma Benefit criteria</p> <p>A state of unconsciousness with no reaction to external stimuli or internal needs which requires either:</p> <ul style="list-style-type: none">• continuous mechanical ventilation by tracheal intubation for at least 3 days in a row• admission to the intensive care ward of a registered medical hospital for at least 5 days in a row on the recommendation of an appropriate <i>specialist</i>. <p>We exclude comas that are caused by alcohol or drug abuse.</p>	<p>Coma</p> <p>Full Trauma Benefit criteria</p> <p>A state of unconsciousness resulting in a documented Glasgow Coma Scale of 6 or less, for at least 3 days in a row.</p> <p>We exclude comas that are caused by alcohol or drug use.</p>

Enhancement – Organ Transplant

We've extended coverage to include partial liver transplants, which means customers who have undergone, or who have been placed on a recognised New Zealand or Australian organ transplant waiting list and have been approved for a partial liver transplant will now be eligible to claim.

Previous definition*	New definition
<p>Organ Transplant</p> <p>Undergoing human-to-human organ transplants from a donor, or being approved for a human-to-human organ transplant from a donor and placed on a recognised New Zealand or Australian organ transplant waiting list for transplant of one or more of the following organs:</p> <ul style="list-style-type: none">• Kidney• Heart• Lung• Liver• Pancreas• Small bowel <p>We also cover the transplant of bone marrow.</p> <p>We exclude the transplant of all other organs or parts of organs and any other tissue or cell transplant</p>	<p>Organ Transplant</p> <p>Undergoing human-to-human organ transplants from a donor, or being approved for a human-to-human organ transplant from a donor and placed on a recognised New Zealand or Australian organ transplant waiting list for transplant of one or more of the following organs:</p> <ul style="list-style-type: none">• Kidney• Heart• Lung• Liver (including partial liver)• Pancreas• Small bowel <p>We also cover the transplant of bone marrow.</p> <p>We exclude the transplant of all other organs or parts of organs (except partial liver transplants) and any other tissue or cell transplant.</p>

Enhancement – Paraplegia, quadriplegia, diplegia, tetraplegia and hemiplegia

We've updated the name of the condition to 'Paralysis' and now include cover for monoplegia.

Previous definition*	New definition
<p>Paraplegia, quadriplegia, diplegia, tetraplegia and hemiplegia</p> <p>Total and permanent loss of use of two or more limbs caused by <i>illness</i> or <i>injury</i> to the spinal cord or brain. In this case, limb is a whole arm or whole leg.</p>	<p>Paralysis</p> <p>The total and permanent loss of use of one or more limb caused by <i>illness</i> or <i>injury</i> to the spinal cord or brain. In this case, limb is a whole arm or whole leg.</p> <p>Included in this definition are monoplegia, paraplegia, quadriplegia/tetraplegia, diplegia and hemiplegia.</p>

Enhancement – Systemic lupus erythematosus (SLE) with lupus nephritis

We've enhanced this definition under our Trauma Covers so that if customers meet the required criteria they'll be eligible for a Full Trauma Benefit (previously we only offered a Partial Benefit under Assurance Extra and Business Assurance).

New definition

Systemic lupus erythematosus (SLE) with lupus nephritis

An unequivocal diagnosis by an appropriate *specialist* of SLE that confirms any four of the criteria in the following table:

Criteria	Definition
Malar rash	Fixed erythema, flat or raised, over the malar eminences, tending to spare the nasolabial folds
Discoid rash	Erythematosus, raised patches with adherent keratotic scaling and follicular plugging, atrophic scarring may occur in older lesions
Photosensitivity	Skin rash because of unusual reaction to sunlight, shown by patient history or <i>specialist</i> report
Oral ulcers	Oral or nasopharyngeal ulceration reported by a <i>specialist</i>
Arthritis	Non-erosive arthritis involving two or more peripheral joints, characterised by tenderness, swelling, or effusion
Serositis	Pleuritis – convincing history of pleuritic pain or pleuritic rub heard by a <i>specialist</i> or evidence of pleural effusion or Pericarditis – documented by ECG or rub or evidence of pericardial effusion
Renal disorder	Persistent proteinuria greater than 0.5 grams/24hr or greater than 2+ if quantitation not performed or Tubular casts – may be red cell, haemoglobin, granular, cellular or mixed
Neurological disorder	Seizures – without offending drugs or known metabolic derangements, such as uraemia, ketoacidosis or electrolyte imbalance
Hematologic disorder	Hemolytic anaemia – with reticulocytosis or Leucopenia – less than 3,500/mm ³ on two or more occasions or Thrombocytopenia – less than 100,000/mm ³ without offending drugs
Immunologic disorder	Positive LE cell preparation or Anti-DNA: antibody to native DNA in abnormal titre or Anti-Sm: presence of antibody to Sm (Smooth muscle) nuclear antigen or False positive serologic test for syphilis known to be positive for at least 6 months and confirmed by Treponema pallidum immobilisation or fluorescent treponemal antibody absorption test
Antinuclear antibody	An abnormal titre of antinuclear antibody by immunofluorescence or an equivalent assay at any point in time and without drugs known to be associated with 'drug-induced lupus' syndrome.

As well as the diagnosis of SLE, renal changes must confirm the life assured has lupus nephritis. A renal biopsy must measure class 3 to 6 of the International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis. The lupus nephritis must also be associated with persisting proteinuria (more than 2+).

New Diagnosis Benefit – Systemic Sclerosis

We've added a Diagnosis Benefit for Systemic Sclerosis under our Assurance Extra and Business Assurance Trauma Cover, which means customers will now be eligible for a partial payment immediately upon diagnosis of systemic sclerosis, allowing them to seek the specialist treatment and care needed to help with their complications.

Previous definition	New definition
Systemic Sclerosis Full Trauma Benefit criteria An unequivocal diagnosis by an appropriate specialist of systemic sclerosis that causes the total and irreversible inability to perform at least one of the activities of daily living without the help of another adult.	Systemic Sclerosis Full Trauma Benefit criteria An unequivocal diagnosis by an appropriate specialist of systemic sclerosis that causes the total and irreversible inability to perform at least one of the activities of daily living without the help of another adult. Diagnosis Benefit criteria An unequivocal diagnosis by an appropriate specialist of systemic sclerosis.

New Partial Benefit – Cerebral aneurysm

We've added a new condition under our Partial Benefit within the Assurance Extra and Business Assurance Trauma Cover. This entitles customers to a partial payment where they have to undergo surgery for a cerebral aneurysm.

Previous definition	New definition
Cerebral aneurysm Partial Benefit criteria Undergoing surgical treatment for a cerebral aneurysm via clipping or endovascular surgery (coiling).	

New Partial Benefit – Hydrocephalus

Under the Assurance Extra and Business Assurance Trauma Cover we've added a new condition under our Partial Benefit for hydrocephalus. This means customers will now be eligible for a partial payment if they require surgical intervention to treat excessive accumulation of cerebrospinal fluid within their cranium.

Previous definition	New definition
Hydrocephalus Partial Benefit criteria An unequivocal diagnosis by an appropriate specialist of excessive accumulation of cerebrospinal fluid within the cranium that requires surgical intervention via insertion of a shunt or Endoscopic Third Ventriculostomy (ETV).	

* previous definitions are per Assurance Extra documents. For Business Assurance, Business Extra and Agribusiness, please refer to your policy wordings for previous definitions.

Enhancements to our Assurance Extra Product

We've made the following improvements across our Assurance Extra product.

Enhancement – Increasing the amount payable under the Grief Counselling Benefit

We've increased the amount payable under the Grief Counselling Benefit from \$1,000 to \$2,500, giving customers or their dependents additional financial support for counselling in the event a life assured, or child of a life assured, dies.

Enhancement – Extending coverage under the Children's Bereavement Support Benefit for children that pass away prior to birth

We've extended coverage under the Children's Bereavement Support Benefit to provide a reimbursement of funeral costs up to a maximum of \$5,000 if a life assured's biological child dies during the third trimester, prior to birth.

Enhancement – Extending the suspension period under financial difficulty from 3 months to 6 months

Recognising the financial impact that the COVID-19 pandemic has had on our customers, we've extended the suspension period from 3 months to 6 months under our Suspension of Cover, providing customers with more flexibility at a time of uncertainty, if they're going through financial difficulties

Enhancement – Providing flexibility to change the Premium Review Period

Recognising that customers may wish to change how often their premiums are reviewed, we have made it possible for customers to change their premium review period on some Assurance Extra covers without any underwriting, provided the sum insured doesn't increase. Refer to Appendix, Section 7 for more information on this.

Enhancements to our Assurance Extra Life Cover, Life Income Cover, Trauma Cover and Complete Disablement Cover

We've made the following improvements across our Assurance Extra Life, Trauma and Complete Disablement covers.

Enhancement – Life and Life Income Cover – Adding two additional conditions under the Advance Terminal Illness Benefit

We've added two additional conditions to the Advance Terminal Illness Benefit, which now covers Class 4 Congestive Heart Failure and Stage 4 Malignant Melanoma, giving customers access to early financial support under their Life or Life Income Cover if they're diagnosed with either of these conditions.

Enhancement – Trauma Cover – Allow indexation on repurchased Trauma Cover under the Optional Trauma Cover Buy Back

Customers who exercise their Optional Trauma Cover Buy Back will now also have the option to retain the indexation on their repurchased Trauma Cover, allowing their sum insured to continue increasing in line with inflation.

Enhancement – Complete Disablement Cover – Removing the Sum Insured Limitation for customers aged 65 or over

We've removed the \$1,000,000 sum insured limit for existing customers aged 65 and over – which means that going forward, customers will now be able to retain their full sum insured in excess of \$1,000,000 right up until the expiry of their cover.

Enhancement – Complete Disablement Cover – Increasing the maximum amount payable under the Partial Disablement Benefit

We've increased the maximum amount payable under the Partial Disablement Benefit from \$75,000 to \$100,000.

Enhancement – Life Cover, Life Income Cover, Trauma Cover and Complete Disablement Cover – Adding two additional events under the Life Events Benefit

We've added two additional events to the Life Events Benefit, allowing customers to increase their cover if:

- their child starts private secondary school for the first time; or
- their spouse/partner passes away.

Enhancement – Life Cover, Life Income Cover, Trauma Cover and Complete Disablement Cover – Extending the application period for Optional Guaranteed Insurability and increasing the maximum percentage

We've extended the application period for an increase under this benefit, from 30 days to 60 days within the relevant policy anniversary date, providing customers more time to review their covers with their Adviser and to exercise an increase of their cover to ensure it keeps up with their changes in circumstances.

In addition, we've increased the maximum percentage increase for Trauma Cover and Complete Disablement Cover under this benefit from 20% of the sum insured to 25% of the sum insured, up to a maximum of \$50,000.

Enhancements to our Assurance Extra Income Cover and Mortgage Repayment Cover

We've made the following improvements across our Assurance Extra Income and Mortgage Repayment covers.

Enhancement – Income Cover – Increasing the payment term under the Optional Mental Health Restriction

We've extended the payment term from 1 year to 2 years for any Total Disability Benefit or Partial Disability Benefit for claims related to mental illness, where this optional restriction has been selected.

Enhancement – Income Cover – Adding an additional opportunity to increase under the Increasing Income Benefit

We've added an additional window period where customers will have the opportunity to increase their sum insured under this benefit within 60 days of their policy anniversary date after their salary has increased.

Enhancement – Income Cover & Mortgage Repayment Cover – Removing the requirement where the life assured must've utilised all leave at work under Optional Dependant Leave Without Pay Benefit

We've introduced the Optional Dependant Leave Without Pay Benefit to our Mortgage Repayment Cover which provides coverage in instances where the life assured has to take leave without pay from work to undertake full-time care of a person they're responsible for.

In addition, we've enhanced this optional benefit by removing the requirement where the life assured must've utilised all types of leave from work in order to be eligible for a claim.

Enhancement – Income Cover (Optional Income Cover Extra) & Mortgage Repayment Cover (Optional Mortgage Deluxe) – Removing the reduction of the payment term where a monthly benefit subsequently follows a Severe Illness Benefit payment

If customers qualify for a Severe Illness Benefit, and are subsequently eligible for a Total Disability Benefit or Partial Disability Benefit, we'll no longer reduce their payment term by 6 months, which means that going forward customers will receive their monthly benefit for their full payment term or until they're no longer disabled.

Enhancement – Income Cover & Mortgage Repayment Cover – Removing the expiry age for the Optional Reduction in Waiting Period

We've removed the expiry age of this optional benefit at age 65, which means that if customers have selected a cover term to age 70, they'll now be able to retain this optional benefit on their cover.

Enhancement – Mortgage Repayment Cover – Shifting the Vocational Retraining & Rehabilitation Benefit from the Optional Mortgage Deluxe to the base cover

We've shifted the Vocational Retraining and Rehabilitation Benefit from our Optional Mortgage Deluxe to our base cover, which means that customers who have Mortgage Repayment Cover and become disabled will now be able to seek additional financial support to undertake a retraining or rehabilitation programme to help them return to work or to get their physical functions back sooner.

Enhancements to our Business Assurance Product

We've made the following improvements across our Business Assurance product:

Enhancement – Life Cover, Trauma Cover and Complete Disablement Cover – Simplifying the terms and requirements under the Optional Guaranteed Insurability

We've simplified and relaxed the requirements under this optional benefit, to make it easier for customers to understand what this benefit offers and how they can utilise it.

Please refer to Appendix, Sections 1, 2 and 3 for the full terms of this benefit under each applicable cover.

Enhancement – Complete Disablement Cover – Increasing the maximum amount payable under the Partial Disablement Benefit

We've increased the maximum amount payable under the Partial Disablement Benefit from \$75,000 to \$100,000.

Enhancement – Business Overheads Cover – Allowing coverage for eligible business overheads under the Total Disability Benefit regardless of whether a locum was engaged

Going forward, regardless of whether a locum was engaged, the amount payable under the Total Disability Benefit would be the lesser of the monthly sum insured or the eligible business overheads cost. Note: the eligible business overheads cost will now include the net cost of a locum.

This means that customers can rest assured knowing that in the event they're totally disabled, their eligible business overhead costs to maintain the business will be protected, regardless of whether they engaged a locum or not.

Please refer to Appendix, Section 4 for the full terms of this benefit under the Business Overheads Cover.

Enhancements – Business Overheads Cover – Improving our definition of Eligible Business Overheads

We've made some changes to the definition of 'Eligible Business Overheads' which now includes coverage for net locum costs as well as capital repayments towards one or more identifiable business assets.

Please refer to Appendix, Section 5 for the full definition under the Business Overheads Cover.

Enhancements – Premium Cover – Removal of the 7 days total disability criteria and refund premiums paid during the waiting period after acceptance of a Disability Benefit

We've removed the 7 day initial period of total disability criteria under our Disability Benefit. This means customers are more likely to qualify for a waiver.

Also going forward, if a Disability Benefit claim has been accepted, the premium waiver would be applied retrospectively from the first day of disability. This means that at the end of the waiting period, we'll reimburse any premiums paid in respect to coverage during the waiting period.

Please refer to Appendix, Section 6 for the full terms of this benefit under the Premium Cover.

Appendix – full terms of enhanced Business Assurance benefits

1. Optional Guaranteed Insurability – Business Assurance Life Cover

Business Assurance Life Cover

Optional Guaranteed Insurability

With Optional Guaranteed Insurability, you can increase the Trauma Cover *sum insured* for a life assured without assessment of their health if a circumstance justifies a need to increasing your business insurance for that life assured.

Your business insurance needs for the life assured must have increased through one of the following circumstances.

- The value of the life assured's ownership of the business increased
- The value of the life assured as a key person to the business increased
- The value of the life assured's share of the business loan or their guarantee to the business increased

Your premiums will increase from the date we've increased the *sum insured*.

We'll accept your application to increase the *sum insured* under this benefit on the terms we most recently offered for the life assured at either:

- the *commencement date* of this cover
- any application to increase this cover's *sum insured*, whether the increase was accepted or not.

Send us evidence when you apply

When you apply for an increase under this benefit, you must send us evidence that financially justifies your business' need to increase the *sum insured*.

The evidence may include any of the following.

- Financial information covering the last 12 months or the last financial year
- Details of the methodology applied to justify the increase and financial evidence supporting this.

If more than one circumstance applies, any increases under this benefit must be proportionate to each circumstance.

You can apply for an increase once every policy year

You can apply for an increase under this benefit once every *policy year*, but not within the first 6 months from the *commencement date*.

You cannot increase under this benefit if you've already increased the Life Cover *sum insured* for the life assured using this benefit within the last 12 months.

You're limited in how much you can increase the sum insured

All increases under this benefit for a life assured can't be more than the lesser of:

- the *original sum insured* multiplied by the Optional Guaranteed Insurability multiple shown on your *policy schedule*
- \$15,000,000.

When you cannot use this benefit

You cannot use this benefit for a life assured if:

- we've paid a Life Cover Benefit claim
- we've paid a Terminal Illness Benefit claim
- they meet all the criteria for a Life Cover Benefit claim, or a Terminal Illness Benefit claim, even if you haven't made the claim yet
- they're aged 65 years old or older.

2. Optional Guaranteed Insurability – Business Assurance Trauma Cover

Business Assurance Trauma Cover

Optional Guaranteed Insurability

With Optional Guaranteed Insurability, you can increase the Trauma Cover *sum insured* for a life assured without assessment of their health if a circumstance justifies a need to increasing your business insurance for that life assured.

Your business insurance needs for the life assured must have increased through one of the following circumstances.

- The value of the life assured's ownership of the business increased
- The value of the life assured as a key person to the business increased
- The value of the life assured's share of the business loan or their guarantee to the business increased

Your premiums will increase from the date we've increased the *sum insured*.

We'll accept your application to increase the *sum insured* under this benefit on the terms we most recently offered for the life assured at either:

- the *commencement date* of this cover
- any application to increase this cover's *sum insured*, whether the increase was accepted or not.

Send us evidence when you apply

When you apply for an increase under this benefit, you must send us evidence that financially justifies your business' need to increase the *sum insured*.

The evidence may include any of the following.

- Financial information covering the last 12 months or the last financial year
- Details of the methodology applied to justify the increase and financial evidence supporting this.

If more than one circumstance applies, any increases under this benefit must be proportionate to each circumstance.

You can apply for an increase once every policy year

You can apply for an increase under this benefit once every *policy year*, but not within the first 6 months from the *commencement date*.

You cannot increase under this benefit if you've already increased the Trauma Cover *sum insured* for the life assured using this benefit within the last 12 months.

You're limited in how much you can increase the sum insured

All increases under this benefit for a life assured can't be more than the lesser of:

- the *original sum insured* multiplied by the Optional Guaranteed Insurability multiple shown on your *policy schedule*
- \$2,000,000.

You cannot increase a life assured's Trauma Cover *sum insured* to more than their Life Cover *sum insured*.

When you cannot use this benefit

You cannot use this benefit for a life assured if:

- we've paid a Full Trauma Benefit claim
- we've paid a Partial Benefit claim
- we've paid a Diagnosis Benefit claim
- they meet all the criteria for a Full Trauma Benefit claim, or a Partial Benefit claim, or a Diagnosis Benefit claim, even if you haven't made the claim yet
- they're aged 65 years old or older.

3. Optional Guaranteed Insurability – Business Assurance Complete Disablement Cover (Own Occupation/Any Occupation)

Business Assurance – Complete Disablement Cover (Any Occupation / Own Occupation)

Optional Guaranteed Insurability

With Optional Guaranteed Insurability, you can increase the Complete Disablement Cover *sum insured* for a life assured without assessment of their health if a circumstance justifies a need to increasing your business insurance for that life assured.

Your business insurance needs for the life assured must have increased through one of the following circumstances.

- The value of the life assured's ownership of the business increased
- The value of the life assured as a key person to the business increased
- The value of the life assured's share of the business loan or their guarantee to the business increased

Your premiums will increase from the date we've increased the *sum insured*.

We'll accept your application to increase the *sum insured* under this benefit on the terms we most recently offered for the life assured at either:

- the *commencement date* of this cover
- any application to increase this cover's *sum insured*, whether the increase was accepted or not.

Send us evidence when you apply

When you apply for an increase under this benefit, you must send us evidence that financially justifies your business' need to increase the *sum insured*.

The evidence may include any of the following.

- Financial information covering the last 12 months or the last financial year
- Details of the methodology applied to justify the increase and financial evidence supporting this.

If more than one circumstance applies, any increases under this benefit must be proportionate to each circumstance.

You can apply for an increase once every policy year

You can apply for an increase under this benefit once every *policy year*, but not within the first 6 months from the *commencement date*.

You cannot increase under this benefit if you've already increased the Complete Disablement Cover *sum insured* for the life assured using this benefit within the last 12 months.

You're limited in how much you can increase the sum insured

All increases under this benefit for a life assured can't be more than the lesser of:

- the *original sum insured* multiplied by the Optional Guaranteed Insurability multiple shown on your *policy schedule*
- \$5,000,000.

You cannot increase a life assured's Complete Disablement Cover *sum insured* to more than their Life Cover *sum insured*.

When you cannot use this benefit

You cannot use this benefit for a life assured if:

- we've paid a Complete Disablement Benefit claim
- we've paid a Partial Disablement Benefit claim
- they meet all the criteria for a Complete Disablement Benefit claim or a Partial Disablement Benefit claim, even if you haven't made the claim yet
- they're aged 65 years old or older.
- they're aged 65 years old or older.

4. Total Disability Benefit – Business Assurance Business Overheads Cover

Business Assurance – Business Overheads Cover

Total Disability Benefit

With the Total Disability Benefit, we'll make monthly payments if the life assured has a total disability.

When we'll pay this benefit

We'll pay this benefit while this policy is in force if, because of the same *illness* or *injury*, the life assured has a total disability and remains totally disabled at the end of the *waiting period*.

The *waiting period* starts on the first day the life assured has a total disability.

We'll pay the sum insured for the first 3 months

For the first 3 months of the claim, we'll pay the monthly *sum insured* for Business Overheads Cover.

We'll pay the monthly *sum insured*, no matter what eligible overheads you actually incurred.

After 3 months we'll pay the eligible business overhead costs incurred, up to the monthly sum insured

After 3 months, we'll pay the lesser of:

- the life assured's share of eligible business overheads incurred for that month
- the monthly sum insured.

We may reduce the amount we pay if you or the life assured are getting a benefit from other sources

If you or the life assured gets, or can get, a benefit under another insurance policy for the eligible business overheads or the cost of hiring a locum, we'll subtract this amount from what we'll pay under this benefit.

We'll only reduce this benefit to ensure that your combined benefit doesn't exceed 100% of eligible business overheads.

We'll pay monthly in arrears

- We'll pay the Total Disability Benefit monthly in arrears, with the first payment one month after the end of the *waiting period*.

When we'll stop paying the Total Disability Benefit

We'll stop paying when one of the following happens.

- The life assured is no longer totally disabled.
- The *payment term* ends.
- The *cover term* ends.
- This cover for the life assured is no longer in force.
- The life assured dies.
- The business stops operating.
- The life assured sells the business or stops having any material interest in it.
- The life assured stops being liable for the eligible business overheads.

5. Eligible Business Overheads Definition – Business Assurance Business Overheads Cover

Business Assurance – Business Overheads Cover

Eligible business overheads has a particular meaning

In this section for Business Overheads Cover, eligible business overheads mean the regular day-to-day expenses incurred in the normal operations of the business.

Eligible business overheads includes, but isn't limited to:

- the cost of a locum (minus any income or revenue the locum produces)
- costs of electricity, gas, water, heating and telephone charges
- regular cleaning and laundry costs
- contracted security
- property rates
- motor vehicle registration, warrant of fitness or regular scheduled maintenance for motor vehicles used in your business – this doesn't include unscheduled major part replacements or repairs
- professional subscriptions
- premiums for business insurance, including key person, fire and general and professional indemnity insurance
- accounting and audit fees
- advertising costs for regular radio, television or print media where there is a contract in place
- rent (including the life assured's share of building operating expenses)
- interest directly related to business loans
- the gross amount of salaries (including any employer superannuation) and the related costs of employees who are not directly involved in producing income or revenue
- any other costs we agree to.

The following are not eligible business overheads.

- Any capital spending
- Depreciation
- Repayments of any capital or principal on a mortgage, loan, hire purchase agreement, or lease-to-own agreement – other than repayments directly related to one or more identifiable business asset, that are no more than the minimum repayments required by the loan or mortgage, and that have been in place for at least 6 months before the life assured's disability
- Any new expense incurred (other than net locum costs) or contracted to after the life assured becomes totally disabled
- Income tax, resident withholding tax, non-resident withholding tax and capital gains tax
- Salaries, fees, drawings or any other remuneration for:
 - the life assured
 - employees directly involved in producing income or revenue
 - any member of the life insured's family, unless they were employed in the business for at least 90 days before the total disability
- Costs of any goods, wares and merchandise of any nature

6. Disability Benefit – Business Assurance Premium Cover

Business Assurance Premium Cover

Disability Benefit

Under the Disability Benefit, we'll pay the total premium needed to continue this policy if an *illness* or *injury* leaves the life assured totally or partially disabled.

When we'll pay this benefit

We'll pay your premiums while this policy is in force, if all the following apply because of the same *illness* or *injury*.

- The life assured has a total disability or partial disability continuously during the *waiting period*.
- The life assured has a total disability or returns to work with a partial disability at the end of the *waiting period*.

The *waiting period* starts on the first day the life assured has a total disability or partial disability.

We'll pay the total premium needed to continue this policy

If we accept your claim for the Disability Benefit, we'll pay the regular total premium needed to continue this policy. We'll refund any premiums paid that relate to the *waiting period*.

If you pay your premiums every year or half-year, we'll refund them instead of paying them

If you pay your premiums every year or half-year, we'll refund an amount each month equivalent to the monthly total premium. This refund continues until the next day your premiums are due, at which point we'll start paying your total premiums needed to continue this policy.

You'll need to pay if you increase your cover

If you increase your cover or add new covers to this policy while we're paying your premiums, you'll need to pay for any increase in premiums. You won't need to pay the extra premiums on cover if the increase is because of inflation.

When we'll stop paying the premiums

We'll stop paying premiums when one of the following happens.

- The life assured is no longer totally disabled or partially disabled.
- The *payment term* ends.
- The *cover term* ends.
- The life assured dies

7. Premium Review Periods

Premium Review Period

You can now change how often your premiums are reviewed on some Assurance Extra Covers without any underwriting, provided your sum insured doesn't increase.

What is a premium review period?

A premium review period is how often we recalculate your protection premiums for age related changes.

Often premiums are reviewed annually but for some covers there are other options to choose from.

What premium review periods are available?

The table below shows the premium review periods we offer under each Cover and whether we guarantee the protection premium. For more information on how the premium review periods work see below.

Cover	Protection premium review periods								
	1 year	5 year	5 year 5% stepped	10 year	To age 65	To age 70	To age 75	To age 80	To age 100
Life Cover	✗	✓	✓	✓	✓	✓	—	✓	✓
Life Income Cover	✗	✓	✓	✓	—	—	—	—	—
Complete Disablement Cover	✗	✓	✓	✗	✗	✗	—	—	—
Trauma Cover	✗	✓	✓	✗	✗	✗	✗	—	—
Income Cover	✗	✗	✗	✗	—	—	—	—	—
Mortgage Repayment Cover	✗	—	—	—	—	—	—	—	—
Redundancy Cover	✗	—	—	—	—	—	—	—	—
Specific Injury Cover	✗	—	—	—	—	—	—	—	—
Premium Cover	✗	—	—	—	—	—	—	—	—

✓ = Guaranteed ✗ = Not guaranteed — = Not applicable

What does a guaranteed rate mean?

If we guarantee a rate, your protection premium won't change until the end of your premium review period, unless there's any change to relevant legislation or change to discounts applied to your policy.

If we don't guarantee a cover's protection premium, your premium can be subject to change due to factors that impact our underlying rates. We'll apply any change on your policy's next anniversary date.

How can I change my premium review period?

We recommend you talk to your Adviser if you're interested in changing your premium review period. Or you can call us on 0508 464 999.

How do the premium review periods work?

Review period	How it works
1 Year	Your protection premium will be recalculated on each anniversary date based on the sum insured and age-related changes and, if applicable, any changes to Cigna's protection premium rates or any relevant laws
5 Year 5% Stepped	Your protection premium will increase by 5% on each anniversary date for 5 years until your premium review date, when it will be recalculated based on the sum insured and age-related changes.
5 Years / 10 Years	Your protection premium will remain at the same level over the 5/10 year period until your premium review date, when it will be recalculated based on the sum insured and age-related changes.
To age 65 / To age 70 / To age 75 / To age 80 / To age 100	Your protection premium will remain at the same level until the anniversary date after your 65 th , 70 th , 75 th , 80 th or 100 th birthday. After your relevant birthday your protection premium will be recalculated based on the sum insured and age-related changes each year on your anniversary date.

Talk to your financial adviser

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Important information

This brochure is for information purposes and is a summary only. Please refer to the policy wordings for our full requirements and eligibility criteria. The content is intended to be of a general nature, does not take into account your financial situation or goals, and is not a personalised financial adviser service under the Financial Advisers Act 2008. It is recommended you seek advice from a financial adviser which takes into account your individual circumstances before you acquire a financial product. This brochure is based on information current as at October 2021 and is subject to change.

Cigna Life Insurance New Zealand Limited

