

QuickCover Life Insurance



GREENWICH
LIFE INSURANCE



Simple cover

QuickCover is a straight forward life insurance policy that pays out a lump sum on your death or if you are diagnosed with a terminal illness (a condition that is expected to cause death within 12 months). There are no expensive frills – just simple cover that's easy to arrange.

Guaranteed acceptance

Anyone aged 21 to 60 can enrol in QuickCover. Acceptance is guaranteed regardless of your medical history and any medical conditions* you already have will be covered after the initial three year period. Once your policy is in place cover can continue until you reach age 65.

* A few conditions are permanently excluded. Please refer to 'What isn't covered?'

Two-step cover

Because your acceptance is guaranteed, cover is provided in two stages:

1. For the first three years you are not covered for any conditions you already have but you are covered for accidents and any new conditions that may develop during this time.

2. After three years you are covered for new and existing conditions, although a few situations are permanently excluded – these are detailed under 'What isn't covered?'

This two-step approach means cover can be provided to everyone without having to ask any medical or lifestyle questions.

Up to \$200,000 cover

You choose the amount of cover you want, from \$50,000 to \$200,000 (or any amount in between), subject to a minimum premium of \$10 per month. The premium you pay is based on your age, your gender and whether or not you smoke.

Premiums increase each year in line with your age but if you would prefer not to pay more, when the time comes you'll be given the option to freeze your premiums instead. This means you will continue to pay the same amount but your cover will reduce each year.

For a quote or to apply, call us on: 0800 666 004 or go to www.lifeinsuranceservices.co.nz



What isn't covered?

The only events not covered are death or terminal illness caused by:

- an existing injury, illness or degenerative condition, suicide or intentional self harm occurring in the first three years
- HIV, AIDS or any related condition
- The use of alcohol or non-prescribed drugs
- War or warlike operations

These exclusions are detailed in full in the policy document, a copy of which is available on request by calling 0800 666 004.

Who the money is paid to

The proceeds of your policy will be paid to your estate to be distributed according to your Will or by your executors. You can assign ownership of the policy to someone else if you wish and any money will be paid directly to them however, if you enrol by telephone or online, this can only be done after the policy has been issued.

From age 65

Life insurance can get pretty expensive once you reach your 60's and many people don't require as much cover once the family is

grown. Recognising this, you'll be given the option to switch to a Funeral Plan policy at age 65, or at any earlier time provided your policy is at least 3 years old, with preferential terms for existing policyholders.

For more information about the Greenwich Funeral Plan, have a look online at: www.greenwichlife.co.nz

Apply now – it's easy

To secure your QuickCover policy complete the application form and return it to Greenwich at PO Box 1232 Auckland City 1140. Or you can call us on 0800 666 004 or go to www.lifeinsuranceservices.co.nz

However you choose to enrol it's a very simple process because acceptance is guaranteed for anyone aged 21 to 60.

Money back guarantee

Your cover starts as soon as your completed application is received and you'll be sent a policy document within a few days. If you then decide the cover isn't exactly what you want, you can cancel the policy within the first 30 days and any premiums paid will be refunded in full.

Greenwich

Greenwich is a business division of DPL Insurance Ltd.

DPL Insurance Limited is a licensed insurer under the Insurance (Prudential Supervision) Act 2010. For more information, and details on our Financial Strength Rating and Solvency Calculation, please visit www.dplinsurance.co.nz

Contact Us

PO Box 1232

Auckland City 1140

T: 0800 666 004

E: info@lifeinsuranceservices.co.nz

www.lifeinsuranceservices.co.nz

QuickCover Application Form

1.1 Details of First Person to be Insured

Surname..... First name

Date of birth Male Female Have you smoked tobacco in the last 12 months: Yes No

Address Suburb/Town

Telephone.....(.....)..... Email.....

Cover and Payment Options Cover amount: \$50,000 \$100,000 \$125,000 \$150,000 \$200,000

Payment frequency: Fortnightly Monthly Quarterly Yearly

Payment type: Visa Mastercard Direct Debit (complete authority form)

Card number Expiry..... Name

1.2 Policy Owner

Surname..... First name

Date of birth Male Female Have you smoked tobacco in the last 12 months: Yes No

Address Suburb/Town

Telephone.....(.....)..... Email.....

3. Your Declaration and Privacy Act 1993 Acknowledgements

I acknowledge that:

Personal information concerning me provided to Greenwich, a business division of DPL Insurance Limited and related or associated companies and my advisor/agent, whether contained in an application or otherwise obtained is provided and may be held, used and disclosed by DPL Insurance Limited and my advisor/agent:

- To enable any application I may make or any policy I hold with DPL Insurance Limited, or any other insurance office to be processed, underwritten, reinsured and/or accepted;
- To enable any policy held with DPL Insurance Limited to be serviced and maintained and to enable any claim I make against such a policy to be processed;
- To enable DPL Insurance Limited and its authorised advisors/agents to provide me or have provided to me advice and information concerning life insurance or other products and services;
- The personal information provided in this application is collected by and will be held by DPL Insurance Limited (address at the top of the application form) and my advisor/agent (whose name and contact details are below);
- I have the right under the Privacy Act 1993 to request access to and request correction of any personal information held by DPL

Insurance Limited and my advisor/agent concerning me.

I understand that:

- This application will form part of the contract for an insurance policy.
- If I fail to provide any information requested in this application, DPL Insurance Limited may be unable to fairly assess and/or accept this application, and any policy subsequently issued may be cancelled or avoided, premiums forfeited and benefits paid will have to be refunded.
- DPL Insurance Limited may either cancel the insurance contract and/or forfeit premiums and reclaim paid and/or forfeit premiums and reclaim benefits paid and/or reduce insurance benefits if any information provided in this application is not true and complete.

I declare that:

- All the answers in this application are true and complete.
- I have told DPL Insurance Limited about every matter that I know (or could reasonably be expected to know) that may affect the decision to accept the risk and terms of the insurance applied for.
- I do not currently reside in a hospital or long-term care facility.
- I agree to accept the terms and conditions and exceptions specified in the Policy.
- I accept the full disclosure of terms, conditions, exclusions and definitions will be forwarded to me in due course.

1st Insured Signature X.....

2nd Insured Signature X.....

Date

Date

