## QuickCover Life Insurance



# If you have financial commitments and people who depend on you, life insurance is essential.

Unfortunately, life insurance can be difficult to arrange and expensive – particularly if you have any health problems or if you don't quite fit the mold when it comes to height and weight.

QuickCover makes organising life insurance very easy because acceptance

is guaranteed – with no medical or lifestyle questions asked:

- It provides straight forward cover without any fancy and expensive frills.
- No special loadings will be applied for any health problems you already have
  - everyone pays standard premiums.
- After your policy has been in place for 3 years even existing medical conditions\* will be covered.

<sup>\*</sup> A few conditions are permanently excluded. Please refer to the 'What isn't covered?' section of this brochure.



#### 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:

 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.  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



Policy	••••••	•••••	•••••	•••••	•••••	•••••
Advisor						

PO Box 1232 Auckland City 1140 T: 0800 666 004 E: info@greenwichlife.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 Quarter			
Payment type: Visa Mastercard Direct Debit (comple	ete authority form)		
Card number	Expiry Name		
1.2 Policy Owner			
Surname	First name		
Date of birth	Have you smoked tobacco in the last 12 months: Yes No		
Address	Suburb/Town		
Telephone()			
reiepnone	Email		
<ol> <li>Your Declaration and Privacy Act 1993 Acknowledgen         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:     </li> <li>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;</li> <li>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;</li> <li>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;</li> <li>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);</li> <li>I have the right under the Privacy Act 1993 to request access to and request correction of any personal information held by DPL</li> </ol>	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	2 <sup>nd</sup> Insured Signature X		
Date	Date		



PO Box 1232 Auckland City 1140 T: 0800 666 004 E: info@greenwichlife.co.nz www.greenwichlife.co.nz.co.nz

#### Authority to Accept Direct Debits Not to operate as an assignment or agreement. 1. Life Insured / Owner Details Policy number..... Surname..... First name ...... 2. Account Details Suffix Bank Branch number Account number 3. To the Manager – please print full postal details clearly Bank..... Branch ..... Address ..... Suburb/Town ..... 4. Information to appear on my/our bank statement and authorisation Payer Particulars Payer Code I/We authorise you until further notice in writing to debit my/our account with you with all amounts which DPL Insurance Ltd (Herein after referred to as the Initiator) the registered initiator of the above Authorisation Code, may initiate by Direct Debit. I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on this form. Authorised Signature X..... Authorised Signature X...... Date ..... For Bank Use Only Original – Retain at Branch Copy – Forward to Initiator if requested

#### CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

**APPROVED** 

2035 05 10

#### 1. The Initiator:

(a) Undertakes to give notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first Direct Debit is drawn (but no more than 2 calendar months). This notice will be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (including by electronic means including SMS) to communicate electronically). Where the Direct Debit System is used for the collection of payments which are regular as to frequency, but variable as to amounts, the Initiator undertakes to provide the Acceptor with a schedule detailing the amount and each payment date. In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give advance notice of at least 30 days before the changes comes into effect. This notice must be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (by electronic means including SMS) to communicate electronically). (b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

Recorded By

Checked By

#### 2. The Customer may:

- (a) At any time, terminate this Authority as to future payments by giving notice of termination to the Bank and to the Initiator by means agreed by the customer, Bank and Initiator.
- (b) Stop payment of any Direct Debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
- (c) Where a variation to the amount agreed between the Initiator and the customer from time to time to be Direct Debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

#### 3. The Customer acknowledges that:

- (a) This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
- (b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.

Date Received

- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other dispute lies between me/us and the Initiator.
- (d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:-the accuracy of information about Direct Debits on Bank statements; and any variations between notices given by the Initiator and the amounts of Direct Debits.

  (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with 1(a) nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever.
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with 1(a) nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever In any such situation the dispute lies between me/us and the Initiator.
- (f) Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.
- 4. The Bank may:
- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly signed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time to time.

Bank Stamp