



Policy Summary – Critical Illness Policy

In this Policy Summary, the words “we”, “our” and “us” mean the *American Income Life Insurance Company*, the insurer under the Policy.

The words “you” and “your” mean the person who is named as the “Insured” in the Policy Schedule.

The Policy provides benefits for the first diagnosis of a covered critical illness

The Policy insures against the first time a Covered Person is diagnosed with a critical illness covered by the Policy.

The Policy covers six critical illnesses. They are:

- heart attack;
- stroke;
- end stage renal failure;
- major organ transplant;
- total loss of hearing; and
- total loss of eyesight.

However, the Policy will only cover those critical illnesses for a Covered Person if the terms of the Policy are met, including the definitions and limitations applying to each critical illness.

A “Covered Person” means you and each of your insured family members under the Policy.

You have the right to cancel the Policy within 10 working days

If you choose to cancel the Policy within 10 working days of receiving it from us, then we and you will be in the same position as if no policy had been issued. In that case, we will refund any premiums you have paid.

You can cancel the Policy by notifying:

- us, at our contact details above; or
- the *AIL of NZ* adviser who sold it to you.

If you cancel the Policy after 10 working days of receiving it, we will not refund the premiums you have paid.

The purpose of this Policy Summary is to help explain some of the main features of the Policy.

This Policy Summary is only a brief overview and does not form part of the contract between you and us.

PLEASE READ THE POLICY CAREFULLY ONCE YOU RECEIVE IT.

The actual Policy has full information and sets out any limits.



Your spouse, civil union partner or de facto partner can be insured under the Policy

The Policy provides benefits subject to certain limits

We may refuse to pay benefits if you tell us something wrong in your application

We do not pay a benefit in certain circumstances

Your spouse, civil union partner or de facto partner can be insured under the Policy.

But in each case, to be insured they must be named in the application or added to the Policy after it is issued.

The Policy contains detailed provisions about when insurance for your spouse, civil union partner or de facto partner comes to an end under the Policy.

We will pay the applicable benefit only if the critical illness is first manifested after the first 30 days the Policy is in force. The critical illness is first “manifested” when there are symptoms related to the critical illness which would cause an ordinary prudent person to seek diagnosis, care or treatment.

After those first 30 days, we will pay the applicable benefit if a Covered Person is first diagnosed with a covered critical illness while the Policy is in force. “In force” means that the insurance cover has not stopped.

The amount we will pay is set out in the Policy Schedule. We will pay half that amount if the Covered Person is first diagnosed with a covered critical illness after the Policy anniversary that follows their 65th birthday.

Once we pay the benefit, insurance under the Policy ends for that Covered Person.

If you tell us something wrong in your application for the Policy (or leave something out), then in the first two years we may (where the law allows):

- cancel or void the Policy; and
- refuse to pay any claims you make.

After those two years have passed, then we will not cancel or void the Policy or refuse to pay any claims if you told us something wrong in your application (or left something out). This is unless you have been fraudulent in doing so.

The Policy insures only certain critical illnesses. The details of each covered critical illness are set out in the Policy. Cancer is not insured by the Policy.

We will not pay the benefit if the first diagnosis of a covered critical illness is made outside of New Zealand, Australia, or the United States of America.



Regular premium payments must be made

The Policy renews automatically

How you can make a claim

We will not pay the critical illness benefits where the loss is caused or contributed to by:

- participating in an assault, a crime punishable by imprisonment, riot or insurrection;
- mental or emotional disorders;
- suicide or any attempted suicide, while sane or insane, or from intentionally self-inflicted injury;
- war or any act of war, or any injury sustained while serving in the military forces engaged in war, whether declared or undeclared;
- ingesting or being under the influence of alcohol or other intoxicant (other than lawful drugs prescribed by a doctor).

Regular premium payments must be paid to us to keep the Policy in force. The amount of the premium payments is set out in the Policy Schedule.

If the premium is not paid before the due date, we allow 31 days for the premium to be paid.

The Policy is guaranteed to be renewable until you reach age 80. This is provided premiums are paid and your obligations under the Policy are met. As long as the Policy is in force and your obligations under the Policy are met, we cannot cancel the Policy or place any additional restriction on it.

We have the right to change the renewal premium rates for the Policy. Such a change shall apply to all policies in New Zealand in the same form as the Policy. We will give you 31 days' notice of a change.

You must notify us (or an *AIL of NZ* adviser), in writing, of a claim within 60 days of the first diagnosis of a covered critical illness, or as soon as reasonably possible after that period.

We will send you claim forms to complete once you have notified us of your claim.

You must complete the claim forms and return them to us (or an *AIL of NZ* adviser), along with the required supporting medical information. You must do so within 90 days of the date of the first diagnosis of a covered critical illness. If it is not reasonably possible to complete and return the forms within this time limit, you may have extra time to do so (as detailed in the Policy).

There are specific requirements for claims for some covered critical illnesses. For example, neurological evidence (as described in the Policy) is required if your claim relates to a stroke.

Benefits payable under the Policy will be paid by us once we receive written proof of first diagnosis of a covered critical illness.