

Policy Summary – Accident 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 insurance against Injury caused by an accident

The Policy insures against Injury to a Covered Person caused by an accident.

We will pay the applicable benefit only if the Injury occurs while the Policy is in force. “In force” means that the insurance cover has not stopped.

We refer to you and each of your insured family members as a “Covered Person”.

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 family can be insured under the Policy

Your family can be insured under the Policy, but only if you choose the Family Coverage option on your application form.

The members of your family who can be insured are:

- your spouse, civil union partner or de facto partner; and
- any of your children under 20 on the date of the Policy who are not married, in a civil union or in a de facto relationship, and who are dependent on you for support.

But in each case, to be insured they must be named in the application or added to the Policy after it is issued. Cover for other dependents is subject to our approval.

The Policy contains detailed provisions about when insurance for family members comes to an end under the Policy. These provisions include for example, what happens when your children reach 21 years old.

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

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 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.

We pay different types of benefits

The following benefits may be paid if a Covered Person suffers an Injury caused by an accident while the Policy is in force.

Hospital Confinement Benefit

We will pay the Hospital Confinement Benefit if a Covered Person has to stay in hospital due to an Injury caused by an accident. For us to pay:

- the Policy must be in force for each day of the stay in hospital; and
- the stay in hospital must be required by a doctor.

The Hospital Confinement benefit is paid for each day the Covered Person stays in hospital as an inpatient. The amount we pay for each day is set out in the Policy Schedule. The maximum number of days is 365.

Intensive Care Confinement Benefit

If the Covered Person has to stay in the intensive care unit of a hospital due to an Injury caused by an accident, then the benefits payable under the Hospital Confinement Benefit will be doubled.

The maximum number of days we will pay this Intensive Care Confinement Benefit is 14 days. After that, the normal benefits above payable under the Hospital Confinement Benefit will apply.



Emergency Accident Benefit

We will pay expenses if a Covered Person receives treatment in a hospital as a result of an Injury caused by an accident. We will pay only those expenses that are incurred within 72 hours of the accident.

The maximum amount we will pay for any one accident is set out in the Policy Schedule. We will not pay the Emergency Accident Benefit if the Covered Person:

- requires a hospital stay as a result of the accident; or
- is eligible for any other benefit under the Policy.

We will not pay the Emergency Accident Benefit for more than 3 accidents per calendar year for each Covered Person.

Accidental Death and Dismemberment Benefit

We will pay the Accidental Death and Dismemberment Benefit if an Injury to a Covered Person results in any of the losses set out in the Policy (including loss of life) for this Benefit. The amount we pay for each loss is also set out in the Policy.

Automobile Accident Benefit

If the accident which caused the Injury occurs while the Covered Person was either:

- driving a passenger automobile (not operated as a common carrier); or
- riding as a passenger in a passenger automobile (but not as a fare paying passenger);

then the Accidental Death and Dismemberment Benefit will be doubled.

Common Carrier Accident Benefit

If the accident which caused the Injury occurs while the Covered Person was riding as a fare paying passenger in a lawfully operated common carrier, then the Accidental Death and Dismemberment Benefit will be multiplied by five.

We pay the Accidental Death and Dismemberment Benefit (or the Automobile Accident Benefit or Common Carrier Accident Benefit) in place of any other benefits that may be payable under the Policy resulting from the same accident.



Additional benefit may be added to the Policy

An additional benefit may be added to the Policy for an additional premium.

The additional benefit is paid if a person covered under the additional benefit:

- is totally disabled due to an Injury caused by an accident; and
- receives the Hospital Confinement Benefit under the Policy.

The additional benefit is a monthly payment starting from the date of discharge of the covered person from hospital. We only pay for each month (or part month) that the covered person is totally disabled. The maximum benefit period is 6 months for Injuries resulting from one accident.

The additional benefit will be set out in a document called a "Recuperation Benefit Policy Add-on".

Under the Recuperation Benefit Policy Add-on, covered persons do not include children.

The Recuperation Benefit Policy Add-on becomes part of the Policy and should be read together with the Policy. Unless the Policy Add-on says otherwise, it doesn't change the Policy itself.

Regular premium payments must be made

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.

We do not pay a benefit in certain circumstances

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

- 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;
- air travel, except as a fare paying passenger on regularly scheduled commercial airlines;
- hernia;
- racing contests, sky diving, or other hazardous pursuits;
- ingesting or being under the influence of alcohol or other intoxicant, or taking or being under the influence of any drugs or narcotics (other than lawful drugs prescribed by a doctor);
- sickness, disease, mental or emotional disorders, medical treatment or surgery; or
- committing or attempting to commit a crime punishable by imprisonment.



The Policy renews automatically

The Policy is guaranteed to be renewable for as long as you live. 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 this Policy. Such a change shall apply to all policies in New Zealand in the same form as this Policy. We will give you 31 days' notice of a change.

How you can make a claim

You must notify us (or an *AIL of NZ* adviser), in writing, of a claim. You must do so within 60 days of the start of any loss covered by the Policy, or as soon as reasonably possible after that period.

We will send you claim forms to complete once you have notified us of a claim. You must complete the claim forms and return them to us (or an *AIL of NZ* adviser), along with any supporting medical information. You must do so within 90 days of the date of the loss. 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).

Benefits payable under the Policy will be paid by us once we receive written proof of loss.