



# Funeral Insurance

## Policy Document

Issue date: 26th March 2026

Please keep this document in a safe place for future reference

### Welcome to Just Insurance

This Policy Document is designed to help **you** understand the main considerations that **you** need to know when deciding whether to purchase a Just Funeral Insurance policy and determining if it is right for **you**. It sets out the key features, benefits, terms, conditions, risks and exclusions of the **policy**. It also includes information about **premium** payments, the complaints process and how to make a claim.

Just Funeral Insurance is designed to assist with funeral expenses and other associated costs in the event of **your** death or **terminal illness**; however, the **benefit amount** is paid as a lump sum and so it can be used for any purpose. As long as **you** meet all the terms and conditions of the **policy** and **your policy** is in force, it will provide 24/7 cover worldwide, which means regardless of where **you** are, **your** cover will not change.

**You** can only insure **your** own life under Just Funeral Insurance. This means **you** cannot purchase Just Funeral Insurance to insure the life of another person.

If **you** decide to purchase a Just Funeral Insurance **policy**, **you** will be issued with a **policy schedule** showing the details of **your** cover. **Your policy schedule** and this Policy Document make up **your** contract of insurance. It is important that **you** read all the information carefully so that **you** understand what **you** are buying, and then keep these documents in a safe place for future reference.

The information in this Policy Document is current as at the issue date. From time to time, **we** may update information in this Policy Document that is not materially adverse to **you** and notice of these updates will be made available on the Just Insurance website at [www.justinsurance.co.nz](http://www.justinsurance.co.nz). **You** can contact **us** to ask for a free copy of any updated information. If necessary, **we** will issue a supplementary or replacement Policy Document.

Please note that any information given in this Policy Document is only general in nature and it does not consider **your** objectives, financial situation, or needs and is not financial advice. It is important that **you** make **your** own decisions on whether this product is suitable for **you** by considering **your** individual objectives, financial situation, or needs, and if **you** are unsure, please consider seeking appropriate independent financial advice.

This **policy** has no surrender value. This means **you** cannot access any value on cancellation of the **policy** other than a **premium** refund payable under the terms of this Policy Document.

## **About Just Insurance**

**Your policy** is distributed and promoted by Neilson Financial Services Pty Ltd (Neilson), ABN 52 668 314 896, trading as Just Insurance, as an agent of the insurer **Hallmark Life**.

## **Who is the Insurer**

**Your policy** is underwritten by Hallmark Life Insurance Company Limited (NZBN 9429039172631 and FSP 13701) (**Hallmark Life**) a New Zealand branch of Hallmark Life Insurance Company Limited incorporated and registered in Australia with ABN 87 008 446 884. **Hallmark Life** is a licensed insurer in New Zealand and is the insurer of Just Funeral Insurance.

Please refer to **your policy schedule** for disclosure of the Financial Strength Rating.

## **Governing Law**

This **policy** will be governed by the laws of New Zealand.

## Statutory Fund

The statutory fund relevant to **your policy** is **Hallmark Life's** Statutory Fund Number Two.

You can contact **Hallmark Life** on:

**Phone:** 0800 220 999

**Email:** [customerservice@hallmarkinsurance.com.au](mailto:customerservice@hallmarkinsurance.com.au)

**Mail:** PO Box 108022, Newmarket, Auckland 1149

### The language we use in this document

Some words or expressions used in this document have a special meaning. They will appear in bold font, and their meaning is explained in Section 11 *Glossary*. '**We**', '**us**' or '**our**' means **Hallmark Life** and, where applicable, Just Insurance in its capacity as agent of the insurer. References to '**you**' and '**your**' means the person listed on the **policy schedule** as the **policy owner** (and is also the person insured under this **policy**).

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# 1. Eligibility

**You** are eligible to apply for Just Funeral Insurance as long as **you** are:

- a **New Zealand Resident**; and
- aged between 50 and 80 years old.

Provided the eligibility criteria are met, **we** guarantee to accept **your** application for Just Funeral Insurance.

# 2. What is Covered

If any of the events set out below occur, **we** will pay the amount described in the table as a lump sum payment.

| Event  | Amount payable                        |
|--|---------------------------------------|
| <b>You</b> die from an <b>accidental death</b> at any time after the <b>policy</b> commencement date.  | Two times the <b>benefit amount</b> . |
| <b>You</b> die from a non- <b>accidental death</b> after the first 12 months from the <b>policy</b> commencement date (the <b>waiting period</b> ).      | The <b>benefit amount</b> .           |
| <b>You</b> are diagnosed with a <b>terminal illness</b> after the first 12 months from the <b>policy</b> commencement date (the <b>waiting period</b> ). | The <b>benefit amount</b> .           |

If **you** die from a non-**accidental death** during the first 12 months from the **policy** commencement date (the **waiting period**), **you** are not covered for the **benefit amount** and no **benefit amount** is payable (see Section 4 *What is Not Covered*). However, if this occurs, **we** will refund the total of all **premiums** paid towards **your policy**.

A **waiting period** also applies if **you** increase **your benefit amount**, but only in respect to the amount of the increase (see Section 6 *Changing Your Policy Details*).

### 3. Minimum and Maximum Benefit Amounts

**You** can select a **benefit amount** from \$3,000 up to a maximum of \$30,000.

The **benefit amount** **you** select is specified in **your policy schedule**.

### 4. What is Not Covered?

**We** will not pay the **benefit amount**, if **you** die from a non-**accidental death** or are diagnosed with a **terminal illness** before or during the first 12 months from the **policy** commencement date (the **waiting period**).

*Example: A **terminal illness** diagnosis*

**You** bought a Just Funeral Insurance **policy**, and six months later, **you** were diagnosed with a **terminal illness**. Since the terminal illness benefit only starts after the first 12 months from the **policy** commencement date, **you** are not able to make a claim for the **benefit amount**.

However, **you** pass away from the **terminal illness** ten months later (which is after the 12-month **waiting period**). At that point, **your beneficiaries** can submit a claim for the **benefit amount** payable on **your** death.

A **waiting period** also applies if **you** increase **your benefit amount**, but only in respect to the amount of the increase. See Section 6 *Changing Your Policy Details* for more information.

If **you** die because of a non-**accidental death** during the first 12 months from the **policy** commencement date (the **waiting period**), **we** will refund all **premiums** paid towards the **policy**.

*Example:* Death from a medical condition during the **waiting period**.

**You** bought a Just Funeral Insurance **policy**. Eight months later, **you** had a heart attack and passed away.

Because **your** death occurred within 12 months of the **policy** commencement date (the **waiting period**) and was not due to an **accident**, **your beneficiaries** will not receive the **benefit amount**. However, the **premiums you** had paid so far will be refunded.

## 5. Cover Start and End Dates

Cover under **your policy** starts on the **policy** commencement date, as specified in **your policy schedule**, and will end on the earlier of the following:

- the date of **your** death;
- the date **we** pay the **benefit amount** for a **terminal illness** claim;
- the date **you** cancel the **policy**; or
- the date **we** cancel **your policy** (including if **we** cancel **your policy** because of unpaid **premiums** (see Section 7 *Cancellation*)).

No amount will be paid for any events that occur before the **policy** commencement date or after the date cover ends.

If applicable, once **we** are notified of **your** death, **we** will refund any **premium(s)** collected after the date of **your** death.

## 6. General Conditions and Information About Your Policy

### Premium Payments

**Your premium** amount, i.e. the cost of **your policy**, is calculated based on the following factors:

- the **benefit amount you** choose (the higher the **benefit amount**, the higher the **premium**);
- **your** age at the commencement date (the older **your** age at the commencement date, the higher the **premium**);

- **your** sex (if **you** are a male, **your premium** will be higher than for a female of the same age); and
- **your** smoker status (if **you** are a smoker, **your premium** will be higher than for a non-smoker).

The amount of **premium** payable will be stated in **your policy schedule**.

**Your premium** may include allowances for current government charges and taxes if applicable.

**Your premium** can be paid fortnightly or monthly and will be collected from **your** nominated bank account or payment card (credit or debit). **Your premium** must be paid in New Zealand dollars.

**Your premium** is 'fixed' (also known as 'level') which means **your premium** will remain the same each year unless **you** increase or decrease **your benefit amount** or change **your** smoker status (see Section 6 *Changing Your Policy Details*).

**Your premium** is payable up until the **policy anniversary** following **your** 90<sup>th</sup> birthday, after which there will be no more **premium** to pay but **your policy** will remain in force and **your** cover continues.

## Non-Payment of Premium

To ensure **your policy** continues, **you** must pay **your premium** when it is due. As soon as a **premium** payment is missed, **we** will attempt to contact **you** to discuss **your** payment arrangements and may also reattempt collection of **your premium** from **your** nominated bank account or payment card (credit or debit). Non-payment of **premium** may result in the cancellation of **your policy** (see Section 7 *Cancellation*).

If **you** are experiencing financial hardship, please contact **us** to discuss options available to **you**.

## Changing Your Policy Details

**You** can request the following changes to **your policy**:

- updates to **your** personal details (e.g. name, contact number, address or payment details) – it is important **you** inform **us** if these change;
- a reduction to **your benefit amount**, subject to the minimum and maximum **benefit amounts** (see Section 3 *Minimum and Maximum Benefit Amounts*);

- if **you** are under the age of 80, an increase to **your benefit amount**, subject to the minimum and maximum **benefit amounts** (see Section 3 *Minimum and Maximum Benefit Amounts*);
- update **your** status from a smoker to a non-smoker, for the purpose of calculating **your premium**. To make this change, **you** will be required to complete a smoking declaration.

Any change must be agreed to by **us**. Any agreed increase to **your benefit amount** may be subject to the payment of an additional **premium** based on **your** age, sex and smoker status at the time of the request, and **your premium** will be adjusted accordingly. If **we** agree to **your** changes, **you** will receive confirmation of these changes, including a new **policy schedule**, if applicable.

If **you** change results in a reduction or increase to the **benefit amount**, the **premium** will be adjusted accordingly.

*Example:* If **you** increase **your benefit amount**, a 12 month **waiting period** will apply starting from the commencement date of the increase, as shown on **your policy schedule**.

*For example,* if **you** increase **your benefit amount** from \$5,000 to \$10,000 after the first 12 months of **your policy**, for the following 12 months, cover for non-**accidental death** or **terminal illness** will remain at \$5,000. After this **waiting period**, the full \$10,000 **benefit amount** will apply.

Any **waiting periods** that apply to **your** existing cover will be recognised.

*For example,* if during the first 12 months of **your policy** **you** decide to increase **your benefit amount** from \$5,000 to \$10,000, then from **your first policy anniversary** **you** will be covered for a **benefit amount** of \$5,000 for non-**accidental death** or **terminal illness** but once the 12 month period since the effective date of the increase has ended, **you** will be covered for a **benefit amount** of \$10,000.

If **you** wish to make any changes, please call 0800 857 410 or email [care@justinsurance.co.nz](mailto:care@justinsurance.co.nz) and **we** will discuss the change with **you**.

## Multiple Policies

The maximum **benefit amount** available is \$30,000. If **you** are covered under more than one Just Funeral Insurance **policy** issued by **us**, the total lump sum payment provided on death or **terminal illness** under all **policies** combined will be limited to that which would have applied under a single **policy** with a chosen **benefit amount** equal to the maximum **benefit amount**.

If a reduction to **your benefit amount** is necessary due to the maximum limit being exceeded, the reduction will be applied to the **policy** most recently commenced and the same proportion of associated **premiums** paid will be refunded.

## Nominating Your Beneficiary

**You** can nominate **beneficiary/ies** to receive the amount payable upon **your** death. To nominate **your beneficiary/ies**, or to update or change **your beneficiary/ies** nomination, **you** can call 0800 857 410 or email [care@justinsurance.co.nz](mailto:care@justinsurance.co.nz) to inform **us**.

## Insurance Risks To Consider

When deciding whether this Just Funeral Insurance **policy** is suitable for **you**, **you** should consider all the **policy** details and be aware of the following risks:

- This is an insurance **policy**, not a savings or investment plan, which means if **your policy** is cancelled after the 30-day Cooling Off Period, **you** will not receive anything back.
- Depending on how long **you** live, **you** may pay more in **premiums** than **your benefit amount**.
- If **you** become unable to pay **your premium** payments, then **your policy** may be cancelled (see Section 7 *Cancellation*), and **you** will not receive anything back.
- **Your** chosen **benefit amount** may not cover all **your** funeral expenses and associated costs, or the costs associated with a **terminal illness**. **You** will need to carefully consider this insurance product and **your** level of cover to ensure it suits **your** objectives, financial situation, and needs.
- The value of the **benefit amount** will not keep up with inflation and, as such, the value of **your** cover may reduce over time.

- Terms, conditions, limitations, and exclusions apply to **your policy** and they may have an impact to **your** entitlement to benefits under **your policy**.
- If **you** are looking to replace an existing insurance **policy**, **you** should not cancel any existing cover until **your** Just Funeral Insurance application is accepted and **you** have reviewed and understood **your policy**. There are general risks of replacing an existing insurance policy including the loss of any accrued benefits under the existing insurance policy, that the **waiting period** will apply to any non-**accidental death** or **terminal illness** claims under this **policy** (regardless of whether **you** served a **waiting period** under the existing insurance policy), there could be implications of any errors or omissions in **your** new application (for example, if **you** make an error in providing personal details such as **your** date of birth, sex, or smoker status, this could affect the amount of **your premium**), and differences in price and product terms and conditions.
- This is not financial advice. If **you** are unsure if a **policy** is right for **you**, **you** should seek independent financial advice.

## Information You Provide Must be True

**You** must answer all of **our** questions truthfully and accurately and provide all **material information** to **us**. It is **your** responsibility to be honest with **us**, as **we** rely on the information **you** provide to issue **your policy** and assess any claims. If the information is not truthful or complete, **we** may reduce the amount **we** pay on a claim or cancel **your policy**. If **you** do not provide all **material information** to **us**, **we** may, at **our** discretion, avoid the **policy** from the **policy** commencement date, meaning it would be treated as though it never existed.

## Taxation

Generally, **your premium** is not tax deductible, and no tax is payable on the amounts paid under **your policy**. **You** should consider seeking professional tax advice on **your** own situation.

## 7. Cancellation

### Cooling Off Period

**You** have 30 days from the **policy** commencement date to make sure **you** are happy with **your policy** and decide whether **you** want to keep it (this is called the 'Cooling Off Period'). If **you** want to cancel **your policy** within this period, please contact **us**:

**Phone:** 0800 857 410

**Email:** [care@justinsurance.co.nz](mailto:care@justinsurance.co.nz)

**Mail:** Just Insurance, DX Box EP71509, Penrose, Auckland 1061

After **we** receive **your** cancellation request during the 30-day Cooling Off Period, **your policy** will be cancelled, and **you** will be sent a letter confirming the cancellation. Any **premium you** may have paid will be refunded, subject to no valid claim being made.

### Cancellation by You

**You** can cancel **your policy** at any time either in writing or by calling Just Insurance as follows:

**Phone:** 0800 857 410

**Email:** [care@justinsurance.co.nz](mailto:care@justinsurance.co.nz)

**Mail:** Just Insurance, DX Box EP71509, Penrose, Auckland 1061

If **you** cancel **your policy** after the 30-day Cooling Off Period, **your policy** will be cancelled from the date that **your policy** is paid to, and **you** will not receive any refund of the **premium**. If **you** decide to cancel **your policy**, **you** will not be able to apply to reinstate **your** cover.

### Cancellation by Us

If a **premium** payment remains unpaid for more than 30 days from the date it was due, **your policy** will be cancelled. Prior to cancelling **your policy**, **we** will notify **you** in writing of **our** intention to cancel **your policy** due to non-payment of **premiums** and provide **you** with details of the overdue payment(s) and the timeframe in which **you** must rectify those overdue payment(s) before **your policy** is cancelled. If **your policy** is cancelled, **your** cover under the **policy** will cease and no amount will be payable for any event that occurs after the date of cancellation.

If **your policy** is cancelled by **us** due to non-payment of **premiums**, **you** can apply to reinstate the **policy** by contacting **us** within four months from the **policy** cancellation date. Provided that **you** pay any **premiums you owe us**, **we** will reinstate **your policy**. If **your policy** is cancelled for any other reason other than non-payment of **premiums**, **we** will not accept **your** reinstatement request.

Also refer to 'Information You Provide Must be True' (see Section 6 General Conditions and Important Information About Your Policy) and 'Fraudulent Claims' (see Section 8 How to Make a Claim) for details of other circumstances when **we** have a right to cancel **your policy**.

## 8. How to Make a Claim

Unless it is impractical to do so, claims should be made as soon as possible after the death occurs or upon diagnosis of a **terminal illness**. If **you**, **your beneficiary/ies** or the legal personal representative of **your** estate wish to make a claim under this **policy**, please contact **us**:

**Phone:** 0800 461 034

**Email:** [claims@justinsurance.co.nz](mailto:claims@justinsurance.co.nz)

**Mail:** Claims - Just Insurance, DX Box EP71509, Penrose, Auckland 1061

Once notice of a claim is received, **we** will send a claim form to be completed, signed and returned. Where **we** reasonably require information about **your accidental death** or **terminal illness** claim, **we** may also require **your** treating **medical practitioner** or **medical specialist** to complete a claim form. **We** will require a certified death certificate and/or medical report from the treating **medical practitioner** or **medical specialist** confirming death or **terminal illness** (though a report confirming diagnosis of **terminal illness** must be provided by a **medical specialist**). The cost of the certified certificate and/or report to support a claim is generally at the expense of the claimant. Depending on who is making the claim, **we** may ask for identification and/or confirmation that **you** are authorised to make the claim. If **you** experience any difficulty in obtaining the supporting documents, please let **us** know so **we** can help **you** find a solution.

**We** may require further information or documentary evidence to assess an **accidental death** or **terminal illness** claim at **our** expense.

This may include reports from **your** treating **medical practitioner** or **medical specialist**, access to **your** medical records, and/or any other information needed to confirm the insured event has occurred. If any information or documentation that is reasonably required to assess the claim is not provided, **we** will not be able to process the claim until the information or documentation is made available.

## Payment of Claims

If a claim is accepted, **we** will pay the amount payable to **you** (in the case of a **terminal illness** claim), or to **your beneficiary/ies** (in the case of a death claim). If no **beneficiary/ies** are nominated or none are living on **your** death, the amount payable will be paid to **your** estate or the legal personal representative of **your** estate, whichever is appropriate.

Where **we** make a payment to a **beneficiary/ies**, **we** may ask for identification to confirm **we** are paying a benefit to the correct **beneficiary/ies**.

If **you** nominate multiple **beneficiary/ies**, and a **beneficiary** dies before **you**, their nomination to receive the amount payable will end, and their share will be proportionally distributed to the remaining **beneficiary/ies**.

Claims will be paid in New Zealand dollars.

## Fraudulent Claims

If **you** make a fraudulent claim under **your policy** or another **policy** **you** have with **us**, then **we** can choose to cancel **your policy**.

## 9. Complaints

### Internal Dispute Resolution

**We** hope that **you** never have reason to complain, but if **you** do, **we** and Just Insurance will do **our** best to work with **you** to resolve it quickly and fairly. Should **you** wish to make a complaint, please contact Just Insurance who will manage the complaint with **you**.

**Phone:** 0800 857 410

**Email:** [complaints@justinsurance.co.nz](mailto:complaints@justinsurance.co.nz)

**Mail:** Complaints, Just Insurance, DX Box EP71509, Penrose,  
Auckland 1061

Complaints are normally resolved within 30 days however, if **your** complaint remains unresolved after this time **you** will be informed of the reasons for the delay and when to expect an outcome. **We** may also refer **your** complaint to **Hallmark Life** to help resolve the issue.

## External Dispute Resolution

If **your** complaint remains unresolved after 2 months of the date the complaint is received or it is not resolved to **your** satisfaction, **you** can refer **your** complaint to the Insurance & Financial Services Ombudsman Scheme (IFSO Scheme).

Their contact details are:

**Phone:** 0800 888 202

**Mail:** PO BOX 10 – 845, Wellington 6143

**Email:** [info@ifso.nz](mailto:info@ifso.nz)

**Web:** [www.ifso.nz](http://www.ifso.nz)

The IFSO Scheme is a free service to **you** and its independent assessment of **your** complaint is binding. Any decision made by the IFSO is binding on **us** if **you** accept the decision. If **you** do not accept the decision, **you** may pursue the complaint in the Disputes Tribunal or Court.

## 10. Privacy and Data Protection

**Your** privacy is important. For further information on how Just Insurance and **Hallmark Life** each collect and otherwise handle your personal information, as well as your privacy rights, please visit the applicable privacy policies at:

- [www.justinsurance.co.nz/privacy-policy](http://www.justinsurance.co.nz/privacy-policy) for Just Insurance's privacy policy
- [www.standrews.com.au/privacy](http://www.standrews.com.au/privacy) for **Hallmark Life's** privacy policy

**You** can contact Just Insurance and **Hallmark Life** using the contact details in the applicable privacy policy if **you** have any privacy related questions, requests, comments or complaints.

If **you** have concerns about how any privacy issue has been handled, **you** may contact the Office of Privacy Commission in New Zealand [www.privacy.org.nz](http://www.privacy.org.nz).

## 11. Glossary

In this document, some words appear in bold font, for example, **policy**. These words have special meanings as explained below.

|                             |   |
|-----------------------------|---|
| <b>Accident</b>             | means an event occurring whilst this <b>policy</b> is in force, resulting in bodily injury occurring, where the injury is directly and solely caused by accidental, violent and external means and where the injury is not self-inflicted.                        |
| <b>Accidental Death</b>     | means the death occurring as a direct result of an <b>accident</b> and within 90 days of the <b>accident</b> .  |
| <b>Beneficiary/ies</b>      | means the natural person/s nominated by <b>you</b> to receive the amount payable when <b>you</b> die.   |
| <b>Benefit Amount</b>       | means the amount payable for an event covered under this <b>policy</b> (unless the event is <b>accidental death</b> in which case double this amount is payable). The <b>benefit amount</b> is shown in the <b>policy schedule</b> .                              |
| <b>Hallmark Life</b>        | means Hallmark Life Insurance Company (NZBN 9429039172631 and FSP 13701) a New Zealand branch of Hallmark Life Insurance Company Limited which is incorporated and registered in Australia with ABN 87 008 446 884.   |
| <b>Material Information</b> | means all relevant information that <b>we</b> need in order to decide the terms relating to <b>your policy</b> and to accurately assess <b>your</b> cover. It includes, but is not limited to, all information that may affect <b>your</b> eligibility for cover. |

|                                    |  |
|------------------------------------|--|
| <p><b>Medical Practitioner</b></p> | <p>means a <b>medical practitioner</b> who is legally qualified and registered as a <b>medical practitioner</b>. If practising other than in New Zealand, the <b>medical practitioner</b> must have qualifications equivalent to New Zealand standards.</p> <p>The <b>medical practitioner</b> must not be <b>you, your</b> spouse, partner, relative or business associate.</p> |
| <p><b>Medical Specialist</b></p>   | <p>means a <b>medical practitioner</b> who is a specialist in the area of medicine related to the relevant illness.</p> <p>The <b>medical specialist</b> must not be <b>you, your</b> spouse, partner, relative or business associate.</p>   |
| <p><b>New Zealand Resident</b></p> | <p>means a person who:</p> <ul style="list-style-type: none"> <li>• is a New Zealand or Australian citizen; or</li> <li>• is a New Zealand permanent resident; or</li> <li>• has been in New Zealand continuously for at least 6 months on a valid temporary work visa;</li> </ul> <p>and who at the time of application, resides in New Zealand.</p>                            |
| <p><b>Policy</b></p>               | <p>means the legal contract between <b>you</b> and <b>us</b>. The Policy Document and <b>policy schedule</b> make up the <b>policy</b>.</p>  |
| <p><b>Policy Anniversary</b></p>   | <p>means each annual anniversary of the commencement date of <b>your policy</b>.</p>   |
| <p><b>Policy Owner</b></p>         | <p>means the owner of this <b>policy</b> who <b>we</b> have agreed in writing to insure under this <b>policy</b> and is shown in the <b>policy schedule</b>.</p>   |

|                         |  |
|-------------------------|--|
| <b>Policy Schedule</b>  | means the schedule to this <b>policy</b> , or any replacement schedule to this <b>policy</b> , issued by <b>us</b> and showing the details of the coverage provided to <b>you</b> by this <b>policy</b> .  |
| <b>Premium</b>          | means the amount of money <b>you</b> pay on a fortnightly or monthly basis for the insurance coverage under this <b>policy</b> .   |
| <b>Terminal Illness</b> | means an illness diagnosed by a <b>medical specialist</b> which the <b>medical specialist</b> certifies, after taking into account what they consider to be all reasonably available treatment, is expected to lead to death within 12 months or less. |
| <b>Waiting Period</b>   | means the period of time that <b>you</b> must wait before being covered for non- <b>accidental death</b> or <b>terminal illness</b> or for <b>your</b> increased <b>benefit amount</b> .   |
| <b>We, us, our</b>      | means <b>Hallmark Life</b> and, where applicable, Just Insurance in its capacity as agent of the insurer.  |
| <b>You, your</b>        | means the person listed on the <b>policy schedule</b> as the <b>policy owner</b> and who is also the person insured under this <b>policy</b> .   |



# 0800 118 083

Monday to Friday, excluding public holidays.

 [care@justinsurance.co.nz](mailto:care@justinsurance.co.nz)

 Just Insurance, DX Box EP71509, Penrose, Auckland 1061

## **Customers with Disabilities**

This document and other associated documentation are also available in other formats. If you require an alternative format, please contact Just Insurance.