

Staffsure
Group Personal
Accident Policy
Document

Thank *you* for choosing Vero Insurance New Zealand Limited to provide *you* with *your* insurance cover.

Arranging insurance means *you* are making a legal contract under which *you* promise to meet certain obligations and conditions, and in return *we* promise to provide specified insurance cover.

The obligations, exclusions, extensions and conditions in this contract are subject to *your* rights under the Insurance Law Reform Acts 1977 and 1985.

Words shown in *italics* are words that have had their meaning defined. These meanings are found under the general definitions section of this policy. Any word or expression to which a specific meaning has been given will have the same meaning wherever it appears.

Please examine this document, including the *schedule*, to ensure the insurance protection is in accordance with *your* requirements. If it does not meet *your* requirements, or *you* wish to make changes to the insurance cover, please contact *your* insurance broker or *your* nearest Vero office.



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Introduction

Privacy Act and the Insurance Claims Register ICR

The ICR is a database of insurance claims to which participant insurers have access. The purpose of the ICR is to prevent insurance fraud. The ICR is operated by Insurance Claims Register Limited (ICR Ltd), P O Box 474, Wellington.

This policy is issued to *you* conditional upon *you* authorising *us* to place details of any claims made against this policy on the database of ICR Ltd, where they will be retained and be available for other insurance companies to inspect.

You also authorise *us* to obtain from ICR Ltd personal information about *you* that is (in *our* view) relevant to this policy or any claim made against it. *You* have certain rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Insurance contract

In consideration of *you* having paid or promised to pay the required premium we agree to indemnify *you* in the manner and to the extent set out in this policy.

The insurance contract consists of any statements on which this insurance is based, *your* proposal, this policy and the *schedule*.

General obligations

These are the general obligations that apply to this policy.

You must comply with all the obligations and conditions of this policy. If *you* do not in some instances *your* claim will not be paid.

Some parts of this policy may cover other people or companies or entities as well as *you*. To gain the benefit of any cover under this policy they must meet all the same conditions and obligations *you* are required to meet.

To disclose material information

You must advise *us* of all material information before inception of the policy and before each renewal or variation of the policy. Failure to do so entitles *us* to avoid the policy.

Material information includes any information which might influence the decision *we* make as to whether or not to provide insurance and if so on what terms and at what premium.

If circumstances change

1. You must *notify us* immediately of any change in circumstances that has happened after the start of this policy or that *you know* is going to happen and which may increase:
 - (a) the amount of the risk; or
 - (b) the risk of *loss* or disablement; or
 - (c) the risk of insuring *you*.
2. If *you do notify us* of a change *we* may alter the premium and/or the terms of this contract.
3. If *you do not* comply with this obligation any *loss* or disablement that happens after the date of the change in circumstance may not then be insured and *we* may not continue to insure *you*.

To provide accurate information

You must make sure all statements made to *us* are in every respect correct and complete.

What *you* need to know about making a claim

These general claims conditions apply to this policy.

As soon as *you* are aware of any event or circumstance that is likely to result in a claim under this policy *you* or any person entitled to claim under this policy must give *us* written notice within 30 days or as soon as is reasonably practicable.

You or any such person must at *your*, his or her expense give *us* such certificates, information and other documentation as *we* may reasonably require.

We may at *our* expense have any *insured person* medically examined from time to time.

If *you* wish to make a claim on this policy

You must then:

1. fully complete *our* claim form as soon as practical;
2. give *us* free access to examine and assess any loss;
3. provide any other information or assistance *we* reasonably request in relation to *your* claim;
4. if *we* request it provide a statutory declaration to verify the loss; and
5. if *we* request it attend interviews with any person *we* nominate.

If *you* don't agree with *our* claim decision

If *you* do not agree with *our* decision on *your* claim then *you* should contact *your* broker. If *you* are still not happy and believe *our* decision is incorrect *you* can ring *our* Head Office on 0800 808 508 or write to *us* at Private Bag 92 120 Auckland.

General exclusions

These are the general exclusions that apply to this policy.

Upon application we may offer terms to modify or delete exclusions in this policy on an individual case-by-case basis.

There is no cover under this policy for any claim, *loss*, death or disablement resulting from or directly or indirectly caused by or arising in connection with:

1. **AIDS/HIV**
infection with Human Immunodeficiency Virus (HIV) or any variant including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC);
2. **Asbestos**
asbestos, asbestos fibres, any derivatives of asbestos or any material containing asbestos or any exposure to the existence of asbestos;
3. **Illegal act**
any intentional self-injury or attempt at self-injury, suicide or attempt at suicide or any illegal or criminal act committed by *you* or an *insured person*;
4. **Piloting**
flying in an aircraft or *aerial device* other than as a passenger in an aircraft licenced to carry passengers and flown by a pilot licenced to carry passengers;
5. **Pregnancy**
pregnancy, childbirth and miscarriage except for unexpected medical complications or emergencies arising from them;
6. **Professional sports/racing**
professional sports of any kind, or the racing or preparation for racing of any motor propelled conveyance of any kind;
7. **Psychiatric conditions**
psychiatric or psychological conditions (including mental stress) unless the condition is caused by *injury*;
8. **Radioactivity**
the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel;
9. **STD**
any sexually transmitted disease;
10. **Under the influence**
or being under the influence of intoxicating liquor and/or a drug (or combination of drugs), other than a drug taken or administered by and in accordance with the advice of a qualified and registered medical practitioner;

11. War

war, invasion, act of foreign enemy, hostilities or warlike operations (whether war is declared or not), civil war, civil commotion assuming the proportions of or amounting to a popular rising, military rising, mutiny, rebellion, revolution, insurrection, military or usurped power.

General conditions

These are the general conditions that apply to this policy.

1. Aggregate limit of liability

- a) Our total liability for all claims arising under this policy during any one *period of insurance* will not exceed the amount set out in (A) on the *schedule*.
- b) Subject to clause a) above, our total liability for all claims arising under this policy during any one *period of insurance* relating directly to air travel on aircraft flights which are not conducted in accordance with fixed flying schedules over specific air routes, to and from fixed terminals, will not exceed the amount set out in (B) on the *schedule*.

In the event that claims are made under this policy which exceed either one or both of the above Aggregate limits of liability, we will reduce the payments made with respect to each *insured person* in such manner as we may determine:

- a) having regard to the amount of the Aggregate limit of liability remaining at the time that we become aware that the Aggregate limit of liability may be exceeded; and
- b) having regard also to such circumstances of which we are reasonably aware;

with respect to the amounts otherwise payable to *insured persons* under this policy.

Any determination as to the amount payable in these circumstances will be made entirely at our discretion.

2. Beneficiary

All Benefits will be payable to *you* or such person or persons and in such proportions as *you* nominate.

3. Cancellation by us

We may cancel this policy at any time by sending a letter, facsimile or e-mail to *you* at *your* last postal address, facsimile number or e-mail address on *our* records. The cancellation will take effect at 4pm on the 30th day after the letter facsimile or e-mail has been sent. In the event of such cancellation we will refund to *you* a pro rata proportion of the premium (subject to any adjustment required by the terms of this policy).

4. Cancellation by you

You may cancel this policy at any time, and with immediate effect, by written notice delivered to us or by facsimile transmission or e-mail. In the event of such cancellation, we will be entitled to a pro rata proportion of the premium (subject to any adjustment required by the terms of this policy) for the time during which the policy has been in force.

5. Disablement benefits limitation

Benefits will not be payable:

- a) for Results 25, 26 and 27 in excess of a total period of 104 weeks in respect of any one *injury* or *illness*;
- b) for Results 25, 26 and 27 during the *excess period* stated on the *schedule*, calculated from the commencement of disability, and for an amount which exceeds the percentage of *earnings* stated on the *schedule*;
- c) unless the *insured person* as soon as possible after the happening of any *injury* or the manifestation of any *illness* giving rise to a claim under this policy obtains and follows proper medical advice from a legally qualified and registered medical practitioner, dental practitioner or registered hospital;
- d) for more than one of Results 25, 26 and 27 that occur during the same period of time;
- e) for more than one of the Surgical benefits in respect of any one *injury* or *illness*.

6. Due observance

The due observance and fulfilment of the terms, provisions, exclusions and conditions of this contract insofar as they relate to anything to be done or complied with by *you* or any *insured person* or his or her personal representatives will be conditions precedent to the liability of *us* to make any payment under this contract.

7. Correctness of Statements and Fraud

All statements made by *you* or on *your* behalf either in the application or otherwise in support of this policy or any claim must be correct in all respects. If any claim under this policy is supported by any incorrect information or statement or is in any respect fraudulent, then *your* claim is not payable and this entire policy automatically terminates from the date that the incorrect statement or fraudulent claim was made to *us*.

8. Governing law

This policy will be governed in accordance with the laws of New Zealand. Any disputes arising out of or under this policy will be submitted to the exclusive jurisdiction of the courts of New Zealand.

9. IPR&C Act payments

The amount of any benefits payable for *Temporary total disablement* will be reduced by the amount of periodic compensation benefits payable under the Injury, Prevention, Rehabilitation, and Compensation Act 2001 and any substitution of, amendment to, replacement of or statutory regulation made under the Act, so that the total amount of any such benefits or entitlement and Benefits payable under this policy does not exceed the percentage of *earnings* of the *insured person*.

10. Lump sum limitation

After any *injury* to an *insured person* which results in any of the Results 2 to 8, all cover with respect to any further *injury* with respect to that *insured person* will cease.

11. Medical examination

We have at *our* expense, the right and opportunity to have any *insured person* examined when and as often as *we* may require during the duration of any claim under this policy and also the right and opportunity to have a post-mortem performed in the case of death, where it is not forbidden by law.

12. Medical expenses

We will not pay for Part F Medical expenses:

- a) where the medical expenses are recoverable by *you* or the *insured person* from any other source; or
- b) to support a claim under any other insurance.

13. Other insurance

You must tell *us* and obtain *our* written consent if *you* or the *insured person* takes out any other policy covering the *insured person* for *injury* or *illness*.

You do not need to tell *us* about any policy covering death only, medical expenses or travel insurance.

14. Payment of TTD or TPD Benefits

Weekly benefits for Results 25, 26 and 27 will be payable monthly in arrears. Disability for a period of less than a week will be paid for at the rate of 1/7th of the Weekly benefit for each day during which disability continues.

15. Recurrence of TTD or TPD

If as a result of *injury* or *illness* Benefits become payable under Parts B or C of the Table of results and while this policy is in force and the *insured person* suffers a recurrence of *Temporary total disablement* or *Temporary partial disablement* from the same or a related cause or causes, the subsequent period of disablement will be deemed a continuation of the prior period unless between such periods the *insured person* has worked on a full-time basis for at least 6 consecutive months, in which case the subsequent period of disablement will be deemed to have resulted from a new *injury* or *illness* and a new *excess period* will apply.

16. Renewal change of occupation or health

This Insurance may be renewed from year to year by mutual agreement between *you* and *us*. *You* are required to give written notice to *us* of any *illness* or physical defect or infirmity with which any *insured person* has become afflicted or of which he or she has become aware of. *You* will give immediate written notice to *us* of any change of any *insured person's* business or occupation, and *we* will be entitled to make any variations to the terms, conditions and exceptions of this policy as will be necessary as a result of any change of business or occupation.

17. Same injury

Benefits will not be payable for more than one of the Results 1-19 in respect of the same *injury* and will be reduced by any sum already paid under Results 25 or 26. Without limiting the first sentence of this condition in any way, all bodily injuries resulting from the same accident will be deemed to be a single *injury* for the purposes of this condition. Provided always that if *you* or any *insured person* becomes entitled to compensation under any of the Results 2-19 *you* may (entirely at *our* discretion) be made to receive compensation under that Result or Results 25 or 26.

18. Sanctions

This policy will not provide cover, nor will *we* be liable to pay any claim or provide any benefit hereunder, to the extent that the provision of such cover, payment of such claim or provision of such benefit is prohibited by any sanction, prohibition or restriction under the laws or regulations of any jurisdiction applicable to *us* or *our* parent company or its ultimate controlling entity.

Group Personal Accident & Illness

Cover

If as a result of *injury* or *illness* during the *period of insurance* an *insured person* suffers from any of the results described in the Table of results we will pay the Benefits set out in that Table, subject to the terms, conditions and exclusions of this policy.

Excess

As stated on the *schedule*.

Table of results

Table of benefits

Part A – Lump Sum Benefits

Cover under this Part only applies if an amount is shown on the *schedule* for Part A – Lump sum insured.

Result	Benefit
<i>Injury</i> directly resulting within 12 months in the following:	Being a percentage of the Lump sum insured shown on the <i>schedule</i> .
1. Accidental death	100%
2. <i>Permanent total disablement</i>	100%
3. <i>Permanent</i> and incurable paralysis of all limbs	100%
4. <i>Permanent</i> total loss of all sight of both eyes	100%
5. <i>Permanent</i> total loss of all sight of one eye	100%
6. <i>Permanent</i> total loss of use of two limbs	100%
7. <i>Permanent</i> total loss of use of one limb	100%
8. <i>Permanent</i> and incurable insanity	100%
9. <i>Permanent</i> total loss of hearing in:	
a) both ears;	100%
b) one ear	20%
10. <i>Permanent</i> total loss of use of four fingers and thumb of either hand	75%
11. <i>Permanent</i> total loss of use of the lens of one eye	60%
12. Third degree burns and/or resultant disfigurement which covers more than 40% of the entire external body	50%
13. <i>Permanent</i> total loss of use of four fingers of either hand	40%
14. <i>Permanent</i> total loss of use of one thumb of either hand:	
a) both joints;	30%
b) one joint	15%

Result		Benefit
15.	<i>Permanent</i> total loss of use of fingers of either hand: a) three joints; b) two joints; c) one joint	15% 10% 5%
16.	<i>Permanent</i> total loss of use of toes of either foot: a) all – one foot; b) big (great) – both joints; c) big (great) - one joint; d) other than big (great) – each toe	15% 5% 3% 1%
17.	Fractured leg or patella with established non-union	10%
18.	Shortening of a leg by at least 5 cm	7.5%
19.	<i>Permanent</i> disablement not otherwise provided for under Results 9 b) to 18 inclusive	Such percentage of the Lump sum insured as we entirely at our discretion will determine, and not being in our opinion inconsistent with the Benefits provided for under Results 9 b) to 18 inclusive.

Part A - Surgical benefits – injury

Cover under this Part only applies if an amount is shown on the *schedule* for Part A – Surgical benefits - *injury*

Result		Benefit
<i>Injury</i> directly resulting within 12 months in the following surgical procedures being carried out:		The Surgical benefits shown below are a percentage of the amount shown on the <i>schedule</i> .
20.	Craniotomy	100%
21.	Amputation of a limb	50%
22.	Fracture of a limb requiring open reduction	50%
23.	Dislocation requiring open reduction	25%

24.	Any other surgical procedure carried out under general anaesthetic	5%
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Part A – Funeral benefits

Cover under this Part only applies if an amount is shown on the *schedule* for Part A – Funeral Benefit.

If we accept a claim under Part A – Lump Sum Benefits – Result 1 we will also pay the reasonable funeral costs up to the maximum shown on the *schedule*.

Part B – Weekly benefits - injury

Cover under this Part only applies if an amount is shown on the *schedule* for Part B – Weekly benefits *injury*.

Result		
<i>Injury</i> directly resulting within 12 months in the following:		
25.	<i>Temporary total disablement</i>	During such disablement the Benefit stated on the <i>schedule</i> but not exceeding the <i>earnings</i> of the <i>insured person</i> .
26.	<i>Temporary partial disablement</i>	25% of the amount payable for Result 25

Part C – Weekly benefits - illness

Cover under this Part only applies if an amount is shown on the *schedule* for Part C – Weekly benefits *illness*.

Result		
<i>Illness</i> directly resulting in the following within 12 months of the date of the first manifestation of the <i>illness</i> .		
27.	<i>Temporary total disablement</i>	During such disablement the Benefit stated on the <i>schedule</i> but not exceeding the <i>earnings</i> of the <i>insured person</i> .

Part C – Surgical benefits - *illness*

Cover under this Part only applies if an amount is shown on the *schedule* for Part C – Surgical benefits – *illness*.

Result	Benefit
<i>Illness</i> directly resulting within 12 months of the date of the first manifestation of the <i>illness</i> in the following:	The Surgical benefits shown below are a percentage of the amount shown on the <i>schedule</i> .
28. Open heart surgical procedure	100%
29. Brain surgery	50%
30. Abdominal surgery carried out under general anaesthetic	25%
31. Any other surgical procedure carried out under general anaesthetic	5%

Part D – Broken or fractured bones benefits

Cover under this Part only applies if an amount is shown on the *schedule* for Part D – Broken or fractured bones benefit.

Result	Benefit
<i>Injury</i> directly resulting within 12 months in the following broken or fractured bones:	The Broken or fractured bones benefits shown below are a percentage of the amount shown on the <i>schedule</i> .
32. Neck, skull or spine (full break)	100%
33. Hip	75%
34. Jaw, pelvis, leg, ankle or knee (<i>other fracture</i>)	50%
35. Cheekbone, shoulder or hairline fracture of skull or spine	30%
36. Arm, elbow or wrist (<i>other fracture</i>)	25%
37. Leg, ankle or knee (<i>simple fracture</i>)	20%
38. Nose or collar bone	20%
39. Arm, elbow, wrist or rib (<i>simple fracture</i>)	10%
40. Finger, thumb, foot, hand or toe	7.5%

In the case of an established non-union of any of the above breaks or fractures, we will pay an additional benefit of 5% of the amount shown for Part D. The maximum Benefit payable for Broken or fractured bones with respect to any one *injury* is the amount shown for Part D.

For the purpose of this Part D:

Simple fracture means a fracture in which there is a basic and uncomplicated break of bone and which in the opinion of a qualified and registered medical practitioner requires minimal and uncomplicated medical treatment.

Other fracture is any fracture other than a *simple fracture*.

Part E – Dental benefits

Cover under this Part only applies if an amount is shown on the *schedule* for Part E – Dental benefits.

<i>Injury</i> directly resulting within 12 months in the following loss or procedures (as the case may be):		The Dental benefits shown below are a percentage of the amount shown on the <i>schedule</i> .
41.	Loss of teeth or full capping of teeth, per tooth	100%
42.	Partial capping of teeth, per tooth	50%

The maximum Dental benefit payable with respect to any one *injury* is shown on the *schedule*.

For the purpose of Part E: a tooth means a sound and natural permanent tooth, but does not include first or milk teeth, dentures and/or dental fillings.

Part F – Medical expenses

Cover under this Part only applies if an amount is shown on the *schedule* for Part F – Medical expenses.

Medical expenses directly resulting from an <i>injury</i> paid under this policy, which are incurred within 12 months of the date of the date of <i>injury</i> :	The actual medical expenses incurred up to the amount shown on the <i>schedule</i> over any consecutive 12 month period.
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Part G – Loss of enjoyment of life

Cover under this Part only applies if an amount is shown on the *schedule* for Part G – Loss of enjoyment of life.

If a claim is accepted by *us* under Part A – Lump sum benefits – Results 2-9(a) *we* also pay an additional \$25,000 if the *insured person* suffers *loss of enjoyment of life*.

Part H – Continuous bed Confinement

Cover under this Part only applies if an amount is shown on the *schedule* for Part H – Continuous bed confinement.

If during the *period of insurance*, a qualified and registered medical practitioner confines an *insured person* to bed for a continuous period in excess of 48 hours, *we* will pay the *insured person* the daily benefit shown on the *schedule* for each day of bed confinement up to a maximum of 25 days.

Part I – Ambulance cover

Cover under this Part only applies if an amount is shown on the *schedule* for Part I – Ambulance cover.

If during the *period of insurance* an *insured person* is required as a result of an *injury* to be transported by ambulance (land, sea or air) *we* will pay the cost of transportation, not recoverable from any other source, up to the maximum per person shown on the *schedule* and \$10,000 in total for any one event.

Part J – Rehabilitation expenses

Cover under this Part only applies if an amount is shown on the *schedule* for Part J – Rehabilitation expenses.

If a claim is accepted by *us* under Part A – Lump sum benefits – Results 2-9(a) *we* will also pay expenses reasonably incurred for tuition, advice and/or treatment from a licensed vocational school or occupational rehabilitation institution, provided such tuition, advice or treatment is undertaken with the agreement of *us* and the *Insured person's* qualified and registered medical practitioner. Compensation under this Benefit will be limited to actual costs incurred not exceeding the amount stated on the *schedule* per month and will be payable for a maximum of six months.

Part K – Trauma counselling benefit

Cover under this Part only applies if an amount is shown on the *schedule* for Part K - Trauma counselling benefit.

If during the *period of insurance* the *insured person* suffers psychological trauma as a result of being a victim of a *bodily attack* we will pay up to the amount shown on the *schedule* for the costs incurred for trauma counselling provided by a qualified and registered medical practitioner who is not a relative or an *insured person*.

Part L – AIDS/HIV benefit

Cover under this Part only applies if an amount is shown on the *schedule* for Part L – AIDS/HIV benefit.

Notwithstanding General Exclusion 1 we will pay the lump sum amount shown on the *schedule* per *insured person* following diagnosis of the *insured event* (as defined) to the *insured person*.

Provided any *bodily attack* that may subsequently lead to the diagnosis of HIV or AIDS must be reported immediately to *us* and medical tests carried out by a qualified and registered medical practitioner within 48 hours of the time of *bodily attack*. The diagnosis of such medical tests must prove positively that the *insured person* is not at that time suffering from HIV or AIDS before this benefit is payable.

Part M – Residence alteration benefit

Cover under this Part only applies if an amount is shown on the *schedule* for Part M – Residence alteration benefit.

If an *insured person* is in hospital for a period exceeding five consecutive days and any unforeseeable event occurs for which a *residence alteration* is required we will pay the actual cost incurred or \$2,000 whichever is the lesser for the provision of all *residence alterations*.

This benefit does not apply where the *insured person's* residence is used in any way for carrying out of a business unless the *residence alteration* is solely in respect of those parts of the residence not used for business purposes.

Part N – Replacement staff/recruitment costs

Cover under this Part only applies if an amount is shown on the *schedule* for Part N – Replacement staff/recruitment costs.

We will pay the reasonable and necessary recruitment costs incurred by *you* in order to replace an employee(s) who is an *insured person* for whom an *injury* claim has been accepted under Part A lump sum benefits – Results 1 and 2 up to the maximum shown on the *schedule* for each employee with \$50,000 in the aggregate for all employees.



Part O – Education fund Benefit

Cover under this Part only applies if an amount is shown on the *schedule* for Part O – Education fund benefit.

We will pay \$5,000 for each *dependent child* (\$10,000 in aggregate for all *dependent children* in any one family) should a claim be accepted under Part A – Lump sum benefits – Results 1 and 2 as a result of an *injury*.

Specific Exclusions

This benefit does not apply where the claim under Part A is for a Result which directly or indirectly arises from or is caused by:

- a. any type of *illness*, disease, infection or contagion, even if contracted through an *injury*.
- b. any pre-existing physical or congenital condition.

General definitions

Where headings or margin references are used in this policy the headings or references are purely descriptive in nature and are not to be used for interpretative purposes.

Whenever the following words are used in *italics* in this policy this is what they mean:

Aerial devices

any type of aircraft, hovercraft, spacecraft or other craft or thing made or intended to float on or in or travel through air or space.

Bodily attack

violent action by another person or persons intending to cause harm and which results in *injury* to the *insured person*.

Dependent Child

the *insured person's* natural or legally adopted children who are under the age of 17 years and totally dependent on the *insured person* for financial maintenance and support.

Earnings

in the case of an employee, his or her weekly pre-tax income, excluding commission, bonuses, overtime payments and any allowances averaged during the period of 12 months immediately preceding the commencement of disability over such shorter period as he or she has been employed; or

In the case of a self-employed person, his or her pre-tax weekly income derived from personal exertion after deduction of all expenses incurred in connection with the derivation of that income averaged over the period of 12 months immediately preceding the commencement of the disability or over such shorter period as he or she has been self-employed.

Excess period

the period of time shown on the *schedule* during which no benefit is payable.

Illness

any illness or disease first manifesting itself not less than 30 days after the commencement of the initial *period of insurance*.

Injury

bodily injury directly resulting from an accident occurring while this policy is in force caused by violent, external and visible means, but does not include any condition which is also an *illness*.

Insured Event

an *injury* suffered by an *insured person* as a result of a *bodily attack* during the *period of insurance* that causes and results in that *insured person* being positively diagnosed by laboratory and clinical tests within 180 days from the date of *bodily attack* as suffering from Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS).

Insured person

such person or persons who come within the description of Insured person contained on the *schedule*, who are nominated by *you* from time to time for insurance under this policy and with respect to whom premium has been paid or agreed to be paid.

Loss

in connection with a limb or part of a limb the physical severance or *permanent* loss of the use of.

Loss of enjoyment of life

that in the opinion of a qualified and registered medical practitioner the *insured person* is unlikely to ever be able to undertake one or more of the following activities without assistance:

- a) dressing and undressing;
- b) washing, bathing and toileting;
- c) eating and drinking;
- d) general household duties;
- e) shopping.

Notify

notify/notified in writing to *us*.

Period of insurance

the period shown on the current *schedule*.

Permanent

having lasted for twelve consecutive months and at the expiry of that period being beyond hope of improvement.

Residence alteration

any alteration required to be made on the advice of a qualified and registered medical practitioner to the *insured person's* normal place of residence as a direct result of an *injury*.



Schedule

the most recently dated schedule issued by *us* including the current schedule of benefits attaching to and forming part of this policy.

Temporary partial disablement

the temporary inability of an *insured person* to engage in a substantial part of his or her usual occupation, or business duties, while they are under the regular care of and acting in accordance with the instructions or advice of a doctor.

Temporary total disablement

the temporary inability of an *insured person* to engage in his or her usual occupation, or business duties.

Total disablement

the inability of an *insured person* to engage in or attend to any occupation or business for which he or she is or may become through rehabilitation and re-training reasonably qualified by reason of education, training or experience.

We / Our / Us

Vero Insurance New Zealand Limited.

You / Your

the Insured named on the *schedule*.

