

Policy number

--	--	--	--	--	--	--	--



Premium Holiday Claim Form

Please send the completed form to claims@partnerslife.co.nz

Please complete Section 1.0 or 2.0, whichever is applicable

1.0 Life Assured's details

Mr First Name

Mrs Middle Name(s)

Miss Surname

Other Male Female Date of Birth
D D M M Y Y

PO Box Private Bag Street Number

Number

Street Name

Rural Delivery No. Suburb

Town/City Postcode

Email Address*

Business Phone

Home Phone

Mobile Phone

*Compulsory field

2.0 Life Assured's life partner¹

Mr First Name

Mrs Middle Name(s)

Miss Surname

Other Male Female Date of Birth
D D M M Y Y

PO Box Private Bag Street Number

Number

Street Name

Rural Delivery No. Suburb

Town/City Postcode

Email Address*

Business Phone

Home Phone

Mobile Phone

Hours worked per week? Percentage of contribution towards household income?

¹Spouse, defacto partner, or Civil Union partner

*Compulsory field

Please complete all remaining Sections

3.0 Event Triggers

Please tick the event trigger that applies to your circumstances:

Event Trigger

- Redundancy (applicable for life assured or their life partner¹)
- Bankruptcy (applicable for life assured or their life partner¹)
- Termination of fixed term contract of longer than 5 years duration (applicable for life assured or their life partner¹)
- Termination of fixed term contract with greater than 12 months to expiry (applicable for life assured or their life partner¹)
- Permanent closure of business for which the life assured, or their life partner where applicable, was fully employed (applicable for life assured or their life partner¹)
- Becoming a carer for a life partner¹ (applicable for life assured only)
- Death of a life partner¹ or child (applicable for life assured only)
- Natural Disaster (applicable for life assured only)

3.1 Evidence Provided

Please tick the evidence that you have supplied in support of your claim:

Evidence Provided

- Letter from employer confirming redundancy
- Statutory declaration confirming the closure of the business, the business ownership, and the employment within the business
- Letter confirming termination of contract and statutory declaration of the duration and/or remaining term of the contract
- Letter from medical professional confirming the requirement for a full-time carer for the life assured's life partner¹
- Certified copy of death certificate
- Other

4.0 Premium Holiday Period (please complete)

Complete the number of weeks you require for your Premium Holiday Period:

Amount Weeks Months

5.0 Previous Premium Holidays

- Please tick this box if this policy has previously been paid for by Partners Life under a Premium Holiday.

6.0 Declaration

I/we, the Policy Owner(s), declare the following:

1. I/we acknowledge that the period of any Premium Holiday Claim which is agreed to by Partners Life (other than for death of a life partner¹ or child) will be limited to the earlier of: the maximum accumulated period as detailed below; or the Premium Holiday Period you have nominated on this form; or the date that the life assured, or their life partner¹ where applicable, returns to work²; and
 2. I/we accept that any previous periods of Premium Holiday that have applied to this policy, will be deducted from the maximum 6-month accumulated Premium Holiday period to determine the maximum period available for this Premium Holiday; and
 3. I/we acknowledge that with the exception of the death of a life partner¹ or child of a life assured, all other trigger events require me/us to notify Partners Life as soon as the applicable trigger event is no longer applicable to my/our circumstances i.e. the life assured, or their life partner¹ where applicable, returns to work. In these circumstances the Premium Holiday period will immediately end, and Partners Life will recommence collecting premiums for the policy. Any balance of the maximum accumulated Premium Holiday period remaining will then be available for any future trigger events; and
 4. I/we understand and agree that, should we not proactively end the Premium Holiday within the maximum suspension period for this Premium Holiday, Partners Life will automatically restart collecting premiums from that date onwards; and
 5. I/we acknowledge that the terms and conditions that apply to this Premium Holiday are those set out in the Partners Protection Plan Policy Document; and
 6. All of the answers given, and declarations made in this Claim Form are true and correct.
- ²Commences paid employment as an employee, business owner or fixed-term contractor.

Name of Life Assured

Signature of Life Assured

Date
D D M M Y Y

Name of first Policy Owner

Name of second Policy Owner

Signature of first Policy Owner

Signature of second Policy Owner

Date
D D M M Y Y

Date
D D M M Y Y

Please send the completed form to claims@partnerslife.co.nz
Partners Life Limited, Private Bag 300995, Albany, Auckland 0752, New Zealand.