

Policy number

Input boxes for policy number



COVID-19 Discretionary Policy Suspension Request Form

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

1.0 Policy Owner's details

Policy Owner 1

Form fields for Policy Owner 1: Mr/Mrs/Miss, First Name, Middle Name(s), Surname, Other, Male/Female, Date of Birth (DDMMYY)

Policy Owner 2

Form fields for Policy Owner 2: Mr/Mrs/Miss, First Name, Middle Name(s), Surname, Other, Male/Female, Date of Birth (DDMMYY)

2.0 Contact details

Policy Owner 1

Contact details form for Policy Owner 1: 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

Policy Owner 2

Contact details form for Policy Owner 2: 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

3.0 Suspension Requirements

Please tick one of the following options:

- The entire policy is to be suspended
 The selected benefits that are to be suspended are:

Large text area for listing suspended benefits

4.0 Previous Policy Suspensions

- Please tick this box if this policy, or any benefits under this policy, have previously been suspended under the Policy Suspension benefit.

5.0 Declaration

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

1. That the person(s) paying the premiums for this policy is/are suffering from unexpected financial stress as a direct result of the Government's Alert Level response to COVID-19, and as a result can no longer afford to pay the premiums for the policy, or for the selected benefits, whichever is applicable; and
2. None of the Lives Assured is currently eligible to apply for a Partners Life Premium Holiday which would allow all cover under the policy to be retained; and
3. I/we understand and acknowledge that by suspending the policy, or the selected benefits, whichever is applicable, no premiums will be payable for the policy, or the selected benefits, whichever is applicable, and no cover will be provided under the policy, or the selected benefits, whichever is applicable; and
4. I/we accept that any previous periods of Policy Suspension that has applied to this policy, or any benefits provided under this policy, will be deducted from the maximum 12-month accumulated suspension period to determine the maximum suspension period available for this Policy Suspension; and
5. I/we acknowledge that we can end the suspension at any time before the maximum suspension period has expired, by notifying Partners Life in writing of the date that they should recommence collecting premiums, and I/we acknowledge that suspended cover will recommence under the terms and conditions contained within the Partners Protection Plan Policy Document, once the first premium due has been paid; and
6. I/we understand and agree that, should we not proactively end the suspension within the maximum suspension period for this Policy Suspension, Partners Life will automatically restart collecting premiums from that date onwards; and
7. I/we acknowledge that the terms and conditions that apply to this Policy Suspension are those set out in the Partners Protection Plan Policy Document; and
8. All of the answers given, and declarations made in this Policy Suspension Request Form are true and correct.

Name of first Policy Owner

Signature of first Policy Owner

Date

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Name of second Policy Owner

Signature of second Policy Owner

Date

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|---|---|---|---|---|---|
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| D | D | M | M | Y | Y |

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

Partners Life Limited, Private Bag 300995, Albany, Auckland 0752, New Zealand.