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Policy Suspension Request

1.0 Policy owner's details

Policy owner 1

Title Mr Mrs Miss Other

First name

Middle name(s)

Surname

Gender Male Female

Date of birth

PO Box Private Bag Street Number

Number

Street name

Rural delivery no. Suburb

Town/City Postcode

Email address *compulsory

Contact number

Alternative contact number

Policy owner 2

Title Mr Mrs Miss Other

First name

Middle name(s)

Surname

Gender Male Female

Date of birth

PO Box Private Bag Street Number

Number

Street name

Rural delivery no. Suburb

Town/City Postcode

Email address *compulsory

Contact number

Alternative contact number

2.0 Suspension request

Please tick one of the following options:

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

3.0 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

4.0 Policy Suspension event

Please tick one of the following options:

- Redundancy
- Bankruptcy
- Carer for spouse, defacto partner, civil union
- Death of spouse, partner, or child
- Leave without pay
- Natural disaster
- Overseas travel
- Parental leave
- Tertiary Education
- Any other event Partners Life agreed to, at it's sole discretion (please provide details)

Notes

5.0 Declaration

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

1. That the Life Assured has undergone one of the following Policy Suspension events (as defined in the Partners Protection Plan Policy Document):
 - Redundancy; or
 - Bankruptcy; or
 - Leaving paid employment to become a fulltime caregiver for a spouse, de facto partner or Civil Union partner who for the first time requires such care as a result of an Illness or Injury; or
 - Leaving paid employment to become a fulltime caregiver for a Dependent Child who for the first time requires such care as a result of an Illness or Injury; or
 - Death of a spouse, partner or child; or
 - Natural Disaster where the event affects a life assured's ability to undertake their usual work (e.g. to their workplace or their own home) and where that interruption is likely to last more than thirty (30) days; or
 - Employer approved leave without pay; or
 - Overseas travel; or
 - Employer approved parental leave; or
 - Tertiary Education; or
 - Any other event Partners Life agrees to, at its sole discretion.; and

2. 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
3. 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
4. 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
5. 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
6. 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
7. All of the answers given, and declarations made in this Policy Suspension Request Form are true and correct.

Name of life assured		
Signature of life assured	Date	

Name of life assured		
Signature of life assured	Date	

Name of first policy owner		
Signature of first policy owner	Date	

Name of second policy owner		
Signature of second policy owner	Date	

Once completed please scan and email to claims@partnerslife.co.nz or post to: Partners Life Limited. Private Bag 300995, Albany, Auckland 0752, New Zealand

0800 14 54 33 | partnerslife.co.nz