



Redundancy Premium Break Application Form

1. Applicant details - to be completed by the person made redundant

Are you the Life Assured Policy Owner

Title: First Name: Surname:

Street address: Postal address: (if different from physical address)
 Unit / apartment / building / floor PO Box / private bag number:
 Street: Street:
 Suburb: Suburb:
 Town / city: Postcode: Town / city: Postcode:

Home phone: Business phone: Mobile phone:

Email: Fax: Date of birth:

2. Policy details

1. Please list the policies and benefits that you require a redundancy premium suspension for:

Policy number	Benefits

3. Employment details

1. Who is your employer?

Company name

Address Postcode:

Contact Person Position

Phone Fax

2. What is your position?

3. Is your occupation: Full time Part time Casual

4. Number of hours worked per week?

5. Was your dismissal related to misconduct, breach of contract, breach of law, fraudulent action or any other similar event? Y N

If yes, please provide details

6. AIA New Zealand require confirmation from your employer specifying:
- the initial actions taken regarding the redundancy
 - the date decisions were taken by the company to enact the redundancy
 - the date the redundancy was first communicated to you

I attach a letter from my employer with information regarding the above.

NOTE: This letter must be on company letterhead and signed by a senior manager or human resource manager showing the relevant designation.

4. Terms and conditions

Offer A: redundancy

1. The Offer provides for a six-month premium suspension if all terms and conditions are met.
2. The policy must have been in force, and paid up, for at least 12 months prior to applying for the Offer.
3. The Policy Owner must apply for the Offer within three months of the effective date of the redundancy of the Life Assured or Policy Owner.
4. The Offer may be exercised only once.
5. Cover is available during the period of premium suspension subject to the usual terms and conditions of the policy.
6. The Offer is not available if the Life Assured or Policy Owner taking out the policy was aware of the pending redundancy prior to policy commencement.
7. AIA New Zealand will require a letter from the employer specifying the initial actions taken regarding the redundancy (voluntary redundancy is not eligible) and date decisions were taken by the Employer and first communicated to the Life Assured or Policy Owner.
8. The offer will not be available in the following circumstances:
 - Where the applicant works less than 30 hours per week
 - Where the applicant is a casual or temporary employee only
 - Where redundancy was a form of dismissal related to misconduct, breach of contract, breach of law, fraudulent action or any other similar event.
9. Premium suspension is not available in the event of redundancy being on a voluntary basis.
10. In the event that a claim arises during the period of suspension, AIA New Zealand will deduct the premiums, for the period of premium suspension, from the claim proceeds.
11. Available on all risk and health products but excludes the Permanent Term product range.
12. The offer is not available where the Life Assured or Policy Owner has previously applied for suspension of cover under an existing Superior Health Cover policy.
13. If premium payment does not resume and the policy lapses at the end of the six month period, a reinstatement application is required.
14. The level of cover may not be altered during the period of premium suspension.
15. AIA New Zealand reserves the right to alter these terms at any time without prior notice.

5. Declaration - to be signed by the applicant and all Policy Owners

1. I/We declare that the above information is true and correct and agree to the terms and conditions listed above.
2. I/We declare that I/we was/were not aware of the pending redundancy prior to effecting the above named policy/policies.

Full name of Life Assured

Signature of Life Assured _____ **Date**

Full name of Policy Owner (1)
(if different from Life Assured)

Signature of Policy Owner (1) _____ **Date**

Full name of Policy Owner (2)
(if different from Life Assured)

Signature of Policy Owner (2) _____ **Date**