

Claims guide.
Income protection.

Your guide to making a claim.

We're here for you.

When something has happened to you or your loved one, when it comes to making a claim this can feel overwhelming. You may find yourself in a place doing things you've never had to do or even thought of doing before. And that's ok, we're here to guide & support you through every step of the way.

Top tip:

You can nominate a support person to help you manage the claim process, such as a relative, your adviser, or your legal representative. In this document, when we say you, we are referring to yourself or anyone you nominate to support you.



Your checklist.

Keep track of where you're at through the process by ticking each step below.

Step 1.

Check your cover.

Step 2.

Start your claim.

Step 3.

Your dedicated case manager.

Step 4.

Complete your claim form.

Step 5.

Assessing your claim.

Step 6.

Claim outcomes.



Step 1: Check your cover.

First thing to do is to find your policy documents and check your policy wording to ensure that your injury or illness meets the criteria where you can make a claim.

Your policy wording, policy schedule and any endorsement schedule forms the insurance contract between us, and include all the details of what you're covered for. It's good to read through them so you know what is covered and if there are any conditions that must be met in order to make a claim.

Remember you may have selected a wait period when you took out the claim and this will impact how long it may take to receive payment if your claim is approved.

Top tips:

- Write down any questions you may have and ask your financial adviser to go over the details of your cover.
- If you can't find your policy wording, give the claims team a call and we can send them to you.
- If you get stuck or need help to understand if you're covered, contact your financial adviser or give the claims team a call.



Step 2: Start your claim.

You can let us know that you want to make a claim:

- over the phone (0800 88 22 88),
- by email (claims@fidelitylife.co.nz),
- by post (Fidelity Life Assurance Company Limited, PO Box 37–275, Parnell, Auckland 1151, New Zealand), via your adviser, or
- by using our online claims form (fidelitylife.nz/claims/make-a-claim/).

Top tips:

- We're here for you though the claims process. It's also a good idea to ask your financial adviser to support you.
- If you want our claims team to discuss your claim in full with your financial adviser (e.g. share your medical or financial information), please ensure you complete the adviser consent section in your claim form.



Step 3: Your dedicated case manager.

A case manager will contact you. They're there to understand your situation and support you, and may ask you some questions relating to your claim. They'll then let you know what's needed to assess your claim as well as answer any questions you may have.

Top tips:

- Your case manager will explain your covers and make sure you understand all the details such as wait period, benefit calculations, and potential payment offsets.



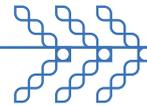


Step 4: Complete your claim form.

We'll send you some claim forms for you to complete to give us all the necessary information to help us assess your claim. You'll receive a letter listing what we need you to do, including the documents or information you need to send us. We need your personal information to assist us in identifying you and to help us ensure that your insurance benefits reach the right person. We also need medical information relating to you or your loved one's medical condition, and may also need financial information, such as payslips or IRD tax certificates to undertake a financial assessment.

Top tips:

- If you don't understand why certain documents are required, please ask your case manager or your adviser to explain. They can also help you gather the supporting documents once we have your consent.
- If you're eligible to receive a payment from ACC or another insurer for the same illness or injury your payment from us may be reduced by the amounts you're receiving.
- Please refer to the privacy statement on the claims form to understand what your personal information will be collected and used for.



Step 5: Assessing your claim.

We'll make an assessment of your claim based on the information provided. Because everyone's situation is different, the length of time it takes to assess your claim is dependent on a few things, including:

- The type and complexity of your claim.
- Whether any independent medical assessments are required.
- The amount of information we must review as part of your claim.
- How quickly we're provided with the information we need.

Top tip:

- Your case manager will keep you updated throughout the claim process, so reach out if you have any questions.



Step 6: Claim outcomes.

If your claim's accepted you'll be notified as soon as possible regarding how much you'll be paid and when. Your case manager will also discuss next steps for any ongoing payments. This will include advice around monthly requirements needed to ensure you are entitled to the correct benefit amount, if applicable, and also to ensure you meet your policy Terms and Conditions for ongoing payment.

We may not be able to accept & pay your claim if the policy requirements are not met or there is an exclusion on your cover.

If we don't have sufficient information to accept your claim, your case manager will explain what further information or steps may be needed for us to review your case.

Top tip:

- Discuss the outcomes with your adviser or case manager. If your claim is declined, you can always provide additional information, or make a complaint to appeal our decision.