
NEW ZEALAND STUDENT PLAN

Travel and Medical Insurance Policy Wording.
Covers international students studying
in New Zealand.



This Policy, issued/insured by nib nz limited (“nib”), consists of this policy wording and the **Certificate of Insurance**. All cover is subject to payment of the required premium, and is also subject to all the terms, conditions and exclusions of the Policy. This Policy does not cover any event which happens to **You** unless, at the date of such event, **You** are aged 60 years or under.

YOUR DUTY OF DISCLOSURE

Before **You** enter into this Policy **You** have a duty to disclose to **Us** every matter that **You** know, or could reasonably be expected to know, is relevant to **Our** decision (and the decision of a prudent insurer in the circumstances) of whether to accept the risk of the insurance and if so on what terms. **You** have the same duty to disclose those matters to **Us** before **You** renew, extend, vary or reinstate this Policy.

Your duty does not extend to matters;

- *that diminish the risk to be undertaken by Us.*
- *that are of common knowledge.*
- *that We know or in the ordinary course of Our business ought to know.*
- *where compliance of Your duty is waived by Us.*

If **You** fail to comply with this duty of disclosure, **We** may be entitled to reduce **Our** liability under this Policy in respect of a claim, or may cancel this Policy retrospectively.

MAXIMUM BENEFITS PAYABLE

(Summary only – see Certificate of Insurance)

The following table is a summary only of the maximum benefits and limits available. They apply per Insured Person and are based on a maximum period of insurance of 365 days from the **Policy Start Date**. They apply to **Your** Policy regardless of:

- whether **Your Period of Insurance** is a different period, and
- the number of policies **You** arrange with **Us** over those 365 days.

Please refer to each Policy section for specific conditions of cover and a detailed explanation of coverage under each section and the Schedule of Benefits in NZ\$ in the **Certificate of Insurance**.

Cover

Maximum over 12 months

SECTION 1: Medical and Related Expenses (Including Evacuation, Repatriation, and Cancellation)	Unlimited
<i>Sub-limits</i>	
Alternative Medical Treatment	\$500
Optical Cover*	\$300
Treatment of Mental Illness and Counselling	\$20,000
Sexual Health Consultation	\$250
Medical Expenses for temporary return to Country of Origin	\$200,000
Continuing Treatment in Country of Origin	\$20,000
Loss of Deposits	\$100,000
Repatriation due to Mental Illness, Suicide & Drugs/Alcohol	\$10,000
Resumption of Travel	\$30,000
Accompanying Relatives (includes cover for Pregnancy, Suicide and Drugs/Alcohol)	\$100,000
In Hospital Personal Cash	\$10,000 (\$100 per day)
Funeral Expenses	\$100,000
False Arrest	\$10,000
Hijack Cash	\$10,000 (\$100 per day)
Rental Vehicle Return	\$1,000
Travel Delay	\$10,000
Search and Rescue	\$10,000
Denial of boarding due to suspicion of contracting Covid-19	\$1,400 (\$200 per day)
SECTION 2 LUGGAGE AND PERSONAL EFFECTS	\$15,000
<i>Sub-limits</i>	
Deprivation of Luggage	\$1,000
Replacement Travel Documents	\$3,000
Unauthorised use of Travel Documents	\$5,000
Money lost or stolen	\$1,000
Fire Damage	\$12,000
Maximum Individual Item Value (unless specified and additional premium paid)	\$2,500
SECTION 3 MISSED TRANSPORT CONNECTION	\$25,000
SECTION 4 DEATH OR DISABLEMENT BY INJURY	\$50,000
Death for under 16 years of age	\$10,000
SECTION 5 PERSONAL LIABILITY	\$2,500,000
SECTION 6 KIDNAP AND RANSOM	\$250,000
SECTION 7 RENTAL VEHICLE EXCESS	\$5,000

*only applicable to policies issued for 6 months or longer

For family policies, the maximum limits available are two times the limit shown in this table (unless something else is provided in the remainder of this Policy or **Your Certificate of Insurance**) and the limits are shared between all family members on a Policy.

YOUR POLICY

This Policy is designed to provide cover for non-New Zealand residents aged 60 years or under, who study, and temporarily reside in New Zealand.

The Policy consists of:

- This policy wording, and
- The **Certificate of Insurance**.

They are to be read together as one contract.

The benefit amounts shown in the Schedule of Benefits in NZ\$ (in the **Certificate of Insurance**) are the maximum amounts payable over the 365 days from the **Policy Start Date**, regardless of the number of Policies **You** arrange with **Us** over that 365-day period. However, **Your** cover under this Policy always ends in accordance with the **Period of Insurance** for **Your** selected Policy. Sub-limits apply to some Sections.

GENERAL CONDITIONS

APPLICABLE TO ALL SECTIONS UNLESS SPECIFIED OTHERWISE

1. AUTOMATIC EXTENSIONS

- (a) **We** will automatically extend the **Period of Insurance** for up to 3 consecutive months from the **Policy End Date** if **Your** return to **Your Country of Origin** is put back due to a delay of transport or **Your** inability to **Travel** due to a **Sickness** or **Injury** for which a claim is payable under this Policy.
- (b) **You** are covered up to 9 days, each way, in transit between **Your Country of Origin** and New Zealand during the **Period of Insurance**.
- (c) Providing **You** return home (to **Your Country of Origin**) on a temporary basis (i.e. **You** intend to return to New Zealand), for a period not exceeding 3 months, (unless an extension has been requested and agreed to by **Us**), **You** are covered in respect of sections 1A(1), Medical Expenses and 1B(1), Loss of Deposits. The maximum benefit in respect of 1A(1) Medical Expenses for this Automatic Extension is \$200,000. There is no cover under 1A(1)a-d in **Your Country of Origin**
- (d) **You** are covered for a maximum of 31 days for temporary visits to Australia, Bali,

Lombok and the **Pacific Islands** and return to New Zealand during the **Period of Insurance**.

2. CANCELLATION

This Policy may be cancelled by **You** by giving notice to **Us**, either:

- (a) between the Date Issued stated on **Your Certificate of Insurance** and the **Policy Start Date**, or;
- (b) within 14 days of the **Policy Start Date**, providing **You** have not claimed.

Upon cancellation of this Policy by **You**, **We** will refund the premium as follows:

- (i) If cancellation takes place within 14 days of the Date Issued and **You** have not claimed or commenced travel, **We** will retain 30% of the premium for administration purposes and for the period during which Loss of Deposits and Cancellation cover was in force.
- (ii) If cancellation takes place within 14 days of the **Policy Start Date**, **Your Policy** is for a period of 90 days or longer and **You** have not claimed, **We** will refund the unused premium to **You** on a pro-rata basis less 30% for administration purposes and the period during which Loss of Deposits and Cancellation cover was in force.

We can cancel this Policy upon giving **You** 14 days' notice in writing if:

- (a) **You** fail to comply with the duty of the utmost good faith.
- (b) **You** fail to comply with the duty of disclosure.
- (c) **You**, at the time when the contract was entered into, made a misrepresentation to **Us** during the negotiations for the contract but before it was entered into.
- (d) **You** fail to comply with a provision of the contract, including a provision with respect to payment of the premium.

You make a fraudulent claim under the contract or under some other contract of insurance (whether with **Us** or with some other

insurer) that provides insurance cover during any part of the period during

- (e) which the first-mentioned contract provides cover.

3. CLAIM OFFSET

Except for Section 4 Events 1 & 2 inclusive, there is no cover under this Policy for any event, or liability that is covered:

- under any other insurance policy, health or medical scheme or Act of Parliament.
- under any free health care or treatment is readily available in New Zealand or under any reciprocal health agreement between the Government of New Zealand and the Government of any other country or is payable by any other source or a health insurance policy obtained as a condition of **Your** entry visa into New Zealand.

We will however pay the difference between what is payable under the other insurance policy, health or medical scheme or Act of Parliament or reciprocal health agreement or such other source and what **You** would be otherwise entitled to recover under this Policy.

4. DUTIES AND RESPONSIBILITIES

- (a) Upon the happening of an event potentially covered under this Policy, **You** must immediately:
- (i) Do as much as **You** can to prevent any loss or liability.
 - (ii) Contact nib nz limited at assist@nibtravel.com or via telephone toll free in New Zealand 0800 864227 (0800 UNICARE) or if you are outside New Zealand on +64-4-381 8166 (collect) if **You** are to be **Hospitalised**, evacuated or repatriated or have lost all of **Your Luggage and Personal Effects** or money.
 - (iii) Direct all claims communications to:
Email: claims@crombie.co.nz
Telephone: in New Zealand telephone toll free 0800 864 227 (0800 UNICARE) or if **You** are outside New Zealand telephone: +64 4 381 8166 (collect).

(iv) Post: nib nz limited, P.O. Box 91630 Victoria Street West, Auckland, New Zealand 1142,

(v) When **You** have completed a claim form, return it to the address shown above, making sure **You** provide the Policy number, supporting reports and documentation: such as police reports, doctor's reports, transport provider's reports, receipts, valuations or proof of ownership.

(vi) As soon as possible after suffering **Injury** or **Sickness** obtain and follow proper medical advice from a **Medical Practitioner**.

(vii) Lodge a written claim against any person, party, hotel or transport provider who may be legally liable for loss arising from **Your Injury** or **Sickness**.

(viii) Contact the claims department for prior approval of any claim requiring surgery, or any claim where the costs are expected to exceed \$1,000.

(b) **You** must not admit liability in respect of any loss to other people.

5. CURRENCY

All amounts stated in the Policy including the Schedule of Benefits are in New Zealand dollars. For reimbursement and payments into an international/overseas bank account a fee will be applied. No fee is applied to New Zealand Bank Accounts.

6. LAW

This Policy shall be governed by New Zealand law and any dispute or action in connection with this Policy will be conducted and determined in New Zealand.

7. PROOF OF LOSS AND PHYSICAL EXAMINATION

You or any other person covered by this Policy, must provide **Us** immediately with full particulars of any claim made against **You** by any other person and all legal documents

served on **You** or any other person covered by this Policy. **We** may at **Our** own expense conduct any medical examination or arrange for an autopsy to be carried out.

8. RENEWAL

This Policy may be renewed, with **Our** consent, by payment of the applicable renewal premium. **You** are unable to renew **Your** Policy retrospectively so **You** must advise **Us** if renewal is required before **Your Policy Expiry Date**.

When **You** renew **Your** Policy (with no gaps or lapse in cover) **We** will continue to cover any accepted **Injury** or **Sickness** that has arisen while insured by **Us**. However, **We** have the option to repatriate **You** to **Your Country of Origin** if **You** are no longer, in **Our Medical Practitioner's** opinion, medically fit to remain in New Zealand for the purpose of study. Should **You** refuse to follow the advice of **Our Medical Practitioner** **We** will no longer pay for any ongoing related medical costs in New Zealand from the date of recommendation for repatriation.

9. REQUIRED INFORMATION

All claims must be notified to **Us** as soon as practicable and all medical certificates, accounts, receipts and information required by **Us** shall be furnished in such form and in such reasonable time as **We** require. Original documents must be produced.

10. LEGAL DEFENCE/SUBROGATION

We have the right to commence or take over legal proceedings in **Your** name, for the defence or settlement of any claim, or to sue or prosecute any other party to recover any monies payable by them at law. **You** must co-operate with **Us** and do nothing to hinder **Our** rights. **We** may choose the lawyer to defend **You** and **You** waive privilege in any communications with **Our** lawyer.

11. UNTRUE OR INCOMPLETE INFORMATION

You are covered under this Policy provided that the information **You** supply relevant to **Your** application is both complete and factual. If any information is untrue, incomplete, misleading or is not disclosed to **Us**, **We** do have the right to void this Policy and **We** are not obliged to pay **Your** claim.

Insurance fraud is illegal and comes at a cost to all policy holders. If **You** have made a false or misleading claim please contact **Us** immediately to withdraw the claim. No penalty is applied when **You** withdraw a claim.

12. GOVERNMENT CHARGES

All premium costs include GST and NZ Government Fire Service and other Government fees (if applicable) that **You** are legally required to pay.

13. CLAIMS EXCESS

An **Excess** is the amount that **You** must pay first for all **Your** covered losses arising from a single event before **You** can claim under **Your** policy.

An **Excess** applies to the below sections of the policy:

- Section 2 (Luggage and Personal Effects) where there is an **Excess** of \$200 for **Technology Items** and \$100 for other claims under section 2; and
- Section 5 (Personal liability) where there is an **Excess** of \$100.

WHAT SHOULD I DO IF I HAVE A MEDICAL EMERGENCY?

If you experience a medical emergency in New Zealand call 111 or visit the nearest medical facility. If you have been admitted to hospital please call our 24/7 emergency assistance team on +64-4-381 8166 as soon as possible

HOW DO I SUBMIT A CLAIM?

To submit a claim please complete your claim form in English and send this to claims@crombie.co.nz. Please include any supporting documents including medical reports, receipts or police reports.

Claims forms are available in multiple languages but it is important that you complete them in English. Please provide the required supporting documents when submitting a claim. Please ensure these are in English. Translation costs (if applicable) are not claimable and at your own expense

HOW CAN I CHANGE OR UPDATE MY

POLICY? Please contact the Crombie Lockwood policy administration team on either : +64 9 362 4039 or via email insure@uni-care.org

DEFINITIONS

In this Policy the following definitions apply to the words in bold font. The definitions apply to all derivatives of the words defined.

Alternative Medical Treatment means reasonable expenses necessarily incurred by **You** within 12 calendar months of sustaining **Injury** or **Sickness** in respect of medical advice or treatment by Chiropractors, Acupuncturists, Osteopaths, Podiatrists, Dieticians, Nutritionists and Dermatologists provided they are registered members of a recognised professional body for that type of Alternative Medical Treatment provider.

Certificate of Insurance means the latest Certificate of Insurance attaching to this Policy and forming part of it. It contains the Schedule of Benefits in NZ dollars.

Change in Vision means an ophthalmologist, optometrist, or optician diagnoses changes in **Your** vision requiring new glasses or contact lenses.

Country of Origin is that country outside New Zealand in which **You** have established permanent residency and/or is where **Your** **Travel** commenced.

Eligible Person means persons who are entitled to access to the New Zealand Public Health System due to Reciprocal Health Agreements with their **Country of Origin** and New Zealand.

Excess means the amounts stated in this Policy that **You** must pay first for all **Your** covered losses arising from a single event before **You** can claim under **Your** policy.

Family means **You** and/or **Your Spouse** and **Your** financially dependent children and legal wards 18 years of age and under who remain in **Your** full custody and control during the trip. The benefit shown in the Schedule of Benefits Payable is twice the individual amount shown and is shared by the Family, unless provided otherwise in this Policy.

Financial Default means insolvency, bankruptcy, provisional liquidation, liquidation, financial collapse, appointment of a receiver, manager or administrator, entry into any official or unofficial scheme of arrangement, statutory protection, restructuring or composition with creditors, or the happening of

anything of a similar nature under the laws of any jurisdiction.

Hazardous means a risk likely to cause **Injury** or loss.

Hospital means any institution lawfully operated for the care and treatment of sick or injured persons with organised facilities for diagnosis and surgery and having 24 hours a day nursing service and medical supervision; but does not include any institution used primarily as a nursing or convalescent home, a place of rest, a geriatric care facility, a mental institution, a rehabilitation or extended care facility or a place for the care or treatment of alcoholics or drug addicts.

Injury means physical and bodily injury which happens to **You** as a result of accidental and external violence during the **Period of Insurance** and which results solely and directly and independently of any other cause within 12 calendar months of the date of occurrence of such **Injury**.

Kidnapping/Kidnapped means the seizing, detaining or carrying away of **You** by force or fraud for the purpose of demanding **Ransom**

Luggage and Personal Effects means personal items owned by **You** that **You** take travelling with **You** and/or bring with **You** to New Zealand, or any items purchased while in New Zealand. This does not include business samples, trade samples, software or electronic data.

Manual Work means skilled and unskilled manual work, other than that of an academic nature.

Medical Expenses means reasonable expenses necessarily incurred by **You** within 12 calendar months of sustaining **Injury** or **Sickness** in respect of medical advice or treatment by a **Medical Practitioner**, nurse, **Hospital** and/or ambulance service for medical, surgical, diagnostic services, **Hospital** or nursing treatment, including physiotherapy, the cost of medical supplies and ambulance hire prescribed by a **Medical Practitioner**. It includes **Alternative Medical Treatment** if that treatment has followed referral by a **Medical Practitioner**. This does not extend to cover Chinese or Ayurveda Medicine.

Medical Practitioner means any person who is, or is deemed to be, registered with the

Medical Council of New Zealand as a practitioner of the profession of medicine and who holds a current practicing certificate. This does not extend to cover family councillors or social workers.

Negligence means **Your** failure to exercise the care that a reasonable person would exercise in the same circumstance.

Pacific Islands means Fiji, Cook Islands, Samoa, American Samoa, Tahiti, Tonga, Niue and Vanuatu.

Public Place means, but is not limited to, shops, airports, train stations, streets, hotel foyers and grounds, restaurants, beaches, public toilets and any place to which the public has access.

Period of Insurance means from the **Policy Start Date** until **Your** return to **Your Country of Origin**, or the **Policy End Date**, whichever occurs first, except for section 1B(1) where cover shall start on the day the premium is paid or six months prior to the commencement of **Your Travel** whichever is the later, provided the cover is granted by **Us**.

Policy Start Date means the date shown as the Policy Start Date in the **Certificate of Insurance**.

Policy End Date means the date shown as the Policy End Date in the **Certificate of Insurance**.

Present Day Value means the purchase amount paid for an item, or the current market value of an item, whichever is the lesser.

Pre-existing Condition/s means, in relation to **You** or any other person on whom **Your Travel** depends, any medical or physical conditions or circumstances:

- (a) which **You** are aware of, or ought to have been aware of; or
- (b) for which advice, care, treatment, medication or medical attention has been sought by **You**, which have been diagnosed as a medical condition, or a **Sickness** or indicative of a **Sickness**; or
- (c) which are of such a nature to require, or which potentially may require medical attention; or

- (d) which are of such a nature as would have caused a prudent, reasonable person to seek medical attention prior to the commencement date of **Your Policy**.

Ransom means any monetary loss which is incurred in the provision and delivery of cash, marketable goods, services or property to secure the release of **You** when **Kidnapped**.

Relative means **Your Spouse**, de-facto **Spouse**, parent or step-parent or guardian, parent-in-law, daughter, son, daughter or son-in-law, brother or sister, provided such person(s) are under 76 years of age and is resident in **Your Country of Origin**.

Rental Vehicle means a vehicle, such as a sedan or station wagon, rented from a licensed motor vehicle rental agency.

Serious Injury or **Serious Sickness** (in respect of a **Relative** or any other person on whose state of health the **Travel** depends) means a life threatening medical condition that first manifested itself during **Your Period of Insurance**.

Sexual Health Consultation means a consultation arranged through a **Medical Practitioner** for the purpose of diagnosing Sexually Transmitted Infections (STIs), Sexually Transmitted Diseases (STDs) or Venereal Diseases (VD).

Sexually Transmitted Infections (STIs), Sexually Transmitted Diseases (STDs) or Venereal Diseases (VD) means diseases that are passed on from one person to another through any sexual contact.

Sickness means any illness or disease (including symptoms thereof).

Spouse means **Your** husband or wife or the person who cohabits with **You** in a nature of a marital, de-facto or civil union relationship during the 90 days immediately preceding the **Period of Insurance**.

Technology Item means mobile phones including smart phones, digital cameras, photographic, audio, video and electrical equipment (including CDs, DVDs, video and audio tapes and electronic games), computers, tablets, audio or media players, wireless headphones, wired headphones, electric scooters and drones.

Terrorist Act means any actual or threatened use of force or violence directed at or causing damage, **Injury**, harm or disruption, or committing of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies, or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist Acts. Terrorism shall also include any act that is verified or recognised by the (relevant) Government as an act of terrorism.

Total Disablement means disablement which continues for 12 consecutive months and at that time is certified by a **Medical Practitioner** as being beyond hope of improvement which results in **Your** complete inability to engage in or attend to any gainful employment for which **You** may become through rehabilitation and retraining reasonably qualified to perform by reason of education, training or experience.

Travel means:

- (a) Travel undertaken by **You** during the **Period of Insurance** to study, travel and temporarily reside in New Zealand.
- (b) In respect of Section 2(5) specifically relating to money acquired for the Travel, 72 consecutive hours prior to the loss and following payment of the premium to **Us**.
- (c) In respect to all other sections from the time **You** depart **Your Country of Origin** for commencement of **Your** travel; and continues until:
 - (i). **You** return to **Your Country of Origin**, other than as provided by Automatic Extension 1(c)
 - (ii). the expiration of the **Period of Insurance** (unless renewed)
 - (iii). the Policy's cancellation date;whichever occurs first

Ultimate Net Loss means the final amount of **Ransom** cost less any recoveries. If following **Our** payment part or all of the **Ransom** is recovered **You** are required to reimburse **Us** the value of the amount so recovered.

Unattended means any of the following

- (a) leaving **Your Luggage and Personal Effects** with a person who is not covered under **Your** Policy or who is not a **Relative**
- (b) leaving it in any position where it can be taken without **Your** knowledge or
- (c) leaving it at such a distance from **You** that **You** are unable to prevent it being taken. This also means leaving **Your Luggage and Personal Effects** behind, forgetting it or walking away from it.

Unforeseen means sudden, unexpected, and unintended

War means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

We/Our/Us means nib nz limited.

You/Your means the Insured Persons as specified in the Certificate of Insurance.

*Words in the singular include the plural and vice versa.

GENERAL EXCLUSIONS

APPLICABLE TO ALL SECTIONS UNLESS OTHERWISE SPECIFIED

We will not pay under any Section of this Policy for any claim arising directly or indirectly out of:

1. Air travel except as a passenger in any properly licensed passenger carrying aircraft. This does not apply to hot air ballooning.
2. Pregnancy, childbirth or abortion if the pregnancy existed at the time the Policy was issued.
3. Pregnancy, childbirth or abortion if the pregnancy commenced after the Policy was issued, except where such costs are incurred because of unexpected medical complications or emergencies that occur up to and including the 20th week of pregnancy.
4. Infertility or birth control.
5. In respect to a child born during the **Period of Insurance**, **We** will not pay for

- post-natal care or for any amount in excess of \$100,000 under section 1A for the treatment of condition(s) existing prior to or at birth.
6. Sexually transmitted disease or Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) infection except as provided under Section 1A1(d) (Medical Expenses: Sexual Health Consultation).
 7. Any cost relating to medical treatment for hair loss.
 8. Any cost relating to a **Relative's Pre-existing Medical Condition**
 9. Hunting, racing (other than on foot), playing polo, professional sport, mountaineering, rock climbing using ropes or climbing equipment, pot holing, motorcycling unless the total engine capacity of the motorcycle is 200cc or less (a motorcycle licence must also be held at the time and place where the claim occurred), skydiving (unless under the supervision of a qualified instructor), hang-gliding, ocean yachting (unless cover has been approved by **Us**), or deliberate exposure to exceptional danger, including **Hazardous** pursuits. See page 21 for the full list of accepted activities.
 10. Radioactive contamination or radioactivity in any form whatsoever whether occurring naturally or otherwise.
 11. **War.**
 12. Intentional use of military force to intercept, prevent, or mitigate any known or suspected **Terrorist Act**.
 13. Any **Terrorist Act**.

Note: Exclusions 12 and 13 do not apply to Sections 1A, 1B2(a), 1B2(b), 1B4, 1B5(a) and 1B5(b).
 14. **You Travelling** against medical advice or when **You** are medically unfit to **Travel**.
 15. **Travel** undertaken for the purpose of receiving medical treatment (whether or not this was the sole purpose for such **Travel**) unless agreed to by **Us** prior to the departure date for the **Travel**.
 16. Depression, stress, anxiety, mental or nervous disorder, suicide or attempted suicide or self-Injury.
 17. Diving underwater using an artificial breathing apparatus unless **You** hold an open water diving license or **You** were diving under licensed instruction.
 18. **Manual Work** or **Hazardous** work (except of an academic nature) unless **We** have agreed to their inclusion.
 19. **You** being under the influence of alcohol and/or drugs.
 20. **You** engaging in any activity associated with any criminal act.
 21. Government intervention at a national or regional level, or by reference to geographical area(s), population levels, communities or cluster levels, including but not limited to: border closures, mandatory testing, voluntary isolation, mandatory isolation/quarantine, and public lockdowns
 22. Any loss, injury, damage or legal liability arising directly or indirectly from travel in, to or through an "Avoid non-essential travel" area or "Do not travel" area as listed on the Safe Travel website (safetravel.govt.nz).
 23. Any loss, injury, damage or legal liability suffered or sustained directly or indirectly by **You** if **You** are:
 - (a). a terrorist;
 - (b). a member of a terrorist organisation;
 - (c). a narcotics trafficker; or
 - (d). a purveyor of nuclear, chemical or biological weapons.
 24. Sexual Health Consultation expenses that are:
 - (a). Routine smear tests;
 - (b). Contraception or condoms;
 - (c). Any diagnostic or treatment outside of New Zealand;
 25. Incurred for tests, vaccinations or health screening for immigration/visa requirements.
 26. Incurred costs for screenings or investigations where no signs or symptoms are present (with exception of Sexual Health Benefit 1A1d).

- 27. Reinstatement, replacement, loss or damage to any electronic data or software including any consequential loss.
- 28. The medical treatment costs of injuries caused by accidents in New Zealand that are covered by the New Zealand Accident Compensation Commission (ACC).
- 29. **Your** disinclination to **Travel**.
- 30. **Travelling** against local or New Zealand Government advice or **Travelling** against **Our** advice.
- 31. A likely or actual epidemic/pandemic declared by a government or WHO (who.int).

SECTION 1A: MEDICAL AND RELATED EXPENSES

1. MEDICAL EXPENSES

We will reimburse **You** for **Medical Expenses** incurred for the treatment of an **Injury** or **Sickness** suffered during the **Period of Insurance** including the costs associated with medical evacuation which has been approved by **Us**.

However, this reimbursement is subject to the limitations contained in subsections (a) to (e) below:

(a). DENTAL

We will reimburse **You** for the cost of treatment for:

- (i). **Injury** to teeth suffered during the **Period of Insurance**, and
- (ii). The initial consultation for the relief of sudden and acute pain during the **Period of Insurance** using antibiotics, temporary dressings or extraction, however **We** will not pay for elective treatment or Normal Maintenance as defined below.

Normal Maintenance: includes fillings, root canals, polishing and scaling, wisdom teeth extractions, replacement due to loss of dental bridges, restoration work, caps, crowns, precious metal costs or pins and fittings, periodontal, titanium implants or any dental work resulting from lack of regular dental maintenance and/or hygiene.

(b). OPTICAL

Provided **Your** Policy has a **Period of Insurance** of 180 days or more **We** will reimburse **You** up to a maximum of \$300 over the 12 month period beginning on the **Policy Start Date** but subject overall to **Your Period of Insurance** for a visit to an optometrist including the cost of spectacle frames, prescription lenses and contact lenses if:

- (i). **Your** optical aids are lost, stolen or damaged; or
- (ii). **You** require lenses as a result of a **Change in Vision**; or
- (iii). **You** require optical aids for the first time in **Your** life,

during the **Period of Insurance**

(c). MENTAL ILLNESS:

Subject to a limit of \$20,000, **We** will reimburse **You** for all **Medical Expenses** incurred for the treatment of depression, stress, anxiety, mental or nervous disorder, suicide or attempted suicide or self-injury.

Note:

General Exclusion 16 does not apply to 1A 1(c).

(d). SEXUAL HEALTH CONSULTATION

Provided **Your** Policy has a **Period of Insurance** of 180 days or more **We** will pay the costs incurred, to a maximum of \$250, for one **Sexual Health Consultation**, required diagnostics and subsequently required prescription costs whilst in New Zealand.

(e). ALTERNATIVE MEDICAL TREATMENT

We will reimburse you for the cost of **Alternative Medical Treatment** for up to \$500 over the 12 month period beginning on the **Policy Start Date** but subject overall to **Your Period of Insurance**.

2. CONTINUING TREATMENT

Following **Your** permanent return to **Your Country of Origin**, **We** will also pay for **Your** continuing treatment, to a maximum of \$20,000, always provided any costs covered under this Section are incurred within 12 months from the date of **Your** first covered claim relating to the **Injury** or **Sickness**.

3. COVID-19 EXTENSION TO SECTION 1A

Section 1A is extended to include cover if **You** suffer the **Sickness** of Covid-19.

To this extent only, General Exclusions 21 and 31 do not apply to this extension.

SUPPORTING DOCUMENTS REQUIRED FOR YOUR CLAIM:

- Medical report(s) confirming your diagnosis
- If you are admitted to hospital your discharge report
- Any receipts

In some cases, we may request additional documents, such as a medical report confirming your pre-existing conditions. This will depend on your individual circumstances.

SECTION 1B: ADDITIONAL EXPENSES

1. LOSS OF DEPOSITS

We will reimburse **You** the non-recoverable and unused portion of:

- **Travel**,
- accommodation,
- educational fees. or
- other deposits

paid for in advance by **You**, if **Your Travel** is cancelled, altered or not completed due to:

- (a). The **Unforeseen** death, **Serious Injury** or **Serious Sickness** of a **Relative**, close business associate or **Travelling** companion, provided that this person is under 76 years of age.
- (b). **You** suffering an **Injury** or **Sickness** during the **Period of Insurance**.

COVID-19 EXTENSION TO SECTION 1B 1 LOSS OF DEPOSITS

Section 1B 1 is extended to include cover if **You** suffer the **Sickness** of Covid-19 during the **Period of Insurance**.

Please note that this extension excludes the deposits paid for the following:

- educational fees
- campus or student accommodation, and isolation/quarantine

To this extent only, General Exclusions 21 and 31 do not apply to this extension.

2. REPATRIATION AND ADDITIONAL EXPENSES

We will reimburse **You**, or pay on **Your** behalf where **We** agree circumstances necessitate, for the expenses **You** reasonably and necessarily incur in addition to those **You** already budgeted for or were likely to incur during **Your Travel** as a result of:

- (a). **You** having to return to **Your Country of Origin** during the **Period of Insurance** due to the **Unforeseen** death, **Serious Injury** or **Serious Sickness** of a **Relative**, close business associate or **Travelling** companion during the **Period of Insurance**, provided that such a person is under 76 years of age.
- (b). **You** suffering an **Injury** or **Sickness** during the **Period of Insurance**.
- (c). any other **Unforeseen** circumstance during the **Period of Insurance** not covered elsewhere in the Policy which is outside **Your** control other than those circumstances described in (a) & (b) above or specifically described elsewhere in the Policy,

less any refund **You** are entitled to for prepaid **Travel** and accommodation arrangements,

COVID-19 EXTENSION TO SECTION 1B 2 (b) and 2 (c)

Section 1B 2 (b) & 1B 2 (c) above are extended to include cover if **You** suffer the **Sickness** of Covid-19 during the **Period of Insurance**.

Please note that this extension excludes the following expenses:

- educational fees or expenses,
- campus or student accommodation expenses, and
- isolation/quarantine expenses.

Should **You** be denied boarding a plane or ship due to suspicion of **You** having Covid-19 during **Your Period of Insurance**, **We** will reimburse **You** for additional accommodation and meal expenses up to \$200 per 24-hours, up to a maximum of \$1400.

To this extent only, General Exclusions 21 and 31 do not apply to this extension.

Note:

*General exclusions 16 & 19 do not apply to 1B 2. The benefit limit for claims that would otherwise be excluded by exclusion 19 is \$10,000 over the 12-month period beginning on the **Policy Start Date**.*

We strongly recommend You seek pre-approval for claims over \$1,000 prior to incurring expenses to understand what is covered under your Policy

3. RESUMPTION OF TRAVEL

If **You** wish to resume **Your** original **Travel** following a covered claim under clause 2:(Repatriation and Additional Expenses) above, **We** will pay the reasonable additional costs of economy class air fares to return **You** to the same location and position **You** were in prior to **Your** claim.

Provided:

1. **Your** resumption of travel takes place within six months of the date of the claims event recorded on **Your** claim for clause 2 and,
2. at least 28 days of the original **Period of Insurance** were remaining when the event that necessitated **Your** return occurred.
3. if **Your** resumption of travel is necessary for educational purposes such as completing examinations, lectures or research commitments or an existing academic course, **We** may, at **Our** sole discretion, waive the 28 days requirement of proviso 3(b).

4. ACCOMPANYING RELATIVES

If **You** are **Hospitalised** for a **Serious Sickness** or **Serious Injury** and medical circumstances dictate, **We** will pay for the reasonable return airfare (economy class unless otherwise agreed to by **Us**), transportation and accommodation charges incurred, for up to two of **Your Relatives** to attend **You** and/or escort **You** to **Your Country of Origin**, or in the event of **Your** death to accompany **Your** remains back to **Your Country of Origin**. The maximum sum payable is \$100,000 over the 12-month period beginning on the **Policy Start Date**, but subject overall to **Your Period of Insurance**,

If **You** are aged 16 years or under at the time of a medical event arising, **You** are hospitalised and it is deemed medically necessary by **Your** attending **Medical Practitioner** and where **We** have agreed prior to the costs being incurred **We** will pay the reasonable return air fare (economy class unless otherwise agreed to by **Us**), transportation and accommodation charges incurred for one parent or legal guardian of **Yours** to attend **You**. The maximum sum payable is \$2,500

COVID-19 EXTENSION TO THIS BENEFIT

Section 1B subsection 4 is extended to include cover if **You** suffer the **Serious Sickness** of Covid-19.

To this extent only, General Exclusions 21 and 31 do not apply to this extension

Note:

General Exclusions 2, 3, 4, 16, and 19 do not apply to 1B 4.

We strongly recommend You seek pre-approval for claims over \$1,000 prior to incurring expenses to understand what is covered under your Policy

5. OTHER BENEFITS AND EXPENSES

Refer to the Schedule of Benefits Payable in NZ\$ contained in the **Certificate of Insurance** for the amounts payable. **We** will pay **You**:

(a). IN HOSPITAL CASH

A cash benefit for every continuous 24 hour period **You** are confined to **Hospital** as an in-patient due to **Injury** or **Sickness**.

This benefit is paid at \$100 per 24 hour period with a maximum limit of \$10,000.

COVID-19 EXTENSION TO THIS BENEFIT

Section 1B 5(a) is extended to include cover if **You** suffer the **Sickness** of Covid-19.

To this extent only, General Exclusions 21 and 31 do not apply to this extension

(b). FUNERAL EXPENSES

The reasonable cost up to \$100,000 of returning **Your** remains to **Your Country of**

Origin or the reasonable funeral and related costs if the body is buried or cremated at the place of death in the event **You** die during the **Period of Insurance**.

This benefit limit is \$100,000.

COVID-19 EXTENSION TO THIS BENEFIT
Section 1B 5(b) is extended to include cover if **You** suffer the **Sickness** of Covid-19.

To this extent only, General Exclusions 21 and 31 do not apply to this extension

Note:

General Exclusions 2, 3, 4, 16 and 19 do not apply to 1B 5(b)

We strongly recommend You seek pre-approval for claims over \$1,000 prior to incurring expenses to understand what is covered under your Policy

(c). FALSE ARREST EXPENSES

The reasonable legal costs actually and necessarily incurred by **You** as a result of **Your** false arrest or wrongful detention, during the **Period of Insurance**, by any legally recognised foreign Government.

This benefit limit is \$10,000.

(d). HIJACK CASH

A cash benefit for every continuous 24-hour period that **You** are detained as a result of the public transport in which **You** are **Travelling** being hijacked during the **Period of Insurance**.

This benefit is paid at \$100 per 24 hour period with a maximum limit of \$10,000.

(e). RENTAL VEHICLE RETURN

The reasonable costs incurred in returning **Your Rental Vehicle** to the nearest **Rental Vehicle** depot if **You** are unable to return it **Yourself** due to **Your Sickness, Injury**, or death during the **Period of Insurance**, but only where **You** are liable for such costs under the hire agreement.

This benefit limit is \$1,000.

(f). TRAVEL DELAY

If **Your Travel** arrangements are delayed for at least 6 consecutive hours due to any

Unforeseen cause beyond **Your** control **We** will pay for **Your** reasonable extra costs necessarily incurred due to the delay, including the costs of meals, which are not recoverable from any other source.

This benefit limit is \$10,000.

(g). SEARCH AND RESCUE

If **You** go missing in New Zealand, **Pacific Islands**, Australia, Bali, Lombok or overseas while in transit (but not in **Your Country of Origin**), as a direct result of natural disaster or while undertaking an outdoor recreational activity during the **Period of Insurance**, **We** will contribute up to \$10,000 towards the cost of a private search for **You**, actually and necessarily incurred on **Your** behalf, provided that:

- (i). The search is approved by the relevant local authorities;
- (ii). The search begins within 72 hours of the local official notification that **You** are missing; and **You** have not ignored any official advice given to **You** to stay out of the area.

This benefit limit is \$10,000.

SUPPORTING DOCUMENTS REQUIRED FOR YOUR CLAIM may include:

- Airline ticket or pre-paid expenses confirmation
- Any receipts with refund terms and conditions
- Confirmation of reason for the travel disruption or cancellation

In some cases, we may request additional documents. This will depend on your individual circumstances.

EXCLUSIONS APPLYING TO SECTIONS 1A AND 1B

We will not pay for:

1. Charges **You** incur if **You** fail to return to **Your Country of Origin** or to an alternative location at **Our** direction once **You** may, in the opinion of **Our** medical adviser, have safely undertaken to do so or after **You** fail to follow **Our** advice or instruction.

2. Expenses relating to the continuation or maintenance of any course of treatment **You** were receiving prior to the **Policy Start Date** or replenishment of prescribed medications being taken by **You** prior to **Your** departure from **Your Country of Origin**, unless the prescribed medication was lost or damaged during the **Period of Insurance**.
3. Expenses arising from elective surgery or elective medical treatment, unless otherwise agreed in writing by **Us**.
4. Any expenses incurred more than 12 calendar months after the date of **Injury** or, in the case of **Sickness**, more than 12 calendar months after the date on which the first **Medical Expense** is incurred or the **Policy End Date** whichever occurs last.
5. Any **Pre-existing Condition** that has not been declared to **Us** and noted on the **Certificate of Insurance** as a **Pre-existing Condition** except as detailed under Sections 1A 1(c) Mental Health, 1B (2) Repatriation and Additional Expense, 1B 4 Accompanying Relatives and 1B 5(b) Funeral Expenses.
6. Disposable contact lenses.
7. Any claim arising from:
 - (a). Cancellation, curtailment or diversion of scheduled public transport services, including by reason of strikes or other industrial action, if there had been warning in the news media or current notifications in the local Government "Country Warning" web sites, before the date the **Travel** was booked, that such events were likely to occur.
 - (b). Carrier caused delays where the costs are recoverable in full from the carrier.
 - (c). Any business or financial or contractual obligation or commitment of **You** or of any other person on whom the **Travel** depends.
 - (d). Any change of plans or disinclination to **Travel** on **Your** part or of any other person on whom the **Travel** depends.
 - (e). The inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the

required number of persons to commence any tour or journey.

- (f). The refusal, failure or inability of any person, company or organisation, including but not limited to any airline, other transportation provider, hotel, car rental agency, tour or cruise operator, travel wholesaler, booking agent or other provider of travel or tourism related services, facilities or accommodation, to provide services, facilities or accommodation, by reason of their own **Financial Default** or the **Financial Default** of any person, company or organisation with whom or with which they deal.
8. More than one repatriation transit in relation to the same **Relative**, condition or event.

SECTION 2: LUGGAGE, PERSONAL EFFECTS, TRAVEL DOCUMENTS, MONEY AND CREDIT CARDS

We will pay **You** should any of the events described below occur during the **Period of Insurance**:

1. LOST OR DAMAGED PROPERTY

For accidental loss of or damage to **Your** accompanied **Technology Items** or **Luggage and Personal Effects**, which **You** use during the **Period of Insurance** (including papers, specifications, manuscripts and stationery for their face value only).

2. DEPRIVATION OF LUGGAGE AND PERSONAL EFFECTS

For emergency replacement of essential **Luggage and Personal Effects** if **Your Luggage and Personal Effects** is delayed, misdirected or temporarily misplaced by any carrier for more than 8 consecutive hours. Claims must be supported by written confirmation from the carrier responsible and receipts for the replacement items **You** needed to purchase. Claims are limited to a maximum of \$1,000 for an individual or a **Family**.

3. REPLACEMENT OF TRAVEL DOCUMENTS

For the non-recoverable cost of replacing **Travel** documents, credit cards and Travellers cheques accidentally lost or damaged, up to a maximum of \$3,000 for an individual or a **Family**.

4. UNAUTHORISED USE OF TRAVEL DOCUMENTS

For **Your** legal liability for compensation arising out of the unauthorised use of **Your Travel** documents, credit cards or Travellers cheques which are stolen during the **Period of Insurance** by any person other than **You, Your Relative or Travelling** companion, limited to \$5,000 over the 12-month period beginning on the **Policy Start Date**, but subject overall to **Your Period of Insurance**.

5. MONEY

For accidental loss of cash, bank or currency notes, cheques, postal or money orders or other negotiable instruments taken with **You**. Maximum payable is \$1,000 over the 12-month period beginning on the **Policy Start Date**, but subject overall to **Your Period of Insurance**.

6. FIRE DAMAGE

In the event of any loss caused by or arising from fire, the maximum amount payable for any claim during the **Period of Insurance** is \$12,000.

Please note however that sublimits apply:

Cash, bank or currency notes, cheques, postal or money orders or other negotiable instruments destroyed in a fire are limited to \$1000.

Note:

In regard to Section 2 1:

- a) *the maximum amount **We** will pay for any one item, set or pair of items is \$2,500 unless the item, set or pair of items is specified on the **Certificate of Insurance** and the additional premium has been paid.*
- b) *The limit for any specified item, set or pair of items is \$5,000 with a maximum for all specified items of \$30,000.*

- c) *In the event of a claim **You** must be able to support **Your** claim with receipts or valuations.*

BASIS OF SETTLEMENT UNDER THIS SECTION

1. For payment under this section **We** have the option, at **Our** sole discretion, to:

- (a). pay the replacement cost of the item(s) being claimed; or
- (b). choose to repair or replace the item(s) being claimed; or
- (c). pay the depreciated value of the items being claimed; or
- (d). pay **You** an amount that covers **Your** loss, being the lesser of **Our** reasonable cost to replace the item with an item that is of equivalent age, general condition, quality and capability or the cost of indemnifying you under (a), (b) or (c) above.

2. Where **We** elect to pay the depreciated value under this section, depreciation is applied to an item as per the below:

Technology Items

Age of Item	Depreciation
Less than 6 months old	NIL
6-12 months old	15%
1-2 years old	30%
2-3 years old	60%
Over 3 years old	80%

All other non **Technology Items** less than 2 years old are paid at **Present Day Value**.

All other non **Technology Items** over 2 years old are paid at **Present Day Value** less 20%.

CONDITIONS APPLYING TO SECTION 2

1. It is a condition of payment under this Section that all losses including damage attributable to theft or vandalism be reported to the local police or appropriate authority as soon as possible after the discovery of the loss and a written acknowledgement of the report obtained. Any loss of credit cards, Travellers cheques or **Travel** documents must also be reported as soon as possible to the issuing authority and the appropriate cancellation measures taken

2. **You** shall take all reasonable precautions for the packaging, safety and supervision of any **Technology Item(s)**, portable electronic property, personal effects, **Travel** documents, money and credit cards.
3. **You** must not leave any item(s) unlocked or **Unattended** in a **Public Place** or in any unlocked and **Unattended** building or vehicle at any time, unless in a locked compartment that is not visible from the outside of the vehicle (for example boot or cubbyhole), nor in a vehicle overnight.
4. All cash or jewellery must either be on **You** in person or in a locked safe. There is no cover if **You** leave jewellery or cash in a room where **You** are not present.
5. You must secure **Technology Item(s)** and portable electronic property in a locked premise, safe or strongroom or out of sight in a locked vehicle and carry such items as personal hand luggage.
4. Losses due to depreciation or devaluation of currency.
5. Loss or damage arising from the confiscation or destruction by Customs or any other authority.
6. Household furniture or household appliances being used by **You** for domestic use and non portable **Technology Item(s)** or electronic equipment.
7. Damage to sporting equipment including surfboards, sailboards, boogie boards and bicycles whilst in use.
8. The **Excess** of \$200 for any **Technology Item(s)** and the **Excess** of \$100 for any other claim under this section of the Policy.
9. More than \$10,000 for any claim under this Section in respect of insured items left in a vehicle.

SUPPORTING DOCUMENTS REQUIRED FOR YOUR CLAIM:

- Proof of ownership including receipts *If applicable* :
- Police report if items are stolen or lost OR
- Lost or delayed baggage reports

In some cases, we may request additional documents. This will depend on your individual circumstances.

EXCLUSIONS APPLYING TO SECTION 2

We will not pay for:

1. Scratching or breakage of fragile or brittle items.
2. Damage or loss arising from wear and tear, deterioration, atmospheric or climatic conditions, mould or fungus, insects, rodents, vermin, or any process of cleaning, ironing, pressing, repairing, restoring or alteration.
3. Any item(s) shipped under a freight agreement, sent by a postal or courier service, or purchased over the internet.

SECTION 3: MISSED TRANSPORT CONNECTION

We will pay the cost of additional reasonable scheduled public transport services and accommodation if due to an **Unforeseen** circumstance occurring during the **Period of Insurance** and outside **Your** control **You** miss a transport connection and are required to make alternative arrangements to arrive at a special event such as school examination, or start of the school year which cannot be delayed because of **Your** late arrival.

CONDITIONS APPLYING TO SECTION 3

1. **You** must ensure that all reasonable effort has been made to avoid additional expenses.
2. **You** must remain in **Your** original booking class/cabin (**We** will not accept any cabin upgrades).
3. **You** must seek any refunds on unused tickets/taxes or travel vouchers. Where a refund has been provided, **We** will settle

this expense less the amount **You** have been refunded.

SUPPORTING DOCUMENTS REQUIRED FOR YOUR CLAIM:

- Airline ticket or pre-paid travel expenses confirmation
- Receipts for additional reasonable scheduled public transport
- Evidence of reason for missed transport connection

In some cases, we may request additional documents. This will depend on your individual circumstances.

EXCLUSIONS APPLYING TO SECTION 3

We will not pay for:

1. Any missed transport connection arising from any business or financial or contractual obligation or commitment of **You** or of any other person on whom the **Travel** depends.
2. Claims arising from the inability of any tour operator or wholesaler to complete arrangements for any tour due to a deficiency in the number of people required to commence any tour or journey.
3. Claims arising from a special event which could have been rescheduled to a later time to coincide with **Your** late arrival.
4. Any change of plans or disinclination to **Travel** on **Your** part or of any other person on whom the **Travel** depends.
5. Claims arising from industrial disputes that **You** were aware of prior to the **Policy Start Date**.

SECTION 4: DEATH OR DISABLEMENT BY INJURY

1. DESCRIPTION OF COVER

In the event of an **Injury** resulting in **Your** death or **Total Disablement** whilst **Travelling** during the **Period of Insurance**, or within 12 calendar months of the **Injury**, **We** will pay the compensation listed under the Schedule of Benefits Payable in NZ\$ stated in the **Certificate of Insurance**.

2. EXPOSURE

We will pay the compensation listed under the Schedule of Benefits Payable in NZ\$ in the **Certificate of Insurance** if as a result of an **Injury You** are exposed to the elements and as the result of that exposure within 12 calendar months suffer death or **Total Disablement**.

3. DISAPPEARANCE

If **Your** body is not found within 12 calendar months after an accident involving the conveyance in which **You** were **Travelling**, death will be presumed in the absence of any evidence to the contrary.

CONDITIONS APPLYING TO SECTION 4

1. After the occurrence of any of the events, all cover under this Section shall cease.
2. Benefits shall not be payable for more than one of the events.
3. In the event of the death of a financially dependent child and/or legal ward under the age of 16 years who are **Travelling** under a **Family Policy**, a maximum benefit of \$10,000 will apply.
4. All Compensation is payable to **You**, **Your** estate or persons nominated by **You**.

SUPPORTING DOCUMENTS REQUIRED FOR YOUR CLAIM:

- *Medical notes confirming total disablement or death certificate OR*
- *Evidence supporting your disappearance*

In some cases, we may request additional documents. This will depend on your individual circumstances.

EXCLUSIONS APPLYING TO SECTION 4

We will not pay for any claim which directly or indirectly arises from or is caused by:

1. Any type of illness, disease, infection or contagion, even if contracted through an **Injury**. This Exclusion shall not apply to medically acquired infections or blood poisoning.

SECTION 5: PERSONAL LIABILITY

We will pay all damages, compensation and legal expenses, up to the amount specified in the Schedule of Benefits Payable in NZ\$ for which **You** become legally liable (inclusive of necessary and reasonable defence costs) as a result of **Your Negligence** during the **Travel** causing:

1. Bodily **Injury** (including death or illness) of another person.
2. Physical loss of or damage to property of others

during the **Period of Insurance**.

CONDITIONS APPLYING TO SECTION 5

It is a condition of payment under this Section that **You** do not admit fault or liability to any other person without **Our** prior written consent.

SUPPORTING DOCUMENTS REQUIRED FOR YOUR CLAIM:

- *Proof of event(s) and evidence of damages*
- *Evidence of damage expense*

In some cases, we may request additional documents. This will depend on your individual circumstances.

EXCLUSIONS APPLYING TO SECTION 5

We will not pay damages, compensation or legal expenses in respect of any liability directly or indirectly arising out of or in connection with:

1. Bodily **Injury** (including death or illness) to **You** or to any member of **Your Family** ordinarily residing with **You**.
2. Bodily **Injury** (including death or illness) to any of **Your** employees arising out of or in the course of employment.
3. Physical loss of or damage to property owned by or in the control of **You** or any member of **Your Family** ordinarily residing with **You**.

4. Loss of or damage to property that is in **Your** custody or control (unless it is accidental loss of or damage to property owned by **Your** education provider, landlord or homestay, in which case **We** will pay up to a maximum amount of \$500,000).
5. Physical loss of or damage to property or bodily injury (including death or illness), arising out of **Your** ownership, use or possession of any mechanically propelled vehicle, aircraft or water-borne craft.
6. Loss of or damage to property or bodily **Injury** (including death or illness) arising out of **Your** business or trade or occupation, or out of professional advice given by **You**.
7. Any contract unless such liability would have arisen in the absence of that contract.
8. Loss or damage or bodily **Injury** (including death or illness) arising from a criminal or illegal act.
9. Judgments which are not in the first instance either delivered by or obtained from a court of competent jurisdiction within New Zealand or the country in which the accident occurred giving rise to **Your** liability.
10. Aggravated, exemplary or punitive damages.

We will not pay the **Excess** of \$100.

SECTION 6: KIDNAP AND RANSOM

We will pay if **You** are **Kidnapped**:

1. The **Ultimate Net Loss** of **Ransom** paid by **You**, or **Your** representative, following the **Kidnapping** of **You** during the **Period of Insurance**.
2. The reasonable expenses, actually and necessarily incurred following receipt of a **Ransom** demand after the Kidnapping of **You** during the **Period of Insurance**, for:
 - (a). The fees and expenses of a security consultant retained as the result of such a demand provided **We** have

given **Our** consent to the appointment of the security consultant.

- (b). Interest paid on monies borrowed from a financial institution for the purpose of paying a **Ransom**. The amount **We** will pay will be for a term not exceeding 30 days prior to the payment of the **Ransom** until the first business day after settlement from **Us**, on a principal sum not exceeding \$250,000, and for a rate of interest not exceeding 2% above the contemporary overdraft interest rate changed by the ANZ Banking Group (New Zealand) Limited.
- (c). Any other expenses which are incurred for the purpose of investigating, negotiating, or paying a **Ransom** demand or recovering **You**.

CONDITIONS APPLYING TO SECTION 6

It is a condition of payment under this Section that:

1. **You** must keep this insurance cover confidential.
2. **We** will not act as an intermediary or negotiator for **You**, nor will **We** offer direct advice on dealing with the kidnapper.
3. On advice that **You** have or may have been **Kidnapped**, it will be necessary to:
 - (a). Determine whether **You** have been **Kidnapped**;
 - (b). Notify the appropriate law enforcement agency and comply with their recommendations and instructions;
 - (c). Give **Us** immediate notification of the **Kidnapping** or suspicion of it;
 - (d). Record the serial numbers or other identifying characteristics of any currency or goods delivered to secure the release of **You**.

4. If investigation establishes collusion or fraud by **You**, **You** must reimburse **Us** for any payment **We** have made under this Section.

SUPPORTING DOCUMENTS REQUIRED FOR YOUR CLAIM:

- *Police or Security report*

In some cases, we may request additional documents. This will depend on your individual circumstances.

EXCLUSIONS APPLYING TO SECTION 6

We will not pay:

1. If **You** have:
 - (a). Had kidnap insurance declined, cancelled or issued with special conditions in the past;
 - (b). Suffered a **Kidnapping** or attempted **Kidnapping** in the past;
 - (c). had an extortion demand made against **You** in the past.
2. For **Kidnapping** occurring in **Your Country of Origin** or any country where there is a "avoid non-essential travel" or "do not travel" area as listed on the safe travel website.

SECTION 7: RENTAL VEHICLE COLLISION DAMAGE AND THEFT EXCESS COVER

We will reimburse **You** for any excess, deductible, or costs within the excess or deductible, for which **You** become legally liable to pay, limited to the sum listed in the Schedule of Benefits Payable in NZ\$, in respect of loss or damage during the **Period of Insurance** to a **Rental Vehicle** during the rental period.

CONDITIONS APPLYING TO SECTION 7

1. The **Rental Vehicle** must be rented from a licensed rental agency.
2. As part of the hiring arrangement **You** must take up the Rental Organisation's comprehensive motor insurance for the duration of the rental period.
3. **You** must comply with all of the requirements of the rental organisation under the hire agreement and of the insurer under the insurance.
4. **You** must hold a valid driver's licence for the country **You** are in. **You** must be legally allowed to drive the **Rental Vehicle** and comply with local driving rules.

SUPPORTING DOCUMENTS REQUIRED FOR YOUR CLAIM:

- *Police Report / Accident Report*
- *Rental Vehicle Agreement*
- *Copy of your drivers licence*

In some cases, we may request additional documents. This will depend on your individual circumstances.

EXCLUSIONS APPLYING TO SECTION 7

We will not pay for:

1. Liability for loss or damage arising from the operation of the **Rental Vehicle** in violation of the terms of the rental or insurance agreement.
2. Wear and tear, gradual deterioration, damage from insects or vermin, inherent vice or damage.

APPROVED LIST OF ACTIVITIES:

Abseiling: If **You** are participating in an EOTC programme then cover is provided, otherwise cover excluded

Black Water Rafting: Providing **You** are under the supervision of and acting in accordance with the instructions of a licensed commercial operator and on a grade 4 or lower river.

Bungy Jumping: Providing under the supervision and in accordance with the instructions of a licensed commercial operator and open to general public

Diving: Providing **You** hold an open water diving license or were diving under licensed instruction.

Flying Fox: Providing under the supervision and in accordance with the instructions of a licensed commercial operator.

Giant Canyon Swing: Providing under the supervision and in accordance with the instructions of a licensed commercial operator.

Glacier Hike: Providing under the supervision and in accordance with the instructions of a licensed commercial operator and the activity does not require the use of ropes or climbing equipment. If it requires ropes or climbing equipment it gets classed as rock climbing and is excluded from cover.

Glacier Helicopter trip & Hike: Providing under the supervision and in accordance with the instructions of a licensed commercial operator.

Horse Riding: Providing under the supervision and in accordance with the instructions of a licensed commercial operator. Helmets are to be worn if they are available.

Helicopter/Airplane Scenic Flights & Other Air related activities: Cover applies for passengers in any properly licensed passenger carrying aircraft.

Indoor Rock Climbing: Providing under qualified adult supervision of the education provider onsite in the educator's own facility or providing under the supervision and in accordance with the instructions of a licensed commercial operator in an indoor facility open to the general public.

Jet Boat Ride: Providing under the supervision and in accordance with the instructions of a licensed commercial operator.

Luge: Rotorua & Queenstown only – providing following instructions of operators.

Orienteering: This is deemed to be racing on foot so is not excluded by the policy.

Paragliding – Tandem: Providing the instructor is **Your** tandem, they are always in control of the flight and they are operating as a licensed commercial operator open to the general public.

Polo (on Horse Back): Students learning to play Polo with Christchurch Polo Club are covered for training under supervision only, no competition playing.

Sailing: Providing under the supervision and in accordance with the instructions of a licensed commercial operator and is not ocean yachting.

Scuba Diving: Providing insured holds an open water diving license or is under the instruction of a licensed instructor.

Sea Kayaking: Providing under the supervision and in accordance with the instructions of a licensed commercial operator. No remote locations.

Skiing/Snowboarding: Providing it is carried out at a recognised and supervised ski field and on skis/snowboards within the defined skiing safe areas. Skiing outside the patrolled ski field boundary is hazardous and not covered.

Sky Diving: Providing under the supervision and in accordance with the instructions of a licensed commercial operator open to general public.

Slacklining: If the students are attending a college or institution with a slackline permanently set up over a grassed or barked or padded area, then we would provide cover. In other circumstances, cover will only be provided if slacklining is with a licensed commercial operator except we will not cover slacklining at height (greater than 1.5m) or slacklining over concrete. No cover will be provided if slacklining is on privately owned equipment.

Surfing: Providing insured is an experienced surfer at a standard coastal location, such as Wellington Harbour, Auckland beaches and the like. No cover for extreme locations which are known to be hazardous in terms of surf and tides.

Swimming with dolphins: Providing under the supervision and in accordance with the instructions of a licensed commercial operator.

Swoop Swing: Providing under the guidance of a licensed commercial operator and open to the general public.

Whale Watch Boat Trip: Providing under the supervision and in accordance with the instructions of a licensed commercial operator.

White Water Rafting: Levels 1 - 4 are covered providing under the supervision and in accordance with the instructions of a licensed commercial operator. Levels 5+ are considered hazardous and excluded.

Windsurfing: Providing insured is an experienced windsurfer at a standard coastal location, such as Wellington Harbour, Auckland beaches and the like. There is no cover for extreme locations which are known to be hazardous in terms of surf and tides.

Off Road Vehicles: Cover applies for a few hours a day and day trip but is not extended to multiple consecutive days out in the bush.

Ziplining: Providing under the supervision and in accordance with the instructions of a licensed commercial operator.

Zorbing: Providing under the supervision and in accordance with the instructions of a licensed commercial operator.

COVER IS EXCLUDED FOR THE FOLLOWING ACTIVITIES UNLESS PRIOR APPROVAL IS GIVEN:

- Aerobatic Flight
- Canyoning
- Hang-gliding
- Kitesurfing
- Quad Bike Riding of any sort
- Paragliding (other than as described above)
- Parapanting
- Parasailing
- River Surfing
- River Boarding
- Skatesurfing

EDUCATION OUTSIDE THE CLASSROOM (EOTC)

All activities that form part of the EOTC approved curriculum are automatically covered under the Policy, even if cover may be generally excluded. This does not apply to generally excluded activities that the student may participate in outside of the approved curriculum. For example, outdoor rock climbing is included when part of the EOTC approved curriculum but not included if **You** choose to rock climb on the weekends, holidays or as part of a school activity that falls outside of the EOTC curriculum.

If students are going away on a school trip or participating in school activities that are generally excluded we ask that the school notify us of the activity as soon as possible so that special consideration may be given – we may be able to cover these.

CLAIMS AND EMERGENCY ASSISTANCE CONTACTS

Toll free in New Zealand: **0800 864 227 (0800 UNICARE)**

Toll free in Australia: **1800 864 227 (1800 UNICARE)**

Outside New Zealand and Australia: **+64-4-381 8166 (collect)**

Claims: claims@crombies.co.nz

Assistance: assist@nibtravel.com

If an emergency arises or you require assistance, contact the Assistance Service immediately to ensure that delays do not occur which might compromise their ability to act on **Your** behalf.

When you have completed a claim form, post it to the address shown on the form. Include **Your** policy number, receipts and other documentation necessary to support **Your** claim.

nib nz limited

P.O. Box 91630 Victoria Street West,
Auckland, New Zealand 1142,

Website: www.uni-care.org

Email: insure@uni-care.org

Financial strength

nib nz limited has an A- (Strong) Financial Strength Rating from S&P Global Ratings Australia Pty Ltd

Standard & Poor's rating scale

AAA Extremely Strong

AA Very Strong

A Strong

BBB Good

BB Marginal

B Weak

CCC Very Weak

CC Extremely Weak

SD or D Selective Default or Default

R Regulatory Action

NR Not Rated

Ratings from 'AA' to 'CCC' may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories.

For more information, visit www.spratings.com/understanding-ratings

uni-care.org

insure@uni-care.org

Uni→Care
Student and Visitor Travel Insurance