CHUBB®

Suspension of Cover request

Policy number

Policy owner's details

Policy owner 1

Title Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

First name(s)

Surname

Date of birth DD / MM / YYYY

Policy owner 2

Title Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

First name(s)

Surname

Date of birth DD / MM / YYYY

Policy owner 3

Title Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

First name(s)

Surname

Date of birth DD / MM / YYYY

Suspension request

☐ Full policy

☐ Partial suspension (complete details below)

If partial suspension, details of lives assured and covers to be suspended:

Life assured 1

Name

Date of birth DD / MM / YYYY

Covers to be suspended

Life assured 2

Name

Date of birth DD / MM / YYYY

Covers to be suspended

Reason for suspension

Please tick one of the following options:

☐ Significant financial difficulties (0-6 Months) – please provide details below

☐ Employer-approved leave (3-12 Months only)

☐ Living or travelling outside New Zealand (3-12 Months only)

Timeframe requested: months

Suspension request (continued)

Reason for significant financial difficulties (for example an inability to meet financial obligations, pay bills, or cover basic living expenses):

Requested suspension start date: DD / MM / YYYY

Supporting documents

☐ **Employer-approved leave** – Letter from employer confirming leave dates.

☐ **Living or travelling outside New Zealand** – Proof of overseas travel - E-Ticket with client's name (if they have a return ticket, It must be longer than 3 months to qualify and suspension will only be available until their return date – if it is a one way ticket they can suspend up to a maximum of 12 months).

Previous Suspension of Cover

☐ Please tick this box if this policy or one or more covers under this policy have previously been suspended under the Suspension of Cover benefit or Parental Leave Loyalty Benefit.

Declaration

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

1. That I/we are eligible to apply for a Suspension of Cover in accordance with the policy terms and conditions by reason of one of the following:
   - I/we are experiencing significant financial difficulties.
   - I/we are on employer-approved leave for at least 3 months in a row.
   - I/we are living or travelling outside New Zealand for at least 3 months in a row.
2. I/We understand I/we are unable to claim on the policy or suspended covers (as applicable) while suspended, and that there is no cover under the policy or a suspended cover (as applicable) for any illness, injury or condition that shows signs or symptoms, or is diagnosed, while the policy or cover (as appropriate) is suspended as further detailed in the policy wording or relevant endorsement.
3. I/we acknowledge that the Suspension of Cover cannot be used within 12 months of it or the Parental Leave Loyalty Benefit being previously used, and the maximum allowable duration for both benefits is 24 months in total.
4. I/we acknowledge that we can end the suspension early at any time by notifying Chubb Life in writing of the date that cover, and premiums should recommence; and
5. I/we understand that no premiums will be payable for policy or suspended covers (as applicable) for the period of the suspension and that premiums will automatically restart once it ends; and
6. I/we acknowledge that the terms and conditions that apply to this Suspension of Cover are those set out in the policy wording or applicable policy endorsement; and
7. All the answers given, and declarations made in this Suspension of Cover request form are true and correct.

Policy owner 1

Name

Signature ✗ Date DD / MM / YYYY

Policy owner 2

Name

Signature ✗ Date DD / MM / YYYY

Policy owner 3

Name

Signature ✗ Date DD / MM / YYYY

CIG0448 V2