Purpose of this Policy

Beneficial Insurance Limited ("the Company") will reimburse you (the policy owner) for eligible costs of treatment for your pet, up to the cover amounts for the Policy you have chosen and specified in your Policy Schedule, **subject to the co-pay and all terms, conditions, and exclusions of the policy**. The treatment must take place during the Period of Cover as stated in your Policy Schedule.

Important Information

Period of Cover

The Policy you have chosen is for an initial minimum term of 12 continuous months (subject to promotional offers that may be in place from time to time).

Cooling Off Period

You have a **7-day cooling-off period** at the start of your policy. If you decide not to continue with the policy during this time, you must notify us via email (send your cancellation request to **admin@petnsur.co.nz**). If you cancel within this 7-day cooling-off period, you will **not be charged** and any premium paid will be refunded in full.

Automatic Renewal

Your policy is set to **automatically renew** after every 12 months. After 12 consecutive months of coverage, the policy will renew for another 12 months. We will send you an email with an updated Policy Schedule for the next year of cover within 10 days of the Renewal Date shown on your Policy Schedule.

- If we have made any changes to our terms and conditions since your last policy period, the email will include or link to the **updated terms and conditions**. These new terms and conditions will **supersede** (replace) the previous terms you agreed to.

Non-Renewal (Cancelling at Renewal)

If you **do not want to renew** the policy for another term, you need to inform us in writing within 7 days of the renewal date. You can do this by emailing us at **admin@petnsur.co.nz** stating that you wish to cancel at renewal. (If we do not receive this notice within 7 days after the renewal, the policy will continue for the new term under the automatic renewal process.)

Changing Your Policy

You can make changes to your policy at renewal. For example, you may choose to increase or decrease your coverage when the policy renews:

- If you increase your coverage at renewal, a stand-down period of 4 months will apply for any new condition that the Pet experiences. Any claim for an existing condition will be assessed and paid on the terms and conditions, including exclusions, of the preceding Cover, i.e. the terms and conditions of your policy prior to upgrading.
- If you decrease coverage, the new lower coverage limits will apply immediately after renewal (and claims going forward will be subject to those lower limits).

Cancelling Your Policy

- *Cancellation by you*: If you cancel the policy after the Cooling-Off Period has expired, or more than 7 days after the renewal date *but before the end of the 12-month cover period*, you will be required to pay the full premium (less any discounts shown in your Policy Schedule).
- *Cancellation in the event of your pet's death*: If your pet dies during the 12-month cover period, you may request cancellation of the policy. In this case, you will be required to pay the premium (less any discounts shown in your Policy Schedule) on a pro-rata basis up to the date of cancellation.

Underwriting adjustments

We may apply an additional Co-Pay or specify a maximum payment for Treatment(s) either at the time of application or renewal of the Policy. This will be noted in your Policy Schedule.

Premium Payments (Payment Authority)

You give the Company authority to use your chosen payment method for collecting premiums. This means **until further notice**, we may use any existing payment authority you have given us (for example, a Direct Debit or a credit/debit card authorisation), to deduct your insurance premiums. We will debit the **bank account or card** you have nominated for the

premium payments due under this policy, including at renewal times on the due date.

Co-Pay

A **co-payment (co-pay)** is the percentage or dollar amount of each eligible claim that you must pay. On every claim, we will deduct your co-pay and then reimburse you the remainder of the costs. Your Policy Schedule outlines the Co-Pay percentage that applies to your chosen policy. There may also be a minimum dollar amount specified in your Policy Schedule. For instance, if your Policy Schedule states 'the standard **Co-Pay is 20% or a minimum of $60**, that means we would reimburse ***the lesser of* 80% of the covered costs or the covered costs minus $60.** You are responsible for the rest of the vet bill.

In some cases, **different co-pay levels** apply:

- **40% Co-Pay** – applies if the treatment for your pet is carried out by a specialist veterinarian. (You pay 40% of the costs and we cover 60%.)
- **50% Co-Pay** – applies if the treatment is for a **chronic, ongoing, or recurring condition** (you pay 50% and we pay 50% of the covered costs.)
- **50% Co-Pay** – also applies to all treatments for pets **10 years of age and older** (you pay 50% and we pay 50% of the covered costs.)

After deducting your co-pay portion, we will reimburse you for the remaining eligible vet charges, up to your policy limits (note we may deduct amounts from the reimbursement to settle your premium balance).

Co-Pay Examples

Suppose you claim a **$200** veterinary bill that is covered by the policy, and a **20% co-pay or a minimum of $60 applies** (assuming the entire bill is for covered treatments and within policy limits):

- We first calculate your portion: 20% of $200 is **$40**. *However*, the minimum co-pay in this example is **$60.** Because $40 is less than $60, we would apply the minimum amount of $60 as your co-pay amount.
- We deduct that $60 from the total.
- We then reimburse you the remaining **$140**.

So, in this scenario, out of a $200 vet bill, you would pay $60, and we would pay $140.

Now, let's look at another example. Suppose in this instance you claim a **$1,200** veterinary bill that is covered by the policy, and a **20% co-pay or a minimum of $60 applies** (assuming the entire bill is for covered treatments and within policy limits):

- We first calculate your portion: 20% of $1,200 is **$240**. Because $240 is more than $60, we would apply the $240 as your co-pay amount.
- We deduct that $240 from the total.
- We then reimburse you the remaining **$960**.

So, in this scenario, out of a $1,200 vet bill, you would pay $240, and we would pay $960.

How claims affect your coverage limits: Every time we pay a claim, it **reduces the remaining coverage limits** for the current policy period.

For instance, imagine your policy has limits on Surgical Treatments of $6,000 and Medical Treatments of $3,000. If we refer again to the claim example above, where we reimbursed you $960, let's further break that down as $750 for Surgical Treatments and $210 for Medical Treatments.

If, before this claim, your remaining coverage limits were $6,000 for Surgical Treatments and $3,000 for Medical Treatments, then after the claim is paid, your new remaining limits (until the policy renews) would be:

- Surgical Treatments: **$5,250** remaining ($6,000 – $750)
- Medical Treatments: **$2,790** remaining ($3,000 – $210)

These adjusted amounts become the **maximum** you can claim for those categories for the rest of the policy year until the policy renews and the full limits are reset.

Specific Annual Benefit Limits

Your Policy Schedule may also outline **specific annual benefit limits,** e.g. $800 for surgical treatments that relate to cancer. This means that the maximum amount we would reimburse you in that policy year for surgical treatments that relate to cancer would be $800.

Surgical Cover -v- Surgical and Medical Cover

If you have chosen a **Surgical Only Policy** such as Surgery Basic or Surgery Extended (*this will be stated in your Policy Schedule under **Cover Option***), your cover is limited to Surgical Treatments only. We define 'Surgical Treatments' as –

Procedures performed or personally authorised by a Veterinarian involving an incision to repair damage or arrest disease in a Pet.

*Examples include removing a tumour, repairing a broken bone, or exploratory surgery. Minor procedures like stitching a cut might be considered surgery as well (though often just referred to as wound treatment). The policy specifically notes that **routine catheterisation** (like inserting a urinary catheter or IV line) is **not** considered surgery in terms of the definition. Essentially, surgery here implies an operation typically done under anaesthesia in a sterile manner to fix a problem.*

If you have chosen this type of Policy, you do not have coverage for non-Surgical Treatments or Pre/Post operative treatments relating to the surgery.

Stand-Down Periods

A **stand-down period** is a waiting period at the start of the policy (or after an increase in coverage) during which **certain conditions are not covered**. The stand-down periods for this policy are:

- **Illnesses**: 21-day stand-down from the policy start date. (Illnesses that first show signs or symptoms within the first 21 days of your policy, including any follow-up treatments relating to that illness, are not covered.)
- **Accidents**: 7-day stand-down from the policy start date. (Accidental injuries that occur within the first 7 days are not covered.)
- **Increased Coverage**: If you increase your pet's coverage at renewal, there is a 4-month stand-down on the **new additional coverages**. Any **new condition** that arises in the first 4 months of the new policy term will be assessed under the previous policy's terms and exclusions (since it would have been present during the stand-down of the new cover). In other words, we will treat that condition as if your coverage had not yet been increased, which may mean it's not covered if it would have been excluded under your old policy terms.
- **Imported Pets**: If your pet was imported into New Zealand, a stand-down period of 6 months applies from the date the pet arrived in New Zealand for any condition.

What this means: If an illness occurs or shows symptoms **within the first 21 days** of your policy, that illness (and any related conditions or symptoms) will be considered **pre-existing** and **will not be covered for the life of the policy**. Similarly, if an accident happens in the **first 7 days** of the policy, any injury or condition resulting from that accident will be treated as pre-existing and not covered going forward. (These scenarios are treated as pre-existing conditions because they arose during the stand-down.)

If a health condition or symptom arises during any stand-down period, we will **not cover any treatment** for that condition, and categorise it as a **pre-existing condition** in your policy going forward.

Sometimes we ask for extra documents

Most claims are processed with just your vet records and invoices. However, sometimes we need a little more information to confirm details. For example, if another person or pet was involved in an accident, we might ask for a short report. If your pet was recently adopted, we might ask for adoption papers. In rare situations, we may also ask you to complete a simple affidavit - this is just a written statement confirming key facts (for example, the timing of an injury). An affidavit is sworn or affirmed in front of a Justice of the Peace or solicitor, and we'll guide you through the process if it's ever needed.

Premium Calculation

We calculate your insurance **premium** when you first take out the policy and again at each automatic renewal. Your premium includes all administrative charges and applicable taxes (e.g. GST). In determining the premium, we consider factors such as your pet's **species and breed** (some breeds or types of pets may have a higher risk of certain conditions or higher treatment costs), your pet's **age**, any **pre-existing or prior health conditions** of your pet and the **coverage plan** and options you have selected.

Some pets cost more to insure than others because they may be more prone to health issues or their treatments tend to be more expensive. All of these factors help us set a premium for your pet's level of risk.

Premium Payment Frequency

You can choose how often you pay your premium. The options are **weekly, fortnightly (every two weeks), monthly, or annually**. We will ask you to select your preferred payment schedule when setting up the policy. The total cost is spread over your chosen payment period. (For example, if you choose monthly payments, your annual premium will be divided by twelve and charged each month.)

Changes in Premium

If your premium amount changes (for instance, at renewal or due to a cover change), we will let you know 10 days **before** we charge the new amount. We will send you a notification (usually via email) detailing the new premium. We will then automatically adjust your payment deductions to the new premium amount. You **do not** need to fill out a new payment form or give additional authorisation for the ongoing payments as the existing payment authority will be used for the new premium amount.

Payment Methods and Authorities

Premiums will be deducted using the payment method you have authorised. This could be a **Direct Debit from your bank account**, an **Automatic Payment**, or a **recurring charge to your credit/debit card**, depending on what you have arranged with us. We may continue to use any existing payment authority you have provided to ensure we can collect the premiums as they become due for each period of cover and at renewal.

Please ensure that the account or card you have nominated has sufficient funds/credit for the premium payments. By agreeing to these terms, you are permitting us to use your provided payment details to charge the premium according to the schedule you've chosen.

If You Have Payment Concerns

If you have any **concerns or need to make changes** regarding your payment method or the authority we have on file (for example, you get a new card, change bank accounts, or want to alter how payments are made), please **contact us** as soon as possible on 0800 738678 or email admin@petnsur.co.nz. We can update details or discuss any issues with the direct debit/credit card authority so your coverage continues smoothly.

Non-Payment and Policy Lapse

It is your responsibility to **pay premiums on time** to keep your insurance coverage active:

- If a premium payment is **over 7 days late** and not paid, your policy will **lapse (be cancelled)** at the Company's discretion due to non-payment. We will typically attempt to remind you or re-try the payment before lapsing the policy, but ultimately if payment is not received, the policy can be cancelled for non-payment.
- **No claims will be paid for incidents that occur after the policy has lapsed**. If your policy lapses, any condition or event occurring during the lapsed period will not be covered (even if you later reinstate the policy).

If your policy lapses due to non-payment, you may contact us to **request reinstatement** of the policy. Reinstatement is **not guaranteed** and is subject to the Company's discretion. If we agree to reinstate:

- You will need to pay any outstanding premium.
- We may require proof that your pet is in good health at the time of reinstatement.
- We may impose new terms and exclusions on the reinstated policy (for example, health conditions that arose during the lapsed period might be treated as pre-existing and excluded).
- We will not cover any claims or incidents that occurred during the period when the policy was lapsed (there is no retroactive cover).

Currency

All monetary amounts in this policy are in **New Zealand Dollars (NZD)**. Whenever we refer to money (premiums, benefit limits, claim payments, etc.), it is understood to be in NZD. All premiums and payouts include **GST** (Goods and Services Tax) and any other applicable taxes or duties unless stated otherwise.

Communication and Privacy

How We Communicate with You

Email is our primary method of communication. As long as you have provided us with a current, working email address, we will send all important policy information and notices to that email. This includes policy documents, renewal notices, confirmation of claims, and any updates to terms and conditions. In addition, we may also communicate with you via SMS e.g. to advise you that a payment has been missed.

- It is important that you **keep your email address up to date** with us. If you change your email, please inform us. We will consider an email notice to you as delivered once it leaves our system, so you are responsible for checking the email address you provided.
- If an email we send you **bounces back** or we do not have a current email for you, we will attempt to contact you through other means. This could include postal mail or phone, using the other contact details you have given us. We want to make sure you receive important information about your policy promptly.

Cancellation by Us

In certain situations, **we (the Company) may cancel your policy** by giving you written notice:

Misrepresentation, Fraud, or Breach

If you fail to disclose a pre-existing condition, misrepresent information, commit fraud, or otherwise materially breach the terms of this policy, we may cancel your cover.

- *Notice of cancellation*: We will provide you with 21 days' written notice of cancellation, sent to your last known email address.
- *Fraud or deliberate misrepresentation*: If cancellation is due to fraud or deliberate misrepresentation, we may treat your policy as void from its commencement. In such cases, no refund of premium will be made for any unused portion of the policy.
- *Other non-disclosure or misrepresentation (not fraudulent)*: If cancellation is due to an innocent or negligent non-disclosure or misrepresentation, any refund of premium (less any applicable deductions for cover already provided) will be made on a pro-rata basis.

Non-Payment: We can also cancel your policy if you do not pay your premiums (see the section on Non-Payment and Policy Lapse above). In the case of non-payment, cancellation for non-payment may be effective 7 days after the missed due date (at our discretion and after attempts to obtain payment).

Before cancelling your policy for the reasons above (other than non-payment), we will:

- notify you in writing (usually via email) of the issue and the reason we are considering cancellation.
- give you **at least 7 working days** to respond in writing with any explanation or information you want us to consider. For example, if there has been a misunderstanding or you have additional evidence, you can provide it within that time.
- review any response you provide and give reasonable consideration of your explanation before finalising the cancellation.

If, after that process, we proceed with cancellation, we will send a confirmation of cancellation. Once cancelled, no claims will be paid for any events occurring after the cancellation date, and no premium amounts paid will be refunded.

Privacy and Personal Information

Your privacy is important to us. Our full **Privacy Policy** (or Privacy Statement) details how we collect, use, hold, and disclose your personal information. You can read this on our website at **petnsur.co.nz/privacy-policy**.

In summary:

- We collect personal information from you to provide our services – for example, when deciding whether we can insure your pet, what conditions or exclusions may apply, and when processing your claims.
- We handle your information in accordance with New Zealand privacy laws. This includes how you can **access or correct your information**.
- We will **not sell or rent** your personal information to other companies. We only share your information with third parties for purposes related to your insurance (such as reinsurers, claims assessors, or as required by law, and as explained in our privacy statement).

If you have any questions or concerns about how we handle your personal information, please refer to our Privacy Policy on the website or contact us directly for more information.

Your Responsibilities

Provide Proper Care for Your Pet

As the policyholder, you are expected to **take good care of your pet** and act responsibly to maintain its health and well-being:

- **General Care**: You must provide your pet with proper care, shelter, food, exercise,

companionship and healthy social interaction at all times.

- **Supervision**: For this policy to remain valid, your pet must live with you and be under your care or supervision. If you are temporarily unable to care for your pet, you must entrust it to a responsible person (such as a trusted family member or friend) or a licensed boarding facility or kennel. Your pet should not be left in the care of someone irresponsible or in an unsafe environment.
- **Timely Veterinary Attention**: If your pet shows any signs of illness or is injured, you must **take your pet to a veterinarian as soon as possible** for examination and treatment. Do not delay necessary treatment. Follow the vet's advice and ensure your pet completes any prescribed treatments or medication. Prompt treatment can prevent conditions from worsening, and failure to do so could affect your claim.
- **Vaccinations**: You must **keep your pet's vaccinations up to date** throughout the policy period. For dogs, this typically includes but is not limited to vaccines for hepatitis, bordetella (kennel cough), distemper, parvovirus, and leptospirosis. For cats, this includes vaccines for feline infectious enteritis (panleukopenia) and feline influenza (cat flu). If you are unsure which vaccinations are required, consult your vet. Not keeping up with routine vaccinations may result in certain illnesses not being covered (see exclusions regarding preventable illnesses).

By following the above, you help ensure that avoidable issues are prevented and that your pet's health is managed responsibly. Neglecting the care of your pet can affect your coverage (see "Failure to protect your pet" in the Exclusions section).

Provide Accurate Information (Duty of Disclosure)

You have a **duty of disclosure** – meaning **you must be honest and accurate in the information you give us**, and not withhold any important information. This duty applies whenever you take out a policy, when you renew or change your policy, and when you make a claim. Specifically:

- **Answering Our Questions**: When you apply for insurance (or make changes to it), we will ask you questions about your pet's health, history, and insurance history. You must answer **completely and truthfully**, to the best of your knowledge. Do not omit any detail that might be relevant. We rely on this information to decide whether to insure your pet and on what terms (e.g., what premium to charge and whether any exclusions or special conditions should apply). The same applies when you file a claim – you must provide all relevant information requested on the claim form or by our staff.
- **Ongoing Disclosure**: You should also let us know if anything changes during your policy period that might affect your cover. For example, if your contact information changes (address, email) or if there is a significant change in your pet's health or activities (aside from normal claims, which obviously you would report), inform us so we have up-to-date information.
- **Insurance History**: When applying for this policy, you must tell us if you have ever had a pet insurance policy **cancelled** by an insurer if any **special conditions or exclusions** were applied to a previous policy, or if you've ever had a pet insurance **claim declined** in the past. This information can affect how we underwrite your policy. Failing to disclose past insurance issues could be considered misrepresentation.

Providing accurate information helps us ensure you have the right cover and prevents issues if you need to claim. If you are unsure whether something is relevant, it is best to tell us anyway.

Consequences of Non-Disclosure or False Information

It's important to understand that if you **do not fulfil your duty of disclosure** or if you provide false or misleading information, we may take action that affects your policy or claims:

- **Undeclared Pre-existing Conditions**: If you did not tell us about a **pre-existing condition** your pet had when you signed up (or any condition that should have been disclosed), and we later discovered this condition, we may **decline any claim** related to that condition. That condition would likely be listed as an **exclusion** on your Policy Schedule once discovered, meaning we would not cover it going forward either. Always declare known conditions to avoid this outcome.
- **Misrepresentation or Fraud**: If we find that you have **intentionally provided false information** to us – whether on your application or in a claim – we may refuse to pay the claim and could cancel your policy. For example, if you claim for an injury that didn't happen or was deliberately caused, or you altered invoices, this is insurance fraud. Similarly,

exaggerating the truth or hiding facts in order to get a claim paid can be considered a breach of your duty.

- **Policy Terms Change**: In cases of misrepresentation or non-disclosure, we also reserve the right to **change the terms of your policy or adjust your premium**. For instance, if we discover partway through your policy that your pet had a medical condition you didn't tell us about, we might add an exclusion for that condition and/or charge an appropriate premium reflecting the true risk.

In summary, always be honest and forthcoming with information. If a claim is denied or a policy is cancelled or altered due to non-disclosure or false information, we will provide you with the reasons and, where applicable, give you a chance to respond (as noted under **Cancellation by Us** above).

Exclusions (What We Don't Cover)

This section outlines what is **not covered** by your pet insurance policy. These exclusions are important as they define the limits of your coverage. If an item or scenario is listed here, you **cannot claim for it** under this policy. Please read these carefully:

Pre-Existing Conditions: We do not cover any **pre-existing condition**. A pre-existing condition is any illness, injury, or health condition (including symptoms) that **occurred or showed symptoms before your policy start date** or during any applicable stand-down period of the policy. This applies whether or not the condition was formally diagnosed by a vet. You must declare any known pre-existing conditions when you apply. If you did not disclose a condition and your pet needs treatment for it, we will likely decline the claim and add that condition as an exclusion on your policy. We may also check your pet's medical history when you make a claim. If we find evidence of a pre-existing condition related to your claim, we will **decline the claim** and exclude that condition from future coverage.

What counts as a pre-existing condition?

It includes any health condition, injury, or symptom that fits any of the following criteria **before your policy began (or during the stand-down period)**:

- You **sought veterinary advice or treatment** for it (or a vet advised you to).
- It is a **skin condition** that existed prior to the policy (all pre-existing dermatological conditions are excluded).
- You were **awaiting test results, treatment, or a consultation** for that issue.
- The signs or symptoms were such that a **reasonable person would have taken the pet to a vet** (even if you hadn't yet).

Examples of pre-existing conditions may include but are not limited to:

- **Ongoing or chronic issues noted before coverage** – e.g., your pet had recurring skin allergies, "hot spots," ear infections, diabetes, epilepsy, or arthritis before the policy. These would be considered pre-existing.
- **Past conditions that could recur** – e.g. your dog had a cruciate ligament injury to the right hind leg or your cat had a urinary tract blockage last year (before you got insurance). Any related issues that recur would not be covered.
- **Symptoms present before the start** – e.g. limping, vomiting, weight loss or a lump that was noticed before the policy began (even if not yet diagnosed) would be considered a pre-existing problem if it later leads to a diagnosis.
- **Accidents or injuries from before coverage** – e.g. your pet was hit by a car or broke a bone before the policy. Any complications or ongoing issues from that incident would be excluded.
- **Behavioural issues noted pre-policy that lead to injury/illness** – e.g. if your dog had a habit of eating foreign objects or fighting before you got insurance, injuries or illness resulting from that behaviour might be considered stemming from a pre-existing behavioural condition.
- **Illness arising during stand-down** – if your pet shows signs of an illness in the first 21 days of the policy (the illness stand-down period), that illness is treated as pre-existing and will **not be covered for the life of the policy**.

Behavioural or Psychological Issues: We do not cover any **behavioural or psychological disorders** in your pet, nor any treatment, training, or therapy for them. This includes (but is not limited to) anxiety disorders, separation anxiety, phobias, aggression or fighting behaviour, excessive barking, obsessive-compulsive disorders, or any stress-related or personality issues. Treatments such as behavioural training, therapy sessions, medications for behaviour modification, "chill protocols," or training classes are all **excluded** from coverage.

Breeding, Pregnancy, or Birth: We do not cover conditions or costs related to **breeding or reproduction**, your pet being **pregnant**, or **giving birth**. This means any illnesses or complications arising from mating, pregnancy, or whelping/kittening are not covered. Likewise, any treatments for aiding breeding or pregnancy are not covered – for example: fertility tests or treatments, artificial insemination procedures, Caesarean sections, miscarriages, or other pregnancy complications.

Unless the policy you have chosen includes a contribution towards de-sexing as noted in your Policy Schedule, **desexing** is not covered **(spaying/neutering/pyometra)**. This means that we do not cover any treatment or expense **related to or resulting from desexing** (whether elective or non-elective). If the treatment for a condition is to desex the pet, then that full condition, along with any pre- or post-operative care, will be excluded. This includes (but is not limited to) Pyometra, Polycystic Ovary Syndrome (PCOS), Prostatitis, and Cryptorchidism**.**

Any costs associated with breeding, such as stud fees or puppy/kitten care, are **not covered**.

Complications from Excluded Treatments: If your pet receives a treatment or procedure that is **not covered by this policy** (for example, an elective cosmetic surgery or a breeding-related procedure), and then your pet experiences complications or side effects from that treatment, **those complications are also not covered**. In other words, we won't pay for problems resulting from any procedure that itself wouldn't have been covered.

Hereditary Conditions: We do not cover **hereditary or inherited conditions** if they **occur within the first 3 years of your pet's life**. A hereditary condition is a genetic issue passed down that the breed is predisposed to. e.g. hip dysplasia in German Shepherds, patellar luxation in small breeds or certain heart conditions in certain cat breeds. If your pet develops a condition that is widely recognised as hereditary for its breed, it may be excluded from coverage. (Many hereditary conditions would also be considered pre-existing if symptoms were present before insurance, but this exclusion clarifies that even new occurrences of breed-related genetic conditions are not covered).

Congenital Conditions: We do not cover **congenital conditions**. A congenital condition is an abnormality, defect, or disease that is present from birth (whether it is apparent immediately or not). For example, a heart defect present at birth or a limb deformity would be congenital. Even if symptoms or diagnosis of the congenital issue occur later in the pet's life, it is still considered a congenital (and thus pre-existing) condition and is not covered.

Cosmetic Procedures: We do not cover any **cosmetic or elective procedures** that are done primarily to alter your pet's appearance and are not medically necessary for your pet's health. This includes procedures such as tail docking, ear cropping, claw removal (declawing) in cats for non-medical reasons, tattooing or permanent marking (except for microchipping, which is also not covered as noted), or any other aesthetic surgeries. If a procedure is not aimed at treating an illness or injury and is simply to enhance or change appearance, it is not covered.

Non-Accident Related Dental Treatment: We do not cover claims for non-accident-related dental treatment including, but not limited to, gum inflammation, dental cleaning or de-scaling, and tooth removal. These **will not** be covered, *except where such treatment is necessary due to dental injury resulting from an accident*.

Routine or Preventative Care: Some policies will **contribute** towards specific routine or preventative care such as vaccinations, microchipping, de-sexing and specific costs such as boarding fees. ***If the policy you have chosen includes such contributions, they will be outlined in your Policy Schedule***.

However, generally, we do not cover **routine care**, **preventative care**, or other **general maintenance** costs of owning a pet. These are expenses that pet owners should expect as part of normal pet ownership, rather than insurable, unexpected events. Examples of things **not covered** under this category include, but are not limited to:

- Regular health check-ups or **annual wellness exams** when your pet is not sick or injured.
- **Vaccinations** and boosters (routine vaccinations are typically considered preventative).
- **Flea, tick, and worm control** (e.g., spot-on treatments, tablets, or injections to prevent parasites).
- **Grooming** costs such as bathing, haircuts, nail trimming, and anal gland expression (unless medically necessary).

- **Nail clipping** and de-clawing (unless medically necessary). Note that 'de-clawing' **does not** include dew claw removal which is excluded under this policy.
- **Dental cleaning or scaling** as routine care (note: some policies have optional dental cover, but unless specified, routine dental maintenance is not covered).
- **Desexing (spay/neuter)** surgeries (considered a routine preventative procedure, and specifically excluded as noted earlier).
- Treatment for **undescended testes** (cryptorchidism) as it is a condition present from birth and often resolved by neutering, which is not covered.
- **Microchipping or ID tagging** procedures or any costs related to pet registration with councils.
- **Over-the-counter products** like shampoos, conditioners, ear cleaners, or vitamins that you might use for your pet's upkeep even if they are prescribed or recommended by a veterinarian.
- **Special or prescription diets and pet foods** (even if recommended by a vet as preventative or supportive care – see the specific exclusion on diets below).

Essentially, if the expense is part of normal pet care or aimed at preventing illness (rather than treating an existing illness/injury), it is not covered by this insurance policy.

Prescription Diets and Supplements: We do not cover the cost of any **pet foods, prescription diets, vitamins, or dietary supplements**, even if they are prescribed or recommended by a veterinarian. This also includes herbal remedies or nutraceuticals. For example, if your pet is put on a special renal diet for kidney issues, those food/supplements are at your own cost. Similarly, **topical treatments** for skin conditions (unless they are part of a veterinary treatment plan and considered a medication) are not covered. (In general, medications prescribed by a vet for treatment of a covered condition are covered, but if the "medication" is essentially a special diet or supplement used as a preventative measure, we do not cover that cost).

Extra Veterinary Fees: We do not cover any **additional fees that your veterinarian may charge for paperwork or administrative tasks related to your insurance**. e.g. delivery courier charges, or if your vet clinic charges a fee for travel expenses or to fill out claim forms, copy medical records, or provide prescriptions. Those charges are not reimbursable. Similarly, any fees for missed appointments or after-hours surcharges not related to emergency care would not be covered. (This exclusion is saying we cover the treatment itself, but not the vet's fees for processing insurance information or other non-treatment charges.)

Failure to Protect or Care for Your Pet: We will not cover treatment for injuries or illnesses that result from **you not taking reasonable precautions to protect your pet**. This means if your pet's injury or illness is due to your negligence or willful actions, it may be excluded. Examples:

- If your pet is injured because it was left in a dangerous situation that could have been prevented (such as leaving a toxic substance within reach, or leaving a dog in a hot car), we may not cover the treatment.
- If your pet becomes ill or injured due to **abuse, neglect, or malicious harm** by you or members of your household, it is not covered. Any deliberate harm or reckless lack of care invalidates coverage for resulting conditions.
- If you **do not follow vet advice** and that leads to a worsening condition or complication, we may not cover the additional treatment needed. (For instance, the vet told you to keep your pet calm and crated after surgery, but you allowed it to exercise and it injured itself again – that new injury might not be covered as it stems from not adhering to instructions.)
- Injuries caused by organised dog fighting or other intentional harm fall under this exclusion as well (and are further addressed below).

Essentially, **failing to reasonably protect your pet** – such as placing it in known dangerous situations or not providing basic care – can void coverage for any resulting issues. We expect you and anyone in charge of your pet to behave responsibly.

Organised Fighting: We do not cover any injury, illness, or death of a pet arising from it being involved in **arranged or organised fighting**. If your pet is deliberately put into a fight (for example, dog fighting rings or any kind of staged animal fight), **none of the injuries or consequences from that event will be covered**. This exclusion is absolute regardless of whether it is legal or illegal; organised animal fighting is not an insurable event.

Working or Hunting Activities: This policy is intended for domestic pets, not working animals. Therefore, **we do not cover** injuries, illnesses or

events that happen while your pet is being used for commercial, occupational, or working purposes. This includes use as a **farm dog, herding dog, hunting dog, guard or security dog, racing animal (such as greyhound racing), sled dog, breeding dog** or any other working roles. For example: if your dog is injured while herding sheep on a farm (and your dog is essentially a working farm dog), that injury may not be covered. If your dog is used for pig hunting and gets injured during a hunt, that would not be covered. Likewise, any injuries from racing or training for racing are not covered.
Additionally, if your **pet is classified as a working dog**, many standard pet insurance benefits may not apply. (Typically, separate insurance is needed for working animals.) Check your Policy Schedule or consult with us if you are unsure.
Note: This exclusion does *not* mean we won't cover any incident just because your pet is a certain breed often used for work; it specifically applies if your pet is *actually being used* in those working capacities. Accidents in ordinary pet life are covered, but accidents in the line of work or organised activity as described are not.

Court-ordered Destruction: A claim relates to Treatment where the Pet is ordered to be destroyed by the courts, relevant legislation or any Government Agency of New Zealand.

Overseas Treatment: We only cover treatment that occurs within New Zealand. If your pet receives veterinary treatment **outside of New Zealand**, it is **not covered** by this policy. For instance, if you take your pet on holiday abroad and it needs vet care, or if you move overseas and treat the pet there, those expenses would not be reimbursed. Our coverage is limited to events occurring in New Zealand and treated by New Zealand-registered veterinarians.

Treatment After Policy Ends: We do not cover any treatments or costs for your pet that are incurred **after your policy has ended or been cancelled**. Coverage stops on the policy end date (or cancellation date), so any vet visits, medications, or procedures happening after that point are not covered (even if the condition began earlier).

Parasites: We do not cover the diagnosis or treatment of **parasite infestations** in or on your pet. This includes infestations by **worms** (such as roundworms, tapeworms, hookworms, and heartworms), **external parasites** like **fleas, ticks, or mites (including skin mites, ear mites, etc.)** or any diseases/illnesses that are a direct result of these parasites. For example, if your dog contracts fleas and has an allergic reaction, treatment for the allergic reaction may not be covered because the underlying cause (fleas) is an excluded issue. Preventative treatments for parasites are also not covered (as noted under routine care). Essentially, keeping your pet parasite-free is considered a basic responsibility of the owner.

Preventable Illnesses (Lack of Vaccination): We will not cover an illness that is **preventable by vaccination** if your pet was not properly vaccinated against it. For example, if there is a known vaccine for parvovirus and you did not vaccinate your dog, and then your dog contracts parvovirus, we may not cover the treatment costs because the illness was preventable. This underscores the importance of keeping up with the required vaccinations (see Your Responsibilities). Make sure your pet gets all recommended vaccines; otherwise, if your pet falls ill with a disease a routine vaccine could have prevented, the policy will not pay for the treatment.

Elective or Non-Essential Procedures: We do not cover **elective procedures** that are not medically necessary for your pet's health (some of these are also covered under cosmetic or routine care exclusions, but to reiterate). This includes (but is not limited to) things like **debarking** (surgically silencing a dog), ear cropping, tail docking (when done for non-medical reasons), or removal of dew claws for convenience. It also includes any kind of purely elective surgery or treatment you choose to pursue that is not treating an illness or injury (for example, preventative gastropexy, fertility-related procedures, or DNA testing). If it's not treating a covered condition, it's not covered.

Specific Cat Diseases: We do not cover certain serious viral diseases in cats, namely **Feline Immunodeficiency Virus (FIV or "feline AIDS")**, including any testing for FIV or conditions related to FIV, **Feline Infectious Peritonitis (FIP),** including any testing for FIP or conditions related to FIP, **Feline Leukemia Virus (FeLV),** including any testing for FeLV or conditions related to FeLV.

If your cat contracts any of these diseases or has complications from them, the costs will not be covered. These conditions are often long-term and can be congenital or acquired from other cats.

Tetanus: We do not cover treatment for **tetanus** infection or any costs related to tetanus prevention (such as tetanus antitoxin shots). Tetanus is relatively rare in pets (especially cats and dogs), and if it does

occur, it may be considered preventable or manageable by proper wound care. In any case, it is listed as an exclusion.

Transplants and Prosthetics: We do not cover **organ transplants** or the implantation of artificial body parts/prosthetics in your pet. This means if your pet requires a kidney transplant, pacemaker, artificial hip joint, prosthetic limb, or any similar procedure where an organ or device is implanted to replace or assist a body part, it is not covered. These procedures are very rare in veterinary medicine and extremely costly; they fall outside the scope of this policy. (Note: routine surgical items like bone plates or screws for fracture repairs are *not* what we mean by prosthetics here – those can be part of normal surgical treatment which is covered. This exclusion targets major organ replacements or prosthetic devices that are beyond standard treatment.)

Eye Conditions ("Eye Exclusion"): We do not cover certain eye-related treatments, specifically **cataract surgeries or cataract treatments** and **routine eye examinations or testing**. If your pet develops cataracts, the surgery or medication for it is not covered by this policy (this is sometimes a specific exclusion because some breeds are prone to cataracts with age). Routine eye check-ups or screening tests (for example, tests for glaucoma in breeds prone to it, if done as a preventive measure) are also not covered as they fall under routine care. However, note that other necessary eye treatments (like treating an eye infection or injury) would be covered – it's cataract-specific and routine testing that is excluded here.

Specific Skin or Allergic Reactions: Those caused by the following are not covered –

- Chemicals or substances used in products to maintain the cleanliness of the Pet.
- Contact skin conditions and/or allergies from contact with, but not limited to, plants.

Overweight / Obesity: Treatments required due to, or related to, the Pet being overweight or obese are not covered.

Third-Party Damage or Injury: We do not cover injuries to other pets or people or damage to property caused by your Pet.

Post-Mortem Costs: We do not cover costs relating to any post-mortem on your Pet.

Conditions Not Affecting Well-being: We do not cover treatment for any condition that **does not affect your pet's normal health or quality of life**. This is a bit general, but it means if a condition is minor or cosmetic and doesn't pose a health risk or cause the pet distress, it may not be covered e.g. if your pet has a benign lump or cosmetic deformity that doesn't bother them and isn't dangerous, removal of it might not be covered (unless it becomes medically necessary). Essentially, if your pet could continue to live a healthy, normal life without treatment and the treatment is optional, the insurance may not cover it.

War or Natural Disaster or Declared Pandemics: We do not cover any claims resulting from events like **declared pandemics that cause widespread illness affecting cats or dogs, war, invasion, civil war, insurrection, rebellion, or any sort of military or usurped power**. We also do not cover claims arising from **natural disasters** (for example, if your pet is injured in an earthquake, cyclone, flood, etc., the policy does not cover those injuries or missing pets, etc.). These extreme events are typically excluded from insurance policies. If such an event occurs, often there are separate government or emergency responses, but they fall outside our coverage terms.

Late Submission of Claims: If you do not **submit your claim within the required timeframes**, we will not cover it. Specifically, you must send us any claim **within 6 months of the date of treatment**. Also, if treatment occurred near the end of your policy period and your policy is renewed, you should submit that claim within **1 month after your policy's renewal date** (otherwise it may be considered outside the allowable period). Claims submitted beyond these times are **excluded** and will not be paid. (We reiterate this in the claims section as well, but it's effectively an exclusion for late claims.)

Annual Benefit Limit Exceeded: As noted earlier if paying a claim would cause you to exceed the **annual benefit limit** of your policy (or any sub-limit for a particular category of cover), we will not pay the portion of the claim that is above the limit. For example, if your policy has a $3,000 limit on medical treatments and a claim pushes over that, anything over $3,000 for that category is not covered. Essentially, **any amount over the stated limits in your Policy Schedule is excluded**.

Brachycephalic Syndrome: We do not cover **Brachycephalic Obstructive Airway Syndrome (BOAS)** or any conditions related to it. Brachycephalic syndrome affects breeds with "short

noses" (like Bulldogs, Pugs, Persian cats, etc.) and includes issues such as an elongated soft palate, stenotic nares (narrow nostrils), everted laryngeal saccules, laryngeal collapse, and tracheal hypoplasia (narrow windpipe). Treatment for these conditions often involves surgery to improve breathing. Under this policy, any evaluation or surgical correction of these brachycephalic airway issues is not covered. If your pet is a brachycephalic breed, be aware that these known congenital issues are excluded.

(If you have any questions about whether a particular condition or treatment is covered or excluded, contact us for clarification. It's better to understand your cover before needing to claim.)

Making a Claim

If your pet needs veterinary treatment, you can make a claim for reimbursement under this policy (provided the condition and treatment are not excluded, as per the terms above).

How to Make a Claim

1. **Obtain a Claim Form:** You can get a claim form in any of these ways:
    - Download it from our website: **petnsur.co.nz/claims** (a PDF link).
    - Email us at **claims@petnsur.co.nz** and request a claim form.
    - Call us at **0800 738 678** and we can email or post a form to you.
2. **Fill Out the Claim Form:** Complete the form with all required details about you, your pet, and the treatment. Ensure that the information is **accurate and complete**. If any section is incomplete, it can delay the claim.
3. **Gather Supporting Documents:** Along with the claim form, you will need to submit supporting documents:
    - **Itemised Invoices**: Include all veterinary invoices and receipts for the treatments or services you are claiming. The invoices should be **detailed and GST-inclusive**, listing each treatment or service, the cost, and importantly, your pet's name on them (to show they correspond to your pet).
    - **Clinical Notes/Records**: You need to provide the vet's **clinical notes or medical records** for each visit related to the claim. These are the notes the vet writes in your pet's file about the diagnosis, treatments given, and any medications prescribed. They help us understand the context of the treatment and confirm it was necessary.
    - **Medical History**: If this is **your first claim** with us, or if we don't already have it, we require a **full medical history for your pet**. You may need to contact any vets you have visited in the past (before being insured with us) and get copies of your pet's records, including vaccination history, past illnesses, etc. Often for the first claim, we want to establish any pre-existing conditions. After the first claim, we typically only need records related to the new claim, unless we ask otherwise.
    - **Any Other Requested Documents**: Sometimes we might ask for additional information depending on the nature of the claim. For example, if there was an accident and a third party was involved, we might ask for a report or witness statement. Or if your pet was adopted from a shelter recently, we might ask for adoption papers to confirm history. We will let you know if we need anything specific once we receive your claim.
4. **Submit the Claim:** Once everything is ready, send it to us. You have a few options:
    - **Online Upload**: You can scan or take clear photos of the form and documents and upload them via our website at **petnsur.co.nz/claims/upload**. This is often the fastest way.
    - **Email**: You can email the completed form and scanned documents to **claims@petnsur.co.nz**. Make sure the attachments are legible.
    - **Mail**: You can post the form and copies of the documents to:
      PO Box 68548,
      Victoria Street West,
      Auckland 1142, New Zealand.
      (Keep copies of everything you send, just in case anything gets lost.)
5. **After Submission:** Once we receive your claim, we will review it. If any information or document is missing, we will contact you (usually by email or phone) to let you know what else is needed. To avoid delays, double-check that you've included everything before sending. We may also contact your vet directly if we need additional details or clarification about the treatment.

Claim Processing and Payment

- We aim to process your claim as quickly as possible. Simple claims with all information provided can often be processed within a few days. More complex claims or those requiring additional information may take longer. We will reach out if we require any clarification.
- **Honesty and Accuracy**: Make sure all details on the claim form are correct and truthful. Our team reviews claims carefully. If something seems inconsistent or unclear, we might investigate further. In some cases, we may engage an **external claims assessor** or veterinary expert to help review the claim. This is a normal part of making sure claims are valid and covered. As long as everything is in order, you have nothing to worry about.
- **Claim Outcome**: We will inform you of the outcome of your claim. If approved, we will provide details of the payment. If your claim (or part of it) is not covered, we will explain the reason (e.g., an exclusion or out-of-cover expense).
- **Payment**: When a claim is approved, we will pay the reimbursement **directly to you**, the policyholder. We usually pay claims by direct deposit into your bank account. (We will use the bank details we have on file for you, or we might ask for your account number if we don't have it.) We do **not** pay your vet directly unless you have made a specific arrangement with the vet and advise us of the details on your claim form (direct vet pay is uncommon and usually only done by prior agreement for very large claims or specific vets). You are responsible for settling your bill with the vet, and then we reimburse you.
- **Notification**: We will send you an **email confirmation** once we have processed your claim and issued any payment. The email will detail how much was approved and paid, and how the payment was calculated (showing any deductions like co-pay or items not covered). If you don't receive payment within a few days of the email (allowing time for bank processing), let us know.

Important Notes on Claims

- **Timely Submission**: Submit your claim **as soon as reasonably possible** after your pet's treatment. Don't wait until the end of the policy if you can avoid it. While you technically have up to 6 months to send in a claim, it's better to do it promptly while details are fresh and documents are easily at hand. This helps us process your claim faster and ensures you don't accidentally miss the deadline. Remember, claims submitted more than 6 months after the treatment date **will not be paid** (they are excluded, as noted earlier).
- **Policy Terms Apply**: All the terms, conditions, and exclusions of this policy (as described in this document) apply to each claim you make. For example, if you claim for a condition that is excluded, that part of the claim will be declined. If you have a co-pay, it will be deducted from every claim. If two conditions are considered one condition under our definitions, the combined limit applies, etc. Our claims team will apply the policy rules when assessing your claim. Make sure you're familiar with your coverage and exclusions to avoid surprises.
- **Ongoing Treatments and Co-Pay**: If your pet has a condition that requires multiple vet visits or ongoing treatment (e.g. weekly allergy shots, or a condition that needs a follow-up test), you can choose to either claim after each visit or wait and submit a single claim encompassing multiple visits. **Be aware**: we will apply the co-pay to each **separate claim form** we receive. Sometimes, if you have many small invoices, it might make sense to accumulate them and send in one claim so that the co-pay is only taken once. However, do not wait too long and risk exceeding the 6-month claim window. You might find it convenient to claim per condition or per month of treatment rather than per visit, especially for chronic conditions – just plan so you stay within time limits.
- **Other Insurance or Compensation**: If there is any other source from which you can claim an expense, you **must use that source first before claiming the remainder from us**. For instance, if you have another pet insurance policy or if the incident involving your pet could be covered by someone else's liability insurance (e.g., another dog owner's policy if their dog injured your dog), or if a third party is liable for the costs, you need to claim from them first. Inform us on the claim form if you have any other insurance covering the pet. We may ask for details of the other policy. We will only pay costs that **are not covered by the other policy** (or other party), and only up to our policy limits. This prevents double-claiming.

If your other insurer pays part of the claim, provide details and we consider the balance.

- **Offsets for Money Owed**: If, for any reason, you owe us money, we reserve the right to **deduct it from any claim payout** we make to you. Common situations include:

  a. You have an outstanding **unpaid premium** at the time of claim payment. (We would deduct what you owe from the claim amount.)
  b. We previously paid you more than we should have for a claim (an **overpayment**), or you received a payment in error. (We would deduct the overpaid amount from future claims or ask for repayment.)

We will communicate with you if we are going to offset any amount. For example, if we somehow paid a claim twice by mistake and you owe a refund, we might subtract that from the next claim we pay. Or if your policy lapsed and we're paying for an earlier claim, we might subtract the owed premium. This ensures accounts are settled fairly.

Following these guidelines will help ensure your claims are processed smoothly. If you have any questions during the claims process, don't hesitate to contact our claims department for assistance.

Dispute Resolution

We always strive to handle claims fairly and in line with the policy. However, if you are **unhappy with a claims decision or any aspect of our service**, we have a process to address that:

- **Internal Dispute Review**: You can request that our **Internal Dispute Resolution Team** review your case. This is a dedicated team within our company that was **not involved in the original claim decision**. They will independently re-assess your claim or concern. To initiate this, let us know by phone or email (resolutions@beneficial.co.nz) advising that you would like a review. Provide additional information or context you think is relevant or was overlooked. The Internal Dispute Resolution Team will then review all the details afresh and provide you with a written outcome of their review.
- **Outcome**: The internal review may uphold the original decision or overturn it (either fully or partially) and offer a revised resolution. We will explain the reasons either way.
- **Further Action**: If after the internal review you still disagree with the outcome, you may have further recourse outside the company, such as contacting the Insurance & Financial Services Ombudsman (IFSO) or other relevant external dispute resolution body in New Zealand. (We are a member of a dispute resolution scheme, and you can escalate complaints there free of charge.) We will provide you with details on how to do so if we cannot resolve your complaint internally to your satisfaction.

Our goal is to resolve any issues fairly and transparently. We value our customers, and if something hasn't gone right, we want to know and fix it if we can. So please, if you have any grievances, use this process and we will do our best to address them.

Definitions

Below are definitions of key terms used in this policy. Understanding these terms will help you know exactly what your coverage means:

Accidental Injury means physical harm or injury to your pet caused by a sudden, unforeseen event at an identifiable time and place. An accidental injury is not related to any underlying illness and is not something that happens gradually. (For example, a broken leg from being hit by a car is an accidental injury; arthritis developing over time is not.)

Alternative Treatment means treatments that are considered complementary to conventional veterinary medicine, when performed by or under the recommendation of a registered vet. This includes therapies like acupuncture, chiropractic adjustments, homeopathy, hydrotherapy (water therapy), physiotherapy, osteopathy, massage therapy, or similar **non-traditional treatments**. (Note: Coverage for these may depend on your specific plan and if the vet deems them necessary.)

Annual Benefit Limit means the **maximum amount** we will pay in total for all claims within one policy period (usually 12 months). For example, if your annual benefit limit is $9,000, that's the most we will pay for all combined claims in that year. Your Policy Schedule will list the annual limit and may also list sub-limits for specific categories (like a limit for surgery, for medicine, etc., depending on your plan). These limits reset upon renewal for the next year. Unused amounts do not carry over to the next period. If a claim causes you to exceed a limit, we will only pay up to that limit.

Annual Premium means the total premium amount for one year of coverage, before any discounts or promotions. It's basically what the policy costs for a year of insurance. If you pay monthly or weekly, those payments are portions of the annual premium spread out. (The Policy Schedule or your invoice will show this.)

Benefit means any amount payable under the policy as a result of a valid claim. A benefit could be a reimbursement for vet fees, for example. If we say a benefit is payable, it means a payment you are entitled to under the policy terms.

Commencement Date means the date your insurance coverage starts. It is shown on your Policy Schedule (often also referred to as the policy start date). Coverage for incidents begins at **11:59 PM** from this date (subject to stand-down periods for certain conditions).

Company means Beneficial Insurance Limited – the insurer providing this policy (that's us).

Consultation Fee means the fee a veterinarian charges for examining your pet and providing an initial assessment or consultation. It may appear on your vet bill as exam fee, consultation, visit fee, check-up fee, etc. It's basically the office visit charge just for the vet's time and expertise in diagnosing or assessing your pet.

Cover means the scope of protection provided by this insurance policy – essentially what you are insured for. When we refer to "your cover," we mean the specific plan or policy option you have chosen for your pet (e.g. Accident & Illness Cover, or specific plan names like "Titanium Plan"). Your cover (or coverage) is detailed in your Policy Schedule, including any add-ons like dental. You cannot have duplicate cover for the same pet (you can only have one policy per pet at a time, except possibly separate add-on covers).

Co-Payment (Co-Pay) means the percentage or dollar amount of each eligible claim that you must pay. On every claim, we will deduct your co-pay and then reimburse you the remainder of the costs. Your Policy Schedule outlines the Co-Pay percentage that applies to your chosen policy. There may also be a minimum dollar amount specified in your Policy Schedule. In some cases, as outlined in the policy, the co-pay might be higher (40% or 50% for certain treatments or pets 10 years and older). The exact co-pay percentages applicable to your policy are listed in your Policy Schedule. The co-pay is applied to each claim reimbursement.

Foreign Body means something that is inhaled or swallowed by your pet that becomes stuck inside and is not meant to be there.

Health Condition means any **illness, disease, injury, or syndrome** affecting your pet's health. For this policy, if two or more health issues are directly related or have the same root cause, they may be considered one single "health condition." For example, if your pet has arthritis in multiple joints, we might treat that as one condition (arthritis) rather than separate conditions for each joint. Or if an illness leads to complications, all those complications may be regarded as part of the original illness. This matters in terms of how we apply limits and exclusions (e.g., the pre-existing exclusion would apply to the whole condition and related issues).

Hereditary means references to traits or conditions that are **genetic and passed down**, often breed-specific. A hereditary condition is encoded in the animal's DNA and can manifest at any point in the pet's life. Examples include hip dysplasia, certain heart defects, or breed-specific issues like collie eye anomaly. (Note: Hereditary conditions are generally not covered, as stated in exclusions, but this definition is to identify what they are.)

Illness means any sickness, disease, or medical condition that is **not caused by an accidental injury**. This can be anything from infections, allergies, and cancer to chronic diseases like diabetes. Essentially, if it's not a sudden external injury but rather an internal or medical issue, it's considered an illness in terms of the policy.

Material (Information) means information that would influence an insurer's decision-making. **Material information** is any fact that would affect either the acceptance of the risk or the terms on which it is accepted. For example, if your pet has a known chronic condition, that is material to whether we insure and at what price. Or if you have had multiple insurance claims before – that is material. If something is material, you must disclose it when asked (see Duty of Disclosure). If you're unsure if something is material, it's safer to disclose it.

Medical Treatment (or Treatment) means any care or procedures provided by a veterinarian to treat or diagnose a condition. This includes examinations, hospitalisation, surgery, X-rays, ultrasounds, laboratory tests, medications, injections,

anaesthesia, nursing care, specialist consultations, **alternative therapies** (like acupuncture or physiotherapy if recommended by a vet), and even emergency transportation (ambulance) if needed for the pet. In short, if a vet does it or prescribes it to address a health issue, it's considered treatment. (All such treatments are potentially covered if not excluded and if within your plan's scope.)

Owner (Policy Owner): The person (or people) listed in the Policy Schedule as the insured party. Typically, this is you – the pet owner who took out the policy. Throughout this document, we often say "you" to refer to the owner/policyholder. You are the one with the rights and obligations under this contract.

Period of Cover means the time frame during which your policy is active and protection is in force. It usually starts at the commencement date and runs until the next renewal date (often one year). If you renew, the next period of cover begins without lapse. The Policy Schedule will specify the start and end date of each period of cover. Note that an incident must occur during the period of cover to be eligible (and not during a stand-down or after the policy has ended).

Pet means the animal insured under this policy, as named and described in your Policy Schedule. This policy is designed for domestic cats or dogs. Only the pet listed is covered; if you have multiple pets, each needs its own policy. Also, note that the pet must be at least 6 weeks old (pets younger than 6 weeks are not insurable under this policy).

Policy End Date means the date (and time) your current policy period ends. According to this policy, coverage ends at **11:59 PM** on the end date shown in the Policy Schedule (this precise time ensures clarity on the exact moment coverage switches over at renewal). Unless the policy is renewed, no cover is in place after this end date/time.

Policy Schedule means the document provided to you that summarises your policy details. It's a very important part of your insurance contract. The Policy Schedule typically includes: your name and details, your pet's details (name, breed, age, etc.), the type of cover/plan you have, the **cover amounts/limits** (like annual limit, sub-limits per category), the **co-pay percentage**, the **policy start and end dates**, the premium amount, and any **exclusions or special conditions** specific to your policy. The Policy Schedule is updated at each renewal (called the **Updated Schedule** after renewal) to reflect any changes (like new dates, new premium, or any alterations in terms).

Policy Start Date means the date (and time, if specified) your policy coverage begins. Often it's the same as the commencement date. For example, if your Policy Schedule says the start date is 01/01/2025, that's when cover kicks in (though note some benefits like illness cover might have stand-down periods that apply).

Qualifying Treatment means a treatment that is **covered by the policy** – i.e., it is medically necessary for an illness or injury and is not listed under any exclusion. If your pet needs something done by the vet that directly treats a covered condition, that is a qualifying treatment. We use this term mostly to clarify that the policy pays for "qualifying treatments" (as opposed to non-qualifying ones like those listed in exclusions). If it's not excluded and falls within the scope of cover, it's a qualifying treatment.

Recurring/Chronic Condition means a health condition that is **ongoing or keeps coming back** over time, often requiring repeated treatments or continuous management. Chronic conditions typically have no complete cure but can be managed (examples: arthritis, diabetes, chronic skin allergies). A condition can also be considered recurring if it goes away for a while and then comes back, either intermittently or continuously beyond 3 months. For insurance purposes, a chronic or recurring condition might trigger certain terms (like a higher co-pay) as mentioned earlier. We treat all flare-ups or episodes of the same chronic condition as part of that single condition.

Surgery (Surgical Treatment) means a procedure performed or personally authorised by a Veterinarian involving an incision to repair damage or arrest disease in a Pet. Examples include removing a tumour, repairing a broken bone, or exploratory surgery. Minor procedures like stitching a cut might be considered surgery as well (though often just referred to as wound treatment). The policy specifically notes that **routine catheterisation** (like inserting a urinary catheter or IV line) is *not* considered surgery in terms of the definition, to avoid confusion. Essentially, surgery here implies an operation typically done under anaesthesia in a sterile manner to fix a problem.

Symptom means any sign, indication, or change in your pet's normal health or behaviour that could indicate an underlying illness or injury. For example, limping is a symptom, vomiting is a symptom, loss of

appetite is a symptom, a lump is a symptom, etc. Symptoms themselves are not diagnoses, but they are evidence that something might be wrong. Why this matters: if symptoms of a condition were present before the policy started, that condition is pre-existing even if not diagnosed yet. We often refer to "signs or symptoms" in that context.

Updated Schedule means when you renew your policy or if you make a change mid-term, we issue a new Policy Schedule reflecting the current details. This is called an **Updated Policy Schedule** and replaces the previous one. e.g. at renewal, you'll get an updated schedule with new dates and any updated terms or premium. If during the policy you add an optional cover or something, we'd issue an updated schedule mid-term. Always refer to the most recent schedule for your current coverage details.

Vet (Veterinarian) means a person who is **licensed and registered to practice veterinary medicine in New Zealand**. This includes general practice veterinarians, specialist vets (like surgeons, dermatologists, etc. who are registered specialists), veterinary clinics and animal hospitals (since those are operated by licensed vets), or emergency vet centres. For a claim to be valid, typically the treatment must be carried out by a qualified vet (or under their direction, e.g., a vet nurse under supervision). We wouldn't cover treatment by an unqualified person.

Vet Charges means the fees and costs that a veterinary clinic charges you for treatments that are covered by the policy. We often use this term to clarify we pay "reasonable and customary vet charges" for a treatment. It means if a vet charges an excessively high fee far above the normal range, we might question it. But generally, vet charges include consultation fees, costs of medications, surgical fees, hospitalisation, etc., related to a covered condition. We reimburse those charges minus the co-pay, as long as they are typical and necessary. (Essentially, "vet charges" are your vet bills.)

Regulatory Information

Beneficial Insurance Limited is **licensed to carry on insurance business in New Zealand** under the Insurance (Prudential Supervision) Act 2010. This means we meet the regulatory requirements set by the Reserve Bank of New Zealand for insurers, giving you confidence that we are a legitimate and supervised insurance provider in NZ.

Financial Strength Rating

All licensed insurers are required to have a financial strength rating ("FSR") from a rating agency authorised by the Reserve Bank of New Zealand. Beneficial Insurance Limited has been rated B++ Outlook Stable by AM Best Company. The AM Best Company FSR scale is as follows:

Secure: A++, A+ (Superior), A, A- (Excellent), B++, B+ (Good)

Vulnerable: B, B- (Fair), C++, C+ (Marginal), C, C- (Weak), D (Poor), E (Under Regulatory Supervision)

(v20261001)