



Claims we've paid.

Welcome. This brochure provides you with information on the claims we've paid and some of the common reasons why claims aren't paid.



Est. in NZ
1973

93%

of new claims
accepted
1/7/23 – 30/6/24

NZ

based
customer
service



Over
\$1.8B

paid out in claims
since 1973

Rated **A-**
(Excellent)
for financial
strength*



Here for the
good of NZ

*Fidelity Life has an A- (Excellent) financial strength rating from A.M. Best. The rating scale that this rating forms part of is available for inspection at our offices. For more information please visit Fidelity Life's [financial strength page](#).

The highlights.

1-July 2023 to 30-June 2024.

Chances are we've helped a New Zealander near you. You can rely on us to be here for you when it matters most.



299,693

New Zealanders insured.



93%

Of all new claims were accepted.



2,209

New customer claims were accepted.



\$241.5m

Paid out in all claims.

What common conditions did we pay out for?

1-July 2023 to 30-June 2024.



35%

of new claims we accepted.

Cancer.

19% Breast cancer.

11% Lung cancer.

10% Prostate cancer.



17%

of new claims we accepted.

Cardiovascular conditions.

40% Heart attack.

13% Heart disease*.

11% Heart failure.



14%

of new claims we accepted.

Injury to bones, muscles, limbs & joints.

16% Shoulder.

11% Knee.

9% Hand.



10%

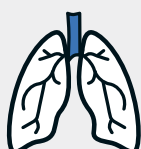
of new claims we accepted.

Neurological conditions.

43% Stroke.

11% Dementia.

6% Alzheimer's disease.



4%

of new claims we accepted.

Respiratory conditions.

62% Pneumonia.

37% Lung disease*.

1% Severe asthma.



2%

of new claims we accepted.

Other organ disorders.

32% Renal failure.

13% Multiple organ failure.

9% Deafness.

*Reference to a condition or body part has been simplified for the purposes of this brochure. All claims are subject to the satisfaction of the medical condition set out in the relevant policy wording. [Get in touch](#) with an adviser for more information.

Breakdown by type of cover.

1-July 2023 to 30-June 2024.

Life.

When does it pay?

Life cover is designed to pay a lump sum if you die or receive a terminal illness diagnosis with less than 12-months to live.

\$141.7m

paid out in all claims.

97%

of all new claims were accepted.

6

Youngest age.

69

Average age.

102

Oldest age.

Top 3 conditions.



36%

Cancer.



23%

Cardiovascular conditions.



10%

Neurological conditions.

Income protection.

When does it pay?

Income protection cover is designed to pay a monthly payment, for a fixed period of time, when you're injured or have a sickness which leaves you unable to work that continues past a wait period.

\$46.4m

paid out in all claims.

89%

of all new claims were accepted.

20

Youngest age.

45

Average age.

77

Oldest age.

Top 3 conditions.



44%

Injury to bones, muscles, limbs & joints.



12%

Cancer.



7%

Spinal conditions.

Trauma & Trauma multi.

When does it pay?

Trauma cover, is designed to pay a lump sum when you're seriously injured or diagnosed with one of 40+ conditions that meets the criteria defined in your policy document.

\$47.1m

paid out in all claims.

81%

of all new claims were accepted.

1

Youngest age.

48

Average age.

75

Oldest age.

Top 3 conditions.



58%

Cancer.



19%

Cardiovascular conditions.



12%

Neurological conditions.

Total & permanent disability (TPD).

When does it pay?

TPD cover is designed to pay a lump sum if you become disabled and are totally and permanently unable to work. And by work we mean all kinds of work – paid work, work in the home, and in some cases study

\$6.3m

paid out in all claims.

67%

of all new claims were accepted.

39

Youngest age.

55

Average age.

65

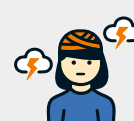
Oldest age.

Top 3 conditions.



29%

Neurological conditions.



14%

Organ disorders.



14%

Cardiovascular conditions.

Why aren't all claims paid?



93% of all claims we received were accepted and paid.

This sounds high but you might be wondering why weren't all? Here are the main reasons why some claims aren't paid and what options you have.

93%

of new claims
accepted
1/7/23 – 30/6/24

01

The condition did not meet the medical definition.

For cover types like Trauma, Trauma multi and TPD, assessment of these claims is based on meeting a specific medical definition that is defined in your policy. Your policy wording, policy schedule and any endorsement schedule, form the insurance contract between you and us and sets out all the detail of what you're covered for.

When making a claim for these cover types, medical documents you provide as well as any further assessments we think are necessary will be used to assess whether you meet the definition of the condition included in your policy documents.

Sometimes the medical definitions can be quite technical, so it's good to check you're covered. If you're not sure, our claims team can talk it through with you first.

02

You return to work before the wait period ends.

For cover types like Income protection, your payment begins after a wait period that you choose when you take out the policy. What this means is that you could be back on your feet able to work again before your wait period ends, depending on how long you choose as your wait period when you took out the cover. Wait periods can last 2-weeks to 2-years and they impact how much you pay for your cover.

Sometimes it can be many years from when you've taken out the policy and make a claim. It's not uncommon to have forgotten about the wait period you selected when taking out the policy.

It's always best to review your policy annually with your adviser, to ensure your cover, including wait periods, are up to date and work for you.

03

Sometimes relevant information is not shared when the policy is taken out.

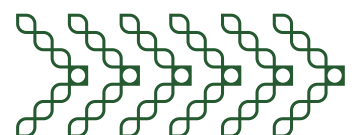
Insurance applications require you to answer some personal questions and provide certain information to us. The information you provide us with is used to determine what insurance cover we can offer you and if so, on what terms. It's important to provide full and genuine answers, as this may impact your claim outcome later.

When you make a claim, we'll request medical information to help us check that you meet the requirements under the policy wording for payment under the cover. Sometimes, we find information relating to medical conditions which were not included in your application.

In some cases, this may lead to there being no cover under the policy, on the basis that you did not tell us everything in the application.

The good news is that this only happens in a handful of cases and is easily avoidable. If you provide us with honest information upfront, it is very unlikely that this situation would occur.

For more information on what you can expect when you apply, read our simple steps to getting insured guide or ask your Financial Adviser for a copy.



What happens if your claim is declined?

Throughout the claims process we'll keep you in the loop. If, for whatever reason, we're unable to accept your claim, we'll contact you to discuss this in more detail with you.

If we don't have sufficient information at the time to accept your claim, your claims specialist will explain what further information or steps may be needed for us to review or continue with assessing your claim.

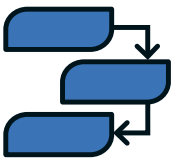
If you don't believe we have reached the right decision you can provide additional information or make a complaint to appeal our decision.

Find out more about claims.



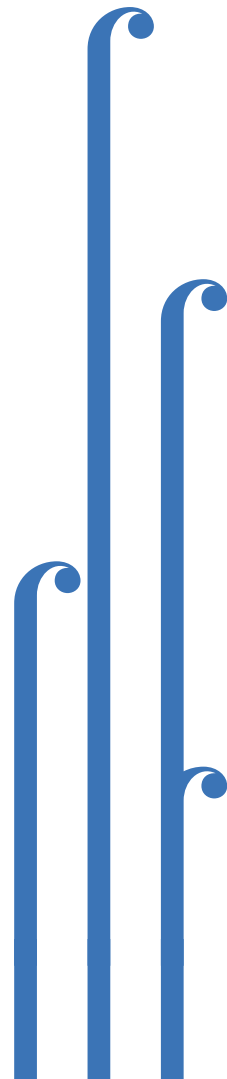
Customer stories.

In their own words our customers share their heartfelt stories about how life can take an unexpected turn and how having life insurance with Fidelity Life made a difference. Visit fidelitylife.co.nz/claims/customer-stories for more information.



What's happens when you make a claim?

For a step-by-step guide, for what you can expect when you make a claim, visit fidelitylife.co.nz/claims/make-a-claim for more information.





Why choose Fidelity Life?

Since 1973, we've helped people live with more certainty, knowing that tomorrow's taken care of. Important to us, is our ability to stay relevant to you throughout your life. We'll be here as you change and grow, to celebrate your successes and support you when life doesn't quite go to plan.



Protecting your New Zealand way of life.

It's our promise to you. We love our place in the world and exist to look after New Zealanders like you.



Here when you need us.

Life doesn't always go to plan. Rest assured we want to pay your claim.



Like you, we're local.

Our friendly New Zealand based customer care team are here for you come rain or shine.



You're in safe hands.

Chances are we've helped a New Zealander near you. You can rely on us to be here for you when it matters most.



Our financial strength rating.

Issued by A.M. Best, our A- (Excellent) financial strength rating indicates our ability to pay claims.



Doing right by New Zealanders.

Every day we work to protect our environment, make a real difference to people, act responsibly and operate with transparency.

*Fidelity Life has an A- (Excellent) financial strength rating from A.M. Best. The rating scale that this rating forms part of is available for inspection at our offices. For more information please visit Fidelity Life's [financial strength page](#).



Piha
Tāmaki Makaurau
Aotearoa New Zealand

The information contained in this brochure is a summary of the key points of this insurance cover and is general in nature. It is not, and is not intended to be, a policy document. Details of definitions, benefits, standard exclusions/limitations, terms and conditions are contained in the full policy documentation which is available from your financial adviser or Fidelity Life. Please refer to current policy documents for specific details. This brochure does not provide a financial advice service.