

American Income Life Insurance Company

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Policy Summary – Cancer Policy

In this Policy Summary, the words “we”, “our” and “us” mean the *American Income Life Insurance Company*, the insurer under the Policy.

The words “you” and “your” mean the person who is named as the “Insured” in the Policy Schedule.

The Policy provides benefits for the first diagnosis of Cancer

The Policy insures against the first time a Covered Person is diagnosed with Cancer.

We will pay the applicable benefit only if Cancer is first manifested after the first 30 days the Policy is in force. The Cancer is first “manifested” when there are Cancer symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment.

After those first 30 days, we will pay the applicable benefit if a Covered Person is first diagnosed with Cancer while the Policy is in force. “In force” means that the insurance cover has not stopped.

Once we pay the benefit, insurance under the Policy ends for that Covered Person. We refer to you and each of your insured family members as a “Covered Person”.

You have the right to cancel the Policy within 10 working days

If you choose to cancel the Policy within 10 working days of receiving it from us, then we and you will be in the same position as if no policy had been issued. In that case, we will refund any premiums you have paid.

You can cancel the Policy by notifying:

- us, at our contact details above; or
- the *AIL of NZ* adviser who sold it to you.

If you cancel the Policy after 10 working days of receiving it, we will not refund the premiums you have paid.

The purpose of this Policy Summary is to help explain some of the main features of the Policy.

This Policy Summary is only a brief overview and does not form part of the contract between you and us.

PLEASE READ THE POLICY CAREFULLY ONCE YOU RECEIVE IT.

The actual Policy has full information and sets out any limits.



Your family can be insured under the Policy

The members of your family who can be insured are:

- your spouse, civil union partner or de facto partner;
- your children under 19 on the date of the Policy, who are not married, in a civil union or in a de facto relationship, and who are dependent on you for support.

But in each case, to be insured they must be named in the application or added to the Policy after it is issued. Cover for other dependents is subject to our approval.

The Policy contains detailed provisions about when insurance for family members comes to an end under the Policy. These provisions include for example, what happens after your children reach 21 years old.

We may refuse to pay benefits if you tell us something wrong in your application

If you tell us something wrong in your application for the Policy (or leave something out), then in the first two years we may (where the law allows):

- cancel or void the Policy; and
- refuse to pay any claims you make.

After those two years have passed, then we will not cancel or void the Policy or refuse to pay any claims if you told us something wrong in your application (or left something out). This is unless you have been fraudulent in doing so.

We do not pay a benefit in certain circumstances

We pay a benefit under the Policy only for certain types of cancer. For example, the following types of cancer are **not** insured under the Policy:

- skin cancer;
- carcinoma in situ;
- Stage 1 of Hodgkin's disease;
- Stage A prostate cancer; and
- certain types of melanoma set out in the Policy.

We will not pay the benefit if the first diagnosis of Cancer is made outside of New Zealand, Australia, or the United States of America.



Regular premium payments must be made

Regular premium payments must be paid to us to keep the Policy in force. The amount of the premium payments is set out in the Policy Schedule.

If the premium is not paid before the due date, we allow 31 days for the premium to be paid.

The Policy renews automatically

The Policy is guaranteed to be renewable until you reach age 80. This is provided premiums are paid and your obligations under the Policy are met. As long as the Policy is in force and your obligations under the Policy are met, we cannot cancel the Policy or place any additional restriction on it.

We have the right to change the renewal premium rates for the Policy. Such a change shall apply to all policies in New Zealand in the same form as the Policy. We will give you 31 days' notice of a change.

How you can make a claim

You must notify us (or an *AIL of NZ* adviser), in writing, of a claim within 60 days of the first diagnosis of Cancer, or as soon as reasonably possible after that period.

We will send you claim forms to complete once you have notified us of your claim.

You must complete the claim forms and return them to us (or an *AIL of NZ* adviser), along with the required supporting medical information. You must do so within 90 days of the date of the first diagnosis of Cancer. If it is not reasonably possible to complete and return the forms within this time limit, you may have extra time to do so (as detailed in the Policy).

Benefits payable under the Policy will be paid by us once we receive written proof of the first diagnosis of Cancer.