



Parent Boost Insurance



Policy Document

Effective September 2025

Welcome

Thank you for choosing our policy to protect you during your time in New Zealand.

This policy is designed to cover **unexpected** or **emergency medical treatment** while you're in New Zealand.

It supports you in serious health situations such as hospital visits or surgery.

It does not cover day to day medical expenses like GP visits for management of minor or non-urgent conditions such as coughs and colds.

We strongly encourage you to read all sections carefully, as they contain important information about what is and isn't covered, and any conditions that apply.

Eligibility

This policy is available to Parent Boost Visa applicants who intend to temporarily reside in New Zealand.

Free Look Period

If you decide to cancel your policy for any reason within 14 calendar days from the date of purchase (the free look period) we will refund your full premium, provided you have not submitted a claim. To cancel your policy and receive a full refund, please contact OrbitProtect within the free look period.

Contact information

For enquiries, emergencies and claims, please contact OrbitProtect:

- **service@orbitprotect.com**
- **0800 478 833** if you are calling from within New Zealand
- **+64 3 434 8151** (reverse charge) if you are calling from overseas.

Information on how to make a claim is in the “**Using your cover**” section of this policy.

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01. How your policy works

This policy document explains what you're covered for. You should read this along with your latest Certificate of Insurance. Together, they are your policy.

Your policy document tells you:

- what you're covered for
- what you're not covered for (general exclusions that apply)
- any other important information you need to know about your cover including your obligations

Your Certificate of Insurance tells you:

- who's the policyholder
- how much your policy costs
- when your policy started and when your policy ends, known as the period of insurance
- any **pre-existing condition(s)**, that we have agreed to cover

If there's any inconsistency between your policy document and your **Certificate of Insurance**, your **Certificate of Insurance** takes priority.

You're not covered for any general exclusions that may apply, and you only have cover for the benefits in this policy document if you're the policyholder.

If you need to contact us, please use the details above (in Section 1).

Important words

Some words in this policy document are in bold text. This means they have a specific meaning in your policy. You can find the meaning of these words under "**Important words**"

In addition to this, where we use the words:

- "you", "your" or "yourself", we're referring to the policyholder
- "us", "our", or "we", we're referring to nib nz limited, the insurer of your policy

OrbitProtect Limited administers the policy (including customer service, medical assessments and claims management).

02. Benefits Summary

The below table provides a summary of your cover. The limits apply to the **policyholder** and are based on a **policy year** from the **policy start date**.

#	Benefits	Benefit Limits (NZD)
3.1	Unexpected or Emergency Medical Treatment <ul style="list-style-type: none"> Hospital medical expenses Out of hospital service that relate to an approved, unexpected treatment or emergency events including: <ul style="list-style-type: none"> Specialist appointments Diagnostic investigations Follow up GP care for after 6 months following an approved hospital claim 	Up to \$250,000
3.2	Cancer Treatment Benefit	
3.2.1	Unexpected or Emergency Cancer Treatment <ul style="list-style-type: none"> Hospital medical expenses, including chemotherapy, immunotherapy, brachytherapy and radiotherapy treatment in New Zealand Out of hospital service that relate to an approved, unexpected treatment or emergency events including: <ul style="list-style-type: none"> Specialist appointments Diagnostic investigations Follow up GP care for after 6 months following an approved hospital claim 	Up to the remaining benefit limit under 3.1 (above)
3.2.2	Ongoing Cancer Treatment <ul style="list-style-type: none"> Chemotherapy, immunotherapy, brachytherapy and radiotherapy treatment in New Zealand Follow up physiotherapy for 6 months following your final cycle of treatment 	Up to \$100,000 Up to \$750
3.3	Repatriation Cover Returning you home if you no longer meet the acceptable standard of health , including travel expenses for an accompanying family member	Up to \$250,000
3.4	Bereavement:	
3.4.1	Returning Your Remains Home Returning your body home after bereavement, including travel expenses for an accompanying family member OR	Up to \$50,000
3.4.2	Funeral Cover Support in New Zealand	Up to \$5,000

IMPORTANT: This table should be read in conjunction with the full Policy Wording.

The limits are based on a **policy year** from the **policy start date**. These limits apply regardless of how long your actual period of insurance is and how many separate policies you take out with us in a **policy year**. If you buy multiple short-term policies within a year, for example three policies for four months each, your benefit limit applies to the full 365-day period/policy year, not separately for each policy.

03. What you are covered for

3.1. Unexpected or Emergency Medical Treatment

✓ What am I covered for?

If you need **medical treatment** for an **unexpected** or **emergency** medical event (excluding cancer) while you are in New Zealand, we'll cover your hospital-related costs while you're admitted to hospital. This includes:

- Hospital stays
- Surgery
- **Specialist** consultations
- Anaesthetist fees
- Related tests
- Medications (see "**What medications can I claim for?**" for more details).

We also cover out-of-hospital services that are directly related to the **unexpected** or **emergency** medical event:

- **Specialist** consultations referred by a **General Practitioner (GP)**
- **Diagnostic investigations** referred by a **GP** or **specialist**
- Ambulance transfers
- **GP** and **Nurse Practitioner** consultations and lab tests for up to six months after discharge from hospital after an approved hospital claim

\$ How much am I covered for?

Up to \$250,000 per **policy year**.

✓ How long am I covered for?

You're covered under this Unexpected or Emergency Medical Treatment benefit until you exceed your benefit limit or you reach your **policy end date**, as shown on your **certificate of insurance** (whichever occurs first).

If you're diagnosed with a medical condition (excluding cancer) and no longer meet the **acceptable standard of health** and you're **fit to return** to your **home country**, we will arrange your repatriation under benefit 3.3. Your policy will end upon your arrival to your **home country**. (See "**Repatriation Cover**" for more details.)

In the event you are not **fit to return** to your **home country** due to a condition related to an accepted claim, and your policy is due to expire, it will automatically extend, at no extra cost, for up to 12 months from the date that symptoms of your condition started.

If you become **fit to return** to your **home country** during this extension, your policy will end after 7 calendar days from when we notify you are **fit to return**.

? What else do I need to know?

In addition to any general exclusions that may apply, we also don't cover the following under this benefit:

- Ambulance subscriptions
- Outpatient mental health consultations and services

3.2. Cancer Treatment

3.2.1 Unexpected or Emergency Cancer Treatment

✓ What am I covered for?

If you need **unexpected** or **emergency** cancer treatment while you are in New Zealand, we'll cover your cancer related costs while you are admitted to hospital. This includes:

- Hospital stays
- Surgery
- Anaesthetist fees
- **Specialist** consultations
- Related tests
- Chemotherapy
- Immunotherapy
- Radiotherapy
- Brachytherapy
- Medications (see "**What medications can I claim for?**" for more details).

We also cover out-of-hospital services that are directly related to the **unexpected** or **emergency** cancer treatment:

- **Specialist** consultations
- **Diagnostic investigations**
- Ambulance transfers
- **GP** and **Nurse Practitioner** consultations and lab tests for up to six months after discharge from hospital after an approved hospital claim

💰 How much am I covered for?

Up to your remaining benefit limit on 3.1 Unexpected or Emergency Medical Treatment in the **policy year**.

✓ How long am I covered for?

You're covered under this Unexpected or Emergency Cancer Treatment benefit until:

- you exceed your benefit limit,
- you reach your **policy end date**, as shown on your **certificate of insurance**, or
- you are considered **fit to return** to your **home country** (whichever occurs first).

If you're **fit to return** to your **home country**, cover for that diagnosed cancer condition will end under this Unexpected or Emergency Cancer Treatment benefit, and you can elect to:

- remain in New Zealand and continue to have treatment under the Continuing Cancer Treatment benefit at 3.2.2; or
- return to your **home country** and if you no longer meet the **acceptable standard of health**, we will arrange your repatriation under benefit 3.3.

If your **policy end date** is before your final **cycle of treatment** and you have not yet reached your benefit limit, you may choose to extend your policy in relation to this benefit only to continue your cancer treatment, until:

- you reach your benefit limit; or
- 7 calendar days after your final **cycle of treatment**; or
- 12 months from the date that symptoms of your condition started; or
- you are considered **fit to return** to your **home country** (whichever occurs first).

❓ What else do I need to know?

In addition to any general exclusions that may apply, we also don't cover the following under this benefit:

- recurrence of cancer, including relapse, or progression of a diagnosed cancer condition that began before the start date on your policy, regardless of the time elapsed since the initial diagnosis or treatment
- genomic sequencing.

3.2.2 Continuing Cancer Treatment

✓ What am I covered for?

If you're diagnosed with cancer while you are in New Zealand but we have determined you are **fit to return** to your **home country** you can choose to stay in New Zealand for ongoing treatment under this Continuing Cancer Treatment benefit. We will cover your ongoing cancer treatment and related costs. This includes:

- Hospital stays
- Surgery
- Anaesthetist fees
- Related tests
- Chemotherapy
- Immunotherapy
- Radiotherapy
- Brachytherapy
- Medications (see “**What medications can I claim for?**” for more details)
- **Specialist** consultations
- **Diagnostic investigations**

In addition, this benefit also covers follow up physiotherapy treatment for up to \$750, for six months from after being discharged if related to an accepted claim for continuing cancer treatment.

💰 How much am I covered for?

Up to \$100,000 per **policy year**.

✓ How long am I covered for?

You're covered under this Continuing Cancer Treatment benefit until you exceed your benefit limit or reach your **policy end date**, as shown on your **certificate of insurance** (whichever occurs first).

If your **policy end date** is before your final **cycle of treatment** and you have not yet reached your benefit limit, you may choose to extend your policy in relation to this benefit only to continue your cancer treatment, until:

- you reach your benefit limit; or
- 7 calendar days after your final **cycle of treatment**; or
- 12 months from the date that symptoms of your condition started (whichever occurs first).

All benefits other than this Continuing Cancer Treatment benefit will end on the **policy end date**. You can apply for a new policy to obtain new cover for the benefits other than the Continuing Cancer Treatment benefit for your diagnosed cancer. If we issue you with a new policy then cover for the diagnosed cancer will be excluded under your new policy as a pre-existing condition.

? What else do I need to know?

In addition to any general exclusions that may apply, we also don't cover the following under this benefit:

- recurrence of cancer, including relapse, or progression of a diagnosed cancer condition that began before the start date on your policy, regardless of the time elapsed since the initial diagnosis or treatment
- genomic sequencing.

3.3. Repatriation Cover

✓ What am I covered for

We will arrange and cover your medical repatriation expenses if:

- you no longer meet the **acceptable standard of health**; and
- you are **fit to return** to your **home country** to receive treatment.

We will also cover the cost of a nominated family member to travel to your **home country** with you.

💰 How much am I covered for?

Up to \$250,000 for the actual and reasonable costs of:

- your medical repatriation expenses to return to your **home country**; and
- a return economy ticket, accommodation up to \$300 per night, and reasonable meal expenses for up to 10 nights for a nominated family member to travel to your **home country** with you.

? What else do I need to know?

This benefit is only payable if repatriation is necessary as you no longer meet the **acceptable standard of health**.

If you no longer meet the **acceptable standard of health** and you remain in New Zealand, despite being **fit to return** to your **home country**, we will not cover you for the medical condition under this policy and we may, at our discretion, cancel your insurance.

We may ask you to get an assessment by a medical practitioner selected by us and paid out of your benefit under 3.1 to understand if you continue meet the **acceptable standard of health**.

In addition to any general exclusions that may apply, we also don't cover the following under this benefit:

- Repatriation due to personal preference or voluntary decisions
- Any medical expenses upon arrival to your **home country**
- Cabin upgrades unless medically necessary and approved by us
- Shipping baggage or your other personal belongings to your **home country**
- Your return flight to New Zealand
- Your travel insurance

Your policy will end when you arrive back in your **home country**.

3.4. Bereavement Cover

We will pay a claim under 3.4.1 OR 3.4.2. We will not pay for returning your remains (your body) to your **home country** AND for funeral cover.

3.4.1 Returning your remains to your home country

✓ What am I covered for

If you die while in New Zealand, and your **sponsoring child** wishes to return your remains to your **home country** we will pay to return your body.

We will also cover the cost of a nominated family member to travel with your remains to your **home country**.

\$ How much am I covered for?

Up to \$50,000 for the actual and reasonable costs of:

- returning your remains to your **home country**; and
- return economy ticket, accommodation up to \$300 per night, and reasonable meal expenses for up to 5 nights for a nominated family member to travel to your **home country** with your remains.

? What else do I need to know?

The payment will be made to your **sponsoring child** after we receive a copy of the New Zealand death certificate and invoices for the costs of repatriation.

In addition to any general exclusions that may apply, we also don't cover costs that are considered excessive or unreasonable by us, including premium or custom caskets, or non-essential costs such as memorial items, tributes or floral arrangements.

3.4.2 Funeral Cover in New Zealand

What am I covered for

If you die while in New Zealand, and your **sponsoring child** wishes your body to remain in New Zealand for burial or cremation, we will contribute to your funeral expenses.

How much am I covered for?

We'll pay up to \$5,000 for actual and reasonable funeral costs.

What else do I need to know?

The payment will be made to your **sponsoring child** after we receive a copy of the New Zealand death certificate and invoices for the costs of your funeral.

04. What we don't cover – general exclusions

There are some things we don't provide cover for. We've grouped these into categories to make it easier for you to read and understand.

Unless specifically covered under a benefit we don't pay any claims that are related to and/or are consequences of any of the following:

Pre-existing conditions, ongoing medications and conditions you were born with	<p>Pre-existing conditions, unless the condition is included on your certificate of insurance.</p> <p>Cost for ongoing treatment of pre-existing conditions where the condition is included on your certificate of insurance.</p> <p>Congenital, genetic or hereditary conditions including genetic testing.</p>
GP and rehabilitation therapy	<p>General practitioner (GP) services, for example GP consultations, nurse practitioner consultations, nurse consultations or community-based health services unless this relates to an approved claim for a hospital admission for up to 6 months following discharge.</p> <p>Rehabilitation therapies, physiotherapy, occupational therapy, speech therapy and respiratory therapy, unless this is specifically covered under this policy.</p>
Medications	<p>Any medicine, including over the counter medications, supplements, medications purchased overseas or medications prescribed by a doctor, nurse practitioner or GP, unless they relate to an approved hospital admission for up to 6 months from discharge.</p> <p>Medicines that do not meet our requirements, see What medications can I claim for?</p>
Laboratory tests	<p>Laboratory tests, unless this relates to an approved claim for hospital admission for up to 6 months following discharge.</p>
Elective and Revision surgery	<p>Any surgery that is elective, being one that is not carried out to treat an acute or emergency condition.</p> <p>Revision surgery to address failure or complications from an earlier surgery, wear and tear, unsatisfactory results or changes to your condition.</p>
Joint and Spinal Surgery	<p>Joint replacements, including hip, knees and shoulders</p> <p>Spinal surgery</p>
Mental health, self harm or euthanasia	<p>Injuries that are self-inflicted, suicide or attempted suicide, or euthanasia.</p> <p>Outpatient mental health services for psychiatric, psychological, behavioral, or developmental conditions,</p>
Non-adherence	<p>Medical expenses that have arisen out of negligence and non-adherence to your prescribed treatment plan.</p>

04. What we don't cover – general exclusions

Geriatric Care	Treatment or ongoing management of dementia (including Alzheimer's or related conditions).
Continuous Care	Continuous care such as geriatric care, rest home care, home-based care, or long-term hospital-level care (including within a rest home or similar facility).
Aids and other healthcare equipment	Aids that assist with mobility or rehabilitation (for example: crutches, wheelchairs, toilet frames). Medical alerts, alarms, bracelets and accessories. Hearing aids, hearing aid fittings, adjustments, or repairs.
Dental, hearing and vision	Any dentures, dental treatment, including emergency dental treatment or pain relief. Hearing tests. Vision enhancement, general eye tests, blepharoplasty or glasses and prescription lens.
Reproductive and sexual health	Sexual health, including diagnostic investigations or treatment for sexually transmitted disease or infection. Reproductive health, including, pregnancy, childbirth contraception, sterilization, termination, infertility treatment or intrauterine devices.
Gender dysphoria	Treatment for gender dysphoria Gender reassignment
Cosmetic treatment	Cosmetic treatment including treatment for psychological or emotional reasons.
Weight loss	Weight loss treatment even if the purpose is to treat other health conditions including cardiovascular conditions or diabetes.
Unproven treatments	Treatments or procedures that are experimental, unconventional or unproven. This extends to technologies that are novel or experimental or that are more expensive than an alternative treatment which would provide a similar outcome.
Alternative and complementary treatments	Alternative or complementary medicine or therapy, including but not limited to traditional Chinese medicine, acupuncture, chiropractic, naturopathy, homeopathy and osteopathy.
Asymptomatic	Screening or diagnostic investigations where there are no signs or symptoms present, including medical services for visa purposes.
Services provided by a family member	Services provided by a family member, including consultation, treatment, procedure costs or travel and accommodation costs. Family members include spouse, de facto partners, fiancés and fiancées, child, stepchild, grandchild, brother, sister, stepsibling, in-laws, parent or grandparent
Costs incurred outside New Zealand	Any costs or expenses incurred outside New Zealand (other than costs we have approved under the Bereavement Cover – Returning your remains to your home country).
Other administration costs	Cost, fees or liabilities associated with recovery or collection of unpaid medical invoices.

04. What we don't cover – general exclusions

Private hospital suites	Cost of, and related to, private suites in a hospital.
Pandemic/Epidemic	Claims related to an epidemic, pandemic or similar event.
War, terrorism, or rebellion	Conditions or treatment resulting from any act of war, riot, or terrorism, nuclear terrorism, or any form of rebellion.
Drugs, alcohol or illegal activity	<p>Claims that have arisen because of alcohol, substance abuse (including legal and illegal drugs and alcohol).</p> <p>Claims related to illegal activity.</p> <p>Prescription of medical marijuana, cannabis or cannabinoid products.</p>

05. Using your cover

How do I submit a claim?

To make a claim for medical treatment or expenses under this policy, please complete our online Claim Form at **www.orbitprotect.com** as soon as you can. We'll need to assess your claim, which may include reviewing medical documents or treatment details.

We might also ask for additional information to support your claim—this could include previous medical notes from your **home country**. You'll need to give us permission to access relevant personal information from other parties, such as medical providers or insurers, to help us process your claim.

To make a claim for bereavement cover under 3.4 of this policy, please email **service@orbitprotect.com**.

In either case, we can reimburse you into either a nominated New Zealand bank account or an international bank account. Please note that we do not cover the cost of any transfer fees relating to an international bank transfer.

When can a claim be submitted?

If you need to submit a claim, please do so as soon as possible.

We understand that in certain situations, such as emergencies, it may not be possible to contact us immediately. In these cases, please get in touch with us as soon as it is reasonably practicable.

If you have a medical treatment scheduled for a future date, we encourage you to submit a claim in advance for prior approval.

Waiting period

If you have purchased your policy before arriving in New Zealand, you can start claiming on this policy from the **policy start date**. However, you can't claim for events that began or existed before your **policy start date**.

If you are already in New Zealand, when you purchase your cover, a 72-hour waiting period applies from the time of purchase, regardless of your **policy start date**. This means you won't be covered for any claims for anything that happens within the first 72 hours after buying your cover.

Claim offsets

This policy does not cover any claims that are already covered by another insurance policy, health or medical scheme, government legislation, or any source of free or subsidised healthcare—such as a reciprocal health agreement or Accident Corporation Compensation (ACC). However, if those sources don't fully cover the costs, and it's legally permitted, we may pay the difference up to the amount you're entitled to under this policy.

Accident Corporation Compensation (ACC)

If you suffer an injury while in New Zealand you must first apply to ACC for treatment. ACC is a 'no fault' government accident insurance scheme. It is available to everyone regardless of their residency or visa status. ACC will help pay for injuries caused by accidents regardless of who is at fault. It covers:

- Medical treatment (e.g. doctor visits, surgery, hospital care)
- Rehabilitation and recovery support
- Support for serious injuries or long-term disability

Because a number of accidents and injuries are covered by ACC this policy does not offer duplicate coverage for those accidents and injuries.

If ACC doesn't fully cover the cost of your **medical treatment**, we'll cover the difference, up to the \$250,000 limit under the **unexpected** or **emergency medical treatment** benefit. Please note that this is subject to the standard terms and conditions of your policy.

What happens if ACC won't cover me?

ACC provides cover for many health services but can decline cover in some situations. If we believe that the ACC should pay for a health service you need, rather than it being covered by us, we may ask the ACC to review their decision on your behalf. You'll be required to cooperate fully with this process.

This might include:

- giving our legal representative the authority to act for you with the ACC
- providing us with your case summary and a copy of the letter the ACC has sent you declining your cover
- providing us with any other relevant information

What medications can I claim for?

When you make a claim, we'll pay towards the cost of medications that meet all the following requirements:

- are registered and approved by Medsafe
- are used in accordance with Medsafe's approved therapeutic indications
- are prescribed and administered within Medsafe guidelines
- are prescribed by the treating doctor
- are funded by PHARMAC for the treatment you need at the time of your treatment

If the cost of your medication isn't fully funded by PHARMAC and otherwise meets the criteria listed above, we'll pay the difference up to your relevant benefit limit.

We'll also cover any costs to administer these medications.

We don't cover the costs for any medications that are:

- issued for the sole purpose of use at home (except if this is covered under a specific benefit)
- used for a purpose that is not funded by PHARMAC

06. Making changes, cancelling or buying a new policy

Changing your cover

We may update this policy wording from time to time.

If the changes are important, we'll send you an endorsement or another document with the updated details.

If the changes are minor and wouldn't affect a reasonable person's decision to buy this insurance, we'll publish them on **orbitprotect.com**.

Policy cancellation

You can cancel this policy at any time by giving us written notice.

If you cancel this policy within the 14 calendar day free look period, we will refund the premium paid provided you have not made a claim or received a claim payment from us.

If you cancel this policy after the 14 calendar day free look period, and you have not received a claim payment from us, we will retain the proportion of the premium for the period the policy was active and refund any unused premium based on a pro rata calculation, less an administration and documentation fee of 20% or up to \$200, whichever is lower.

We may cancel your policy if you have not complied with your duty of disclosure and responsibilities under this policy and we may not reimburse any premiums you have paid.

We may also cancel your policy if you remain in New Zealand after you no longer meet the **acceptable standard of health**, despite being **fit to return** to your **home country**.

We won't provide any cover, or be liable to pay any claim, if the provision of that cover, or claim payment would be to, or in respect of, a person who is the subject of any sanction, prohibition or restriction under:

- United Nations resolutions or trade or economic sanctions applied in New Zealand under the United Nations Act 1946
- the Russia Sanctions Act 2022
- the laws or regulations of the European Union, United States of America, Australia and/or New Zealand

Should we determine that the above is applicable, we may cancel the policy with immediate effect.

Buying a new policy

Your policy does not automatically renew after the **policy end date**. You will need to purchase a new policy either through your agent or on our website; **orbitprotect.co.nz**

Important information about pre-existing conditions and buying a new policy

06. Making changes, cancelling or buying a new policy

If you have a **pre-existing condition** that was previously declared to us, you will need to re-declare this condition to us along with any changes to your condition and any new conditions that may have subsequently arisen when you buy a new policy from us.

The decision to sell you a policy is made solely at our discretion. We reserve the right to decline coverage or to offer coverage on revised terms and conditions, regardless of any previous policy or coverage provided. Prior acceptance does not guarantee future approval.

07. Conditions of your policy

What You and We Agree To

When you take out this insurance policy, you're entering into a legal agreement.

You agree to:

- Pay the premium (including any government charges),
- Comply with the requirements of your Parent Boost Visa, and
- Follow the terms and conditions of the policy.

In return, we agree to provide the insurance cover described in this document.

Please note we won't provide cover, make payments, or offer services or benefits if doing so would break any trade and economic sanctions, laws, or regulations.

Your Duty of Disclosure and Responsibilities

You must:

- Tell us everything relevant to our decision to insure you and on what terms — this includes anything you know or should reasonably know.
- Provide true, correct, and complete information when applying for cover, making changes, or submitting a claim.
- Inform us of any changes to the information you've provided as soon as possible.
- Comply with all policy terms and conditions.
- Read your policy documents and ask us if you're unsure about what you're covered for.
- Provide referral letters when required for health services.
- Respond to reasonable requests for information related to your policy.
- Answer any health questions for yourself (we accept help with a translator if required)

If you fail to meet your duty of disclosure or provide incorrect or incomplete information or follow the terms and conditions of the policy, we may:

- Cancel your policy immediately
- Change your cover terms and apply them from your **policy start date**
- Refuse to pay claims from your **policy start date**
- Keep any premiums paid
- Recover any claims we've already paid
- If the conduct is fraudulent, and you knowingly provide false, misleading or incomplete information, we may cancel your policy with effect from the **policy start date** and report this to authorities.

Benefit limits and currency

Where a benefit limit is shown in any section of this policy, it is the most we will pay under that benefit. The limits are shown in New Zealand dollars and include Goods and Service Tax (GST). Where your policy is extended under the Unexpected or Emergency Treatment benefit at 3.1 or the Cancer Treatment benefits at 3.2, the benefit limit does not restart even if your policy year ends and a new policy year starts.

Your Privacy and Data Protection

We respect your privacy and follow the Privacy Act 2020 when collecting and handling your personal information. You have the right to access and correct your information at any time.

We collect your personal information to:

- Assess your insurance application or any changes to it
- Provide and manage your insurance cover
- Process and manage claims
- Support global insurance services through our partners

Your data may be shared between OrbitProtect, nib nz limited, and other companies in the nib Group, including reinsurance partners. This helps us deliver services such as risk assessment, policy management, premium collection, and claims processing. Data may be stored or processed in New Zealand or overseas.

We may also collect and disclose information from and to government agencies or third parties to help us assess or process claims.

For more details, you can view our privacy policies:

OrbitProtect: **orbitprotect.com**

nib nz limited: **nib.co.nz/privacy-policy**

Contact details for privacy enquiries:

PO Box 2011
Christchurch 8140
New Zealand
service@orbitprotect.com
0800 478 833 (NZ)
+64 3 434 8151 (International)

New Zealand law

This policy is governed by New Zealand law, and any disputes will be handled in New Zealand.

If You Have a Complaint

If you're unhappy with our service or something hasn't gone as expected, please let us know so we can help resolve it. Information about how to make a complaint can be found **here**, including details about our complaints process.

08. Important words

Some words in this policy document are in bold, which means they have a specific meaning. This specific meaning also applies to all words that are derived from that word. For example, the specific meaning for claim also applies to claims and claiming.

The meanings of these words are outlined below:

Acceptable standard of health

Means the standard of health required for an individual to meet the Immigration New Zealand requirements for a Parent Boost Visa. Where the standard changes over time, this means the standard in place at the time you purchased a policy.

Certificate of insurance

The most recent version of your certificate of insurance.

Cycle of treatment

For chemotherapy, means a specified number of sequentially administered doses of chemotherapy agent(s) where:

- the chemotherapy agent is administered at prescribed intervals within a planned time frame; and
- PHARMAC has approved the chemotherapy agent under Sections A to H of the PHARMAC Pharmaceutical Schedule (or as subsequently amended) for funded use in New Zealand; and
- the chemotherapy agent: meets the PHARMAC funding criteria; and
- is prescribed by a registered specialist and administered in New Zealand.

For radiotherapy, means a specified number of sequentially administered doses of radiation where: the radiation is administered at prescribed intervals within a planned time frame; and the radiation is prescribed by a registered specialist and administered in a licensed facility in New Zealand.

Diagnostic investigations

An investigative procedure to identify or determine the presence or cause of a sign, symptom, or condition.

This doesn't include skin biopsies or any treatment of a sign, symptom or condition.

Emergency

A medical condition that requires immediate **medical treatment** when you:

- are suffering a serious life-threatening condition, or;
- may require immediate intervention to stabilise and prevent long-term complications.

Fit to return

A medical determination made by us following advice of a suitably qualified medical practitioner selected by us. It means:

- your medical condition is stable enough to return to your **home country**,
- you're safe to travel by either commercial flight or medical repatriation and
- no further urgent **medical treatment** is required to stabilise your condition.

General Practitioner (GP)

A health professional who:

- is registered with the Medical Council of New Zealand (or its replacement) in General Practice; and
- is in private practice; and
- holds a current annual practising certificate.

Home country

The country where you hold citizenship, and/or permanently and legally reside. Your home country will not be considered New Zealand under this policy.

Medical treatment

Care, service or procedure provided by a licensed and recognised healthcare professional, that is intended to diagnose, manage or treat a medical condition.

Nurse practitioner

A health professional who:

- is a member of the Nursing Council of New Zealand (or its replacement); and
- is in private practice; and
- holds a current annual practising certificate as a nurse practitioner.

Policy end date

The date your policy ends, which is shown on your **Certificate of insurance**.

Policy start date

The date your policy starts, which is shown on your **Certificate of insurance**.

Policy year

A maximum period of 365 calendar days from the **policy start date**.

Pre-existing conditions

Conditions that exist prior to your **policy start date**. This includes any sign, symptom, or condition:

- that you are aware of; or
- that you are taking ongoing medication for; or
- where medical attention or treatment has been sought or given; or
- that a reasonable person in the same circumstances would be expected to be aware of, even if no formal diagnosis or treatment has yet occurred.

Specialist

A health professional who:

- has vocational registration with the Medical Council of New Zealand; and
- holds a current annual practising certificate; and
- is a member of an appropriately recognised specialist college.

This doesn't include people holding a vocational registration in:

- accident and medical practice; or
- emergency medicine; or
- family planning; or

- sexual health and reproductive health; or
- general practice; or
- medical administration; or
- public health medicine; or
- sport and exercise medicine.

Sponsoring child

The New Zealand citizen or resident who agrees to support you during your stay in New Zealand under the Parent Boost Visa.

Unexpected

A sudden or unforeseen medical event that occurs without warning. This can include:

- Accidents (e.g. falls, injuries)
- Sudden and acute illnesses (e.g. heart attack, stroke)

These events are not related to any **pre-existing conditions** or a known risk, and they happen for the first time during the period of insurance.

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