UNION MEDICAL BENEFITS SOCIETY LIMITED

UniMed

ParentStay Health Plan

October 2025 v1

Contents

Welcome to ParentStay

Thank you for choosing ParentStay. ParentStay is a health insurance plan for people in New Zealand on the Parent Boost Visitor Visa.

We want **you** to understand **your policy** and be confident in **your** health insurance cover, so please read this document carefully. **You** must provide true, correct, and complete information about **yourself** and any additional **Member** when setting up this **policy** and when making any changes.

*Please note that the terms and conditions for this **Health Plan** are included within this document. The general **UniMed** Terms and Conditions do not apply to this **Health Plan**.*

About us

Who we are

Since 1979, **UniMed** has been helping hard-working Kiwis and their families to access and fund the healthcare they need – when they need it. **We've** paid out more than $1.2 billion in **claims**, making a real difference in the lives of **our Members**.

As a mutual society, **we** exist for **our Members** – not shareholders. Guided by **our** values of aspire, care and trust, **we're** here to support **your** health journey every step of the way. Whether **you're** managing an illness, staying on top of preventative care, or making informed choices about **your** wellbeing, **UniMed** is here for **you**.

How to contact us

Phone: 0800 600 666
Email: members@unimed.co.nz
Web: unimed.co.nz
Post: UniMed, PO Box 1721, Christchurch 8140

We aim to provide excellent customer service, care, and support to **our Members**. However, occasionally things can go wrong, or **you** may have concerns about a **claim** decision. If that is the case, then please get in contact with **us**. **You** can find further information on this under the 'Contact **us** if **you** have any concerns' section on page 25.

You can download a copy of **our** annual report at unimed.co.nz/important-documents or contact **us** for a copy of **our** financial statements for the last reported year.

Terms used in this document

Words printed in bold have their own special meanings that are defined in the glossary on pages 27. For **your** convenience, **we** have included some of the frequently used terms here.

'**We**', '**our**' and '**us**' means **UniMed**.

'**You**', '**Your**' and '**Yourself**' means the **Primary Member** and any additional **Members** on **your policy**.

For explanations of medical terms, please ask **your GP** or other **healthcare provider**, or consult Healthify at healthify.nz.

ParentStay eligibility criteria

To be eligible for a ParentStay policy, you must meet the following criteria:

- **You** must be in the process of obtaining the Parent Boost Visitor Visa when applying for insurance or hold a valid Parent Boost Visitor Visa.
- **You** must meet Immigration New Zealand's Acceptable Standard of Health and all other requirements to apply for the Parent Boost Visitor Visa.
- **You** are not eligible for this **Health Plan** if any of the following apply to **you**:
  - **You** are travelling against the advice of **your specialist** or **GP**
  - **You** have ever been diagnosed with **metastatic cancer**
  - **You** have been diagnosed with a **terminal illness** with a life expectancy of less than 24 months
  - **You** have been diagnosed with congestive heart failure
  - **You** have ever had a valve replacement
  - **You** have ever had an organ transplant
  - **You** are using home oxygen for any medical **condition**
  - **You** require full-time assistance in order to undertake any **activities of daily living**.

If **you** apply and do not meet these criteria then **you** will not be eligible for cover under this **Health Plan**. If **you** provide incorrect information **your policy** may be cancelled from the beginning and any related **claims** may not be paid.

ParentStay at a glance

This Health Plan document explains what's covered under ParentStay (benefits) and what we do not cover (general exclusions). Check your Membership Certificate for details that are specific to your policy, including any personal exclusions.

Who ParentStay is for

This ParentStay **Health Plan** is for people who have applied for or are in the process of applying for the Parent Boost Visitor Visa. The **policy** starts once **you** arrive in New Zealand on **your** Parent Boost Visitor Visa. **We** have designed this **Health Plan** to provide cover under New Zealand's public health system, while complementing the services that are provided by the Accident Compensation Corporation (**ACC**).

The New Zealand healthcare system has three main components:

- Accident Compensation Corporation (**ACC**) provides comprehensive, no-fault **personal injury** cover for anyone in New Zealand who is injured while they are in New Zealand. More information about **ACC** is available at acc.co.nz.
- The public health system provides government-funded hospital and medical care for eligible residents and citizens in New Zealand. It delivers **acute** and emergency treatment through public hospitals. People on temporary visas are usually not eligible for free public healthcare and may be charged for any treatment received.
- The private health system includes hospitals, **specialists**, and other **healthcare providers** that operate independently of government funding. Services are paid for by individuals. Often people will decide to have elective treatment in the private health system as it may be quicker. Please note that this **policy** provides limited coverage for expenses incurred in the private health system.

Other important information

We are not liable or responsible for determining or delivering the quality, standard, or effectiveness of the **healthcare services**, **medical treatment or procedures you** receive that are covered by **your policy**. **Your healthcare providers** are solely responsible for **your healthcare services**, **medical treatment or procedures**. **You** are responsible for obtaining **your** own advice about the suitability of the ParentStay **Health Plan** for **you**.

We want you to understand your cover

What makes up your policy

We want you to understand your policy and be confident with your health insurance, so please read all documents carefully as they are designed to be read together. You can always contact us to check your cover. Our contact details are on page 3.

Your policy is made up of:

1. **Your Membership Certificate** that contains the details that are specific to **your** own **policy**, such as the **Health Plan you** are on, each additional **Member** who has cover, as well as any **personal exclusions you** or **your** family member may have.
2. This **Health Plan** document that explains what **you** and any additional **Members** are covered for (**benefits**), what **we** don't cover (**general exclusions**) and the terms and conditions of **your policy**.
3. Documents and any correspondence **you** have provided to **us**: i.e. **your** application including any health declaration, medical information and/or **your** medical history.
4. **Rules of UniMed** (previously referred to as Rules of the Society).

You can access these documents either in **your** welcome pack, through the **Member Portal**, or via **our** website at unimed.co.nz/important-documents.
If a document is not available through these channels, please contact **us** to request a copy.

When and how we may update your policy

At **our** discretion, **we** may make changes from time to time to **our Health Plans**, and to other documents that may affect **your policy**. Changes may be needed to keep **your membership** and insurance cover relevant, suitable for **Members**, in line with current trends and regulations, and financially sustainable.

If **we** make changes to this **Health Plan** document or **your premium**, **we** will notify **you** at least 30 days before these changes take effect. Other documents may be updated from time to time, and the most recent version will be available on **our** website at unimed.co.nz/important-documents.

If **you** are not happy with any change **we** make to **your policy**, please contact **us** to discuss **your** options, or **you** can choose to cancel **your policy**.

Extra care and support

Some **Members** are more at risk of harm because their personal circumstances make them especially vulnerable.

To help **us** recognise and act with the appropriate level of care, please talk to one of **our** team about **your** needs so **we** can take extra care and provide support. **We** can also help **you** appoint a family member or friend as an 'authorised person' on **your policy** who can contact **us** on **your** behalf. If **you** have any concerns, please contact **us**.

You can see more about how **we** support vulnerable **Members** at unimed.co.nz/members/vulnerablemembers.

When cover under your policy starts

Your policy starts from the **start date** (also known as the effective date) listed on **your Membership Certificate** and should be the date **you** enter New Zealand. This may be different to the date the **policy** is issued.

If **your** arrival date in New Zealand changes significantly, **you** must let **us** know as soon as possible. **We** will review whether **your policy start date** needs to be updated and will advise **you** if **we** need any further information.

30-day free-look period

We provide a 30-day free-look period that begins from the **start date**. This free-look period allows **you** to review **your policy** and make sure it is right for **you**.

You can make changes to **your policy** within this 30-day period. If **you** change **your** mind and wish to cancel within this 30-day period, **we** will refund any **premium** paid, provided **you** have not made a **claim** under the **policy**. If **you** have made a **claim** that **we** have accepted, then **we** will not refund **your premium**.

How your insurance works with your Parent Boost Visitor Visa

You must hold a valid Parent Boost Visitor Visa at the **start date** of **your policy** and continue to hold this valid Parent Boost Visitor Visa for the duration of this **policy**. If at any time **you** no longer hold a valid Parent Boost Visitor Visa, **your policy** will end in accordance with the 'Ending **your policy**' section of this document.

Because **your Health Plan** is directly linked to **your** Parent Boost Visitor Visa, **UniMed** may share information with Immigration New Zealand (INZ) and/or the Ministry of Business, Innovation and Employment (MBIE) to confirm the status and continuity of **your** insurance. This may include confirming that **your policy** is current and has been maintained for the duration of **your** stay in New Zealand.

Once **your policy** is issued, if **you** develop a new health **condition**, experience any signs or symptoms of a **condition**, or have a medical **event** between the date **you** signed **your** application and the **policy start date**, **you** must let **us** know as soon as reasonably possible. This helps **us** confirm whether **your** cover is still valid or if any changes need to be made to **your policy** before it begins.

What is covered (benefits)

Please take the time to read over these and ensure you understand them. Contact us if you have any queries about any of the benefits.

To find out what type of prescription drugs are covered under **your policy**, refer to the 'Conditions of cover for prescription drugs' section on page 19.

We also offer a growing range of **benefits** through **our** Active Benefit and Active Care offerings to help **our Members** stay well. For further information on these and other **Member** offers, please visit **our** website unimed.co.nz/members.

Emergency Medical Care

Up to $250,000 for each **Member** each **policy year**.

This **benefit** covers the **reasonable charges** of emergency medical treatment **you** receive in a New Zealand public hospital following a **medical emergency**. It covers public hospital costs and related treatment or expenses listed below that occur as a direct result of the **medical emergency**.

Covered costs are:

Public hospital costs:

- Emergency care
- Bed and hospital accommodation
- Hospital services and supplies required for **your** emergency care
- Diagnostic tests (e.g. blood tests, scans, imaging)
- In-hospital prescription drugs or medication.

Emergency transport:

- Ambulance transfer to the nearest public hospital.

Follow-up care related to the emergency:

- **Specialist** consultations or diagnostic tests (within 12 months of hospitalisation) when referred by the treating **specialist** or **GP**
- Prescription drugs or medication prescribed by the treating **specialist** or **GP** for use outside of hospital, up to a 3-month supply and a maximum of $1,000
- Treatment by registered health practitioners (within 12 months of hospitalisation), when related to the emergency, up to a combined maximum of $1,000, including:
  - Occupational therapy
  - Physiotherapy
  - Speech and language therapy
  - Osteopathy
  - Chiropractic treatment
  - Dietitian/nutritionist consultations.

Coordination with Medical Repatriation:

- If **you** are diagnosed with a **serious illness** or **disability** and are **claiming** under this **benefit**, once **you** are medically fit to return to **your country of origin**, **we** will arrange **your** repatriation under the Medical Repatriation **benefit**.
- **Your** cover will end upon arrival in **your country of origin** following repatriation.
- If **you** are not deemed medically fit to return to **your country of origin**, **you** will continue to receive treatment under this **benefit** until the applicable **benefit limit** is reached or **your policy** ends, whichever occurs first.

Cancer Care

Up to $100,000 for each **Member** each **policy year**.

This **benefit** covers the **reasonable charges** of cancer treatment **you** receive in a New Zealand public hospital following a diagnosis of cancer. It includes public hospital costs and related treatment or expenses that occur as a direct result of the cancer diagnosis.

Covered costs are:

Public hospital costs:

- Treatment of cancer, whether admitted overnight, as a day patient, or as an outpatient
- Chemotherapy, radiotherapy, immunotherapy, brachytherapy and oncology services
- Diagnostic tests in relation to cancer treatment
- In-hospital **Pharmac**-approved prescription drugs or medication.

Emergency transport:

- Ambulance transfer to the nearest public hospital.

Outside of hospital costs when they occur as part of the cancer treatment:

- Prescription drugs or medication that are **Pharmac**-approved and prescribed by the treating **specialist** for use at home, provided they form part of the cancer treatment.

Coordination with Medical Repatriation:

- If **you** are diagnosed with a **serious illness** or **disability** and are **claiming** under this **benefit**, once **you** are medically fit to return to **your country of origin**, **we** will arrange **your** repatriation under the Medical Repatriation **benefit**.
- **Your** cover will end upon arrival in **your country of origin** following repatriation.
- If **you** are not deemed medically fit to return to **your country of origin**, **you** will continue to receive treatment under this **benefit** until the applicable **benefit limit** is reached or **your policy** ends, whichever occurs first.

Medical Repatriation

Up to $250,000 for each **Member** per **policy** lifetime.

This **benefit** covers the **reasonable charges** of **us** arranging and managing **your** return to **your country of origin** if **you** are diagnosed with a **serious illness** or **disability** and are assessed as medically fit to travel.

This will also cover the cost of one nominated family member to travel with **you**.

Eligibility criteria:

- This **benefit** is only payable if medical repatriation is necessary due to a diagnosis of a **serious illness** or **disability** while in New Zealand
- All repatriation arrangements must be coordinated and approved by **us**
- **We** may require an assessment by a **healthcare provider** selected by **us** to confirm whether **you** can remain in New Zealand or are fit to return to **your country of origin**
- Once medically repatriated, **your** cover under **your policy** will be terminated
- If **you** remain in New Zealand despite being assessed as fit to return to **your country of origin**, **we** will not provide cover for the medical **condition** under **your policy** and may, at **our** discretion, cancel **your policy**.

Covered costs include:

- Medical repatriation expenses to return **you** to **your country of origin**
- A return economy class fare on a commercial flight for one accompanying family member, as well as reasonable accommodation and meal costs up to $1,000
- A stretcher fare on a commercial flight, if **medically necessary**
- The return airfare, accommodation, and reasonable expenses of a qualified medical attendant, if **medically necessary** or if required by the airline
- Air ambulance transportation, if **medically necessary**.

We will not pay for:

- Returning to **your country of origin** for personal choice or for reasons outside of **serious illness** or **disability**
- Any medical expenses incurred after **your** arrival in **your country of origin**
- Additional expenses incurred which relate to **your** flight, such as shipping personal baggage
- Out of pocket expenses, such as travel insurance, meals or accommodation beyond the above
- **Your** return flight to New Zealand.

Return of Remains

Up to $50,000 for each **Member** per **policy** lifetime.

This **benefit** covers the **reasonable charges** of returning **your** remains to **your country of origin** in the **event** of **your** death, if **your** family chooses to do so.

Covered costs include:

- Preparation of **your** body
- Cremation expenses in New Zealand
- Transportation of **your** body or ashes in a standard transportation container to **your country of origin**
- Costs for preparing the necessary legal documentation.

We will not pay for:

- Headstones or grave markers of any kind
- Burial or custom caskets or urns
- Funeral service expenses, including ceremonies, receptions, or flowers.

Mental Health

Up to $1,000 for each **Member** each **policy year**.

This **benefit** covers the **reasonable charges** for consultations with a psychiatrist, psychologist, psychotherapist or counsellor.

They must be registered either under the psychiatry scope with the Medical Council of New Zealand, as a psychologist with the New Zealand Psychologists Board, as a psychotherapist with the Psychotherapists Board of Aotearoa New Zealand, or as a counsellor with the New Zealand Association of Counsellors or other relevant health professional association.

What we do not cover (general exclusions)

We do not provide cover for any costs related to, or incurred as a consequence of, the health conditions, healthcare services or situations described in this section.

These are **general exclusions** and apply to all **our Members** who have the ParentStay **Health Plan**. Any **personal exclusions** that relate directly to **you** will be listed on **your Membership Certificate**.

We aim to fully explain what is not covered in **your policy**. Unless specifically provided for in a **benefit** on ParentStay, **we** do not cover any **claims** in relation to the **general exclusions** listed here.

Health conditions we do not cover

Pre-existing conditions

We don't cover any costs related to, or incurred as a consequence of, any **pre-existing conditions**, unless accepted by **us**.

Congenital, genetic and hereditary conditions

We don't cover any costs related to, or incurred as a consequence of, a **congenital condition**, genetic or hereditary **condition**.

Psychiatric, psychological and neurodevelopmental disorders

We don't cover any costs related to, or incurred as a consequence of, any psychiatric,

psychological and neurodevelopmental disorders. This includes:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Geriatric care including geriatric hospitalisation
- Pre-senile dementia
- Senile illnesses including dementia and Alzheimer's disease.

Reproductive and sexual health

We don't cover any costs related to, or incurred as a consequence of, sexual or reproductive health, including:

- Sexually transmitted diseases, including HIV or AIDS, or any **condition** caused by them
- Pregnancy, childbirth, miscarriage, or termination of pregnancy
- Infertility or assisted reproduction, including investigation, diagnosis, treatment, or assisted reproductive technology
- Sterilisation, including reversals
- Contraception of any kind, including intrauterine devices, except when used for medical reasons.

Injury or illness from war, active duty or terrorism

We don't cover any costs related to, or incurred as a consequence of, war, act of war (whether declared or not), active duty in the military of any country or international authority, or terrorism.

Illness or injury from substance abuse or self-harm

We don't cover any costs related to, or incurred as a consequence of:

- Misuse of alcohol or drugs whether prescribed, non-prescription or recreational
- Participation in a criminal act
- Intentional self-injury
- Suicide or attempted suicide
- Euthanasia.

Overseas injuries

We don't cover any costs related to, or incurred as a consequence of, an injury caused by an **accident** outside New Zealand.

Non-adherence to prescribed treatment

We don't cover any costs related to, or incurred as a consequence of, failing to follow or comply with **your** prescribed medical treatment plan, including not taking prescribed medications as prescribed or not attending recommended medical appointments.

Epidemic and pandemic

We don't cover any costs related to, or incurred as a consequence of, an epidemic, pandemic or any similar widespread infectious disease.

Healthcare services we do not cover

Services not covered under your policy

We don't cover any costs related to, or incurred as a consequence of, **medical treatment or procedures**, drugs or other **healthcare services** not covered under **your policy**. This includes:

- **Medical treatment or procedures** and technologies that have not been approved by **us**, including any that are new, experimental, unorthodox or not widely accepted as effective, appropriate or essential according to the recognised standards of the medical specialty involved
- Additional surgery performed during any operation that is not directly related to any **condition** or treatment covered under the terms of **your policy**
- Any costs not specifically provided for under a **benefit** section outlined in this document
- **Medical treatment or procedures** and drugs for **conditions** or **healthcare services** that are excluded under **your policy**, including those excluded in the eligibility criteria.

Services provided outside of New Zealand

We don't cover any costs related to, or incurred as a consequence of, **healthcare services** provided outside New Zealand.

Gender affirmation and/or gender dysmorphia

We don't cover any costs related to, or incurred as a consequence of, gender affirmation and/or gender dysmorphia.

Cosmetic

We don't cover any costs related to, or incurred as a consequence of, any surgery, **medical treatment or procedure** that primarily changes, improves, or enhances appearance, regardless of whether it is undertaken for medical, physical, functional, psychological or emotional reasons.

Weight loss treatment

We don't cover any costs related to, or incurred as a consequence of, weight loss or bariatric investigations or treatment, including when such treatment is intended to manage, treat, or improve other health **conditions** (for example: diabetes, cardiovascular or gastrointestinal **conditions**).

Elective and revision surgery

We don't cover any costs related to, or incurred as a consequence of:

- Elective surgery, being any surgery that is not required to treat an **acute** or emergency **condition**
- Revision surgery, performed to address failure, complications, wear and tear, unsatisfactory results, or changes to **your condition**.

Orthopaedic surgery

We don't cover any costs related to, or incurred as a consequence of, joint or spinal surgery, including replacement of hips, knees, or shoulders, and any procedure on the spine.

Correction of refractive errors or astigmatism

We don't cover any costs related to, or incurred as a consequence of, visual correction or enhancement treatment, including surgery, laser procedures, intraocular lens(es), injections, consultations, eye tests, glasses, or contact lenses.

Dental care

We don't cover any costs related to, or incurred as a consequence of, dental care or treatment of any kind, including routine, elective or emergency procedures, tooth extractions, exposures and the implantation of teeth, including dental implants.

Transplants, transfusions and dialysis

We don't cover any costs related to, or incurred as a consequence of, any of the following, for either the donor or recipient:

- Organ transplantation
- Renal dialysis
- Stem cell transplantation.

Robotically assisted surgery

We don't cover any costs related to, or incurred as a consequence of, robotically assisted surgery. **We** may, at **our** sole discretion, contribute toward the cost of a robotically assisted procedure up to the **reasonable charge** for the equivalent non-robotic surgery.

Preventative and maintenance services

We don't cover any costs for investigations, monitoring or treatment when **you** are asymptomatic and there is no evidence the **condition** is harmful to **your** health. This includes:

- Preventative or prophylactic care and health surveillance testing, such as mole mapping, blood tests and genetic tests
- Screening or tests performed for administrative or non-clinical purposes, for example for employment, travel, visa, study or licensing reasons
- **Healthcare services** which, in **our** opinion, are not **medically necessary**
- Vaccinations/immunisations
- Convalescence.

Other expenses and costs we don't cover

Health related appliances, equipment or devices

We don't cover any costs for:

- Personal health-related appliances; for example, hearing aids, personal alarms, orthotic shoes, crutches, wheelchairs, toilet seats, shower stools, mouthguards, and artificial limbs, medicine sachets or blister packs
- Medical devices; for example, cardiac pacemakers, nerve appliances, cochlear implants, or penile implants
- Surgical or medical appliances; for example, glucometers, oxygen machines, respiratory machines, diabetic monitoring equipment, or blood pressure monitoring equipment.

Long-term care

We don't cover any costs related to, or incurred as a consequence of, continuous or **long-term care**, including aged or geriatric care, rest home or home-based care, and long-term hospital-level care, whether provided in a hospital, **hospice**, rest-home or similar facility.

Recoverable expenses

We don't cover any costs or expenses recoverable from a third party or insurance or any statutory scheme or any government-funded scheme or agent (for example, **ACC**).

Personal costs related to hospital stay

We don't cover any personal expenses incurred while in hospital. This includes charges for family meals, soft drinks, alcohol, travel costs, or accommodation for family.

Optional or upgraded services

We don't cover any costs for optional or upgraded services where they are not **medically necessary**, including private hospital suites, premium accommodation, travel upgrades, or any other non-medical enhancements.

Costs not in relation to a service

We don't cover any costs not specifically related to a consultation, **medical treatment or procedure**, such as administration costs (courier fees, charges for medical notes etc), charges for cancellation or non-attendance, or statement fees.

How to claim

Please submit a claim as soon as you can after receiving treatment. In urgent or emergency situations, we understand this may not be possible immediately - in these cases, contact us as soon as reasonably possible so we can guide you through the claims process.

Any reimbursement made to **you** can only be made into a New Zealand bank account **you** nominate.

Your Health Plan covers **medical emergencies**; however, for occasions when **you** have a **medical treatment or procedure** scheduled in advance, **we** encourage **you** to contact **us** before it takes place to obtain prior approval and confirm whether it is covered under **your policy**.

You can find further details on how to make a **claim**, including the documents and information **you** need to provide, at unimed.co.nz/claims.

Medical events or conditions

If **you** develop a medical **condition** or a medical **event** occurs, it may be beneficial to get in touch with **us** as soon as **you** can to allow **us** to provide guidance on the cover available under **your policy** and help **you** understand **your** options before submitting a **claim**.

Conditions of cover

We only accept and provide cover for costs:

- covered by **your policy**
- for a person who is covered under **your policy**
- for a **medical treatment or procedure** that occurs after **your policy** begins and while **you** hold a valid Parent Boost Visitor Visa
- under a **policy** that is current and has **premium** paid up to date
- for **benefits** listed in this document
- for a **medical treatment or procedure** provided by a **healthcare provider**
- charged at a reasonable and fair cost (within **our reasonable charges**).

Any past payment or acceptance of a **claim** does not necessarily mean that **we** are required to cover similar **claims** in the future, particularly if they fall outside of the terms of **your policy**. Each **claim** will be assessed on its own factors and in accordance with the terms in **your policy** at the time.

The next section ('What **we** will pay') also lists things that may affect **your claim** or the amount **we** will pay for a particular **medical treatment or procedure**.

What we will pay

Policy benefit limits

- Unless specifically stated otherwise in this document, all **benefit limits** are the most **we** will pay for each **Member** in each **policy year**.
- The **benefit limits** reset back to their maximum levels at the start of each **policy year**.
- **Benefit limits** cannot be carried over from one **policy year** to the next, accumulated, or transferred to anyone else covered by the **policy**.
- There are some **benefits** that have a lifetime limit, meaning once a **claim** has been paid up to that sum, the **benefit limit** reduces to zero.
- **We** will not pay or reimburse any costs that are more than the actual costs incurred, or that are outside of **reasonable charges**.

Claims with other sources

You must **claim** any other refunds, subsidies, or entitlements available to **you** from another source first. This includes, but is not limited to, **ACC**, another health or travel insurer, a government-funded agency or scheme, or a reciprocal health agreement.

If these sources fully cover **your** costs, **you** cannot **claim** for the same expenses under this **policy**. However, if they only cover part of **your** costs and it is legally permitted, **we** may pay the difference up to the amount **you're** entitled to under **your Health Plan**.

We will deduct any reimbursement **you** receive from another source from the total amount before assessing the remaining amount against **your policy benefits**.

We do not provide cover for any **excess** that applies under another insurance **policy** or **Health Plan** (whether with **us** or another insurer), unless specifically stated otherwise in this document.

If **we** later identify that **you** have received payment or reimbursement for the same **claim** from another source after **we** have made payment, **we** may recover the amount **we** have paid to **you** in relation to that **claim**.

Maximum cost we will pay

We will pay the cost for a **medical treatment or procedure** that falls under **your policy**, up to the relevant **benefit limit** or the **reasonable charge** for the **medical treatment or procedure**, whichever is less. If the cost for **your medical treatment or procedure** exceeds the **benefit limit** or the **reasonable charges**, **we** will not pay the exceeded amount. The extra cost will be **your** responsibility and cannot be **claimed** under another **benefit** or **policy you** have with **us**.

Conditions of cover for prescription drugs

All prescription drugs and medication covered under your policy must be:

- registered and approved by **Medsafe** for use in New Zealand;
- prescribed and used within the guidelines set by **Medsafe**;
- **Pharmac**-approved and listed on the **Pharmac Schedule** under sections A to H, for the treatment **you** are receiving in New Zealand;
- **medically necessary**; and
- prescribed by the treating **specialist** or **GP**.

If the prescription drug requires special authority from **Pharmac** to be covered, **we** need confirmation from the **healthcare provider** that **you** meet the special authority criteria before **we** can assess cover for the prescription drug cost.

ACC and injury-related claims

Your Health Plan is designed to work alongside **ACC**. If **you** suffer an injury while in New Zealand, **you** must first apply to **ACC** for treatment. **ACC** provides comprehensive, no-fault **personal injury** cover for anyone in New Zealand, regardless of their residency or visa status.

You must do everything **you** reasonably can to have **ACC** cover and **ACC**-funded treatment for **your** injury.

If **you** need more information, please get in contact with **us** or with **ACC**.

If **ACC** doesn't fully cover the cost of **your medical treatment or procedure**, **you** can make a **claim** with **us** for the rest if it is covered by **your policy**. Please note this is subject to the other terms of **your policy**, including any **personal exclusions** or **general exclusions** and **benefit limits**. Injuries that occurred before **your policy** commenced may not be covered by **your policy**.

If ACC declines your claim

If **ACC** declines **your claim**, then **we** may consider covering it under **your policy**.

If **we** believe that **ACC**'s decision to decline **your claim** may be wrong, **we** may ask **you** to challenge **ACC**'s decision. The process would require **your** cooperation, including **you** giving **us** or **our** legal representative the authority to act for **you** in challenging **ACC**'s decision.

Your responsibilities

You must be truthful with us

When **you**, or anyone else covered under **your policy**, apply for cover, request a change, make a **claim**, when **you** communicate with **us**, or when **you** are required to communicate with **us**, **you** have to always be truthful.

You must take reasonable care not to misrepresent any information. This means checking that everything **you** give **us** is true, correct, complete, not misleading and **you** have not omitted any information.

You must answer **our** questions carefully, honestly, and to the best of **your** knowledge, and provide **us** all information **we** ask for.

If you are not truthful with us, your cover may be affected in the following ways:

- If **you** knowingly give **us** information that is untrue or misleading (or if **you** did not care whether it was), **we** may:
  - terminate **your policy** with effect from the time when **you** provided untrue or misleading information,
  - refuse to pay any **claims**, and/or
  - keep any **premiums you** have paid.
- If information turns out to be untrue or misleading because **you** did not take reasonable care, **we** may:
  - apply different terms to **your policy**, for example, by adding **personal exclusions** or adjusting **premium** or co-payment terms, and assess any **claim** as if those adjusted terms had been in place from the start
  - if **we** determine that **we** would not have provided cover on any terms without the misrepresentation, cancel **your policy** from the beginning and return any **premiums you** have paid.
- If **we** identify that **you** or any additional **Member** did not meet the eligibility criteria for this **policy**, or if **you** provided false or misleading information about **your** eligibility when applying for cover, **we** may cancel **your policy** from the beginning and **we** may refuse to pay any related **claims**.

If **we** identify fraudulent behaviour, **we** may take legal action against **you** or the additional **Member** involved. **We** may also notify Government agencies or departments such as the New Zealand Police and/or Immigration New Zealand.

Keeping contact details up to date

You need to let **us** know immediately if **your** contact details such as email address, contact number, or postal address change to make sure **we** have **your** most up to date details.

We will send all communication regarding **your policy** to the last known email address for **you**. If **we** do not have a current email address, **we** will use **your** last known postal address. **We** treat **our** correspondence to **you** as delivered once **we** have sent it.

You are responsible for passing on any information to additional **Members** on the **policy**, such as any changes or information relating to **your policy**.

If **we** can't contact **you** using **your** last known email or postal address, **we** will stop sending communication until **you** have updated **your** contact details. If this happens, **you** acknowledge and agree that **we** have met all **our** obligations to send communications to **you**.

Premiums

You must pay your policy's premium

You must continue to pay **your premium** to make sure **you** are a **Member** and are eligible for **benefits**. It's the responsibility of the **Primary Member** to make sure that the **premium** is up to date for **you** and additional **Members** on **your policy**. **Premium** must be paid to **us** annually in advance. **We** will notify **you** of any updates to **your policy** including **your premium**.

You are only covered when you have paid your premium

We may not accept a **claim** if **your premium** is not up to date, or **we** may deduct any **premium you** owe from any **claim** reimbursement **we** provide to **you**. **We** do not provide cover for any **medical treatment or procedure** that occurs outside the period for which the **premium** has been paid. **We** can only assess cover for a **claim** when the **premium** for **your policy** is up to date for the period when the **medical treatment or procedure** took place.

We will cancel your policy if you haven't paid your premium for 3 months

If **you** don't pay **your premium** on **your policy**, **we** will contact **you** to tell **you** that **your policy** has overdue **premium**. **We** may cancel **your policy**, if **you** haven't paid **your premium** for 3 months or longer. Cancellation takes effect from the last date **you** have paid **premium** up to.

We may increase your premium at any time

We may apply a general **premium** increase and other changes to **premiums** at any time. The **premium** for **your Health Plan** is not guaranteed. **We** reserve the right to review and adjust **premiums** at **our** discretion. **We** will give **you** a minimum of 30 days' notice of a change in **your premium**.

We will continue to make premium deductions if your contact details change

We want to make sure **you** are covered. If **our** communications are returned and marked 'no address' or **your** email address fails, **we** will continue to make deductions for **your premium** until **you** tell **us** otherwise. When **you** accept **your policy**, **you** authorise **us** to make **premium** deductions.

Pre-existing conditions

You must disclose pre-existing conditions

Our Health Plans are designed to cover treatment for signs, symptoms or **conditions** that develop after the **policy** starts. When **you** apply for cover it's important that **you** are truthful and take reasonable care to provide accurate health information about **yourself** and any additional **Members**, including any information relating to **pre-existing conditions**.

If **you** provide information that is untrue or misleading, including if **you** fail to provide **us** with information, this may affect **your** cover and any **claims you** make. Full details are in the '**You** must be truthful with **us**' section on page 20.

A pre-existing condition is:

- any health or medical **condition you** are aware of, or any signs or symptoms that **you** are currently experiencing or have experienced in the past, that occurred before the start of **your policy**, or
- a medical **event** that occurred before the start of **your policy**.

We need to know about all previous and current signs, symptoms and **conditions** so **we** can fully assess **your** application.

We may decline claims related to pre-existing conditions you have not told us about

If **you** provide untrue or misleading information or fail to tell **us** about **pre-existing conditions** for **you** or any additional **Member** on **your policy**, or fail to provide information **we** have reasonably requested about the **condition**, **we** may decline any **claim** related to those **conditions**, and/or apply additional **personal exclusions**. The **personal exclusion** may be backdated to apply from the start of **your policy**. If **we** have already paid any **claims** relating to the **condition**, **we** may recover those amounts from **you**. Full details are in the '**You** must be truthful with **us**' section on page 20.

Personal exclusions are listed on your Membership Certificate

Any **personal exclusions** or **conditions** limited in cover for each **Member** will be shown on **your Membership Certificate**. These **personal exclusions** do not apply to the Medical Repatriation or Return of Remains **benefits**.

A **personal exclusion** or **condition** limited in cover applies to **your policy** where **we** have determined that a sign, symptom or **condition** is:

- not covered at all; and/or
- not covered for a specified length of time.

You are required to read this information and let **us** know if anything is missing or incorrect.

If a **pre-existing condition** is listed under the '**General exclusions**' section on page 13, this **condition** is excluded from cover and will not be covered under **your policy**. It does not need to be listed on **your Membership Certificate** as it is a **general exclusion** that applies to all **Members**.

Unacceptable Member behaviour

We want to maintain respectful, helpful, and constructive interactions with **our Members**, and to provide a safe and supportive environment for **our** staff.

We understand that issues with **your policy** can be frustrating, and **we** are committed to listening and resolving matters fairly and in a timely manner.

Sometimes **Members** can behave in ways that are unreasonable or unacceptable, which can affect **our** ability to serve others and keep **our** workplace safe. If interactions become abusive or unreasonably demanding, **we** may need to take action to protect **our** staff and other **Members**.

Types of unacceptable behaviour

Unacceptable behaviour includes, but is not limited to:

- Unreasonable persistence or demands: including excessive contact, repeated requests, or demands for decisions that have already been finalised.
- Unwillingness to cooperate: including withholding information, making dishonest arguments, or refusing to accept reasonable explanations.
- Aggression or abusive conduct: including any verbal or physical abuse, bullying, threats, or discriminatory or derogatory comments toward **our** staff.

How we assess unacceptable behaviour

We consider behaviour unacceptable when it:

- compromises the mental or physical health, safety, or security of **our** staff; and/or
- disrupts **our** ability to operate effectively for **our Members**.

Possible actions

If **we** consider that **your** behaviour is unacceptable:

- **We** will contact **you** in writing (by email or letter) advising **you** that **your** behaviour is unacceptable.
- **We** may limit how **you** can contact **us** (for example, requiring written communication only or using a representative).
- **We** may issue **you** with a warning explaining possible consequences should **your** unacceptable behaviour continue.
- **We** may terminate **your policy**. **We** reserve the right to unilaterally cancel **your policy** for unacceptable behaviour by **you** or another **Member** on **your policy** if **we** determine that is appropriate. **We** will give **you** up to 30 days' notice of the termination.

Changing your policy

Making changes to your policy

You can contact **us** to request changes to **your policy**.

Making changes to **your policy** can affect things like **your benefit limits**, continuous cover, **pre-existing condition** cover, **general** and **personal exclusions**, and **premium**. **We** recommend that **you** talk to **us** or **your** financial adviser so **you** can fully understand the implications of any proposed changes.

Death of the Primary Member

If the **Primary Member** of the **policy** dies or is medically repatriated, the **partner** who has been included on the **policy** may retain the **policy** and continue paying the appropriate **premium**. The **partner** will then take over the role of the **Primary Member**.

Suspending your policy

You may ask **us** to suspend **your policy** (put it on hold and not pay **premium**) for a period of time if **you** are travelling overseas for 3 months or longer. **You** may suspend **your policy** for a minimum period of 3 months, up to a maximum of 12 months.

You must be a **Member** for a minimum of 12 months before **your policy** can be suspended, and **your policy** can not be suspended for more than a total of 12 months for every 5 years of cover.

We will not pay any **claims** for **you** or any additional **Member** for **medical treatment or procedures** that occur while **your policy** is suspended. **You** are unable to access Active Benefits/Care while **your policy** is suspended.

Ending your policy

Any **medical treatment or procedures** after the date of cancellation, regardless of the reason why **your policy** has been cancelled, will not be covered under **your policy**, including those **you** may have prior approval for.

Cancelling your policy

You can ask **us** to cancel **your policy** at any time. Cancellation must be requested by the **Primary Member**, financial adviser or an authorised person on **your policy**.

Reinstatement of **membership** within 30 days of **you** cancelling **your policy** is at **our** discretion. If **you** apply to rejoin more than 30 days after cancelling, **you** may need to submit a new application and health declaration.

How we can end your policy

We can end **your policy** if:

- **you** fail to pay **your premium** for 3 months or longer;
- **you** or any additional **Member** breaches the terms of the **Health Plan** or the **Rules of UniMed**;
- there is unacceptable behaviour by **you** or a **Member** on **your policy**;
- **you** remain in New Zealand after **you** have been diagnosed with a **serious illness** or **disability**, despite being fit to return to **your country of origin**;
- **you** or any additional **Member** no longer hold a valid Parent Boost Visitor Visa or were never eligible to hold a Parent Boost Visitor Visa; or
- the last **Member** covered by the **policy** is medically repatriated or dies.

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 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.

Other important information

This document provides information of a factual nature only and is not an opinion or recommendation.

This ParentStay **policy** has no surrender value.

Membership of the Society

UniMed is the trading name for Union Medical Benefits Society Limited, which is incorporated under the Industrial and Provident Societies Act 1908.

UniMed membership

Everyone insured by **us** is a **Member** of **UniMed**. By applying for cover, **you** have applied for **membership** of **UniMed** for **yourself** and any other person covered under **your policy**. When **we** accept **your** application, **you** and any other person covered under **your policy** is automatically granted **membership** of **UniMed**. This means that throughout **our** documents, **we** may refer to **you** as the **Primary Member** and all other individuals on **your policy** as additional **Members**.

By becoming a **Member** of **UniMed**, **you** are deemed to have accepted and are bound to comply with the **Rules of UniMed**.

The **Rules of UniMed** may change from time to time. A copy of the **Rules of UniMed** is available at unimed.co.nz/important-documents.

In the **event** of a discrepancy between this document and the **Rules of UniMed**, this document takes precedence.

Your membership automatically ends if **your policy** is cancelled or terminated, or in the **event** of **your** death.

Contact us if you have any concerns

We pride ourselves on providing great customer service, care, and support to **our Members**, so if **you** have a concern, please let **us** know. **We** will work with **you** to resolve **your** concerns as quickly as **we** can.

We are always working on ways to improve **your** customer experience. **You** can provide **your** feedback to **us** via **our** website at unimed.co.nz.

Complaints

If **you** are unhappy with a **claim** or prior approval decision, or **you** wish to make a complaint, please follow **our** complaints process available at unimed.co.nz/complaints-process, or **you** can request a copy from **us**.

If **we** have not resolved **your** complaint to **your** satisfaction or **we** can't reach an agreement with **you** about a **claim** or prior approval decision after the steps detailed in **our** complaints process, **you** can choose to take **your** concern to a free and independent dispute resolution service, the Insurance & Financial Services Ombudsman (IFSO).

Insurance & Financial Services Ombudsman (IFSO)

We are a member of an approved free and independent dispute resolution scheme operated by the Insurance and Financial Services Ombudsman (IFSO) which may help investigate and resolve a complaint if it is not resolved to **your** satisfaction.

You can contact the IFSO if **we** haven't been able to reach an agreement with **you**. **You** must contact the IFSO within 3 months of **us** telling **you**, in writing, that **we** won't change **our** decision and providing **you** with a letter of deadlock.

If **we** do not notify **you** what **we** have decided, then 2 months after the date of **your** initial complaint **you** can contact the IFSO.

You can get more information on the IFSO at ifso.nz or by contacting them directly:

Phone: 0800 888 202
Mail: Insurance & Financial Services Ombudsman, PO Box 10845, Wellington 6143

Financial Services Council

We are a member of the Financial Services Council (FSC), which is a non-profit member organisation with a vision to grow the financial confidence and wellbeing of New Zealanders. FSC members commit to delivering strong consumer outcomes from a professional and sustainable financial services sector and members are required to comply with the FSC Code of Conduct. **You** can find more at fsc.org.nz.

Privacy Statement — we are committed to respecting your privacy

Personal and health information is collected and held by **us** in accordance with the Privacy Act 2020 and Health Information Privacy Code 2020 (or their successors).

We value the trust **you** place in **us** to protect, use and disclose this information appropriately.

Please see unimed.co.nz/privacy-statement for **our** full Privacy Statement which sets out how **we** collect, store and share **your** information, as well as how **you** can access and correct **your** personal information.

We may update **our** Privacy Statement from time to time to reflect changes in **our** practices or legal requirements. **We** encourage **you** to review it periodically to stay informed about how **we** manage **your** information.

New Zealand law and currency apply

We conduct all **our** business according to the laws of New Zealand and any disputes regarding the **policy** are to be determined by New Zealand law.

All monetary amounts in all **our** material are in New Zealand dollars. All **benefit** and **premium** amounts include GST.

Glossary

This section explains the specific meaning of words and phrases that appear in bold throughout this document. Singular words in this section can also be taken to mean the plural and vice versa.

The definitions in this Glossary are specific to this document. They might be different from standard medical or other common definitions. If there's ever a difference, the meanings in this Glossary are the ones that apply.

ACC is the Accident Compensation Corporation of New Zealand referred to in the Accident Compensation Act 2001 (or its successor), or any organisation providing third party injury management pursuant to the Accident Compensation Act 2001. More information about **ACC** can be found at acc.co.nz.

Accident is as defined in the Accident Compensation Act 2001 (or its successor).

Activities of daily living means the standard tasks of self-care which include:

- bathing and/or showering
- dressing and/or undressing
- eating and/or drinking
- using a toilet
- moving from one location to another by either walking, using a wheelchair or with a walking aid.

Acute means a sign, symptom, or **condition** that warrants care within 48 hours by a doctor or hospital admission for treatment or monitoring.

Benefit means the reimbursement available for **Members** for a specified **medical treatment or procedure** as outlined in this document.

Benefit limit means the maximum amount that **we** will pay under a **benefit**.

Claim means the request by a **Member** to have their costs under their **policy** refunded as described in this document, providing the **Member** is eligible.

Condition means any illness, injury, disease, ailment, sickness, disorder, or **disability**, whether diagnosed or undiagnosed, that affects **your** physical or mental health.

Congenital condition means a health abnormality or defect that is present at birth (whether it is inherited or due to external factors such as drugs or alcohol or any other cause). This includes any **conditions** present at birth and diagnosed within the first 12 months of life, or where signs or symptoms were present before **your policy** began – regardless of when it was formally diagnosed.

Country of origin means the country listed as **your** last country of residence in **your** Parent Boost Visitor Visa application or another country **you** have the rights to return to, such as country of citizenship. If the country's legal boundaries have changed or is no longer recognised under New Zealand law, then **UniMed** has the discretion to determine an alternative.

Disability means a permanent or long-term physical or mental **condition** that severely limits **your** ability to perform any **activities of daily living**, or prevents **you** from performing **normal domestic duties**, and requires **long-term care** and/or immediate specialised treatment.

Event means (without limitation) the date of birth, death, visit, consultation, test, surgery, repair, treatment or supply or the period of absence from work, duration of treatment or time in hospital.

General exclusion means a **condition**, treatment, or situation that **we** do not cover for any **Member** as listed in the '**General exclusions**' section in this document.

GP or **General practitioner** means a medical practitioner who is vocationally registered in general practice, holds a current annual practising certificate issued by the Medical Council of New Zealand and is operating within their scope.

Health Plan means the specific **UniMed** health insurance plan that a **Member** is covered under.

Healthcare provider means a **General practitioner**, **specialist**, or registered practising member who holds a current practising certificate in compliance with the Health Practitioners Competence Assurance Act 2003 (or its successor), is a member of the appropriate registration body, and who is recognised by **us**.

Healthcare service means any procedure, treatment, surgery, investigation, diagnostic test, consultation, prescription drug cost, therapeutic, rehabilitation, hospitalisation, or other **healthcare service** provided by a **healthcare provider**.

Hospice means a healthcare facility that holds regular or associate service membership with Hospice New Zealand and provides palliative care services for patients with a **terminal illness**.

Long-term care means ongoing care or support required for a health **condition**, **disability**, or loss of functional ability that is not expected to improve in the short-term. It may include personal care, residential care, or other support services focused on day-to-day living rather than **acute** or medical treatment.

Medical emergency means a sudden, unexpected medical **event** or **condition** that requires immediate medical attention to prevent serious harm to **your** health.

It includes situations where **you**:

- are suffering from a serious or life-threatening **condition**; or
- require urgent intervention to stabilise **your condition** and prevent serious or long-term complications.

A **medical emergency** does not include ongoing treatment, elective procedures, or **conditions** known to exist before the start of **your policy**, unless specifically covered under a **benefit** in this document or agreed by **us**.

Medical treatment or procedure means any procedure, treatment, surgery, investigation, diagnostic test, consultation, therapeutic, rehabilitation, hospitalisation, or other **healthcare service** provided by a **healthcare provider**.

Medically necessary means any **healthcare service** that, in **our** opinion, is necessary for the care or treatment of a nominated health **condition**.

Medsafe is the New Zealand Medicines and Medical Devices Safety Authority (or its successor), a division of the Ministry of Health, responsible for the regulation of therapeutic products in New Zealand.

Member means a person who has been accepted as a **Member** of **UniMed**, who is named on the **Membership Certificate** for whom **premium** is currently being paid to **UniMed**. This could be the **Primary Member** or their **partner** on the **policy**. It doesn't include generic use of the word 'member' or 'members' when referring to members of families, associations, or **our Member Portal**.

Membership means **membership** of **UniMed**. Everyone insured by **us** is a **Member** of **UniMed**. By applying for cover, **you** have applied for **membership** of **UniMed** for **yourself** and any other person covered under **your policy**. When **we** accept **your** application for cover, **you** and any other person covered under **your policy** is automatically granted **membership** of **UniMed**.

Membership Certificate means the most recent **Membership Certificate** issued by **us** to a **Primary Member** that confirms initial acceptance of **membership** or subsequent alterations to the **policy** for all **Members** on the **policy**.

Member Portal means the secure online platform where **you** can log in to view and manage **your** health insurance **policy**. Through the **Member Portal**, **you** can do things like submit and track **claims**, request prior approval, update **your** details, request to add family to **your policy**, and view **your Health Plan** document and other important documents.

Metastatic cancer means cancer that has spread beyond the primary site to other parts of the body.

Normal domestic duties means the standard tasks associated to maintain the family home, and not for payment or reward. These tasks include:

- Cleaning of the household
- Cooking meals for the members of the household
- Doing laundry for the members of the household
- Shopping for groceries for members of the household
- Taking care of any dependent relatives of the household.

Partner means the spouse or de facto **partner** of the **Primary Member** where the parties are living together in a relationship in the nature of a marriage or civil union, and who is listed on the **Membership Certificate**.

Personal exclusion means signs, symptoms, medical **conditions** or body parts that **we** do not cover for a particular **Member**, as specified on **your Membership Certificate**.

Personal injury has the meaning given in section 26 of the Accident Compensation Act 2001 (or its successor).

Pharmac is the New Zealand Pharmaceutical Management Agency (or its successor), a Crown entity that decides which medicines and pharmaceutical products are subsidised for use in the community and public hospitals.

Pharmac Schedule means the list of pharmaceuticals that are approved for public prescription in New Zealand and funded by **Pharmac**.

Policy means **your** insurance contract with **us** that is made up of:

- **your Membership Certificate**
- this **Health Plan** document
- documents and any correspondence **you** have provided to **us**: i.e. **your** application including any health declaration, medical information and/or **your** medical history
- **Rules of UniMed**.

Policy year means the 12-month period that starts on **your membership** commencement date or **policy start date**, and every 12-month period after that.

Pre-existing condition means:

- any health or medical **condition you** are aware of, or any signs or symptoms that **you** are currently experiencing or have experienced in the past, that occurred before the start of **your policy** or
- a medical **event** that occurred before the start of **your policy**.

Premium means the amount paid to **us** by **you** to maintain **membership** and eligibility for **benefits**.

Primary Member means the person in whose name the **policy** is issued and who is responsible for the payment of **premium**.

Reasonable charges (previously referred to as Usual and customary charges) means charges for **medical treatment or procedures** that are determined by **us** in **our** sole discretion to be both:

- reasonable, and
- within a range of fees charged for the same or similar **medical treatment or procedure**.

We do not pay more than what **we** determine to be the **reasonable charge**.

Rules of UniMed (previously referred to as Rules of the Society) means the Rules of Union Medical Benefits Society Limited.

Specialist means a medical practitioner who is:

- a member or fellow of an appropriately recognised **specialist** medical college
- registered with the Medical Council of New Zealand and holds a current annual practising certificate in that specialty
- holds a vocational scope of practice.

This does not include those holding vocational registration for:

- accident and medical practice
- emergency medicine
- family planning and reproductive health
- general practice
- medical administration
- public health medicine
- sexual health medicine
- urgent care.

The list of specialties excluded in the definition of **specialist** may be amended by **us** from time to time at **our** sole discretion.

Sponsoring child means the New Zealand citizen or resident who sponsors **your** Parent Boost Visitor Visa application and has agreed to support **you** during **your** stay in New Zealand. If **your sponsoring child** is unable to communicate with **UniMed** regarding **your policy**, **we** may instead communicate with **your** next of kin or the person holding power of attorney on **your** behalf.

Serious illness means a medical **condition** diagnosed by a New Zealand **specialist** or **GP**, that is either life-threatening, requires significant medical intervention, severely impairs **your** ability to undertake **activities of daily living** or **normal domestic duties**, or severely impacts **your** quality of life. The illness must be determined by a relevant **specialist** or **GP** as being a **serious illness**.

Start date is the date **your policy** starts as shown on **your Membership Certificate**. May also be referred to as effective date on the **Membership Certificate**.

Terminal illness means that **your** life expectancy, due to sickness and regardless of any available **medical treatment or procedure**, is not greater than 24 months. This must be:

- in the opinion of a **specialist** and, if **we** require, in the opinion of an independent **specialist** elected by **us**; and
- in **our** assessment, having considered medical or other evidence **we** may require.

UniMed means Union Medical Benefits Society Limited incorporated under the Industrial and Provident Societies Act 1908 (or its successor).

We, **us**, **our** means **UniMed** or Union Medical Benefits Society Limited, or **our** authorised agents.

You, **Your** and **Yourself** means the **Primary Member** and any additional **Members** on **your policy**.


Helping New Zealanders and their whānau stay in lifelong good health.
UniMed

Get in touch

The team at UniMed are available to discuss your plan, and answer any questions you may have.

Phone: **0800 600 666** (freephone)
03 365 4048
Email: members@unimed.co.nz

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