

Comvita

Health Scheme



Underwritten by:
UniMed
Medical Benefits Society Ltd



Administered by:
Group Health and Life Ltd



DISCLOSURE STATEMENT

(Registered Financial Adviser – RFA)



Disclosure Statement for:	Benjamin Shirley, Director at Group Health and Life Ltd
FSP Number:	FSP78223
Physical Address:	556 Cameron Road, Tauranga 3112
Postal Address:	P O Box 15008, Tauranga, 3144
Telephone number:	0800 222 511
Fax number:	07 577 0320
Mobile number:	0274 488 280
Email address:	ben@grouphealthandlife.co.nz

It is important that you read this document

This information will help you to choose a financial adviser that best suits your needs. It will also provide some useful information about the financial adviser that you select.

What sort of adviser am I?

I am a registered, but not authorised financial adviser who can give you advice on Health, Life, Mortgage/Income Protection, Trauma, TPD and Business Key Person cover.

What should you do if something goes wrong?

If you have a problem, concern, or complaint about any part of my service, please tell me:

Benjamin Shirley. If we cannot agree on how to fix the issue, or if you decide not to lodge your complaint with me, you can contact and lodge your complaint with my Disputes Resolution Scheme. This service will cost you nothing, and will help us resolve any disagreements. You can contact Financial Services Complaints Limited by emailing info@fscl.org.nz, calling (Call Free) 0800 347257 or (Wellington) (04) 472FSCL (472 3725), Fax (04) 472 3728, or writing to FSCL PO Box 5967, Lambton Quay, Wellington 6145.

How am I regulated by the Government?

You can check that I am a registered financial adviser at <http://www.fspr.govt.nz>.

The Financial Markets Authority regulates financial advisers. Contact the Financial Markets Authority for more information, including financial tips and warnings.

You can report information or complain about my conduct to the Financial Markets Authority, but in the event of a disagreement, you may choose to first use the Dispute Resolution procedures described above (under **What should you do if something goes wrong?**).

Declaration

I, Benjamin Shirley declare that, to the best of my knowledge and belief, the information contained in this Disclosure Statement is true and complete and complies with the disclosure requirements in the Financial Advisers Act 2008 and the Financial Advisers (Disclosure) Regulations 2010.

Signed: 
Ben Shirley

Date:

Comvita

Group Health Insurance Scheme

COMPANY OFFER

All employees are offered the **UniMed MajorSurgical** plans on a voluntary basis by Comvita. Employees may take this opportunity to add family members and the following special concessions will apply.

Though membership to this group is voluntary there are certain costs associated with the administration of this scheme, which will be absorbed by Comvita.

By doing this your employer has secured you access to certain benefits and concessions which otherwise would not be available.

Some of the benefits of joining this Group Scheme are:

- Qualifying pre-existing conditions under the “general medical expenses” section (option 1) and cover for qualifying existing conditions under all sections after three years continuous cover.
- Private individuals are usually required to hold insurance for 3 months before they can claim. For Comvita members, this stand-down period is waived and immediate cover is provided.
- Comvita has secured Group Premium Rates for their employees.

Joining Procedure

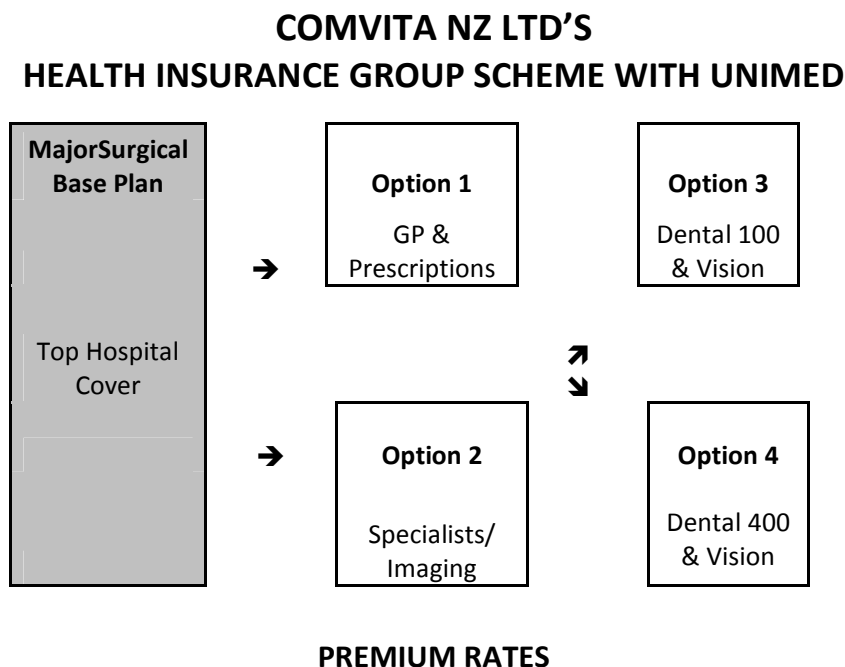
Please complete the enclosed application form ensuring **all** details are completed for each member of the family to be covered. Also complete the pay deduction authority and return both forms to GHL in the free-post envelope provided.

A policy document will be mailed to you shortly after your application has been processed.

Plan Options

UniMed offers employees of Comvita their MajorSurgical range of policies.

As can be seen from the following diagram, options can be added to the base plan which cover GPs, prescriptions, dental, optical and numerous other day to day healthcare expenses.



GROUP PREMIUM RATES – WEEKLY AT 1 AUGUST 2016

Age band	Major Surgical Base plan	Option 1 GP's & Prescriptions	Option 2 Specialists & Tests	Option 3 Dental 100 / Vision	Option 4 Dental 400 / Vision
Child	\$5.43	\$3.13	\$1.66	\$1.55	\$3.42
19	\$8.24	\$4.71	\$2.50	\$3.10	\$6.85
20	\$8.26	\$4.71	\$2.50	\$3.10	\$6.85
21	\$8.29	\$4.71	\$2.50	\$3.10	\$6.85
22	\$8.32	\$4.71	\$2.50	\$3.10	\$6.85
23	\$8.42	\$4.71	\$2.50	\$3.10	\$6.85
24	\$8.75	\$4.71	\$2.50	\$3.10	\$6.85
25	\$8.94	\$4.93	\$2.76	\$3.10	\$6.85
26	\$9.12	\$4.93	\$2.76	\$3.10	\$6.85
27	\$9.30	\$4.93	\$2.76	\$3.10	\$6.85
28	\$9.49	\$4.93	\$2.76	\$3.10	\$6.85
29	\$10.01	\$4.93	\$2.76	\$3.10	\$6.85
30	\$10.16	\$5.13	\$3.03	\$3.10	\$6.85
31	\$10.45	\$5.13	\$3.03	\$3.10	\$6.85
32	\$10.66	\$5.13	\$3.03	\$3.10	\$6.85
33	\$10.79	\$5.13	\$3.03	\$3.10	\$6.85
34	\$10.99	\$5.13	\$3.03	\$3.10	\$6.85
35	\$11.78	\$5.58	\$3.49	\$3.10	\$6.85
36	\$12.03	\$5.58	\$3.49	\$3.10	\$6.85
37	\$12.54	\$5.58	\$3.49	\$3.10	\$6.85
38	\$12.84	\$5.58	\$3.49	\$3.10	\$6.85
39	\$13.18	\$5.58	\$3.49	\$3.10	\$6.85
40	\$14.17	\$6.04	\$4.00	\$3.10	\$6.85
41	\$14.68	\$6.04	\$4.00	\$3.10	\$6.85
42	\$15.07	\$6.04	\$4.00	\$3.10	\$6.85
43	\$15.79	\$6.04	\$4.00	\$3.10	\$6.85
44	\$16.06	\$6.04	\$4.00	\$3.10	\$6.85
45	\$17.17	\$6.50	\$4.60	\$3.10	\$6.85
46	\$18.13	\$6.50	\$4.60	\$3.10	\$6.85
47	\$19.12	\$6.50	\$4.60	\$3.10	\$6.85
48	\$19.19	\$6.50	\$4.60	\$3.10	\$6.85
49	\$19.27	\$6.50	\$4.60	\$3.10	\$6.85
50	\$21.95	\$7.28	\$5.53	\$3.10	\$6.85
51	\$23.20	\$7.28	\$5.53	\$3.10	\$6.85
52	\$23.89	\$7.28	\$5.53	\$3.10	\$6.85
53	\$24.14	\$7.28	\$5.53	\$3.10	\$6.85
54	\$24.83	\$7.28	\$5.53	\$3.10	\$6.85
55	\$27.85	\$8.12	\$6.62	\$3.10	\$6.85
56	\$29.56	\$8.12	\$6.62	\$3.10	\$6.85
57	\$30.11	\$8.12	\$6.62	\$3.10	\$6.85
58	\$32.94	\$8.12	\$6.62	\$3.10	\$6.85
59	\$34.64	\$8.12	\$6.62	\$3.10	\$6.85
60	\$37.47	\$8.62	\$7.61	\$3.10	\$6.85
61	\$39.22	\$8.62	\$7.61	\$3.10	\$6.85
62	\$40.97	\$8.62	\$7.61	\$3.10	\$6.85
63	\$42.72	\$8.62	\$7.61	\$3.10	\$6.85
64	\$44.44	\$8.62	\$7.61	\$3.10	\$6.85

Please Note:

- Premiums are quoted per person.
- Please contact GHL if you require rates for 65+ year olds.
- When two adults are on the same policy BOTH adult premiums are calculated on the age of the youngest adult.
- Premiums apply to the first FOUR children in a family, thereafter NO CHARGE.
- **All members of a family must be on the one policy and have the same level of cover.**

Claims Handling

The following are the minimum claims service standards that apply at UniMed: -

Claims Payments - That all routine (90 % of all claims) will have claim proceeds posted/direct credited within two to three working days of receipt at UniMed's head office.

Prior Approval for direct payment of large cost items/treatments direct to provider of service(s) - All routine requests for prior approval of planned surgery would be finalized with the member concerned within no more than a maximum of ten (10) working days

Further where other high cost treatments or where financial hardship would result, prior approval and/or direct payment of the provider(s) of the services in question could be arranged within the same maximum 10 day service standard.

For advice on claims, phone UniMed on **0800 600 666**.

Options on Leaving the Scheme

Should you leave the employment of Comvita, you are entitled to UniMed's Transfer Group premium rates which remain discounted from their Individual premium rates i.e. less expensive than joining privately. Once you join UniMed, coverage can be for life.

Further Information

If you require any further information about joining, changes to your policy or anything relating to your policy with UniMed, please contact: -

GROUP HEALTH AND LIFE LTD
556 CAMERON ROAD
P O BOX 15008
TAURANGA 3144

Phone 0800 222 511

admin@grouphealthandlife.co.nz

While every care has been taken to supply accurate information, errors and omissions may occur. Accordingly Group Health and Life accepts no responsibility for any loss caused as a result of any person relying on the information supplied."

A disclosure statement under the Securities Markets Act 1988 relating to the financial adviser associated with this document is available on request and free of charge.

Ben Shirley FSP78223

SUMMARY OF THE CONDITIONS OF MEMBERSHIP

This brochure outlines the benefits available to you under the UniMed Major Surgical and Plus Options plans.

Introducing UniMed

UniMed is a Society formed in 1979 and is owned by its members. As a “not for profit” organisation your premiums are used to pay claims, administration costs and to improve the services provided for members. In addition, prudent reserves are maintained to ensure the long term viability of the Society.

Rules and Exclusions

UniMed provides all new members, soon after their completed application is received and accepted, with a Membership Certificate and a copy of the Conditions of Membership, which together detail in full the rules and exclusions (if any) applicable to your policy. The following is a summary only of the main rules and exclusions:-

Benefits are only payable for costs incurred within New Zealand and during the currency of the policy.

Membership is on an annual basis. Your policy’s anniversary date will be shown on the Membership Certificate.

Pre-Existing Conditions

Cover for pre-existing conditions will be on the basis of the “Special Joining Concessions” as detailed within the Staff Health Insurance Plan, effective 1 September 2007.

Not Included in Cover

No claim can be accepted for or in association with costs incurred for any of the following conditions unless specifically provided for in the Society’s various plans:-

Congenital/developmental conditions, Cosmetic surgery as defined by the Society, Breast reduction procedures performed for any reason, Acupuncture treatment other than that performed by a registered medical practitioner, Chelation therapy or similar treatment as defined by the Society, Contraception of any kind, Treatment of infertility including diagnostic testing, All conditions of, or as a consequence of, or/and associated with pregnancy and childbirth, Sterilisation, Dental care including oral surgery, Orthodontic and periodontal treatment, Refractive surgery for the correction of short sight or long sight including Astigmatism, Treatment for obesity, Psychiatric and/or psychological treatment or counselling, including Attention Deficit Disorder (A.D.D & A.D.H.D), Pre-senile dementia, Senile conditions with dependency as defined by the Society including geriatric hospitalisation, Disability or illness arising from misuse of alcohol or drugs, Self inflicted injuries or illness, Surgical or medical appliances, War injury or disability, Health surveillance testing, Treatment where a condition detrimental to health is not evident, AIDs or HIV infection or any condition arising from the presence of AIDs or HIV infection, Sexually transmitted diseases, Duplicate and/or lost devices or appliances, Television, telephone and/or any personal incidental expenses whilst in hospital, Travel costs, Accommodation costs for non-patients whilst staying with patients in hospital, Any expense recoverable from a third party under any contract of indemnity or insurance or any statutory scheme, Any medical costs incurred outside New Zealand, Any costs not specifically provided for under a benefit section contained in the plan selected.

Injury or Employment Related Conditions

No claim can be accepted for treatment whether in full or part whatsoever required as the result of personal injury by accident or employment related condition which first occurred; either prior to the acceptance of membership, or prior to 1 May 1990 if the acceptance of membership preceded this date.

UniMed’s benefits do not extend to provide assistance with secondary care relating to work/employment injuries. These costs are the responsibility of your employer’s nominated insurer. Non employment related injuries will qualify for treatment in a licensed private hospital provided a claim is first lodged with the ACC and their decision regarding acceptance or declination is made available (in writing) for consideration by UniMed prior to any treatment being undertaken. Dependant upon ACC’s advice UniMed will either pay the shortfall in costs to the surgical benefit maximums for claims accepted by ACC, or if ACC have declined a claim will either meet the costs of surgery to the benefit maximums, or at UniMed’s sole discretion, meet what would have been the shortfall in costs had ACC accepted cover

Claims Procedures

General

Any routine claims submitted must exceed \$50.00 and be lodged within 15 months of the date of consultation.

Private Hospital Admissions

There are requirements on all members to notify the Society upon becoming aware of the requirement for an admission to a private hospital for a surgical procedure. UniMed’s payments are limited to usual and customary charges for any approved procedure.

Please note: The above is a summary only of UniMed’s Conditions of Membership. If you would like to view the full Conditions of Membership, please feel free to telephone UniMed 0800 600 666 or contact our Sales staff who will be pleased to provide a full copy of the Conditions of Membership for you.