

CLAIMS - COVID-19 Premium Holiday Questionnaire



Policy Number(s) _____

Life Assureds Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Please respond to the following questions;

1. Have you suffered a loss or drop in income as a result of COVID-19? Yes / No

2. How did COVID-19 influence your loss of income? _____

3. What was your net income for the last 3 months? \$ _____ (please provide supporting evidence)

4. What reduction have you had in income? \$ _____ (please provide supporting evidence)

5. What reduction have you had/ or do you expect to have in your expenses? \$ _____

If no reduction in expenses, please explain why; _____

6. Are you or do you work for an essential business? Yes / No

For information on essential business <https://covid19.govt.nz/government-actions/covid-19-alert-level/>

7. Is that business still operating;

- Fully
- Partially
- Not at all? If not, why not? _____

8. What can you do differently in your work to earn income?

9. Are you entitled to any government support subsidy? Yes / No

If yes, what is that? \$ _____

Have you applied for it? Yes / No

Declaration

I am the policy owner and I hereby declare that the statements in this form are true and correct in every respect and that I have not abstained from engaging in or attending to any profession, business or occupation either totally or partially longer than absolutely necessary as a result of injury or sickness. I will provide Partners Life Limited such further evidence of my claim as may reasonably be required. If any answer is not in my handwriting, I declare that it has been written down at my dictation.

Policy Owner 1.

Name _____ Signature _____ Date _____

Policy Owner 2.

Name _____ Signature _____ Date _____