

Anderson & O'Leary Ltd

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 compiles with the disclosure requirements in the Financial Advisers Act 2008 and the Financial Advisers (Disclosure) Regulations 2010.

Signed: 
Ben Shirley

Date:

Anderson & O'Leary Ltd

Group Health Insurance Scheme

Health Insurance is being recognised by New Zealanders today as an extremely valuable cover to have.

Anderson & O'Leary Ltd also recognise this need and has put in place a Group Health Insurance Scheme offered to all employees which is underwritten by UniMed and administered by GHL.

COMPANY OFFER

Anderson & O'Leary Ltd will pay the premium for key employees to the level of MedicalCare Plan or UniCare Plus 80 Plan after having completed six months continuous employment with the company. Employees may take this opportunity to add family members at the same rates and concessions if they are joined at the same time as the employee and within 30 days of eligibility.

There are also certain costs associated with the administration of this scheme, which will be absorbed by Anderson & O'Leary Ltd.

By doing this Anderson & O'Leary Ltd has secured you access to certain benefits and concessions which otherwise would not be available.

Joining Requirements

Application for employee and family must be made within 30 days of becoming eligible to obtain the special joining concessions offered only on first offer.

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 (if paying for partner/children or upgrading) 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.

Special joining concessions

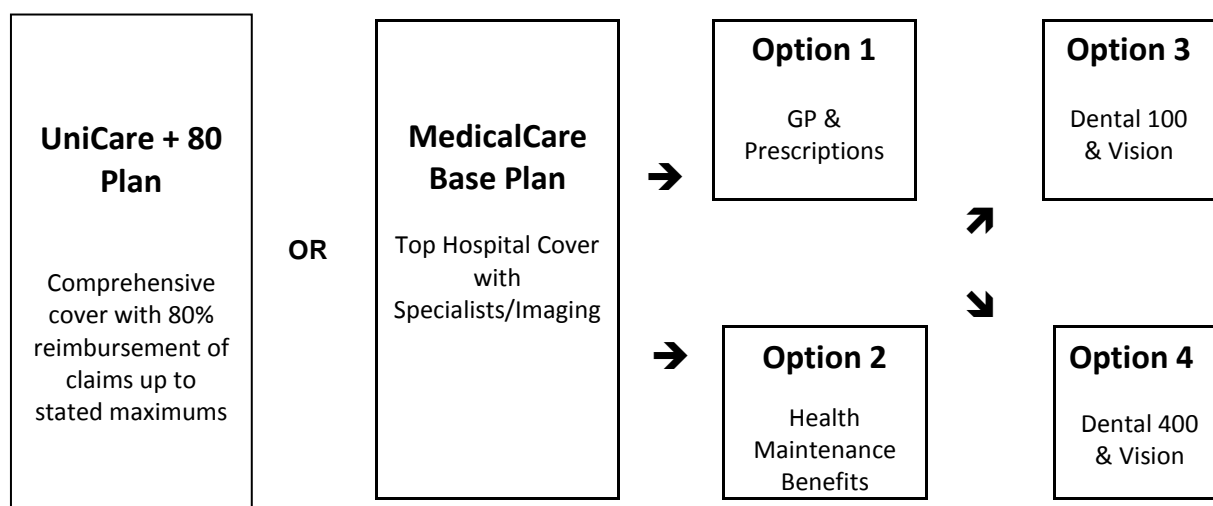
- No stand down period
- Immediate cover for qualifying pre-existing conditions
- Pre-existing cardiac and joint conditions are limited to the benefit levels of UniCare Plus 80 for the duration of the policy
- Pre-existing non-work injuries covered for ACC top up only for the duration of the policy

Plan Options

UniMed offers employees of Anderson & O'Leary Ltd their Unicare +80 or the MedicalCare range of policies. The MedicalCare Options are among the most flexible range of policies available in New Zealand and are based on the Major Surgical Hospital policy with Specialists included.

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.

ANDERSON & O'LEARY LTD HEALTH INSURANCE GROUP SCHEME WITH UNIMED



PREMIUM RATES GROUP PREMIUM RATES – WEEKLY AT 1st APRIL 2017 To add family/ To upgrade

Age Band	MEDICALCARE				
	Base Plans company funded	Option 1 Upgrade	Option 2 Upgrade	Option 3 Upgrade	Option 4 Upgrade
child	\$4.02	\$3.58	\$0.96	\$1.86	\$4.11
19-24	\$12.63	\$5.38	\$1.44	\$3.70	\$8.20
25-29	\$12.63	\$5.63	\$1.54	\$3.70	\$8.20
30-34	\$12.63	\$5.85	\$1.64	\$3.70	\$8.20
35-39	\$12.63	\$6.35	\$1.82	\$3.70	\$8.20
40-44	\$12.63	\$6.89	\$1.99	\$3.70	\$8.20
45-49	\$12.63	\$7.43	\$2.18	\$3.70	\$8.20
50-54	\$12.63	\$8.31	\$2.49	\$3.70	\$8.20
55-59	\$12.63	\$9.26	\$2.83	\$3.70	\$8.20
60-64	\$12.63	\$9.83	\$3.10	\$3.70	\$8.20
65-69	\$12.63	\$11.38	\$3.19	\$3.70	\$8.20
70-74	\$12.63	\$12.08	\$3.32	\$3.70	\$8.20
75-79	\$12.63	\$13.31	\$3.64	\$3.70	\$8.20
80+	\$12.63	\$14.64	\$4.01	\$3.70	\$8.20

Please Note:

- Weekly premiums
- Premiums are quoted per person
- When two adults are on the same policy BOTH adult premiums are calculated on the age of the youngest adult (Adult over age 18 years).
- Premiums apply to the first FOUR children in a family, thereafter NO CHARGE

Once a child dependant turns 19, you have two options:

- Take no action and your premium will automatically increase so your child is charged at a normal adult rate as shown in the above rates table.
- Fill in an application form to have them moved onto Adult Dependant Rates which provides you with cheaper base rates.

Age Band	MEDICALCARE ADULT DEPENDANT RATES				
	Base Plans	Option 1 Upgrade	Option 2 Upgrade	Option 3 Upgrade	Option 4 Upgrade
19-24	\$7.20	\$5.38	\$1.44	\$3.70	\$8.20
25-29	\$8.31	\$5.63	\$1.54	\$3.70	\$8.20
30-34	\$9.56	\$5.85	\$1.64	\$3.70	\$8.20
35-39	\$11.50	\$6.35	\$1.82	\$3.70	\$8.20
40-44	\$13.80	\$6.89	\$1.99	\$3.70	\$8.20
45-49	\$16.52	\$7.43	\$2.18	\$3.70	\$8.20
50-54	\$20.64	\$8.31	\$2.49	\$3.70	\$8.20
55-59	\$25.72	\$9.26	\$2.83	\$3.70	\$8.20
60-64	\$30.67	\$9.83	\$3.10	\$3.70	\$8.20

Please Note:

- The premium change is made from the next Quarterly billing cycle after the 19 year old birthday.

Why the Need for Health Insurance?

There are a number of important reasons why you should have health insurance. Here are just a few:

- **Financial Security** - Health insurance gives you the security of knowing that when you do get sick, the financial element of obtaining the health care you need is taken care of. At a stressful time when you should only be thinking about getting well again the worry of paying the medical bills is removed.
- **Access** - For many people public hospital waiting lists are a concern. As at March 2000 over 51,000 people were on waiting lists and there are now some medical services that realistically are no longer available through the public system. Health insurance offers the comfort of knowing you can get the best treatment available quickly when it is needed.
- **Family** - Many people have a greater concern for health issues when they start a family, particularly in the first few years, as this can be an expensive and worrying time. Health insurance can help you concentrate on keeping your family in good health and not worry about the costs.

Your health is your most important asset and having health insurance will help you achieve your goals in life.

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 finalised with the member concerned within no more than a maximum of ten (10) working days (UniMed's existing actual performance indicator is 48 hours).

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 five day service standard.

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

Options on Leaving the Scheme

Should you leave the employment of Anderson & O'Leary Ltd and wish to continue your policy, you will continue to be covered for any pre-existing medical conditions providing you have served three years in the scheme (includes time with previous insurer). Conditions developed after joining will remain covered.

If you should leave Anderson & O'Leary Ltd, 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 MedicalCare plan.

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 October 2000.

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.