

PDFJob

HEADER PAGE

CLIENT: GE
APPLICATION: GE Insurance
FILE: gein0065.pdf
CREATED DATE: Mon 09/03/2015 22:18:18
STREAM: MAILING Outer Envelope VGECA2184 big
SUBSTREAM: NNNNNNNNNNNNNNNNNNNYY0000

IMPRESSIONS: 2
SHEETS: 1
CHECKPOINTS: 1
MAIL PACKS: 1

First checkpoint: 00000000002301661_23

Last checkpoint: 00000000002301661_23

100/1

Mr Attra001 Test
87543 8643 MG
Auckland
NZ 1001

Date 15 February 2017

Dear Attra001

IMPORTANT - TERM LIFE INSURANCE CONTINUATION NOTICE

Your Term Life Insurance expires on 19/02/2017 at 4pm. Your policy details are as follows:

Current Policy Details

Policy number:	1987984	Term:	1 Year
Life Insured:	Mr Attra001 Test	Sum insured:	\$ 1,000.00
Insured's age Now:	36	Premium:	\$ 66.07
Beneficiary:		Smoker Status:	No

To ensure that you maintain this very important personal and family protection simply:

- 1 Tick the level of cover you require from the options below.
- 2 Complete the smoker status declaration and continuation application on the reverse side; and
- 3 Mail with your cheque in the reply paid envelope provided.

Continuation Options☐ **Option 1**

Sum Insured: \$ 1,050.00
% Increase: 5
Term In Years: 1 Year
Premium: \$ 1.18

☐ **Option 2**

Sum Insured: \$ 1,050.00
% Increase: 5
Term In Years: 5 Years
Premium: \$ 7.71

The new Sum Insured has been increased by 5% per year to allow for inflation, your premium has been adjusted to reflect the increase in your level of protection.

We have assumed that your smoker/non-smoker status has not changed since you completed the original application. **If your status has changed from a smoker to non-smoker, or vice versa, you must tell us so that we can ensure your premium rate is correct.** Please call us on 1800 800 230 toll free if your status has changed either way.

PLEASE NOTE: THIS OFFER LAPSES ON 19/03/2017

The following are good reasons why you should continue cover:

Guaranteed Option to Continue Cover

Even if your health has changed since you first took out your Term Life Insurance, no fresh evidence of health is required. If you fail to continue your insurance now, fresh evidence of health will be required if you need life insurance cover in the future.

Non Smoker Discount

The special non-smoker premiums apply to anyone who has not smoked tobacco or any other substance in the last 12 months.

Smoking Status Declaration

Have you smoked tobacco or any other substance in the last 12 months? (Please tick the appropriate box below)

☐ Yes☐ No

If you have ticked 'yes' we will not be able to give you a non-smoker discount.

Continuation Acceptance

I wish to continue the Term Life Insurance for the Option ticked overleaf

Signed:..... Date:.....

Life Insured as shown overleaf

Optional: I wish to change the Policy Beneficiary details to the following

Policy Beneficiary:..... Address:.....
(please print full name)

Relationship to Life Insured:.....

Payment Details

☐ My cheque for the full premium is enclosed payable to Hallmark Life Insurance Company Limited.

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TRAILER PAGE

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