

Covid-19



Premium Holiday Questionnaire

Policy number		
Title	Surname	First name(s)
Street address		Suburb
Town/city	Postcode	Phone
Email		D.O.B

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

How did COVID-19 influence your loss of income?

What was your net income for the last 3 months?
(please provide supporting evidence)*

\$

*Evidence of a 20% net reduction in their / your income.
If you are / your client is self employed or runs a business, we will require;

What reduction have you had in income?
(please provide supporting evidence)*

\$

- Copies of daily or weekly cashflow books or a statement from an accountant which clearly illustrates the earnings before and after COVID-19
- Confirmation of any subsidies received from the government or bank

What reduction have you had/ or do you expect to have in your expenses?
If no reduction in expenses, please explain why

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/>*

Is that business still operating: Fully Partially Not at all

If not at all, why not?

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

Are you entitled to any government support subsidy? Yes No *If yes, on what date did you apply?*

If yes, what is that?

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 COVID-19. 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.

Name of first policy owner		Name of second policy owner	
Signature	Date	Signature	Date