



1 May 2024

Dear Protect Insurance Member

CHANGES TO YOUR PROTECT INSURANCE COVER PAYMENTS

The below only applies if you are a NZPFU member and your substantive position is covered by the New Zealand Professional Firefighters Union (NZPFU)/Fire and Emergency New Zealand (FENZ) collective agreement. This includes NZPFU members whose substantive position is Trainee Firefighter, Firefighter, Qualified Firefighter, Senior Firefighter, Station Officer Senior Station Officer, Dispatcher, Senior Dispatcher, Shift Manager, Volunteer Support Officer, Trainer, Senior Trainer, Advisor Community Readiness and Recovery, Advisor Risk Reduction, Senior Advisor Community Readiness and Recovery and Senior Advisor Risk Reduction.

For those not covered by the collective agreement your direct debit of \$50 per week insurance premium to the NZPFU insurance account will continue to ensure your income protection insurance remains in place.

From 3 June 2024, if your substantive position is covered by the NZPFU/FENZ collective agreement you will no longer need to pay your Protect insurance cover premium from your nominated bank account as FENZ has agreed to make payments on your behalf directly to Protect from this date.

What this means is as of 3 June 2024, your weekly insurance premium will be paid direct from FENZ. Any direct debit payment arrangement you currently have in place with the NZPFU for the Protect insurance cover premium will be stopped by the NZPFU on 2 June 2024.

In July 2024 the NZPFU will provide FENZ with the list of Protect Insurance cover premium direct debits that were paid directly to the NZPFU for processing the reimbursements. You will be reimbursed for the weekly insurance premiums you have been paying by direct debit to the NZPFU but cannot claim reimbursement for premiums paid by FENZ direct to Protect.

To ensure your cover continues without any gaps, please sign and date this form to confirm:

- You understand that you are required to pay all Protect insurance cover premium related to the covered period up to 3 June 2024.
- You understand that you will be notified if there is any outstanding Protect insurance cover premium related to the covered period up to 3 June 2024 which is due to the NZPFU, Protect or the insurer and you will arrange payment for any outstanding amount.
- You understand that if any Protect insurance cover premium related to the covered period up to 3 June 2024 remains outstanding, the insurer's ability to respond to a claim you lodge may be impacted.
- You understand that in July 2024 the NZPFU will provide FENZ with the amount you have actually paid in insurance premiums by direct debit to the NZPFU from 1 July 2023 to 3 June 2024 for reimbursement.

- You understand that for the period of cover commencing from 3 June 2024, the Protect insurance cover premium will be paid by FENZ on your behalf.
- You understand and accept that from 3 June 2024 your entitlement to reimbursement of premiums in accordance with Part 1 Clauses 24.1 and 24.2 of the current collective agreement between the NZPFU and FENZ, will be met by the Insurer, PROTECT, invoicing FENZ on your behalf.
- You understand and accept that from 3 June 2024, upon payment of that invoice by FENZ to PROTECT, FENZ's obligations with respect to that reimbursement have been met and you waive your right to claim that reimbursement directly from FENZ.
- You agree to waive your right to claim a reimbursement in accordance with Part 1 Clauses 24.1 and 24.2 of the FENZ NZPFU Collective Agreement for all Protect insurance cover premiums paid by FENZ on your behalf commencing from 3 June 2024.

Yours sincerely



Wattie Watson
National Secretary
New Zealand Professional Firefighters Union



Janine Hearn
Deputy Chief Executive, People
Fire and Emergency New Zealand

I have read and understood the changes with respect to the way my Protect insurance premiums will be paid, and acknowledge and agree to the conditions detailed in this letter.

FENZ Employee Number: _____

First Name: _____

Middle Name(s): _____

Surname: _____

Date of Birth: _____

FENZ Position Title: _____

Mobile Number: _____

Email: _____

Street Address: _____

Suburb (if applicable): _____

Town/City: _____ Postcode: _____

Signed: _____ Date: _____

On completion of this form please scan and email to the NZPFU Office wellington@nzpfu.org.nz

The NZPFU will ensure Protect and FENZ receive a copy.