canopius

Group Personal Accident Only

Product Disclosure Statement (PDS)
and Policy Wording

GPAO052025

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Product Disclosure Statement

About Canopius

This Policy is issued by Canopius Asia Pte Ltd t/as Canopius Australia & Pacific, Suite 2, Level 35, 60 Margaret Street, Sydney NSW 2000, Australia (ABN: 16 782 552 577), AFS License No. 520341. The Policy is underwritten by Certain Underwriters at Lloyd's led by Canopius Managing Agents Ltd, Syndicate 4444.

About Lloyd's

Lloyd's is the world's specialist insurance and reinsurance market. With expertise earned over centuries, Lloyd's is the foundation of the insurance industry and the future of it. Led by expert underwriters and brokers who cover more than 200 territories, the Lloyd's market develops the essential, complex and critical insurance needed to underwrite human progress. Backed by diverse global capital and excellent financial ratings, Lloyd's works with a global network to grow the insured world - building resilience for businesses and local communities and strengthening economic growth around the world.

What is a Product Disclosure Statement (PDS)?

The purpose of this PDS is to help You understand the cover offered under the Policy and provide You with sufficient information to enable You to compare and make an informed decision about whether to purchase the Policy. This PDS contains important information required under the *Corporations Act 2001 (Cth)* (The Act) about the Policy including the Benefits and conditions, Your rights as a client and other things You need to know in order to make an informed decision.

You should read the PDS together with the Policy Wording and the Policy Schedule of this insurance to obtain a complete description of all the Benefits, terms, conditions and exclusions relating to the cover offered under this insurance. Please read these documents carefully and ensure that You keep them in a safe place for future reference.

Certain words in this PDS and Policy Wording have special meanings that are set out in the definitions sections contained within the Policy Wording.

General Advice

Any general advice that may be contained within this Policy Wording, PDS or accompanying documents does not consider Your or any Insured Person's personal situation, financial objectives, or needs. Such matters should be considered in determining the appropriateness of this product. Consideration also needs to be given to whether the limits, type and level of cover are appropriate.

General Insurance Code of Conduct

The Insurance Council of Australia Limited has developed the General Insurance Code of Practice ("the Code"), which is a voluntary self-regulatory code. The Code aims to raise the standards of practice and service in the insurance industry.

Lloyd's has adopted the Code on terms agreed with the Insurance Council of Australia. For further information on the Code please visit www.codeofpractice.com.au.

The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code. For more information on the Code Governance Committee (CGC) go to www.insurancecode.org.au.

Canopius Asia Pte Ltd T/A Canopius Australia & Pacific and Certain Underwriters at Lloyd's proudly support the General Insurance Code of Practice.

Group Personal Accident Only Insurance

This Policy provides for the payment of Benefits if an Insured Person dies, becomes disabled or suffers an injury. Please read the Policy carefully to make sure that You understand its provisions. If You require any information please contact Us or Your insurance broker. All cover is subject to the payment of premium and the terms, conditions, exclusions and provisions of the Policy.

Summary of Benefit of the Group Personal Accident Only Policy

The Policy has a number of Benefits. Some of the significant Policy Benefits are listed below. For full details of all the Benefits and Limits of the Policy You should read Your Policy Schedule which outlines the sums insured, and the coverage sections and tables of Insured Events contained within the Policy Wording attached to this PDS.

Some of the significant Benefits of the Policy may include:

- Death and Capital Benefits
- Fractured Bones Benefit
- Loss of Teeth or Dental Procedures Benefit
- Weekly Injury Benefit
- Coma Benefit
- Family Accommodation and Transport Expenses Benefit
- Home, Workplace and Vehicle Modification Benefit
- Retraining and Rehabilitation Benefit
- Funeral Expenses Benefit

Please refer to the Policy Wording for full details of Benefits and conditions that apply.

In addition to the above main Benefits, this Policy also entitles You to a number of additional Benefits, which are described in more detail in the Policy Wording.

Limitations on Benefits Paid

There are limitations as to how much We will pay for Your claim. The maximum We will pay for all claims under the Policy during any one Period of Insurance is the Aggregate Limit of Liability shown in the Policy Schedule. If this amount is not adequate to pay all claims in full, then We will reduce the Benefit payable to each Insured Person proportionately, so that the total of all payments does not exceed the Aggregate Limit of Liability.

There are also Submits of Liability shown in the Policy Schedule in relation to claims arising out of Charter/Non-Scheduled Flights. There are also specific Limits of Liability applying to individual Benefits payable under the Policy.

Not Everything is Covered

Not everything is covered by the Policy. Some examples of the circumstances in which no Benefits are payable at all include where loss results from self-inflicted Injury, illegal acts, the use of alcohol or drugs, War or Civil War, an Insured Person piloting an aircraft, participating in or training for a professional sport, nuclear activity, AIDS or HIV.

There are also limitations on some Benefits. It is important that You read the Policy Wording together with the Policy Schedule so that You understand the extent of the cover and its limitations. You should specifically read the General Conditions and Limitation and General Exclusions in the Policy Wording to make sure the cover We provide matches Your expectations.

The Cost of the Insurance Policy and Paying Your Premium

We shall provide the cover under the Policy, subject to its terms and conditions, for the Period of Insurance.

The cover under the Policy commences upon the payment of the Premium unless otherwise agreed in writing by Us. The cost of Your Policy is the total premium including taxes and charges due as detailed on the Policy Schedule. It is calculated prior to the commencement of the Period of Insurance based on the information You supply on Your application form and Our assessment of the risk. The cost of insurance is shown on Your quote and includes taxes and statutory charges (such as stamp duty and GST).

Each year thereafter and prior to the policy anniversary, if We offer You terms to renew the Policy, We will advise you of the premium for the new Period of Insurance. A premium adjustment may be charged by Us for variations or Endorsements to the Policy that You request mid-term and We agree to provide.

The premium is calculated based on Your specific risk profile which may include:

a. the sums insured;
b. the Insured Persons medical history, age and claims history;
c. the activities undertaken by the Insured Persons during the Scope of Cover;
d. any restrictions or extensions to the Policy cover; and
e. previous insurance history.

We may increase or decrease Your premium from the renewal date but We will advise You when We propose to do this.

Non-Payment of Premium

You must pay Your premium within the agreed credit terms otherwise Your Policy may not be in force If You do not pay Your premium on time by the due date or Your payment is dishonoured the Policy will not come into force and We may in accordance with Our rights at law, including the Insurance Contracts Act 1984 (Cth):

a. cancel the Policy; and
b. decline any claim under the Policy.

How to Apply for Group Personal Accident Only Insurance

To apply for the Policy, You will need to complete a proposal form available from a licensed insurance broker. They will then approach Us to provide You with a quotation.

Your Duty to Take Reasonable Care Not to Make a Misrepresentation

Your application for insurance cover will be treated as if You are applying for a 'consumer insurance contract'. Before the contract of insurance is entered into, You have a legal duty to take reasonable care not to make a misrepresentation to the Insurer under the Insurance Contracts Act 1984 (Cth). It is very important that You comply with Your duty, as this may impact on Your insurance cover.

A misrepresentation is an answer or statement that is not true, only partially true, or does not fairly reflect the truth.

When You apply for insurance, We will ask You clear and specific questions that are relevant to Our decision to insure You. Your answers in response to Our questions are important as We use them to determine whether We can provide insurance cover to You, and if so, the terms of the policy and the premium We will charge. This means that when answering Our questions, You should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies anytime You answer Our questions as a part of an initial insurance application, when extending or making changes to an existing insurance, and reinstating any previous contract of insurance.

We may later investigate the answers You provide to Us, for example, when a claim is made.

Guidance For Answering Our Questions:

Important: please ensure that You take care when providing Your answers in response to Our questions in relation to Your insurance application. You should respond fully, honestly and accurately. If You do not, it may affect Your insurance cover.

When answering Our questions, please:

- Think carefully about Your responses. If You do not understand the question or require further explanation, please ask Us before responding;
- Make sure Your responses are truthful, accurate and complete answers to every question that We ask You;
- Provide Us with all relevant information in response to Our questions. If You are unsure what information to include, please include it or check with Us, Your broker or adviser;
- Do not assume that We will contact anyone else for the information We are asking You for;
- Review each answer You have provided on Your insurance application carefully and make any corrections (if necessary) before submitting it to Us. You are responsible for the answers that You provide Us, even if You have had help in preparing Your application, for example from Your broker, intermediary, advisor or someone else.

Before Your insurance cover starts, please tell Us of any changes that may be required to the answers You have given to Our questions. This may save time as any changes may require further investigation or assessment of the risk.

If, after Your insurance cover starts, You think You may not have complied with Your duty, please contact Us, Your broker or advisor immediately and We will let You know whether it has any impact on Your cover.

We may contact You after You have submitted Your application to clarify or collect any information that You may not have included. The information You provide may be recorded and used by Us in assessing Your application. Your duty to take reasonable care not to make a misrepresentation applies to all types of communication with Us, including written, electronic, online, when speaking with Us in person or on the telephone, or a mix of these.

If You Do Not Comply With Your Duty

If You do not take reasonable care not to make a misrepresentation, it may have serious consequences for Your insurance. If You have failed to comply with Your duty, We have certain rights, which may depend on what Your insurance offer may have been had You not made a misrepresentation, and whether or not the misrepresentation was fraudulent. We have different actions available to Us, for example, We may do one of the following:

- Avoid Your insurance cover. This means that Your insurance contract and cover will be treated as if it never existed;
- Change the amount of cover, for example the level of cover may be reduced;
- Change the terms of Your insurance contract, for example certain events may be excluded from being covered.

This may mean an insurance claim may not be paid, or the amount or benefit paid may be reduced, or premiums increased.

If We suspect that You may have breached Your duty to take reasonable care not to make a misrepresentation, before We exercise any of the actions available to Us, We will:

- Explain Our reasons why We believe You have breached Your duty; and
- Provide Us with an opportunity to respond and provide Us with further information.

If We decide to make changes to Your cover, We will notify You of Our decision and provide You with the review process and complaints procedure to follow if You disagree with Our decision.

If You Need Help

It is very important that You understand this information, the questions that We ask You and Your duty. If You are having difficulty for any reason, such as a disability, English language, or require further support such as a support person You trust, please contact Us so that We may tell You how We may assist in providing additional support.

If You have any questions, please contact Us, Your broker or advisor.

Group Insurance Policy

The Insured must ensure that a copy of this PDS is made available to each Insured Person.

Your Cooling-Off Period

You have the right to return the Policy to Us within twenty-one (21) days from the date the insurance period commences ('the cooling-off period') unless a claim is made under the Policy within this period.

If you return the Policy during the cooling-off period, We will refund the full amount of the premium less any taxes or duties payable to you within fifteen (15) business days of receipt of Your request. If You purchased the policy through an insurance broker, ask Your broker what arrangements apply. The policy will be terminated from the date we are notified of a request to return it. To return the Policy, We must be notified in writing within the cooling-off period.

This can be done by contacting Us using the contact details found at the back of this PDS, or by contacting Your insurance broker.

You can cancel your Policy at any time after the cooling-off period. Please refer to 'Cancellation' under General Conditions and Limitations on page 66.

How to Contact Us

Enquiries of a general nature should be addressed to Canopius Asia & Pacific and should be sent to:

Canopius Asia Pte Ltd t/as Canopius Australia & Pacific
Suite 2, Level 35
60 Margaret Street
Sydney NSW 2000
Australia

T: +61 (0)2 8537 3502
E: ANZenquiries@canopius.com

CLAIMS: All enquiries specific to making a claim and or notice of an event which is likely to give rise to a claim, please refer to the section below, **How to Make a Claim.**

COMPLAINTS: Any complaint relating to this Policy, please contact Your broker contact in the first instance and refer to the section below, **How to Make a Complaint.**

How to Make a Claim

You or any Insured Person entitled to claim under this Policy must give Us or Our authorised agent written notice of any event which is likely to give rise to a claim, within thirty (30) days, or as soon as is reasonably practicable.

Please send the notice to:

Corporate Services Network (CSN)
Telephone: +61 (0)2 8256 1770
Email: claims@csnet.com.au
Post: GPO Box 4276 Sydney NSW 2001

Once notified of Your claim, Corporate Services Network (CSN) will provide You with all the necessary claim forms. You must complete these forms in full and return to Corporate Services Network (CSN) along with all other information and documentation that is relevant to Your claim in order to ensure a quick and efficient claims assessment. These may include and are not limited to any invoices, medical certificates, Medical Practitioner reports, and employer reports. A failure to provide relevant information could delay processing of Your claim.

Any payments under the Policy will be made in Australian Dollars (AUD) unless otherwise shown in the Policy Schedule.

Renewal Procedure

At a minimum of fourteen (14) days before this Policy expires, We will provide a renewal invitation advising the amount payable to renew this Policy. It is important that You carefully and thoroughly review the renewal invitation together with the provided PDS, Policy Wording and any Endorsements and accompanying documentation to ensure that the details are correct, and the renewal terms offered remain relevant and suitable to Your needs and requirements.

Privacy

Canopius Asia Pte Ltd t/as Canopius Australia & Pacific is committed to protecting the privacy of the personal information You provide Us. Canopius Asia Pte Ltd t/as Canopius Australia & Pacific collects, uses and retains Your personal information in accordance with the National Privacy Principles. For full details on how We use Your information, please refer to our Privacy Notice available on Our website www.canopius.com/privacy.

Why We Collect Your Personal Information

We need to collect the personal information on the applicable proposal form to consider Your application for insurance and to determine the Premium (if Your application is accepted) when You are applying for, changing or renewing an insurance Policy with Us. This information will also be used if You lodge a claim under Your Policy. We may also need to request additional information from You in connection with Your application or a claim. If You do not provide Us with this information, or any additional information We request, We may not be able to process Your application or offer You insurance cover or respond to any claim.

We may collect the following personal information:

- Your name, date of birth, address, other contact details, occupation, financial information such as Your bank account details, details of the items You want to insure (including the location of those items where this applies) or the cover You want to take out, details of any other people You are including on the proposal or Policy, and details of insurance claims You have made.

We may also collect the following sensitive personal information about You and any other people You are including on the proposal or Policy. We will obtain consent before collecting sensitive personal information unless We are required or permitted by law to collect it without consent.

- Medical details, details of any criminal convictions and details of any insurance claims made (including details of personal injuries or medical conditions)

How We Obtain and Disclose Your Personal Information

We may receive personal information from, or disclose personal information to, the following parties:

(a) Our relevant employees and related entities involved in delivering Our services;
(b) If Your insurance broker collects this form from You, to that broker;
(c) Facilitators such as legal firms, professional experts such as accountants, actuaries, engineers and technology experts;
(d) Our appointed third-party administrators (TPAs) for claims assessment and administration services;
(e) Our service providers based within Australia or overseas, such as the United Kingdom, who assist Us in delivering Our services;
(f) Insurance companies with whom We transact business;
(g) The Lloyd's Syndicates We represent (which are located in the United Kingdom);
(h) Insurance reference bureau, credit reference bureau or dispute resolution organisations;
(i) Reinsurers or reinsurance brokers (which may include reinsurers located outside of Australia).

Where We do disclose the information as above the recipient may hold the information in accordance with its own privacy statement/policies. Those may include, by way of example, disclosing the information to and storage of that information by its associated entities which may be located overseas. We may also be required to provide Your personal information to others for purposes of public safety and law enforcement and if required by law or by a law enforcement body to do so.

Access to and Correction of Your Personal Information

You may request access to Your personal information and where necessary, correct any errors in this information (some restrictions and costs may apply). If You would like to access a copy of Your personal information or You wish to correct or update Your personal information, please contact Us by email at privacy@canopius.com or call Us on +61 (0)2 8537 3502.

Your Decision to Provide Your Personal Information

By completing and returning a proposal form or providing Us with any additional information in connection with Your application, You agree to us using and disclosing Your information as set out above. This consent to the use and disclosure of Your personal information remains valid unless You alter or revoke it by giving Us written notice.

When You give Us personal information about other individuals, we rely on You to have made or make the individual aware that You will or may provide their personal information to us and the types of other parties and service providers We may provide it to, the relevant purposes We and the other parties and service providers will use it for, and how they can access it. If You have not done or will not do either of these things, You must tell us before You provide the relevant personal information to Us.

If You have any concerns about how We are collecting and processing Your personal information, You may raise a complaint by email at complaintsinbox@canopius.com.

How to Make a Complaint

Lloyd's aim is to provide the highest service to its Australian policyholders and, to this end, has developed the following procedures for the fair handling of complaints from Lloyd's policyholders including Insured's under this Policy. There are established procedures for dealing with complaints and disputes regarding Your insurance or claim.

Step 1

If You have any concerns or wish to make a complaint in relation to this policy, Our services or Your insurance claim, please let Us know and We will attempt to resolve Your concerns in accordance with Our Internal Dispute Resolution procedure. Please contact Us in the first instance:

Attention: Complaints Office

Canopius Asia Pte Ltd t/as Canopius Australia & Pacific
Suite 2, Level 35
60 Margaret Street
Sydney NSW 2000
Australia
T: +61 (0)2 8537 3502
E: complaintsinbox@canopius.com

We will acknowledge receipt of Your complaint within one (1) business day via phone or email and do Our utmost to resolve the complaint to Your satisfaction within 10 business days.

Step 2

If We cannot resolve Your complaint to Your satisfaction, We will escalate Your matter to Lloyd's Australia who will review Your complaint within ten (10) business days. You will be kept informed of the review of Your complaint every ten (10) business days.

Lloyd's contact details are:

Lloyd's Australia Limited
Telephone: +61 (0)2 8298 0700
Email: idraustralia@lloyds.com
Post: Grosvenor Place, Level 32
225 George Street
Sydney NSW 2000
Australia

A final decision will be provided to You within thirty (30) calendar days of the date on which You first made the complaint unless certain exceptions apply.

Step 3

You may refer your complaint to the Australian Financial Complaints Authority (AFCA), if Your complaint is not resolved to Your satisfaction within thirty (30) calendar days of the date on which You first made the complaint or at any time.

AFCA can be contacted as follows:

Telephone: 1800 931 678
Email: info@afca.org.au
Post: GPO Box 3 Melbourne VIC 3001
Website: www.afca.org.au

AFCA is an independent body that operates nationally in Australia and aims to resolve disputes between You and Your insurer. AFCA provides fair and independent financial services complaint resolution that is free of charge to consumers. Determinations made by AFCA are binding upon Us.

Your complaint must be referred to AFCA within two (2) years of the final decision, unless AFCA considers special circumstances apply. If Your complaint is not eligible for consideration by AFCA, You may be referred to the Financial Ombudsman Service (UK) or You may seek independent legal advice. You can also access any other external dispute resolution or other options that may be available to You.

The Underwriters accepting this Policy agree that:

- if a dispute arises under this Policy, this Policy will be subject to Australian law and practice and the Underwriters will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;
- any summons notice or process to be served upon the Underwriters may be served upon:

  Lloyd's Underwriters' General Representative in Australia
  Grosvenor Place
  Level 32
  225 George Street
  Sydney NSW 2000

Australia

who has authority to accept service on the Underwriters' behalf;

- if a suit is instituted against any of the Underwriters, all Underwriters participating in this Policy will abide by the final decision of such Court or any competent Appellate Court.

Intermediary Remuneration

We pay remuneration to insurance intermediaries when We issue, renew or vary a Policy the intermediary has arranged or referred to Us. The type and amount of remuneration varies and may include commission and other payments. Information about the remuneration that We may pay insurance intermediaries may be obtained by requesting it from the intermediary or Your insurance broker.

Preparation Date

This Product Disclosure Statement was prepared on 1st May 2025.

Updating the PDS

Information in this PDS may need to be updated from time to time. A copy of any updated information can be obtained without charge by calling Us on the contact details provided in this document. If the update is to correct a statement or an omission, that is materially adverse from the point of view of a reasonable person deciding whether to acquire this Policy, We will provide You with a new PDS or a Supplementary PDS.

Definitions

The following Definitions apply to all sections of this Policy and will start with a capital letter.

Accident means a sudden, unexpected and unintended specific event which occurs at a definable time and place.

Accidental Death means Injury resulting in death.

Activities of Daily Living means any and/or all of the following:

1. Washing - the ability of an Insured Person to wash in the bath or shower (including getting into or out of the bath or shower) or wash satisfactorily by other means.
2. Dressing - the ability of an Insured Person to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
3. Feeding - the ability of an Insured Person to feed themselves once food has been prepared and made available.
4. Toileting - the ability of an Insured Person to use the toilet (with or without aids) or otherwise manage bowel and bladder function so as to maintain a satisfactory level of personal hygiene.
5. Mobility - the ability of an Insured Person to move from place to place by walking, wheelchair or with assistance of a walking aid (including mechanical or motorised devices).

Accommodation Expenses means reasonable and necessary charges for accommodation which We have organised or authorised in writing prior to the commencement of the accommodation period. It does not include any charges for which You or an Insured Person have originally budgeted.

Aggregate Limit of Liability means the total We will pay for all claims under this Policy within a Period of Insurance.

Air or Road Rage Incident means a violent physical act, or threat of the same, occurring whilst the Insured Person is occupying an aircraft as a passenger, or any motor vehicle intended for use on public roadways; that is intentionally committed by a person who is not an Insured Person or a Relative of an Insured Person.

Allied Health Care Provider means a legally licensed, qualified and registered health professional that performs diagnostic procedures, provides therapeutic services and patient care in a Hospital, private practice, in-home or community health facility who is a not a Medical Practitioner and who is not the Insured Person and/or the Insured, or a Family member or Relative of the Insured and/or the Insured Person. Allied Health Care Provider includes but is not limited to audiologists, chiropractors, dental hygienists, dietitians, myotherapists, exercise physiologists, perfusion, medical technologists, occupational therapists, orthoptists, orthotists and prosthetists, osteopaths, pharmacists, podiatrists, psychologists, psychiatrists, physical therapists, radiographers, medical imaging technologists, respiratory therapists, speech pathologists, sonographers, and social workers.

Benefit means the amount that We will pay to You of an Insured Person in the Event that a specific set of circumstances are satisfied.

Benefit Period means the maximum period of time for which We will continue to pay a Benefit irrespective of whether claims are made under this Policy or another policy You or an Insured Person holds with Us, unless We have agreed to provide that cover over and above this Policy. If a Deferral Period applies to the Benefit, the Benefit Period for that Benefit begins at the end of the Deferral Period. The Benefit Period will be shown in the Policy Schedule below the relevant Benefit.

Carjacking means the violent theft or the attempted violent theft of a vehicle which is under the care and control of or occupied by or immediately intended to be occupied by You or an Insured Person.

Charter means engagement by You or an Insured Person for a specific journey to and/or from declared departure and arrival facilities or locations and where the mode of transportation is not part of a regular schedule for the general public.

Civil War (whether declared or not) means armed opposition, insurrection, revolution, armed rebellion, or sedition between two (2) or more groups belonging to the same country where the opposing parties are of different ethnic, religious, or idealistic groups.

Computer System means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the Insured or any other party.

Commercial Hire Vehicle means any rented vehicle primarily designed to:

1. Transport more than nine (9) passengers (excluding the driver); or
2. Perform any function other than the transportation of people/passengers.

Complete Fracture means a fracture in which the bone is broken completely across and no connection is left between the pieces.

Country of Assignment means a country other than the Insured Person's Country of Residence, that is:

1. where the Insured Person will spend most of their time whilst outside of their Country of Residence; or
2. where the Insured Person is residing whilst on an overseas expatriate assignment; or
3. as declared to Us; or
4. as named in the Policy Schedule.

Country of Residence means any country in which at the Effective Date of Cover or at any subsequent time whilst an Insured Person, the Insured Person is, or becomes:

a. a permanent resident (e.g. in relation to which they hold a multiple entry visa or permit which given the Insured Person resident rights in such country or citizenship); or

b. a citizen via any available avenue, including but not limited to, naturalization, marriage or other recognized relationship, birth, ancestry or investment.

Cyber Act means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any Computer System.

Cyber Incident means:

1.1 any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any Computer System; or

1.2 any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any Computer System.

Daily Benefit means the maximum amount We will pay for each lapsed period of twenty-four (24) consecutive hours.

Deferral Period means the continuous period of time shown in the Policy Schedule during which no amount is payable for a Benefit. The Deferral Period begins at the point in time that the Benefit would have been payable if there was no Deferral Period. The Deferral Period is shown on the Policy Schedule below the relevant Benefit.

Dental Practitioner means a person legally qualified in dentistry who is registered or licensed to practice dentistry under the laws of the country in which they practice dentistry as a dentist, dental hygienist, dental prosthetist, dental therapist, oral surgeon, orthodontist, oral health therapist or specialist who is not the Insured Person, You or Your or an Insured Person's Family member or Relative.

Dependent Child or Dependent Children means an Insured Person's or their Partner's dependent child or children, including step children and legally adopted children, as long as the child or children are under nineteen (19) years of age, or under twenty five (25) years of age while they are Full-Time Students, and are primarily dependent upon the Insured Person for maintenance and support. Dependent Child or Dependent Children also includes any child or children of any age who are living permanently with the Insured Person who through a disability are totally incapable of self-support.

Detention or Detained means the illegal holding of an Insured Person under duress by militias, militants or governments without any legal justification. Detention also includes the Insured Person being held hostage as part of a Hijacking**.**

Effective Date of Cover means the date the:

1. Insured Person first becomes an Insured Person under the Policy and is shown in the Policy Schedule or subsequent endorsement as an Insured Person; and

2. Premium is paid or agreed to be paid by You for the Insured Person.

Electronic Equipment means any personal device that contains a computer chip, microprocessor or electronic controller, including but not limited to medical or therapeutic devices. mobile telephones, portable computers (including all notebooks, laptops, tablets and other hand held devices) or any wireless enabled wearable technology devices and the like. This does not include cameras.

Emergency Services means a public organisation that responds to and deals with emergency situations, including but not limited to ambulance services, police, fire brigade or rural fire services, coast guard, surf lifesaving.

Excess means the amount You or an Insured Person must contribute towards the cost of a claim under this Policy. Where an Excess applies it will be shown in the Policy Schedule and Our payments under any claim will be paid less the Excess amount. An Excess will reduce the amount We pay to You or the Insured Person for a claim for any one (1) Event. Only one (1) Excess applies to each separate Event for each Benefit of the Policy per Insured Person. An Excess can either be expressed as a monetary amount or a percentage of the loss.

Exposure means lack of protection to extreme weather or environmental conditions.

Extortion means a physical threat or intimidation of an Insured Person for the purpose of demanding a Ransom for that Insured Person.

Event means a situation or series of situations that give rise to a claim.

Family means the Insured Person, their accompanying Partner and/or their Dependent Children.

Fingers, Thumbs or Toes mean the digits of a Hand or Foot.

Foot means the entire foot below the ankle.

Full-Time Student means a student, who is attending a legally accredited registered training organization or institution of higher learning.

General Conditions and Limitations means the General Conditions and Limitations as set out in the General Conditions section of this Policy on page 67.

General Exclusions means the General Exclusions as set out in the General Exclusions section of this Policy on page 65.

Hairline Fracture means mere cracks in the bone.

Hand means the entire hand below the wrist.

Hijack or Hijacking means the unlawful seizure or capture by force or the forceful taking control of a conveyance in which the Insured Person is travelling or a building in which the Insured Person is located.

Hire Vehicle means a rented sedan, station wagon, hatchback or all-wheel (AWD) or four-wheel drive (4WD), which is not a Commercial Hire Vehicle, rented or hired from a licensed motor vehicle rental/hire company for the sole purpose of carrying an Insured Person in accordance with the Hire Vehicle Agreement and shall not include any other vehicle or use.

Hire Vehicle Agreement means the written agreement between You or an Insured Person and the motor vehicle hire company whose business is to rent out Hire Vehicles or Commercial Hire Vehicles.

Hire Vehicle Excess means the amount You or an Insured Person has agreed to bear as the excess shown on the Hire Vehicle Agreement.

Hospital means a place registered as a hospital for the care and treatment of sick or ill or injured persons and which has the following characteristics:

1. organised diagnostic and surgical facilities, either on premises or in facilities available to the hospital on a pre-arranged basis;
2. provides 24 hours a day nursing services by registered nurses;

3. is under the supervision of a Medical Practitioner; and

4. is not primarily a clinic, a place for custodial care, a place for the treatment of alcoholism or any other substance abuse, a nursing, rest or convalescence home or home for the aged or similar establishment.

Income means

1. If the Insured Person is Your employee:

    a. the Insured Persons gross weekly rate of pay exclusive of overtime payments, bonuses, commissions and allowances averaged over:

        i. the period of three hundred and sixty-five (365) consecutive days prior to the date the disablement (with respect to which We have agreed to pay a claim under this Policy) commenced; or

        ii. such shorter period that an Insured Person has been continuously employed prior to the date of disablement as certified by the Medical Practitioner.

2. If the Insured Person is a self-employed person (not Your employee):

    a. the Insured Person's weekly pre-tax income derived from personal exertion, after deduction of all expenses necessarily incurred in connection with that income, averaged over:

        i. the period of three hundred and sixty-five (365) consecutive days; or

        ii. in such shorter period that an Insured Person has been continuously self-employed prior to the date of disablement as certified by the Medical Practitioner.

    If the Insured Person does not meet the criteria of 1 or 2 above, then the Insured Person's Income shall be deemed to be nil for the purposes of assessing any claim under this Policy.

Income Limitation means the maximum percentage of the Insured Person's Income which We will pay in the event of a claim.

Income Multiplier means the maximum multiple of the Insured Person's annualised Income which We will pay in the event of a claim**.**

Injury means a physical bodily injury resulting solely and directly from an Accident to the Insured Person; but excludes:

1. any consequences of an Injury which are ordinarily described as being a Sickness, illness or disease, including but not limited to any congenital condition, heart condition, stroke or any form of cancer;

2. an aggravation of a pre-existing Injury; and

3. any degenerative condition.

Insured/You/Your means the named company, organisation or persons listed as the Insured on the Policy Schedule. The Insured is the party contracting with Us for this Policy of Insurance.

Insured Event means one of the listed Insured Events under 'Death and Capital Benefits', 'Fractured Bones Benefit' or 'Loss of Teeth or Dental Procedures Benefit'.

Insured Person means any person stated by name, classification or meeting the criteria specified for an Insured Person in the Policy Schedule for the insurance cover You selected and with respect to whom a premium has been paid.

Insurer/Us/We/Our means Canopius Asia Pte Ltd t/as Canopius Australia & Pacific

Kidnap, Kidnapped or Kidnapping means the actual or alleged taking of an Insured Person and holding them captive against the Insured Person's will, without legal authority, for the purpose of demanding a Ransom for the release of the Insured Person.

Laboratory means the facility where tests and analysis are undertaken for diagnostic and or treatment purposes including urinalysis, blood tests, microbiological cultures, pathology tests and analysis and other tests of body fluids.

Legal Expenses or Legal Service means:

1. reasonable fees, costs, charges and/or disbursements necessarily incurred with Our prior written consent which shall not be reasonably withheld by a solicitor, firm of solicitors, or any other appropriately legally qualified person, firm or company appointed by You or by the Insured Person; and/or
2. a court or tribunal order for costs or costs included in a settlement of a claim or legal proceedings for which the Insured Person is legally liable.

Limb means the entire arm (from the shoulder including the Hand) or the entire leg (from the hip including the Foot).

Loss means in connection with:

1. a Limb: Permanent physical severance of the Limb or Permanent total loss of the use of the Limb; or
2. an eye: total and Permanent loss of all sight in the eye; or
3. hearing: total and Permanent loss of hearing; or
4. Speech: total and Permanent loss of the ability to speak; or
5. Hand, Foot, Finger, Thumb or Toe: Permanent physical severance of a Hand, Foot, Finger, Thumb or Toe or Permanent total loss of use of a Hand, Foot, Finger, Thumb or Toe,

and which in each case is caused by Injury.

Medical Mobility Equipment means any out of Hospital mobility and movement equipment to assist and support patient transportation and recovery approved by a Medical Practitioner including but not limited to A-frames, crutches, walker, walking stick, wheel chair (non-motorised), scooter (non-motorised), moon boot, knee brace, neck, arm or leg supports.

Medical Expenses means all reasonable expenses incurred from a Medical Practitioner, legally qualified and registered nurse, Hospital or registered ambulance service for medical surgery or other diagnostic or remedial treatment, including the cost of medical supplies or Prescribed Medicines given and ambulance hire.

Medical Practitioner means a person legally qualified in medicine who is currently registered or licensed with the medical board of Australia or the medical board of the country in which they

practice medicine as a general practitioner (doctor), physician, surgeon or specialist and who is not the Insured Person, You, or Your or an Insured Person's Family member or Relative.

Medicare Gap means the difference between the payment made by Medicare (or equivalent government entity) and the Medicare Benefits (or equivalent) Schedule fee for the expense.

Money means bank notes, coins, credit and debit cards, money orders, travellers' cheques, postal notes, gift cards and vouchers, petrol and other coupons and letters of credit.

Non-Medicare Medical Expenses means any expenses which:

1. is certified by a Medical Practitioner, as necessary for the treatment of the relevant Injury covered by the Policy solely for the purposes of recovery;
2. is incurred by the Insured or the Insured Person within twelve (12) months of the relevant Injury covered by the Policy; or
3. may include private Hospital fees (including accommodation), Prescribed Medicines, certain dental services, ambulance or emergency transport services, orthotists services prescribed by a surgeon, or services provided by an Allied Health Care Provider after referral by the treating Medical Practitioner.

Nuclear, Biological or Chemical Terrorism means Terrorism involving the use of fusion, fission, radiation, biological or chemical weapons.

Occupational Therapy Expenses means reasonable and necessarily incurred charges for rehabilitation treatment and/or occupational therapy as prescribed by the treating Medical Practitioner as a result of an Injury**.**

Occurrence means an Event which results solely and directly in an Injury or property damage, neither expected or intended from the Insured Person's perspective at the time.

Other Fracture means any fracture other than a Complete Fracture, Simple Fracture or Hairline Fracture.

Other Insurance means in the event of a claim under this Policy, any other insurance policy under which You or the Insured Person are entitled to claim or to which You or the Insured Person has access, that provides cover for the same Events or Loss.

Paraplegia means Permanent, total and entire paralysis of both legs and part or whole of the lower half of the body.

Partner means an Insured Person's wife or husband including de facto or life partner who has continuously cohabited with the Insured Person for a period of three (3) consecutive months or more at the time of the Event.

Period of Insurance means the period shown on the Policy Schedule or such shorter time if the Policy is terminated.

Permanent means lasting at least one (1) year on a constant, daily basis and certified by a Medical Practitioner to have a prognosis of no improvement.

Policy means the Product Disclosure Statement, policy wording, current Policy Schedule, any Endorsements, Supplementary Product Disclosure Statements and any other documents that We may issue to You and that We tell you will form part of the Policy.

Policy Schedule means any current, subsequent, renewal or variation schedule listing the Benefits and limits that form part of the Policy.

Pre-Existing Condition means:

1. an ailment, Sickness or Injury, whether or not diagnosed:
    a. of which the Insured Person was aware; or
    b. the signs, symptoms or side effects of which the Insured Person was aware; or
    c. in relation to which the Insured Person sought medical treatment:

    prior to the Insured Person's Effective Date of Cover under the Policy; or
2. an ailment, Sickness or Injury caused by a Pre-Existing Condition; or
3. any medical condition for which an Insured Person has been treated or suffered prior to the Insured Person's Effective Date of Cover irrespective of whether or not the Insured Person has recovered.

Prescribed Medicines means medication prescribed by a Medical Practitioner that are not available without a prescription. However, Prescribed Medicines does not include contraception and related birth control medicines irrespective of whether these contraception or birth control medications is prescribed by a Medical Practitioner or not.

Professional Sports means any sport for which an Insured Person receives any fee, allowance, sponsorship or monetary reward as a result of their participation, which in totality accounts for more than fifteen percent (15%) of their annual income from all sources.

Quadriplegia means Permanent, total and entire paralysis of both arms and both legs.

Ransom means Money and/or marketable goods, property, monetary instruments, securities and/or services, surrendered or to be surrendered by You or the Insured Person on Your or the Insured Person's behalf in connection with a Kidnap, Detention or Extortion incident in consideration for the return or release of the captive Insured Person.

Recognised Health Provider means any Australian or international insurer licensed to insure general insurance or health insurance including as a registered health fund.

Relative means the Insured Person's Family, parent, parent-in-law, grandparent, step-parent. grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, fiancé, fiancée, half-brother, half-sister, aunt, uncle, niece or nephew.

Scope of Cover means the operative time within the Period of Insurance that the cover under this Policy applies as shown in the Policy Schedule.

Serious Mental Impairment means the Insured Person being diagnosed by a Medical Practitioner with a mental health disorder (according to a recognized diagnostic system) arising solely and directly from their major head trauma as a result of Injury, that, in the opinion of a Medical Practitioner, results in the Insured Person being permanently unable to perform at least two (2) of the numbered Activities of Daily Living without assistance of another person.

Sickness means an illness or disease (including a mental illness, condition or disorder).

Simple Fracture means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a Medical Practitioner requires minimal and uncomplicated medical treatment.

Temporary Partial Disablement means:

1. In the case of an Insured Person who is under the regular care of a Medical Practitioner and continues to be employed by You:

    a. a temporary inability of the Insured Person, in the opinion of a Medical Practitioner, to engage in a substantial part of their usual occupation or business duties; and

    b. results in more than a twenty-five percent (25%) loss of the Income earned prior to the relevant Injury.

2. In the case of an Insured Person who is under the regular care of a Medical Practitioner who ceases to be employed by You:

    a. a temporary inability of the Insured Person, in the opinion of a Medical Practitioner, to engage in at least twenty-five percent (25%) of the duties of any occupation for which they have suitable education, training or experience.

Temporary Total Disablement means:

1. In the case of an Insured Person who is under the regular care of a Medical Practitioner and continues to be employed by You:

    a. a temporary inability of the Insured Person, in the opinion of a Medical Practitioner, to engage in any aspect of their usual occupation; or any of their business duties.

2. In the case of an Insured Person who ceases to be employed by You:

    a. a temporary inability of the Insured Person in the opinion of a Medical Practitioner, to engage in any occupation for which they have suitable education, training or experience.

Terrorism means any act, preparation in respect of action or threat of action (any of which are considered an 'Act' for the purposes of this definition) by a person or two (2) or more people, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), that involves the use of or threat of force or violence, where the purpose of the Act by its nature or context is to:

a. further a political, religious or ideological aim; and/ or

b. intimidate or influence a government or any political division within it for any purpose whether law fully constituted or otherwise) the public or any section of the public, and/or

c. put the public, or any section(s) of the public, in fear.

Tooth or Teeth means a sound and/or natural permanent tooth, but does not include first or milk teeth, dentures, implants, crowns, prosthetic teeth and/or dental fillings.

Total Disablement means disablement preventing the Insured Person from engaging in the Insured Person's usual occupation or employment, or any other occupation or employment for which the Insured Person has suitable education, training, experience or skill; or if not employed, from engaging in any occupation for the remainder of the Insured Person's life.

Unexpected Death means a death which was sudden or unforeseeable. It does not include the death of a terminally ill person, unless the death is due to an unrelated cause.

War (whether war is declared or not) means a state of armed conflict between different countries, different groups or factions with a country, or forces acting for any international authority, including but not limited to Nuclear, Biological or Chemical Terrorism, invasion, sets of foreign enemies, hostilities, or war-like operations.

Lump Sum Benefits

Death and Capital Benefits

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury or Accidental Death, We will pay the following Benefits for each Insured Person for the Insured Events listed below as a percentage of the Maximum Benefit for 'Death and Capital Benefits' shown on the Policy Schedule:

Insured Events		**Benefits** The percentage of the amount shown in the Policy Schedule against Death and Capital Benefits.
1.	Accidental Death	100%
2.	Permanent Total Disablement	100%
3.	Paraplegia or Quadriplegia	100%
4.	Permanent and incurable paralysis of all Limbs	100%
5.	Permanent Serious Mental Impairment	100%
6.	Permanent Loss of sight in: (a) Both eyes (b) One (1) eye	 100% 100%
7.	Permanent Loss of: (a) Two (2) Limbs (b) One (1) Limb	 100% 100%
8.	Permanent Loss of: (a) The lens in both eyes (b) The lens in one (1) eye	 100% 60%
9.	Permanent Loss of: (a) Hearing in both ears (b) Hearing in one (1) ear	 100% 30%
10	Permanent Loss of: (a) four (4) Fingers and Thumb of either Hand, or (b) Foot	 80% 80%
11.	Permanent Loss of: (a) Both kidneys (b) One (1) kidney (c) Liver (d) Spleen (e) Reproductive organs	 75% 30% 70% 10% 40%
12.	Burns (a) Third degree burns and/or resultant disfigurement which covers more than 20% of the entire external body (b) Second degree burns and/or resultant disfigurement which covers more than 20% of the entire external body	 50% 25%
13.	Permanent Loss of four (4) Fingers of either Hand	50%
14.	Permanent Loss of one (1) Thumb of either Hand: (a) both joints (b) one (1) joint	 40% 20%
15.	Permanent Loss of Fingers of either Hand: (a) three (3) joints	 15%

	(b) two (2) joints (c) one (1) joint	10% 5%
16.	Permanent Loss of Toes of either Foot: (a) all - one (1) Foot (b) great - both joints (c) great - one (1) joint (d) other than great - each Toe	 15% 5% 3% 1%
17.	Fractured leg or patella with established non-union	10%
18.	Shortening of leg by at least 5 cm	7.5%
19.	Loss of at least fifty percent (50%) of all sound and natural teeth, including capped or crowned teeth, but excluding first teeth and dentures	1% to a maximum of $10,000 in total.

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Death and Capital Benefits'.

The maximum amount payable for an Insured Person who is a Dependent Child is 10% of the listed Event for 'Death and Capital Benefits'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Death and Capital Benefits

1. The Insured Event must occur within twelve (12) months of the date of the Injury.
2. We will not pay a 'Death and Capital Benefit' for more than one (1) of the Insured Events in respect of the same Injury. If one (1) Injury causes two (2) or more Insured Events, We will only pay the highest of those Insured Events Benefits.
3. We will not pay Benefits unless the Insured Person obtained medical advice from a Medical Practitioner as soon as possible after the happening of any Injury.

Exclusions applicable to the Death and Capital Benefits

1. No Benefits are payable for any Injury which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for the Insured Event 'Permanent Total Disablement' for Insured Persons who are:

   - 70 years of age or older; or
   - the age shown in the Policy Schedule against 'Maximum Age Limit'

   whichever is lower.
3. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or in any way connected with a Pre-Existing Condition.

Unspecified Permanent Disablement Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers a Permanent Disablement which is not listed as an Insured Event:

We will pay a percentage of the Maximum Benefit for Death and Capital Benefits shown on the Policy Schedule calculated as a percentage of a whole person impairment determined by the opinion of not less than three (3) Medical Practitioners, including two (2) Medical Practitioners whom We appoint. If there is disagreement between the Medical Practitioners, then the percentage shall be the average of the Medical Practitioners opinions.

The maximum We will pay for this Benefit for any one (1) Insured Person is 75% of the amount shown in the Policy Schedule for Death and Capital Benefits.

The maximum amount payable for an Insured Person who is a Dependent Child is 10% of the listed Event for Death and Capital Benefits.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise**.**

Conditions of the Unspecified Permanent Disablement Benefit

1. The Insured Event must occur within twelve (12) months of the date of the Injury.
2. We will not pay a Death and Capital Benefit for more than one (1) of the Insured Events in respect of the same Injury. If one (1) Injury causes two (2) or more Insured Events, We will only pay the highest of those Insured Events Benefits.
3. We will not pay Benefits unless the Insured Person obtained medical advice from a Medical Practitioner as soon as possible after the happening of any Injury.

Exclusions applicable to the Unspecified Permanent Disablement Benefit

1. No Benefits are payable for any Injury which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for the Insured Event 'Permanent Total Disablement' for Insured Persons who are:

   - 70 years of age or older; or
   - the age shown in the Policy Schedule against 'Maximum Age Limit';

   whichever is lower.
3. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or in any way connected with a Pre-Existing Condition.

Disappearance Benefit

If an Insured Person has been officially declared missing for a period of twelve (12) months following the sinking, wrecking or disappearance of an aircraft, vehicle or vessel in which the Insured Person was travelling during the Period of Insurance and within the Scope of Cover, We will pay the Death and Capital Benefit for Accidental Death.

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Death and Capital Benefits'.

The maximum amount payable for an Insured Person who is a Dependent Child is 10% of the listed Event for 'Death and Capital Benefits'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations unless specifically stated otherwise.

Conditions of the Disappearance Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Disappearance Benefit

Only General Exclusions apply.

Exposure Benefit

If, during the Period of Insurance and within the Scope of Cover:

1. an Insured Person's Exposure resulting in Injury; and
2. within twelve (12) months of the time of that Injury occurring suffers one (1) of the listed Insured Events under 'Death and Capital Benefits' as a direct result of the Exposure

We will treat that Insured Event as if it were caused by an Injury for the purposes of this Policy.

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Death and Capital Benefits'.

The maximum amount payable for an Insured Person who is a Dependent Child is 10% of the listed Event for 'Death and Capital Benefits'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Exposure Benefit

1. The Insured Event must occur within twelve (12) months of the date of the Injury.
2. We will not pay a Death and Capital Benefit for more than one (1) of the Insured Events in respect of the same Injury. If one (1) Injury causes two (2) or more Insured Events, We will only pay the highest of those Insured Events Benefits.
3. We will not pay Benefits unless the Insured Person obtained medical advice from a Medical Practitioner as soon as possible after the happening of any Injury or Exposure.

Exclusions applicable to the Exposure Benefit

1. No Benefits are payable for any Injury which is wholly, or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for the Insured Event 'Permanent Total Disablement' for Insured Persons who are:

   - 70 years of age or older, or
   - the age shown in the Policy Schedule against 'Maximum Age Limit';

   whichever is lower.
3. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or in any way connected with a Pre-Existing Condition.

Fractured Bones Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury resulting in broken or fractured bones, We will pay the following Benefits for each Insured Person for the Insured Events listed below as a percentage of the Maximum Benefit for 'Fractured Bones Benefit' shown on the Policy Schedule:

Insured Events		**Benefits** The percentage of the amount shown in the Policy Schedule against Fractured Bones Benefit
20.	Neck, skull or spine (Complete Fracture)	100%
21.	Hip	75%
22.	Jaw, pelvis, leg, ankle or knee (Complete Fracture or Other Fracture)	50%
23.	Cheekbone, shoulder or Simple Fracture, Hairline Fracture or Other Fracture of neck, skull or spine	30%
24.	Arm, elbow, wrist or ribs (Complete Fracture or Other Fracture)	25%
25.	Jaw, pelvis, leg, ankle or knee (Simple Fracture or Hairline Fracture)	20%
26.	Nose or collarbone	20%
27.	Arm, elbow, wrist or ribs (Simple Fracture or Hairline Fracture)	10%
28.	Finger, Thumb, Foot, Hand or Toe	7.5%

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Fractured Bones Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Fractured Bones Benefit.

Only General Conditions and Limitations apply.

Exclusions applicable to the Fractured Bones Benefit

1. No Benefits are payable for any Injury which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications or emergencies arising from an Injury).
2. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or in any way connected with a Pre-Existing Condition

Injury Resulting in Surgery Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person requires surgery as a result of an Injury, We will pay the following Benefits for each Insured Person for the Insured Events listed below as a percentage of the Maximum Benefit for the Injury Resulting in Surgery Benefit shown on the Policy Schedule:

Insured Events		**Benefits** The percentage of the amount shown in the Policy Schedule against Injury Resulting in Surgery Benefit.
29.	Craniotomy	100%
30.	Amputation of a Limb	100%
31.	Fracture of a Limb requiring open reduction	50%
32.	Dislocation requiring open reduction	25%
33.	Any other surgical procedure carried out under a general anesthetic	15%

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Injury Resulting in Surgery Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Injury Resulting in Surgery Benefit

1. The surgical procedure must occur within twelve (12) months of the date of Injury.
2. The surgery must be undertaken outside of Australia.

Exclusions applicable to the Injury Resulting in Surgery Benefit

1. No Benefits are payable for any surgery which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for any claim where the surgery was required, caused or contributed to by a Pre-Existing Condition or in any way connected with a Pre-Existing Condition.

Loss of Teeth or Dental Procedures Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury resulting in loss of Teeth or dental procedures, We will pay the following Benefits for each Insured Person for the Insured Events listed below as a percentage of the Maximum Benefit for 'Loss of Teeth or Dental Procedures Benefit' shown on the Policy Schedule:

Insured Events	**Benefits** The percentage of the amount shown in the Policy Schedule against Loss of Teeth or Dental Procedures Benefit
34. Loss of Teeth or full capping of Teeth	100%
35. Partial capping of Teeth	50%

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Loss of Teeth or Dental Procedures Benefit'.

The maximum Benefit payable per Tooth shall be limited to the amount shown in the Policy Schedule against 'Limit per Tooth'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Loss of Teeth or Dental Procedures Benefit

1. The expense must be incurred within twelve (12) months of the date of Injury.

Exclusions applicable to the Loss of Teeth or Dental Procedures Benefit

1. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or in any way connected with a Pre-Existing Condition.

Accidental HIV Infection Lump Sum Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person contracts the Human Immunodeficiency Virus (HIV) solely and directly as a result of:

1. an Injury caused by a violent physical bodily assault by another person; or
2. medical treatment of an existing Injury of the Insured Person provided by a Medical Practitioner or legally qualified and registered nurse.

We will pay the amount shown in the Policy Schedule for Accidental HIV Infection Lump Sum Benefit.

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Accidental HIV Infection Lump Sum Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Accidental HIV Infection Lump Sum Benefit

1. General exclusions applicable to HIV infection do not apply to this Benefit, provided that the Insured Person contracts the HIV Infection in the specific Injury or medical treatment circumstances in which We pay this Benefit.
2. The Insured Person must be diagnosed positive for the HIV infection within six (6) months of the relevant Injury or medical treatment circumstances occurring.
3. A recognised laboratory must carry out the HIV testing for diagnosis.
4. It must be confirmed in the Insured Person's medical history records and/or HIV testing by a recognised laboratory that the Insured Person was not HIV positive at the time of the Injury or medical treatment giving rise to the HIV infection.

Exclusions applicable to the Accidental HIV Infection Lump Sum Benefit

1. No cover is provided if the Insured Person already had HIV prior to the Injury or medical treatment circumstances giving rise to the HIV infection.
2. No cover is provided for HIV infection which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
3. No cover is provided for any claim where the HIV infection was caused or contributed to by a Pre-Existing Condition or in any way connected with a Pre-Existing Condition.

Cosmetic and Reconstructive Surgery Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury which results in a reconstructive or cosmetic surgery recommended by a Medical Practitioner as medically necessary to cure or alleviate the Injury, We will pay the amount shown in the Policy Schedule for 'Cosmetic and Reconstructive Surgery Benefit'.

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Cosmetic and Reconstructive Surgery Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Cosmetic and Reconstructive Surgery Benefit

1. This Benefit is not payable in addition to the Lump Sum Benefits for Burns.
2. This Benefit is payable once only in respect of any one (1) Accident.
3. This Benefit will be reduced by any Lump Sum Benefit payable to the Insured Person for Injury Resulting in Surgery.

Exclusions applicable to the Cosmetic and Reconstructive Surgery Beneft

1. We will pay for this Benefit notwithstanding any General Exclusions which apply to cosmetic, elective or plastic surgery.
2. No cover is provided for any claim where reconstructive or cosmetic surgery was required, caused or contributed to by a Pre-Existing Condition or in any way connected with a Pre-Existing Condition.
3. No cover is provided where the payment of the Benefit would constitute the carrying on of a "Health Insurance Business" by Us as defined under the Private Health Insurance Act 2007 (Cth) or the Health Insurance Act 1973 (Cth) or any amended or successor legislation of that statute.

Executor Expenses Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers Accidental Death and, if requested by the executor of the Insured Person's estate, We will pay You or the executor the reasonable expenses necessarily incurred as a direct consequence of the death of the Insured Person which require immediate payment in order for the executor to arrange the administration of the Insured Person's estate.

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Executor Expenses Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Executor Expenses Benett

1. You or the executor must produce the death certificate or interim death certificate to Us.

Exclusions applicable to the Executor Expenses Benefit

1. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or in any way connected with a Pre-Existing Condition.

Air or Road Rage Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury as a result of an Air or Road Rage Incident, We will pay the amount shown in the Policy Schedule for 'Air or Road Rage Benefit'.

The maximum amount payable for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Air or Road Rage Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Air or Road Rage Benefit

1. The Insured Person must report the Air Rage or Road Rage Incident to the police or other appropriate authority as soon as practicable after the Event and provide Us with a copy of the written report from the same.

Exclusions applicable to the Air or Road Rage Benefit

Only General Exclusions apply.

Carjacking Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury as a result of a Carjacking, We will pay the Insured Person the amount shown in the Policy Schedule for 'Carjacking Benefit' listed in the Policy Schedule.

The maximum amount payable for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Carjacking Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Carjacking Benefit

1. The Insured Person must report the Carjacking to the Police or other appropriate authority as soon as practicable after the Event and provide Us with a copy of the written report from the same.

Exclusions applicable to the Carjacking Benefit

Only General Exclusions apply.

Premature Childbirth/Miscarriage Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person who is pregnant suffers an Injury which results in premature childbirth (prior to twenty-six (26) weeks gestation) or a miscarriage of the pregnancy, We will pay the Insured Person the amount shown in the Policy Schedule for 'Premature Childbirth/Miscarriage Benefit'.

The maximum We will pay for this Benefit for any one (1) Insured Person is the amount shown in the Policy Schedule for 'Premature Childbirth/Miscarriage Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Premature Childbirth/Miscarriage Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Premature Childbirth/Miscarriage Benefit

1. We will pay for this Benefit notwithstanding any General Exclusions which apply to Pregnancy.

Prosthetic Limbs and Eye Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person as a result of an Injury suffers a Permanent Loss of one (1) or two (2) Limbs and/or a Permanent Loss of sight in one (1) eye or both eyes, and it is medically, necessary for the Insured Person to acquire and fit a prosthetic Limb and/or prosthetic eye or to replace an existing prosthetic Limb and or prosthetic eye, We will pay the Insured Person the cost of the acquisition and fitting of a prosthetic Limb or eye or replacement prosthetic Limb or eye.

The maximum We will pay for this Benefit for any one (1) Insured Person for one (1) prosthetic Limb is the amount shown in the Policy Schedule for 'Prosthetic Limbs and Eye Benefit'.

If more than one (1) prosthetic Limb is required, We will pay a maximum of the amount shown in the Policy Schedule for Prosthetic Limbs and Eye Benefit multiplied by two (2).

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Prosthetic Limbs and Eye Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Prosthetic Limbs and Eye Benefit

1. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or in any way connected with a Pre-Existing Condition.
2. No cover is provided where the payment of the Benefit would constitute the carrying on of a "Health Insurance Business" by Us as defined under the Private Health Insurance Act 2007 (Cth) or the Health Insurance Act 1973 (Cth) or any amended or successor legislation of that statute.

Terrorism Injury Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury solely and directly resulting from an act of Terrorism which results in a claim that We have accepted under the cover for 'Death and Capital Benefits' for one (1) of the following Insured Events:

- Permanent Total Disablement;
- Paraplegia or Quadriplegia;
- Permanent and incurable paralysis of all Limbs;
- Permanent Serious Mental Impairment;
- Permanent Loss of sight in one (1) eye;
- Permanent Loss of sight in both eyes;
- Permanent Loss of one (1) Limb;
- Permanent Loss of two (2) Limbs;
- Permanent Loss of hearing in both ears;

We will pay the amount shown in the Policy Schedule for 'Terrorism Injury Benefit', in addition to any other Injury Benefit payable under this Policy.

The maximum amount We will pay is shown in the Policy Schedule for 'Terrorism Injury Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Terrorism Injury Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Terrorism Injury Benefit

1. No cover is provided for any claim where the Insured Event is caused or contributed to by a Pre-Existing Condition or in any way connected with a Pre-Existing Condition.

Trauma Counselling Benefit

If, during the Period of Insurance and within the Scope of Cover:

1. an Insured Person suffers psychological trauma as a result of an Injury or of them being a victim of, or being an eyewitness to a criminal act such as Kidnap, sexual assault, rape, murder, violent robbery or an act of Terrorism and the Insured Person attends trauma counselling treatment sessions which incur fees charged by the provider of the trauma counselling; or

2. a Family member of an Insured Person suffers psychological trauma as a result of the death or Injury of the Insured Person in circumstances where the Insured Person was a victim of a criminal act such as Kidnap, sexual assault, rape, murder, violent robbery or an act of Terrorism and the Family member attends trauma counselling treatment sessions which incur fees charged by the provider of the trauma counselling,

We will pay the amount shown in the Policy Schedule for 'Trauma Counselling Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Trauma Counselling Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Trauma Counselling Benefit

1. The Insured Person must report the criminal to the police or other appropriate authority as soon as practicable after the Event and provide Us with a copy of the written report from the same.

Exclusions applicable to the Trauma Counselling Benefit

1. No cover is provided where the payment of the Benefit would constitute the carrying on of a "Health Insurance Business" by Us as defined under the Private Health Insurance Act 2007 (Cth) or the Health Insurance Act 1973 (Cth) or any amended or successor legislation of that statute.

Dependent Child Supplement Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers Accidental Death and We have accepted a claim for the 'Death and Capital Benefits', We will pay the Insured Person's estate a 'Dependent Child Supplement Benefit' for each Dependent Child of the Insured Person.

The maximum amount We will pay is shown in the Policy Schedule for 'Dependent Child Supplement Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Dependent Child Supplement Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Dependent Child Supplement Benefit

Only General Exclusions apply.

Orphaned Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person and their Partner each suffer Accidental Death, and we have accepted a claim for Accidental Death under the 'Death and Capital Benefits', We will pay to the Insured Person's estate, a 'Orphaned Benefit' for each Dependent Child of the Insured Person.

The maximum amount We will pay is shown in the Policy Schedule for 'Orphaned Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Orphaned Benefit

1. Both the Insured Person and their Partner must suffer Accidental Death as a result of the same Accident.
2. We will not pay this Benefit in addition to the 'Dependent Child Supplement Benefit' or 'Education Fund Benefit'.

Exclusions applicable to the Orphaned Benefit

1. No cover is provided for any Injury wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition.

Weekly Benefits

Weekly Injury Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury which results in the Insured Person's Temporary Total Disablement or Temporary Partial Disablement, and as a result suffers a loss of income, We will pay:

1. For each completed twenty-four (24) hours of continued Temporary Total Disablement, 1/7th of the amount shown in the Policy Schedule for Weekly Injury Benefit, capped at the amount of the Insured Person's average weekly Income in the twelve (12) months immediately prior to the Injury; or

2. For each completed twenty-four (24) hours of continued Temporary Partial Disablement, 40% of the Weekly Injury Benefit that the Insured Person would be entitled to for Temporary Total Disablement, provided that:

   the Insured Person suffers a Temporary Partial Disablement and is able to return to work in a reduced capacity (whether or not with You) yet elects not to do so, the maximum We will pay is 25% of the Benefit payable for Temporary Total Disablement.

If after one (1) year following the commencement the of the period of disablement, the Insured Person remains disabled as a result of the Injury, We will increase the future Benefits payable for Weekly Injury Benefit by 5% for the remainder of the Benefit period.

The maximum We will pay for each Insured Person is the amount shown in the Policy Schedule for 'Weekly Injury Benefits'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Weekly Injury Benefit

1. The Temporary Total Disablement or Temporary Partial Disablement must occur within one (1) year of the date of the Injury.

2. The Insured Person must as soon as possible after the happening of any Injury giving rise to a claim, obtain and follow medical advice from a Medical Practitioner.

3. Payments under this Benefit shall be reduced by the amount of any Workers' Compensation, Transport Accident Compensation, Statutory Compensation (or any other legislation having similar effect) benefit for incapacity for work or any other payment which the Insured Person is entitled to receive for disability from any Other Insurance policy.

4. If the Insured Person suffers a recurrence of Temporary Total Disablement or Temporary Partial Disablement from the same Injury that period of disablement will be deemed a continuation of the prior period unless:

   a. the Insured Person has worked full time for six (6) months between the original disablement period and the recurrence of the disablement period; or

   b. following a period where the Insured Person has worked full time for more than six (6) months:

in which case, the subsequent period of disablement shall be deemed to have resulted from a new Injury and a new Deferral Period shall apply and the continuing period of disablement will accumulate to the prior claim period and total Benefit Period.

5. If the Insured Person's employment is terminated or they are made redundant and the Insured Person receives a lump sum termination or redundancy payment, We will reduce and/or off set that termination or redundancy payment against any 'Weekly Injury Benefit' by the equivalent periodical payments (or proportional weekly equivalent of any Lump Sum Payment) that the Insured Person received.

6. If the Insured Person redeems, commutes or settles their entitlement to Income from any other source, their 'Weekly Injury Benefits' will immediately cease.

7. You and any Insured Person must give Us written notice as soon as practicable if You or any Insured Person takes our any Other Insurance with any insurer providing for weekly compensations of a similar kind.

8. All 'Weekly Injury Benefits' will be paid monthly in arrears.

9. If an Insured Person is entitled to Temporary Total Disablement or Temporary Partial Disablement Benefits and travels or resides outside Australia for a period of more than thirty (30) consecutive days (unless otherwise agreed with Us in writing), the weekly Benefits payable under the Weekly Injury Benefits will cease thirty (30) days after the Insured Person left Australia.

Exclusions applicable to the Weekly Injury Benefit

1. No Benefits are payable for any Injury which is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).

2. No cover is provided for any period where the Insured Person is receiving or is entitled to receive sick leave payments from their employer.

3. No cover is provided for Insured Persons who have attained:

   - the age of seventy-five (75) years, or
   - the age shown in the Policy Schedule against 'Maximum Age Limit';

   whichever is the lesser.

4. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition.

Coma Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury which results in them being in a state of continued total unconsciousness, We will pay the Daily Benefit amount shown in the Policy Schedule for each completed twenty-four (24) hours of continued total unconsciousness.

The maximum We will pay for any one (1) Injury resulting in coma is shown in the Policy Schedule for 'Coma Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Coma Benefit

1. The Insured Person or their legal representative must provide Us with a medical certificate from a Medical Practitioner verifying that the Injury directly caused the continuous total unconsciousness.

Exclusions applicable to the Coma Benefit

1. No cover is provided for any Injury wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).

Other Benefits Consequent Upon an Injury

Family Accommodation and Transport Expenses Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury which results in them being admitted as an in-patient to a Hospital in Australia, and the Insured Person's Family incurs expenses to travel and remain with the Insured Person for the duration of their stay as an in-patient, We will pay for the reasonable expenses incurred for Family Accommodation and Transport Expenses up to the amount shown in the Policy Schedule for 'Family Accommodation and Transport Expenses Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Family Accommodation and Transport Expenses Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Family Accommodation and Transport Expenses Benefit

1. The Hospital must be located outside a radius of 100km from the Insured Person's place of residence.

Exclusions applicable to the Family Accommodation and Transport Expenses Benefit

1. No cover is provided for any Injury wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person

Bed Care Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury and as a result is unable to perform the Activities of Daily Living and the Insured Person is confined to bed (other than in a Hospital or other medical facility), We will pay the Daily Benefit amount shown in the Policy Schedule for each consecutive twenty-four (24) hours of continued bed confinement.

The maximum We will pay for any one (1) Injury is shown in the Policy Schedule for 'Bed Care Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Bed Care Benefit

1. A Medical Practitioner must certify that the Insured Person is unable to perform the Activities of Daily Living and is confined to bed for the period claimed.

Exclusions applicable to the Bed Care Benefit

1. No cover is provided for bed confinement which lasts less than a period of forty-eight (48) consecutive hours.

Childcare Services Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury which results in a claim that We have accepted under the cover for 'Death and Capital Benefits' for one (1) of the following Insured Events:

- Permanent Total Disablement;
- Paraplegia or Quadriplegia;
- Permanent and incurable paralysis of all Limbs;
- Permanent Serious Mental Impairment;
- Permanent Loss of sight in one (1) eye;
- Permanent Loss of sight in both eyes;
- Permanent Loss of one (1) Limb;
- Permanent Loss of two (2) Limbs;
- Permanent Loss of the lens in both eyes;
- Permanent Loss of hearing in both ears;

and, as a result of the Injury the Insured Person incurs expenses relating to childcare services for their Dependent Children, We will pay the reasonable Childcare Services expenses incurred up to the amount shown in the Policy Schedule for 'Childcare Services Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Childcare Services Benefits'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Childcare Services Benefit

1. The childcare services must be provided by a trained and registered child care provider that is not a Relative of the Insured Person.

Exclusions applicable to the Childcare Services Benefit

1. No cover is provided for expenses that would have been incurred irrespective of the Injury.
2. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.

Domestic Help Expenses Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury which results in Temporary Total Disablement and as a result incurs expenses for domestic help, covering at home childcare, routine household cleaning and garden maintenance activities, We will pay up to the amount shown in the Policy Schedule for 'Domestic Help Expenses Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Domestic Help Expenses Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Domestic Help Expenses Benefit

1. The domestic help provided must be certified as necessary by a Medical Practitioner to assist in the rehabilitation of the Insured Person.

Exclusions applicable to the Domestic Help Expenses Benefit

1. No cover is provided for expenses that would have been incurred irrespective of the Injury.
2. No cover is provided for any Injury that is wholly or partly attributable to childbirth or pregnancy or the complications of these.
3. No cover is provided for domestic help provided by a Relative of the Insured Person or a Relative of the Insured Person's Partner.

Education Fund Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers Accidental Death and We have accepted a claim for the Insured Person's Accidental Death under the 'Death and Capital Benefits' and the Insured Person's Dependent Children subsequently incur expenses for school, university or institute of higher learning, We will pay the Insured Person's estate an 'Education Fund Benefit' for each Dependent Child of the Insured Person.

The maximum amount We will pay is shown in the Policy Schedule for 'Education Fund Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Education Fund Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Education Fund Benefit

1. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.

Home, Workplace and Vehicle Modification Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury which results in a claim which We have accepted under the 'Death and Capital Benefits' for one (1) of the following Insured Events

- Permanent Total Disablement;
- Paraplegia or Quadriplegia;
- Permanent and incurable paralysis of all Limbs;
- Permanent Serious Mental Impairment;
- Permanent Loss of sight in one (1) eye;
- Permanent Loss of sight in both eyes;
- Permanent Loss of one (1) Limb;
- Permanent Loss of two (2) Limbs;
- Permanent Loss of the lens in both eyes; or
- Permanent Loss of hearing in both ears;

and, as a direct result of the Injury the Insured Person is unable to perform the Activities of Daily Living and requires modification to the Insured Person's:

1. principal residence (including but not limited to the installation of ramps for external or internal wheelchair access, internal guide rails, emergency alert system and similar disability aids); and/or

2. principal workplace (including but not limited to installation of ramps for external or internal wheel chair access, internal guide rails, emergency alert system and similar disability aids); and/or

3. private vehicle (used for non-commercial purposes) including but not limited to the installation of steering wheel modifications and pedal adjustments;

and expenses are incurred for those modifications,

We will pay for the reasonable Home, Workplace and/or Vehicle Modification expenses up to the amount shown in the Policy Schedule for 'Home, Workplace and Vehicle Modification Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Home, Workplace and Vehicle Modification Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Home, Workplace and Vehicle Modification Benefit

1. Modifications must be required in order to perform the Activities of Daily Living.

2. Our prior written agreement must be obtained before incurring any expenses.

3. The Insured Person's attending Medical Practitioner must certify that these modifications are necessary in order for the Insured Person to perform the activities of daily living or work.

4. Cover is limited to modifications of the Insured Person's principal residence and principal workplace only and one (1) private non-commercial vehicle.

5. Modifications must be in accordance with any law or by-laws.

Exclusions applicable to the Home, Workplace and Vehicle Modification Benefit

1. No cover is provided where the payment of the Benefit would constitute the carrying on of a "Health Insurance Business" by Us as defined under the Private Health Insurance Act 2007 (Cth) the Health Insurance Act 1973 (Cth) or any amended or successor legislation of that nature.
2. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.

Retraining and Rehabilitation Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury which results in a claim that We have accepted for 'Weekly Injury Benefit' for Temporary Total Disablement or Temporary Partial Disablement, and as a result of the Injury the Insured Person incurs expenses for Occupational Therapy Expenses for training, tuition or vocational guidance, We will reimburse the reasonable expenses for training, tuition, or vocational guidance up to the amount shown in the Policy Schedule for 'Retraining and Rehabilitation Expenses Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Retraining and Rehabilitation Expenses Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Retraining and Rehabilitation Expenses Benefit

1. The Insured Person's Medical Practitioner must certify that the training, tuition, or vocational guidance is absolutely medically necessary to rehabilitate the Insured Person as a result of the Injury.
2. Our written agreement must be obtained prior to the commencement of the training, tuition, or vocational guidance.

Exclusions applicable to the Retraining and Rehabilitation Expenses Benefit

1. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.

Student Tutorial Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person who is a Full-Time Student suffers an Injury and a Medical Practitioner certifies that the Insured Person is unable to attend classes as a result of the Injury, We will pay the reasonable and necessary costs incurred for home tutorial services up to the amount shown in the Policy Schedule for 'Student Tutorial Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Student Tutorial Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Student Tutorial Benefit

1. The Insured Person is a registered Full-Time Student; and
2. Such costs are paid to persons other than members of the Insured Person's Family or other Relatives or persons permanently living with the Insured Person.

Exclusions applicable to the Student Tutorial Benefit

1. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.

Unexpired Membership Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury which:

1. Results in a claim that We have accepted under the cover for 'Death and Capital Benefits' for one (1) of the following Insured Events:

    - Permanent Total Disablement;
    - Paraplegia or Quadriplegia;
    - Permanent and incurable paralysis of all Limbs;
    - Permanent Serious Mental Impairment;
    - Permanent Loss of sight in one (1) eye;
    - Permanent Loss of sight in both eyes;
    - Permanent Loss of one (1) Limb;
    - Permanent Loss of two (2) Limbs;
    - Permanent Loss of the lens in both eyes; or
    - Permanent Loss of hearing in both ears;

2. a claim that We accept for 'Weekly Injury Benefit' for Temporary Total Disablement or Temporary Partial Disablement; and, as a result of the Injury the Insured Person is unable to participate in any sport or gym activity, for which the Insured Person has pre-paid a membership fee, association fee or registration fee,

We will reimburse the membership fee, association fee or registration fee which has been paid for the current season, on a pro-rata basis.

The maximum amount We will pay is shown in the Policy Schedule for 'Unexpired Membership Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Unexpired Membership Benefit

a. A Medical Practitioner must certify in writing that:

    a. the Temporary Total Disablement or Temporary Partial Disablement will continue for a minimum period of six (6) months; and

    b. the Injury is preventing the Insured Person from continuing their participation in the sport or gym activity for which they have pre-paid the relevant membership, association or registration fee.

Exclusions applicable to the Unexpired Membership Benefit

1. No cover is provided for any fees for which a refund is available, or where fees have not been paid.

Out of Pocket Expenses Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury which results in unforeseen and reasonable expenses for Medical Mobility Equipment, local transportation (other than in an ambulance) for the purpose of seeking medical treatment, and/or expenses for the replacement of personal items damaged as a result of Injury, We will pay the costs incurred up to the amount shown in the Policy Schedule for 'Out of Pocket Expenses Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Out of Pocket Expenses Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Out of Pocket Expenses Benefit

We will only make a payment under this Benefit if:

a. the expenses are not covered under another Benefit under this Policy (to the extent permitted by law); and

b. the payment of the Benefit does not constitute the carrying on of a "Health Insurance Business" as defined under the Private Health Insurance Act 2007 (Cth) or any succeeding legislation to that Act or would result in a breach of the provisions of the Health Insurance Act 1973 (Cth) or any succeeding legislation to that Act; and

c. a Medical Practitioner certifies that the Medical Mobility Equipment is required by the Insured Person as a direct result of the Injury.

Exclusions applicable to the Out of Pocket Expenses Benefit

Only General Exclusions apply.

Partner Employment Training Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers Accidental Death or Injury which results in Permanent Total Disablement that We have accepted as a claim for Death and Capital Benefits and the Insured Person's Partner incurs expenses for training or retraining for the purpose of:

1. obtaining gainful employment or improving the Insured Person's Partners potential for employment; or
2. improving the quality of care the Insured Person's Partner can provide to the Insured Person,

We will pay the reasonable expenses for the partner employment training.

The maximum amount We will pay is shown in the Policy Schedule for 'Partner Employment Training Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Partner Employment Training Benefit

1. The Partner must be aged under seventy-five (75) years of age at the commencement of the training.
2. The training must be provided by a legally recognised training organisation or institution qualified to provide such training.
3. All such training expenses must be incurred within one (1) year from the date of the Insured Person's Injury.
4. This Benefit is only payable if the Insured Person's Partner is not already employed.

Exclusions applicable to the Partner Employment Training Benefit

1. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.

Driver Services Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury which results in a claim that We accept for 'Weekly Injury Benefit' for Temporary Total Disablement, and as a result the Insured Person incurs expenses related to transportation of the Insured Person between their principal residence and place of business for the purpose of engaging in their pre-disablement occupation, We will reimburse the reasonable expenses up to the maximum shown in the Policy Schedule for 'Driver Services Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Driver Services Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Driver Services Benefit

1. The Driver Services must be provided by a legally approved and licensed taxi or ride sharing service.
2. The Insured Person must have recovered sufficiently from the Injury to return to work.
3. A Medical Practitioner must certify that the Insured Person is unable to drive a vehicle or travel on public transport.

Exclusions applicable to the Driver Services Benefit

1. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.
2. No cover is provided for the expenses that the Insured Person usually incurs for travel between their principal residence and place of business.

Financial Advice Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury, which results in a claim which We have accepted under the 'Death and Capital Benefits' for one (1) of the following Insured Events:

- Accidental Death;
- Permanent Total Disablement;
- Paraplegia or Quadriplegia;
- Permanent and incurable paralysis of all Limbs;
- Permanent Serious Mental Impairment;
- Permanent Loss of sight in one (1) eye;
- Permanent Loss of sight in both eyes;
- Permanent Loss of one (1) Limb;
- Permanent Loss of two (2) Limbs;
- Permanent Loss of the lens in both eyes; or
- Permanent Loss of hearing in both ears;

and, as a result of the Injury the Insured Person or the Insured Person's legal representative incurs expenses for professional financial planning advice, We will pay the reasonable expenses for the professional financial planning advice up to the amount shown in the Policy Schedule for 'Financial Advice Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for Financial Advice Benefit.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Financial Advice Benefit

1. The professional financial planning advice must be provided by a qualified financial planner who is authorised and regulated by the Australian Securities and Investment Commission to provide financial advice.

2. Expenses must be incurred within six (6) mouths of the Injury occurring.

Exclusions applicable to the Financial Advice Benefit

1. No cover is provided for expenses paid to a financial planner who is related in any way to the Insured Person or the Insured Person's legal representatives.

2. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition of the Insured Person.

Corporate Image Protection Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury which results in a claim that We have accepted under 'Death and Capital Benefits' for Accidental Death or Permanent Total Disablement, and as a result You incur expenses for corporate image protection following the necessary engagement of:

1. image consultants;
2. public relations consultants; and/or
3. media consultants for the release of information through the media:

We will reimburse You those reasonable expenses up to the amount shown in the Policy Schedule for 'Corporate Image Protection Benefit'.

The maximum amount We will pay is shown in the Policy Schedule for 'Corporate Image Protection Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Corporate Image Protection Benefit

1. The expenses must be incurred within one (1) year from the date of the Injury.
2. The expenses must be incurred in direct response to the Injury to protect or positively promote Your business and image.
3. You must provide Us with a signed undertaking that any amount paid to You will be repaid to Us, if after Our payment, it is found that a valid claim did not or will not eventuate.

Exclusions applicable to the Corporate Image Protection Benefit

1. No cover is provided for any claim in relation to or in connection with a Pre-Existing Condition.

Funeral Expenses Benefit

If, during the Period of Insurance and within the Scope of Cover, an Insured Person suffers an Injury that results in Accidental Death and subsequently the Insured Person's estate or the Insured Person's Partner or Dependent Children incur reasonable expenses for:

1. funeral burial or cremation and associated expenses, or
2. transporting the Insured Person's body, mortal remains or ashes to a place nominated by the Insured Person's estate, Partner or Dependent Children,

We will pay for or reimburse those reasonable expenses.

The maximum amount we will pay is the amount shown in the Policy Schedule for 'Funeral Expenses Benefit'.

The following Conditions and Exclusions apply in addition to the General Conditions, Exclusions and Limitations, unless specifically stated otherwise.

Conditions of the Funeral Expenses Benefit

Only General Conditions and Limitations apply.

Exclusions applicable to the Funeral Expenses Benefit

Only General Exclusions apply.

General Exclusions

These General Conditions apply to all Benefits under the Policy, unless a Benefit expressly states that a General Exclusion does not apply in relation to that Benefit or the Policy.

1. We do not provide cover for an Insured Person who has attained the age shown in the Policy Schedule against 'Maximum Age Limit'.
2. We do not provide cover for an Insured Person while they are engaging in air travel or aerial activities except as a passenger in an aircraft licensed to carry passengers.
3. We do not provide cover for an Insured Person while they are participating in or training for Professional Sports of any kind.
4. We do not provide cover for any deliberate or self-inflicted harm or Injury including suicide and attempted suicide, reckless misconduct or any criminal or illegal act.
5. We do not provide cover for any Injury, loss or damage resulting from any criminal or illegal act caused or committed by You, or an Insured Person.
6. We do not provide cover for an Insured Person who was under the influence of intoxicating liquor while driving or had a blood alcohol content over the prescribed legal limit whilst driving.
7. We do not provide cover for an Insured Person who was under the influence of any drug whilst driving, unless the drug was prescribed by a Medical Practitioner and taken in accordance with the Medical Practitioner's advice.
8. We do not provide cover for any Insured Person who intentionally takes an illegal drug and suffers an Injury when or as a result the Insured Person being under the influence of an illegal drug.
9. We do not provide cover for an Insured Person engaging in or taking part in naval, military or air force service or operations.
10. We do not provide cover for any form of racing or time trials, other than on foot.
11. We do not provide cover for the use, existence or escape of nuclear weapons material, or ionising radiation from, or contamination by, radioactivity from any nuclear fuel or nuclear waste.
12. We do not provide cover for sexually transmitted diseases/infection or Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficient Virus (HIV) infection.
13. We do not provide cover for War, Civil War, rebellion, revolution, insurrection, invasion or military or usurped power in, or confiscation or nationalism or requisition or destruction of or damage to property by or under the order of any government or public or local authority in the Insured Person's Country of Residence or Country of Assignment, or if the Insured Person was taking part in a riot or civil commotion.
14. We do not provide cover for any Benefit payment that would constitute the carrying out of a 'Health Insurance Business' as defined under the Private Health Insurance Act 2007 (Cth) or any or any amended or successor legislation of that nature or would result in a breach of the

provisions of the Health Insurance Act 1973 (Cth) or the National Health Act 1953 (Cth) or any amended or successor legislation of that nature.

15. We do not provide cover for any Events attributable wholly or partly to childbirth or pregnancy or the complications of these.

16. We do not provide cover for any claim in relation to or in connection with a Pre-Existing Condition.

17. We do not provide cover for losses arising from Nuclear, Biological or Chemical Terrorism.

18. We do not provide cover where a Loss, damage, liability or Event, Injury or Sickness is covered by Medicare, any workers compensation legislation, any transport accident legislation, any government sponsored fund, plan or medical benefit scheme or any Other Insurance policy required to be effected by or under law.

General Conditions and Limitations

The following General Conditions and Limitations apply to the Policy.

1. Change in Business Activities

You must notify Us in writing within thirty (30) days from the Effective Date of Cover of any additional Insured Persons for the Policy or any alteration in Your business activity which will increase the risk of a claim being made under the Policy.

2. Age limits apply to this Policy

Insured Persons are only covered if they are aged between the Minimum Age Limit and Maximum Age Limit appliable at the time of an Event.

The Maximum Age Limit is shown in the Policy Schedule if it applies. If the Policy Schedule does not contain a reference to Maximum Age Limit, then No Maximum Age Limit applies.

The Minimum Age Limit is shown in the Policy Schedule if it applies. If the Policy Schedule does not contain a reference to Minimum Age Limit, then No Minimum Age Limit applies.

Specific age limits may also apply to each Benefit included in the Policy. If an age limit applies it will be specified in the details of the Benefit in the Policy Wording.

3. Hijack and Kidnap Extension of Cover

If in the Period of Insurance, an Insured Person is a victim of Hijack or Kidnap, the cover provided under the Policy will remain in force until the Insured Person has returned to their Country of Residence or Country of Assignment, or until twelve (12) months from the date of the Hijack or Kidnap, whichever occurs first.

4. Cyber Risk Endorsement

Any Benefits for Injury caused by or arising out of a Cyber Act or a Cyber Incident are payable, subject to the terms, conditions, limitations and exclusions of this Policy.

5. Cancellation

You may cancel the Policy at any time, either by notifying Your insurance broker or Us in writing.

The cancellation will take effect from 4:00pm (Australian Eastern Standard Time) on the day Your written notice of cancellation is received or such time as may be otherwise agreed.

We may cancel the Policy or any section of the Policy for any of the reasons set out in section 60 of the Insurance Contracts Act 1984 (Cth) (or any amended or successor legislation of that nature) by issuing a written notice, in accordance with section 59 of the Insurance Contract Act 1984 (Cth) (or any amended or successor legislation of that nature).

Notice of cancellation has the effect of cancelling this policy at 4.00pm (Australian Eastern Standard Time) on the 30th business day, after the day on which notice was sent to You.

If the Policy is cancelled (subject to cooling off rights):

1. We will keep the part of the Premium You paid for the period in which the insurance applied.
2. We will refund You the unexpired part of the Premium for the Policy, less:
    a. any statutory charges and taxes; and
    b. the proportion of the Premium covering the period for which the insurance applied the amount you paid for the insured period).

We will not refund any Premium if a claim has been made under any Benefit of the Policy.

6. Fraudulent Claims

If any claim be in any respect fraudulent or if any fraudulent means or devices be used by the Insured or anyone acting on the Insured's behalf to obtain any Benefit under this Policy, or if any loss hereunder be occasioned by the wilful act or with the connivance of the Insured, the Insurer, without prejudice to any other right(s) they might have under this Policy, shall be entitled to refuse to pay such claim.

7. Notice of Claim

You or an Insured Person entitled to make a claim under the Policy must give Us written notice of any Occurrence or circumstances giving rise to a claim or likely to give rise to a claim within thirty (30) days of the date of the Occurrence.

When You notify Us of a claim. We will provide You with claim forms and other documentation We require You or the Insured Person to complete.

We shall not be liable to make any payment under this Policy unless the claim form is properly completed and You have provided Us, at Your expense, with all information We reasonably require.

From time to time, We may request that the Insured Person's attending Medical Practitioner complete progressive claim forms.

8. Assessment of Claim

If a Benefit under this Policy calls for consideration of 'reasonable', 'necessary' or 'essential' expenses/services, the determination as to whether the claimed expense/service falls within the same, is a matter for Our sole discretional assessment and determination acting reasonably having regard to the relevant circumstances.

9. Other Insurance

In the event of a claim under the Policy. You, the Insured Person of any person covered by this Policy must inform Us of any Other Insurance to which You or the Insured Person have access to make a claim, that may cover the same risk or loss.

10. Claim Off-Set

Where any Benefit under this Policy is intended to reimburse incurred expenses or financial losses, there is no cover under the Policy for any loss, damage, liability, Insured Event, Injury or Sickness which is covered under any Other Insurance policy, health or medical scheme or any government legislation, or is payable by any other source.

However, We will pay the difference between what is payable under the Other Insurance policy, health or medical scheme or any government legislation or other source and what You or the Insured Persons would otherwise be entitled to recover under this Policy, where permissible by law.

11. Duplicate Cover

Should a Benefit be payable under the Policy that is also payable under any Other Insurance policy insured with Us, You or an Insured Person can only claim under one (1) of the policies (the Policy with the highest Benefit).

12. Consent to Electronic Notification

Acceptance of this Policy means that You consent to Us providing information, including but not limited to notices, in an email or in any other form of electronic communication to You.

13. Currency

All amounts shown in the Policy are in Australian dollars (AUD). Any claim or Benefit paid under the Policy will be paid in AUD. International bank transaction fees are covered to a maximum of $50 per claim.

If expenses are incurred in a currency other than AUD, then the rate of currency exchange used to calculate the amount payable will be the rate sourced from the Reserve Bank of Australia website (www.rba.gov.au), in effect at the time of incurring the expense or suffering a loss. Website exchange rate differences may result in variations between original value and final payment amount. This can be minimised by requesting all payments made in AUD into an Australian bank account.

14. Documentation

You must provide all Insured Persons with:

1. information that any claim they make is subject to the terms, Conditions and Exclusions of the Policy;

2. information that is relevant to the Policy cover contained in the Policy Schedule, including but not limited to the definitions of Insured Persons, Period of Insurance, the Scope of Cover and the nature and effect of any endorsement to the Policy; and

3. a note to inform them if the Policy is lapsed or cancelled.

We rely on You to ensure that the Insured Persons receive the required Policy information.

15. Due Diligence

You and all Insured Persons must act reasonably and exercise due diligence in doing all things to avoid or reduce any loss under the Policy.

16. Duty to Co-Operate

You and any Insured Person or person covered by this Policy shall give Us information which We reasonably require and request and provide Us with assistance We reasonably require and request during the progress of claim assessment and even after We have paid a claim. This includes, but is not limited to:

a. giving Us written statements and/or documents that we request; and

b. You and any other person covered by this Policy to attend court to give evidence and attend conferences and interviews with legal representatives and other service providers we engage for assessment of a claim or for the purpose of legal proceedings in court.

If You or an Insured Person or any other person covered by the Policy are in receipt of Weekly Benefit payments for Temporary Total Disablement or Temporary Partial Disablement, We may appoint a return to work coordinator or vocational rehabilitation provider. Such persons will work with You or the Insured Person's Employer and nominated Medical Practitioner to explore and facilitate return to work strategies within the functional parameters of the medical condition. You and the Insured Person must reasonably cooperate with such injury management.

If You or any other person covered by the Policy do not cooperate with Us, You and the Insured Person or any persons covered by the Policy will be in breach of this Policy and payments may either be suspended, or reduced to the extent that the failure to co-operate prejudices Our ability to make ongoing Benefit payments, in accordance with Our rights at law, including under the Insurance Contracts Act 1984 (Cth).

17. Governing Law and Jurisdiction

This Policy is governed and construed in accordance with the laws of the State or Territory of Australia in which the policy was issued. Any dispute under this Policy, shall be resolved in accordance with the laws of Australia You agree to submit to the exclusive jurisdiction of the courts of Australia.

Any reference to any Act, legislation or legislative instrument in this document also refers to the Act, legislation or legislative instrument as amended and may be in force from time to time.

18. Limit of Liability

The most We will pay for all Benefits in any one (1) Period of Insurance under the Policy is the Aggregate Limit of Liability shown in the Policy Schedule.

An Aggregate Limit of Liability may also apply to specific Benefits or Events. If a limit applies it will be specified on the Policy Schedule.

The Aggregate Limit of Liability does not apply to the Personal Liability Benefit or the Medical and Medical Evacuation Expenses Benefit if they are included on the Policy.

If an Aggregate Limit of Liability is reached, the amount can be reinstated on request and solely if We agree in writing and on payment of an additional premium plus any charges.

19. Payments

Unless otherwise stated, all Benefits shall be paid to the Insured Person, or in the case of the Insured Person's death, to the Insured Person's legal personal representative or executor.

20. Physical Examination and Autopsy

If We do not agree with the opinion given by the Medical Practitioner in relation to a claim under the Policy, We have the right (at Our own expense) to conduct any medical examination or examinations of the Insured Person or in the event of death, arrange for an autopsy to be conducted. We may also at any time during a claim ask for further information or appoint a person to conduct further enquiries into the nature and circumstances of a claim acting reasonably having regard to the relevant circumstances.

If the Medical Practitioner We authorise forms an opinion that is contrary to the opinion of the initial Medical Practitioner, We will obtain a further independent Medical Practitioner's opinion which will be the opinion used for the purposes of determining a claim.

21. Written Approval

If, following an Injury to an Insured Person resulting in their evacuation, they seek to return to the Country of Assignment from their Country of Residence, it must be on the written approval of Our Medical Practitioner in consultation with the Insured Person's attending Medical Practitioner.

22. Subrogation

If We make any payments under the Policy to You or an Insured Person, We have a right of subrogation to recover from a third party to the extent You or an Insured Person may have a cause of action for loss or damage against any third party in respect of that loss or damage, including a claim for interest or costs.

Our right of subrogation includes Our entitlement to commence legal action in Your name or the name of an Insured Person against a third party.

Both You and any Insured Person must provide reasonable cooperation to Us when we pursue a right in action against a third party.

If an Insured Person brings a claim for loss or damage in their own name against a third party in respect of the same facts, matters and circumstances which gave rise to the payments being made under the Policy, then the Insured Person must include in their claim any payments made by Us to the Insured Person which may be recoverable from the third party including a claim for interest. Should the Insured Person recover damages against the third party either by way of settlement or judgment then the Insured Person must repay to Us out of any such damages the recoverable payments which the Insured Person received from Us under the Policy.

You and an Insured Person must not prejudice Our subrogation rights. If You or an Insured Person at any time enters into a contract or agreement with another party that prevents or limits recovery of any payment of a claim under the Policy, We may be entitled to deny or reduce the cover for the claim in accordance with Our rights at law, including under the Insurance Contracts Act 1984 (Cth).

23. Headings

Headings have been included for ease of reference only. The terms, condition and exclusions of the Policy are not to be construed or interpreted by reference to such headings.

24. Singular/Plural

If consistent with the context of any clause in the Policy, the use of the singular includes the plural and vice versa.

25. Taxation Implications

Depending upon You or the Insured Person's entitlement to claim Input Tax Credits under this Policy, We may reduce the payment of any claim by the amount of any Input Tax Credit.

Depending upon You this Policy may be subject to a Goods & Services Tax in relation to premium.

Depending on Your location of the risk being insured, this Policy may be subject to Stamp Duty in relation to premium and GST.

Any claim paid in respect of the Weekly Injury Benefit is subject to personal income tax. Where We are required to do so, We will withhold personal income tax amounts from claim payments We make and forward these amounts to the Australian Taxation Office on behalf of You or Insured Person. Where required. We will provide the Insured a summary of the amounts withheld at the end of each financial year.

26. Several Liability Notice

The subscribing Insurers obligations under the contracts of insurance to which they subscribe are several and not joint and are limited solely to their individual subscriptions. The subscribing Insurers

are not responsible for the subscription of any co-subscribing Insurer who for any reason does not satisfy all or part of its obligations.

27. Sanctions Limitation Clause

We will not provide cover and We will not be liable to pay any claim or provide any Benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such Benefit would expose Us to any sanction, prohibition or restriction under United Nations' resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, Australia or United States of America or any trade or economic sanctions, laws or regulations of any other jurisdiction.