

ACCIDENT AND HEALTH

Sporting Group Personal Accident Insurance



POLICY NUMBER: 00245 0303355
INSURED NAME: Bicycle New South Wales Inc
INSURED PERSONS: Category A - All registered members
Category B – All non-participating officials of the Insured, all coaches, judges, committee members, employees of the insured including apprentices, voluntary workers and work experience students
COVER TYPE: Category A Activities authorised and sanctioned by the Insured including Members riding their bike (including three-wheel trikes and legal e-bikes/pedal-assist bikes) on a 24/7 basis, including commuting to work, on a training ride or participating in an organised cycling event (excluding a race unless organised by Bicycle NSW), regardless of size, and travel to and from these activities
Category B
Administration, meetings, official functions, events and competitions
a) Participating in organised social or fundraising activities of the Insured
b) Authorised voluntary work on behalf of the Insured
GEOGRAPHICAL LIMITS: Worldwide
POLICY PERIOD: 1/07/2019 to 1/07/2020 4.00pm (Local Time)
AGE LIMIT: Up to 100 years old

POLICY SECTION 1

PERSONAL ACCIDENT

PART A

Event 1 - Accidental Death: \$50,000 - Cat A over 18 & under 65
\$25,000 - Cat A under 18 & over 65
\$100,000 - Cat B over 18 & under 65
\$ 25,000 - Cat B under 18 & over 65
Events 2 – 19: \$100,000

PART B

Weekly Benefits - Injury: 85% of Salary to a maximum of \$1,000 per week

PART C

Injury Resulting in Fractured Bones: No Lump Sum Benefits but covered under Non Medicare Medicals

PART D:

Injury Resulting in Loss or Damage to Teeth: No Lump Sum Benefits but covered under Non Medicare Medicals

Maximum Benefit Period: 52 weeks

Waiting Period: 14 consecutive days

POLICY SECTION 2

PERSONAL WELLBEING

Accidental HIV Infection Benefit: Nil

Accommodation and Transport Benefit: Up to a maximum of \$500

Additional Out Of Pocket Expenses: \$200 pw up to \$2,000

Advanced Payment: Included

Bedcare Benefit: \$200 pw for up to 52 weeks. Excess 48 continuous hours under the control of a doctor

Childcare Benefit: Nil

Coma Benefit: Nil

Counselling Support: \$1,000 per week to a maximum of \$10,000

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Dependent Child Benefit:	Nil
Domestic Help Benefit:	100% of costs to a maximum of \$200 per week for a maximum of 52 weeks 7 Day Waiting Period
Education Fund Benefit:	Nil
Escalation of Claim Benefit:	Not Applicable
Home Care Benefit:	Nil
Hospitalisation Waiting Period Waiver:	Nil
Independent Financial Advice:	Nil
Modification Benefit:	80% up to \$10,000
Non-Medicare Medical Expenses:	85% of Costs to a maximum of \$7,500 Excess: \$50 each and every Non-Medicare Medical Expenses Claim NIL if covered by Private Health Insurance 100% of costs in respect to Ambulance
Orphan Benefit:	Nil
Parents Inconvenience Benefit:	\$200 pw for a maximum of 52 weeks
Rehabilitation Benefit:	\$10,000
Spouse/Partner Retraining Benefit:	Nil
Student Tutorial Benefit:	100% to a maximum of \$200 per week for a maximum of 52 weeks 7 Day waiting period
Unexpired Membership Benefit:	Nil

POLICY SECTION 3

CORPORATE PROTECTION

Chauffeur Benefit:	\$200 pw to a max of \$5,000
Corporate Image Protection:	Nil
Disappearance:	Included
Funeral Expenses:	100% of costs to a maximum of \$10,000

AGGREGATE LIMIT OF LIABILITY:	\$1,000,000 any one (1) Event
AGGREGATE DEDUCTIBLE:	Not Applicable

WORDING: Sporting Group Personal Accident Insurance Product Disclosure Statement v0719

ENDORSEMENTS: **Overseas Medical / Repatriation Expenses**
We will pay up to \$50,000 for the cost of Overseas Medical Expenses and / or Repatriation Expenses which arises from an Injury to You whilst participating in cycling activities and the injury is covered by this policy. Overseas Medical Expenses means Emergency Medical Expenses incurred outside Australia, given or prescribed by a legally qualified medical practitioner and which is not recoverable from any other source. Repatriation Expenses means additional travel and accommodation costs incurred for You to return to Australia on the written advice of a legally qualified medical practitioner and which is not recoverable from any other source




Date 29/07/2019

Signed by Pen Underwriting Pty Ltd ABN 89 113 929 516 AFSL 290518 on behalf of Allied World Assurance Company, Ltd (Australia Branch)



**Sporting Group
Personal Accident Insurance
Product Disclosure Statement**
v0719



Pen Underwriting Pty Ltd
ABN 89 113 929 516 AFSL 290518

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Contact Details

Current as at June 2019

SYDNEY

Level 11, 99 York Street
Sydney NSW 2000
GPO Box 4431
Sydney NSW 2001

P: 02 9323 5000
F: 02 9323 5077

BRISBANE

Level 9, 60 Edward St
Brisbane QLD 4000
GPO Box 541
Brisbane QLD 4001

P: 07 3056 1400
F: 07 3056 1477

MELBOURNE

Level 3, 333 Collins St
Melbourne VIC 3000
PO Box 230
Collins St West VIC 8007

P: 03 9810 0600
F: 03 9810 0650

E: info.au@penunderwriting.com

W: www.penunderwriting.com.au

Important Information

Introduction

This Product Disclosure Statement ('PDS') contains important information about this insurance to assist in the making of a decision in relation to it.

Any advice that may be contained within this PDS or accompanying materials is General Advice only. General Advice is advice that has been prepared without considering the Insured's individual objectives, financial situation or needs nor those for whom the Insured is effecting the Policy. Such matters should be considered in determining the appropriateness of this product.

This PDS was prepared on 12th June 2019.

Other documents may form part of Our PDS and if they do, We will tell the Insured in the relevant document.

About the Insurer

This Policy is underwritten by the Australian branch of Allied World Assurance Company, Ltd (ABN 54 163 304 907) of 264 George Street Australia Square, Level 21 Sydney NSW 2000, Phone: +61 2 8015 2500 ('Allied World').

Allied World is authorised by the Australian Prudential Regulation Authority ('APRA') to carry on insurance business in Australia. Allied World is not licensed to and is not providing financial product advice and its product.

About Pen Underwriting Pty Ltd

This PDS is issued by Pen Underwriting Pty Ltd ABN 89 113 929 516 AFSL 290518 ('Pen Underwriting') on behalf of Allied World and Pen Underwriting acts under a binding authority to administer and issue policies, alterations and renewals. In all aspects of arranging this Policy, Pen Underwriting acts as an agent of Us and not as agent for the Insured or any Insured Person.

Pen Underwriting can be contacted at:

Postal Address: GPO Box 4431 Sydney NSW 2001
Telephone: 02 9323 5000
Email: info.au@penunderwriting.com
Website: www.penunderwriting.com.au

If there are any questions or further information is needed concerning this insurance, contact the appointed insurance broker to assist with the enquiry. All correspondence to Pen Underwriting should be directed through the insurance broker as they are the Insured's and Your agent for this insurance.

Financial Claims Scheme

In the unlikely event that Allied World becomes insolvent and is unable to meet its obligations under the Policy, a person entitled to claim may be entitled to payment under the Financial Claims Scheme. Access to the Scheme is subject to eligibility criteria. Please refer to <https://www.fcs.gov.au> for more information.

Group Insurance Policy

An Insured Person's access to this Policy is solely by reason of the statutory operation of Section 48 of the

Insurance Contracts Act 1984 (Cth). An Insured Person is not a contracting insured and does not enter into any agreement with Us.

An Insured's Person's access to cover:

- begins from the time the relevant person meets the criteria specified in the Policy Schedule and becomes an Insured Person; and
- ends at the earliest of the following events:
 - (a) when the relevant person no longer meets the criteria specified in the Policy Schedule for an Insured Person; or
 - (b) at the end of the Period of Insurance; or
 - (c) when the Policy is cancelled by Us or the Insured.

whichever occurs first.

If an Insured Person makes a claim under the Policy then such person will have the same obligations to Us as if they were the Insured and We will have the same rights against the Insured Person as We would have against the Insured.

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

Duty of Disclosure

For Insureds who are not a natural person, before You enter into an insurance contract, You have a duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

- You have this duty until We agree to insure You
- You have the same duty before You renew, extend, vary or reinstate an insurance contract
- You do not need to tell Us anything that reduces the risk We insure You for which;
 - is common knowledge; or
 - We know or should know as an insurer; or
 - We waive Your duty to tell Us about.

If You do not tell Us something

If You do not tell Us anything You are required to tell Us, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

For Individuals

If You are the Insured and a natural person, a different duty of disclosure to the one set out above applies to You. Please contact Your intermediary so that You can be informed of the duty of disclosure that applies to You.

The Cost of the Policy and Paying for the Insurance

Premium

All cover is subject to the payment of Premium and the terms, conditions, exclusions and provisions of this Policy.

The Premium payable by You will be shown in Your Policy Schedule. The Premium is calculated taking into consideration a number of risk factors including the number of Insured Persons covered by the Policy, the

occupations of the Insured Persons, the sums insured and the Insured's previous insurance history.

Premiums are subject to government charges, taxes and levies where applicable. They can include GST, stamp duty, and any other charges.

Non – Payment of Premium

If the Insured fails to pay the Premium by the due date or within 120 days of inception of the Policy or if the payment method is dishonoured and therefore We have not received the payment by the due date, We will have the right to cancel the Policy. Unless We tell the Insured, any payment reminder We send does not change the expiry of the cover or the due date of the Premium.

Other costs, fees and charges

Other costs, fees and charges which may be applicable to the purchase of this Policy include:

Commission: Pen Underwriting may receive a commission payment from Us when the Policy is issued, varied or renewed. For details of the relevant commission paid, please refer to the Policy Schedule, the Financial Service Guide or contact Pen Underwriting directly.

Agency Fee: An agency fee may be charged by Pen Underwriting for administration and compliance costs associated with Pen Underwriting's role in the distribution of this product. This agency fee is in addition to the Premium and is noted separately on the tax invoice issued. The agency fee is not refundable in the event of cancellation unless the Policy is cancelled within the cooling-off period or is a full-term cancellation. For details of the Agency Fee payable, please refer to Your tax invoice or contact Your insurance broker.

Instalment Policies

Where We have agreed that you may pay Your Premium by instalments there are special conditions applying to Your Policy.

If You have not paid Your Premium instalment by the due date, We may do the following:

- Cancel Your Policy if any Premium instalment is unpaid for one month or more;
- In the event of a claim, not pay for any benefits You may be entitled to if an instalment is more than 14 days overdue;
- If an instalment is less than 14 days overdue, deduct the overdue amount from any claim settlement;
- For claims, deduct all outstanding Premium instalments which are unpaid from the settlement amount.

You are responsible for any bank fees or charges imposed or associated with lack of sufficient funds in Your account.

If You are renewing Your Policy and You paid Your previous Policy by instalments, We will continue to deduct instalments for Your renewed Policy, unless You tell Us otherwise.

Taxation Implications

For the purposes of the below provisions for Taxation Implications, the use of:

- 'We', 'Us' and 'Our' includes Pen Underwriting;
- 'You' and 'Your' means the Insured and the Insured Person (insofar as it is applicable).

The following taxation information is only a guide. Your individual circumstances will be important to and may affect the tax treatment of any Premiums You pay or benefits You receive. You should consult Your tax adviser regarding Your individual circumstances.

Income Tax

Generally, if You are entitled to receive weekly benefits for lost Salary or wages under an income protection, sickness or accident insurance policy or workers' compensation scheme, the Premium You pay may be tax deductible. Premiums may also be tax deductible if You have taken out Your Policy for a revenue purpose.

Generally, if You receive weekly benefits as noted above, these benefits may be assessable to You and subject to tax at Your marginal income tax rate. However, lump sum amounts that You receive are generally not taxable provided certain conditions are met.

Pay As You Go Withholding Taxes ('PAYGW') may be withheld from any payments to You deemed to be taxable income in Your hands.

Goods and Services Tax

Generally, You will not be required to pay Goods and Service Tax (GST) on any benefits You receive under Your Policy. However, You must advise Us if You are entitled to claim an input tax credit in relation to any GST payable on Your Premium and the extent of that entitlement. If You do not provide this information to Us, You may be liable to pay an amount of GST on benefits You receive.

If You are registered for GST, any payment We make may be reduced by the amount of any input tax credit You or another person are entitled to for those expenses.

Cooling-off Period

There is a twenty-one (21) day cooling-off period. If the Insured wishes to cancel the Policy, the Insured can cancel it by contacting Pen Underwriting within twenty-one (21) days of its date of issue.

We will refund all the Premium less any non-refundable government charges, taxes and levies that We have paid.

The Insured cannot exercise this right if the Insured has made a claim under the insurance during the cooling-off period.

Even after this cooling-off period ends, the Insured still has cancellation rights. See General Provisions.

Receiving Your Policy Documents

The Insured may choose to receive the Policy documents:

- electronically, including but not limited to email; or
- by post.

Pen Underwriting will send the Policy documents to the email address that the Insured has provided. This will continue until the Insured tells Pen Underwriting otherwise or until Pen Underwriting advises that this method is no longer suitable. Each electronic communication will be deemed to be received by the Insured twenty-four (24) hours after it leaves Pen Underwriting's information system.

The Insured is responsible for ensuring that the email and mailing address that Pen Underwriting has is up to date. Please contact Your insurance broker to change email or mailing address.

Updating this PDS

From time to time and where permitted by law, We may change parts of the PDS. We will issue the Insured with a new PDS or a Supplementary PDS or other compliant document to update the relevant information except in limited cases.

Any updates which are not materially adverse to the Insured from the view of a reasonable person deciding whether to buy this insurance may be found on the Pen Underwriting website at www.penunderwriting.com.au. A paper copy of any updated information is available to the Insured at no cost by contacting Pen Underwriting or Your insurance broker.

Renewal Procedure

Before this Policy expires, We will advise the Insured whether We intend to offer renewal and if so on what terms. It is important to check the terms of any renewal before renewing to ensure that the details are correct.

How to make a Claim

The Insured must notify Fullerton Health Corporate Services ('Fullerton') in writing within thirty (30) days of an event that is likely to give rise to a claim. If it is not possible to notify Fullerton within that time, the Insured must notify them as soon as reasonably possible.

Once notified of a claim, Fullerton will provide the Insured with claim forms. The Insured must fully complete and return the claim forms to Fullerton together with such other information and documentation that Fullerton requires in order to consider the claim. This information can include health certificates, medical practitioners' reports, employer reports and related evidence of the claim.

Please send the notice to:

Fullerton Health Corporate Services

Address: Level 10, 33 York Street Sydney NSW 2000

Phone: +61 2 8256 1770 (Mon-Fri)

Email: claims@fullertonhealthcs.com.au

Privacy Statement

In this Privacy Statement the use of:

- 'We', 'Us' and 'Our' means Allied World and Pen Underwriting;
- 'You' and 'Your' means the Insured and the Insured Person.

unless specified otherwise.

We are committed to protecting Your privacy. We are bound by the obligations of the *Privacy Act 1988(Cth)*. This sets out basic standards relating to the collection, use, storage and disclosure of personal information.

The primary purpose for Our collection, use, storage and disclosure of Your personal information is to enable Us to provide insurance services to You.

We need to collect, use and disclose Your personal information (which may include sensitive information) to consider Your application for insurance and to provide the cover You have chosen, administer the insurance and assess any claim. You can choose not to provide Us with some of the details or all Your personal information, but this may affect Our ability to provide the cover, administer the insurance or assess a claim.

We may disclose the personal information We collect to third parties who assist Us in providing the above services, such as related entities, distributors, agents, insurers, reinsurers and service providers. Some of these third parties may be located outside of Australia. In all instances where personal information may be disclosed to third parties who may be located overseas, We will take reasonable measures to ensure that the overseas recipient holds and uses Your personal information in accordance with the consent provided by You and in accordance with Our obligations under the *Privacy Act 1988 (Cth)*.

Personal Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from Your insurance intermediary or co-insureds). If you provide personal information for another person You represent to Us that:

- You have the authority from them to do so and it is as if they provided it to Us;
- You have made them aware that You will or may provide their personal information to Us, the types of third parties We may provide it to, the relevant purposes We and the third parties We disclose it to will use it for, and how they can access it. If it is sensitive information We rely on You to have obtained their consent on these matters. If You have not done or will not do either of these things, You must tell Us before You provide the relevant information.

You are entitled to access Your personal information and request correction if required.

In dealing with Us, You consent to Us using and disclosing Your personal information as set out in this statement. This consent remains valid unless You alter or revoke it by giving written notice to Pen Underwriting's Privacy Officer. However, should You choose to withdraw Your consent, We may not be able to provide insurance services to You.

Allied World's Privacy Policy contains information on the kinds of personal information Allied World collects and holds, how Allied World does so and the purposes for which Allied World collects, holds, and discloses personal

information. It also contains information on how Allied World can access Your personal information, how You can seek correction of such information or make a privacy related complaint and when Allied World is likely to disclose personal information to third parties and overseas recipients, including the countries in which Allied World is likely located.

You can download a copy of Allied World's Privacy Policy by visiting <http://www.alliedworldinsurance.com/australia>.

Pen Underwriting's Privacy Policy which is available at www.penunderwriting.com.au or by calling Pen Underwriting, sets out how:

- Pen Underwriting protects Your personal information;
- You may access Your personal information;
- You may correct Your personal information held by Us;
- You may complain about a breach of the *Privacy Act 1988 (Cth)* or Australian Privacy Principles and how Pen Underwriting will deal with such a complaint.

If You would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact Pen Underwriting's Privacy Officer by:

Post: PO Box 230 Collins Street West VIC 8007

Phone: 03 9801 0600

Email: compliance.au@penunderwriting.com

You can download a copy of Pen Underwriting's Privacy Policy by visiting www.penunderwriting.com.au

Dispute Resolution Process

Pen Underwriting and Allied World are committed to meeting and exceeding clients' expectations whenever possible and would like to know if your expectations have not been met. You are entitled to make a complaint about any aspect of your relationship with Pen Underwriting or Allied World including the conduct of its agents and authorised representatives. Pen Underwriting and Allied World will attempt, in good faith, to resolve any complaint/dispute in a fair, transparent and timely manner. The complaints process outlined below complies with the General Insurance Code of Practice.

Stage 1 – Internal Dispute Resolution

Any enquiry or complaint relating to this insurance should be referred to Pen Underwriting in the first instance. Please contact Pen Underwriting by:

Post: PO Box 230 Collins Street West VIC 8007

Phone: 03 9801 0600

Email: compliance.au@penunderwriting.com

To allow Pen Underwriting to consider Your complaint, the following information needs to be provided (where available):

- Name, address, email and telephone number of the policyholder;
- Policy number, claim number and product type;
- Name and address of the insurance intermediary through whom the policy was obtained;

- An explanation of the situation that led to the complaint; and
- Copies of any supporting documentation You believe may assist Pen Underwriting in addressing Your complaint properly.

Pen Underwriting aims to acknowledge receipt of Your complaint by either telephone, email or letter within 2 business days and advise the name and contact details of the employee assigned to liaise with you.

Pen Underwriting will respond to your complaint in writing within 15 business days of first being notified of the complaint, provided that Pen Underwriting has all the necessary information and has completed any necessary investigations.

Stage 2 – Internal Dispute Resolution

If the Stage 1 decision does not resolve Your complaint to Your satisfaction, You may advise Pen Underwriting that You wish to escalate Your complaint to Stage 2.

Your complaint will be reviewed by members of Pen Underwriting's internal dispute resolution panel (which includes representation from Allied World) who are independent of the person(s) whose decisions or conduct is the subject of the complaint, or who was involved in the Stage 1 decisions (where applicable). Pen Underwriting will keep You informed about the progress of the review at least every 10 business days.

Pen Underwriting will respond in writing within 15 days of the date You advise that You wish to proceed to Stage 2, provided all the necessary information has been provided and any investigation required has been completed.

If Pen Underwriting cannot respond within 15 business days, Pen Underwriting will let You know as soon as reasonably practicable within that timeframe and agree a reasonable alternative timetable with You. If an alternate timetable cannot be agreed, Pen Underwriting will advise You of Your right to take Your complaint to the Australian Financial Complaints Authority where applicable.

Stage 3 – External Dispute Process

If the decision at Stage 2 does not resolve Your complaint to Your satisfaction, or if Pen Underwriting and Allied World have not resolved Your complaint within 45 calendar days of the date Pen Underwriting first receives Your complaint, You may refer Your complaint to the Australian Financial Complaints Authority (AFCA) depending on eligibility relating to Your Policy.

Australian Financial Complaints Authority contact details are:

Post: Australian Financial Complaints Authority – GPO Box 3, Melbourne VIC 3001

Phone: 1800 931 678

Email: info@afca.org.au

Website: www.afca.org.au

You can access Pen Underwriting's full complaints process at www.penunderwriting.com.au

Summary of Insurance

This is a general summary only and does not form part of the Policy and cannot be relied on as a full description of the cover provided.

Please refer to the relevant sections of the Policy and the Policy Schedule for full benefit details and applicable terms, limitations, conditions and exclusions.

The covers are provided only if specified as applicable in the Policy Schedule.

What the Policy Covers

Note that You only have cover for the benefits listed below if specified as applicable in Your Policy Schedule.

Corporate Protection	Chauffeur Benefit, Corporate Image Protection, Disappearance, Funeral Expenses.
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Accidental Death	Lump sum Accidental Death benefit – one hundred (100%) percent of the amount shown in the Policy Schedule.
Accidental Permanent Total Disablement	Lump sum Accidental Permanent Total Disablement benefit – one hundred (100%) percent of the amount shown in the Policy Schedule.
Temporary Total and Temporary Partial Disablement benefits	Weekly disablement benefits as a result of Injury for Temporary Total Disablement and Temporary Partial Disablement as shown in the Policy Schedule.
Broken bones and loss or damage to Teeth	Lump sum benefit - % of the amount shown in the Policy Schedule.
Weekly benefits for up to 104 weeks	Weekly benefits are payable for a maximum period of one hundred and four (104) weeks or as specified in the Policy Schedule.
Personal Wellbeing	Accidental HIV Infection Benefit, Accommodation and Transport Benefit, Additional Out of Pocket Expenses, Advanced Payment, Bedcare Benefit, Childcare Benefit, Coma Benefit, Counselling Support, Dependent Child Benefit, Domestic Help Benefit, Education Fund Benefit, Escalation of Claim Benefit, Home Care Benefit, Hospitalisation Waiting Period Waiver, Independent Financial Advice, Modification and Rehabilitation Benefits, Non-Medicare Medical Expenses, Orphan Benefit, Parents Inconvenience Benefit, Spouse/Partner Retraining Benefit, Student Tutorial Benefit and Unexpired Membership Benefit.

What the Policy Doesn't Cover

No benefits are payable under the Policy where the Injury:

War, Civil War	Occurs as a result of War, Civil War, or warlike operations, civil unrest or political unrest except Passive War.
Epidemic or Pandemic	Occurs as a result of epidemic or pandemic (as announced by the government of Australia or the World Health Organization) in existence before commencing travel outside Australia or announced by the government of Australia or the World Health Organization.
Professional Sports	Results from the Insured Person taking part in, participating or training for professional sport of any kind, or the sport where the Insured Person earns the majority of their income.
Air travel	Results from engaging in air travel or aerial activities except where the Insured Person is travelling as a passenger in a properly licensed aircraft.
Intentional or self-inflicted	Is deliberately self-inflicted or intentionally caused by the Insured Person.
Criminal acts	Results from a criminal act committed by the Insured Person or any other beneficiary of the benefits under this insurance.
Maximum Age	Occurs after the Insured Person reaches the Maximum Age.
Sickness and Pre-Existing Medical Conditions	Results from Sickness or Pre-Existing Medical Conditions as defined.
Sexually transmitted diseases, AIDS/HIV	Is a sexually transmitted disease, AIDS or HIV infection except to the extent that it is covered under Section 2 – Personal Wellbeing – Accidental HIV Infection Benefit.
Alcohol or drugs	Is caused by the Insured Person whilst exceeding the lawful blood alcohol limit, including having a blood alcohol content over the prescribed legal limit whilst driving, or being under the influence of non-prescription drugs, including abuse of prescription drugs.

Nuclear exposure or radioactivity	Occurs as a result of the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel.
Health Insurance Act	Results in Us contravening the <i>Health Insurance Act 1973</i> (Cth), the <i>Private Health Insurance Act 2007</i> (Cth) or the <i>National Health Act 1953</i> (Cth).

Limits On benefits

Lump Sum Benefits	No benefit shall be payable for more than one (1) condition in respect of the same Injury, in which case the highest benefit will be payable.
Waiting Period	No weekly benefits are payable for disablement during the Waiting Period stated in the Policy Schedule.
Beyond the maximum benefit period	As specified in the Policy Schedule, in respect to any one (1) Injury.
Able to return to work	Weekly benefits will be reduced to thirty (30) percent if the Insured Person is able to return to work with their employer but elects not to do so.
Fit to return to work	Weekly benefits will cease once the Insured Person is deemed fit to return to work by a Doctor.
Death	Weekly and other benefits will cease when the Insured Person dies.
Failure to follow medical advice	If the Insured Person fails to follow the advice of or undertake the recommended treatment by a Doctor for the current disability.

Coverage

Subject to the terms, conditions and exclusions contained in this Policy, We will cover Insured Persons or the Insured against Events described in this Policy provided that:

1. the Insured has paid or agreed to pay the Premium required for this insurance; and
2. the type of cover is specified in the Policy Schedule as applying to the Insured Person.

General Definitions

For the purpose of the Policy, the following important definitions apply when used in this document. Any word or expression to which a specific meaning has been given in any part of this document shall bear this meaning wherever it may begin with a capital letter.

Accident	means a sudden, violent, external and identifiable event that occurs during the Period of Insurance and which results solely, directly and independently of any other cause in an Injury that is unforeseen by the Insured Person.	Doctor	means a person legally qualified and registered to practice medicine in Australia and who is a person other than the Insured Person, their relatives, business partners, shareholders or employees. Chiropractors, physiotherapists and alternative therapy providers are not regarded as a Doctor.
Accidental Death	means the death of an Insured Person as a result of an Accident.	Domestic Duties	means the usual and ordinary Domestic Duties undertaken by someone as a homemaker and could include child-minding and home help services.
Civil War	means a state of armed opposition, whether declared or not, between two (2) or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups, including armed rebellion, revolution, sedition, insurrection, civil unrest, coup d'état, and the consequences of martial law.	Event(s)	means the Event(s) described in the relevant Table of Events in this document.
Complete Fracture	means a fracture in which the bone is broken completely across and no connection is left between the pieces.	Finger(s) Thumb(s) or Toe(s)	means the digits of a Hand or Foot.
Dependent Child/Children	Means an Insured Person's and/or their Spouse/Partner's unmarried dependent children (including step or legally adopted children) as long as they are under nineteen (19) years of age, or under twenty five (25) years of age while they are full-time students at an accredited institution of higher learning and in either case, primarily dependent on the Insured Person for maintenance and support. It also means the Insured Person's and/or Spouse/Partner's unmarried children over nineteen (19) years of age who are physically or mentally incapable of self-support.	Foot	means the entire Foot below the ankle.
Disappearance	means a body has not been found within twelve (12) months after the	Hairline Fracture	means mere cracks in the bone.
		Hand	means the entire Hand below the wrist.
		Injury	means a bodily injury resulting from an Accident which occurs during the Period of Insurance and is not a Sickness and which: <ol style="list-style-type: none"> 1. results within twelve (12) months of the Accident; and 2. results solely and independently from: <ol style="list-style-type: none"> (a) the Accident; and/or (b) Sickness directly resulting from medical or surgical treatment rendered necessary by the Accident; and (c) may include an Injury caused by the Insured Person being directly and unavoidably exposed to the elements as a result of an Accident.
		Insured	means the Insured specified in the Policy Schedule as the Insured.

<p>Insured Person</p>	<p>means such person or persons as described in the Policy Schedule, who are nominated by the Insured for insurance under this Policy and with respect to whom Premium has been paid or agreed to be paid. An Insured Person is a person that is legally entitled to claim under the Policy by reason of the operation of Section 48 of the <i>Insurance Contracts Act 1984</i> (Cth) and no other basis.</p>		<p>whilst the Insured Person is undertaking any travel outside Australia whether on business or holiday, or whilst the Insured Person is on secondment, subject to such travel being for no more than 180 days.</p>
<p>Limb(s)</p>	<p>means the entire limb between the shoulder and wrist or between the hip and ankle.</p>	<p>Period of Insurance</p>	<p>means the period stated in the Policy Schedule or such shorter time if the Policy is terminated.</p>
<p>Loss</p>	<p>means in connection with:</p> <ol style="list-style-type: none"> 1. a Limb, Permanent physical severance or Permanent total loss of the use of the Limb; 2. an eye, total and Permanent loss of all sight in the eye; 3. hearing, total and Permanent loss of hearing; <p>and which in each case is caused by an Injury.</p>	<p>Permanent</p>	<p>means having lasted twelve (12) consecutive months and at the expiry of that time being in the opinion of a Doctor beyond hope of improvement.</p>
<p>Maximum Age</p>	<p>means the maximum age applicable for Insured Persons as specified on Your Policy Schedule, but where not specified it shall be 70 years.</p>	<p>Permanent Total Disablement</p>	<p>means total disablement which is Permanent and is as a result of an Accident and which entirely prevents the Insured Person forever from engaging in any business, profession, occupation or employment for which they are reasonably qualified by training, education or experience.</p>
<p>Non-Medicare Medical Expenses</p>	<p>means expenses incurred by an Insured Person or the Insured within twelve (12) calendar months of the Insured Person sustaining an Injury, that are not subject to any full or partial Medicare rebate, for treatment of an Injury certified necessary by a Doctor to a registered private hospital, physiotherapist, chiropractor, osteopath, nurse or similar provider of medical services. It does not mean dental treatment, unless such treatment is necessarily required, to Teeth other than dentures and is caused by an Injury.</p>	<p>Policy</p>	<p>means:</p> <ol style="list-style-type: none"> 1. the Policy Schedule; 2. this PDS (this document); 3. any applicable Supplementary PDS ('SPDS') We issue that varies it; 4. any other document We tell the Insured forms part of the Policy which may vary of modify the above documents.
<p>Fracture</p>	<p>means any fracture other than a Complete Fracture, Hairline Fracture or Simple Fracture.</p>	<p>Policy Schedule</p>	<p>means the Policy Schedule showing details of the cover attaching to and forming part of the Policy or any subsequently substituted Policy Schedule.</p>
<p>Paraplegia</p>	<p>means the Permanent loss of use of both legs and the Permanent loss of use of the whole of or part of the lower half of the body.</p>	<p>Pre-Existing Medical Condition</p>	<p>means any illness, disease, syndrome, disability or other condition, including any symptoms:</p> <ol style="list-style-type: none"> 1. of which the Insured Person is aware or a reasonable person in the circumstances would be expected to have been aware; or 2. for which the Insured Person has sought or received medical attention, undergone tests or taken prescribed medication;
<p>Passive War</p>	<p>means a claim as the result of or contributed to by War or Civil War outside an Insured Person's normal Country of Residence</p>	<p>Premium</p>	<p>in the twelve (12) months prior to them being covered under this Policy.</p> <p>means the Premium as shown in the Policy Schedule that is payable by the Insured in respect of this Policy.</p>

Quadriplegia	means the Permanent loss of use of all four limbs.	Temporary Partial Disablement	means that in the opinion of a Doctor, the Insured Person is temporarily unable to perform a substantial part of their usual occupation, and while under the care of and acting in accordance with the instructions and/or advice of a Doctor.
Salary	means the average weekly pre-tax income derived from the Insured Person's exertion during the period of twelve (12) months immediately preceding the date of Temporary Total Disablement or Temporary Partial Disablement or during such shorter period as the Insured Person has been employed (or self-employed) in their occupation at the time the disability occurred; subject to: <ol style="list-style-type: none"> 1. in the case of an employee remunerated by wages or Salary, income includes any allowances that are payable to the employee as part of the employee's remuneration, whether in addition to the employee's wage or Salary or not, but does not include any bonuses, commissions or other allowances before any salary sacrifice deductions; 2. in the case of a self-employed person, income is net of business costs and expenses incurred in deriving that income. 	Temporary Total Disablement	means that in the opinion of a Doctor, the Insured Person is temporarily unable to perform their usual occupation, and while under the care of and acting in accordance with the instructions and/or advice of a Doctor.
Seek Employment	means the Insured Person being registered with a government agency or department which is responsible for providing employment services and/or a recruitment agency and then providing Us with proof of a minimum of two (2) new job applications per week.	Tooth/Teeth	means a sound and natural permanent Tooth but does not include first or milk Teeth, dentures or implants.
Sickness	means any illness, disease or syndrome suffered by the Insured Person.	Utilisation of Nuclear, Chemical or Biological Weapons of Mass Destruction	means: <ol style="list-style-type: none"> 1. the use of any explosive nuclear weapon or device; or 2. the emission, discharge, dispersal, release or escape of: <ol style="list-style-type: none"> (a) fissile material emitting a level of radioactivity, or (b) any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins), or (c) any solid, liquid or gaseous chemical compound which, when suitably distributed; <p>which is capable of causing incapacitating disablement or death amongst people or animals.</p>
Simple Fracture	means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a Doctor requires minimal and uncomplicated medical treatment.	Waiting Period	means the period specified in the Policy Schedule during which no benefits are payable by Us in relation to Section 1 – Personal Accident – Part B – Weekly Benefits - Injury.
Sporting Group	means the group or entity named as the Insured in the Policy Schedule.	War	means a state of armed conflict, whether declared or not, between different nations, states, or armed groups using military force to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
Spouse/Partner	means the Insured Person's husband or wife living with the person or any person of either sex living in a defacto marital relationship with the person.	We/Our/Us	means the Australian branch of Allied World Assurance Company, Ltd (ABN 54 163 304 907) ('Allied World').
		You/Your	means the Insured.

Section 1 – Personal Accident

Extent of Cover

If during the Period of Insurance an Insured Person suffers an Accident which directly results in an Injury which results in the occurrence of any of the Events set out in the Table of Events shown under Section 1 – Personal Accident – Parts A, B, C and/or D, We will pay the benefit set out. However, the Event must occur within twelve (12) months of the date of the Accident giving rise to the Injury.

The Benefit amounts are a percentage of the amount shown in the Policy Schedule under Section 1, up to a maximum of 100%.

Table of Events

Part A – Lump Sum Benefits

Cover for an Event under this Part applies only if an amount for that Event is shown in the Policy Schedule against **Section 1 – Personal Accident – Part A – Lump Sum Benefits**.

The Events	Benefit Amount
1. Accidental Death	100%
2. Permanent Total Disablement	100%
3. Paraplegia or Quadriplegia	100%
4. Permanent and incurable paralysis of all Limbs	100%
5. Loss of sight of one (1) or both eyes	100%
6. Loss of use of one (1) or more Limbs	100%
7. Permanent and incurable insanity	100%
8. Loss of use of lens of: (a) both eyes (b) one (1) eye	100% 60%
9. Loss of hearing of: (a) both ears (b) one (1) ear	80% 30%

The Events	Benefit Amount
10. Burns: (a) third degree burns and/or resultant disfigurement which covers more than thirty (30) percent of the entire external body (b) second degree burns and/or resultant disfigurement which covers more than thirty (30) percent of the entire external body	60% 30%
11. Permanent total loss of use of four (4) Fingers and Thumb of either Hand	80%
12. Permanent total loss of use of four (4) Fingers of either Hand	50%
13. Permanent total loss of use of the Thumb of either Hand: (a) both joints (b) one (1) joint	40% 20%
14. Permanent total loss of use of Fingers of either Hand: (a) three (3) joints (b) two (2) joints (c) one (1) joint	20% 15% 10%
15. Permanent total loss of use of Toes of either Foot: (c) all – one (1) Foot (d) great – both joints (e) great – one (1) joint (f) other than great Toe – each Toe	15% 5% 3% 1%
16. Fractured leg or patella with established non-union	10%

The Events	Benefit Amount
17. Loss of at least fifty (50) percent of all Teeth	1% per Tooth (up to a maximum of \$10,000 in total)
18. Shortening of leg by at least five (5) centimetres	10%
19. Permanent partial disablement not otherwise provided for under Events 8 to 18	Such percentage of the lump sum amount as We in Our absolute discretion shall determine, but not more than 75%, and being in Our opinion not inconsistent with the benefits provided under Events 8 to 18

Part B – Weekly Benefits – Injury

Cover for an Event under this Part applies only if an amount for that Event is shown in the Policy Schedule against **Section 1- Personal Accident – Part B – Weekly Benefits – Injury**.

The Events
<p>20. Temporary Total Disablement From the date of Temporary Total Disablement as a result of Injury, and whilst the Temporary Total Disablement persists and after the Waiting Period, We will pay up to the amount in the Policy Schedule against Section 1 – Personal Accident – Part B – Weekly Benefits – Injury, but not exceeding the Salary of the Insured.</p>
<p>21. Temporary Partial Disablement From the date of Temporary Partial Disablement as a result of Injury, and whilst the Temporary Partial Disablement persists and after the Waiting Period, We will pay up to the amount in the Policy Schedule against Section 1 – Personal Accident – Part B – Weekly Benefits – Injury, less any amount of current earnings as a result of working in a reduced capacity in the Insured's current employment, provided the combined amount does not exceed the percentage of Salary shown in the Policy Schedule.</p>
<p>Should the Insured Person be able to return to work in their current employment in a reduced capacity but elects not to do so then the benefit payable will be thirty (30) percent of the amount payable for Event 20.</p>

Part C – Injury Resulting in Fractured Bones

Cover for an Event under this Part applies only if an amount for that Event is shown in the Policy Schedule against **Section 1 – Personal Accident – Part C – Injury Resulting in Fractured Bones**.

The maximum benefit payable for any one (1) Injury resulting in fractured bones shall be the amount shown in the Policy Schedule against **Section 1 – Personal Accident – Part C – Injury Resulting in Fractured Bones**.

In the case of an established non-union of any of the below fractures, We will pay an additional benefit of five (5) percent of the amount shown in the Policy Schedule against **Section 1 – Personal Accident - Part C - Injury Resulting in Fractured Bones**; or three thousand dollars (\$3,000), whichever is the greater.

The Events	Benefit Amount
22. Complete Fracture of neck, spine or skull	100%
23. Fracture of Hip	75%
24. Fracture of jaw, pelvis, leg, ankle or knee	50%
25. Fracture of Cheekbone, shoulder or Hairline Fracture of neck, skull or spine	40%
26. Fracture of arm, elbow, wrist or ribs (per rib)	30%
27. Simple Fracture of jaw, pelvis, leg, ankle or knee	25%
28. Fracture of the Nose or collarbone	25%
29. Simple Fracture of arm, elbow, wrist or ribs (per rib)	25%
30. Fracture of Finger (per Finger), Thumb (per Thumb), Foot, Hand or Toe (per Toe)	10%

Part D – Injury Resulting in Loss of Damage to Teeth

Cover for an Event under this Part applies only if an amount for that Event is shown in the Policy Schedule against **Section 1 – Personal Accident – Part D – Injury Resulting in Loss of Damage to Teeth**.

The Events	Benefit Amount
31. Loss of or full capping of Teeth	100% (maximum \$500 per Tooth)
32. Chipped or broken Teeth requiring partial capping	50% (maximum \$250 per Tooth)

Section 2 – Personal Wellbeing

Extent of Cover

2A - Accidental HIV Infection Benefit

If during the Period of Insurance the Insured Person accidentally contracts the Human Immunodeficiency Virus ('HIV') Infection:

1. as a direct result of Injury caused by a violent and physical bodily assault by another person on the Insured Person during the Period of Insurance and whilst they are an Insured Person; or
2. as a direct result of receiving medical treatment provided by a registered and legally qualified Doctor or registered nurse for an Insured Person's Injury suffered during the Period of Insurance;

We will pay the Insured Person the amount stated in the Policy Schedule under Section 2 – Personal Wellbeing – Accidental HIV Infection Benefit, provided that;

1. there is a positive diagnosis within one hundred and eighty (180) days of the event giving rise to the HIV infection;
2. any event leading to or likely to lead to a positive diagnosis of HIV is reported to Us and medical tests are carried out by a registered and legally qualified Doctor no more than forty-eight (48) hours from the date and time of the event giving rise to the HIV infection; and
3. a recognised laboratory carries out medical and clinical tests that conclusively prove the Insured Person was not HIV positive at the time and date of the event giving rise to the HIV infection. No benefit will be payable if the Insured Person fails to comply with or provide the required level of proof.

2B - Accommodation and Transport Benefit

If during the Period of Insurance an Insured Person sustains an Injury and is admitted as an in-patient of a hospital, which is more than one hundred (100) kilometres from the Insured Person's normal place of residence, We will pay the actual and reasonable transport and/or accommodation expenses incurred by their Spouse/Partner or Dependent Children to travel to or remain with the Insured Person up to the amount shown in the Policy Schedule against Section 2 – Personal Wellbeing – Accommodation and Transport Benefit.

2C - Additional Out Of Pocket Expenses

If during the Period of Insurance an Insured Person sustains an Injury which directly results in otherwise unforeseeable expenses for medical aids, local transportation (other than in an ambulance) for the purpose of seeking medical treatment, and other non-medical expenses such as clothing, We will pay the actual and reasonable costs incurred up to the maximum amount stated in the Policy Schedule against Section 2 – Personal Wellbeing – Additional Out of Pocket Expenses.

2D - Advanced Payment

If an Insured Person sustains an Injury for which benefits are payable for Event 20, We will immediately pay thirteen (13) weeks benefit in advance, provided that We are presented with medical evidence from a Doctor certifying that the total period of Temporary Total Disablement will be a minimum of twenty-six (26) weeks.

2E - Bedcare Benefit

If during the Period of Insurance an Insured Person suffers an Injury for which benefits are payable under the Table of Events, We will pay \$100 per day when the Insured Person is confined to a bed for more than forty eight (48) continuous hours under the direction of a Doctor. The maximum benefit period We will pay is 30 days.

For the purposes of this benefit, We will not pay for any claim whereby the Insured Person is confined to a bed in any institution used as a nursing or convalescent home, a place of rest, a geriatric ward, a mental institution, a rehabilitation or extended care facility or a place for the care of alcohol or drug addicts.

2F - Childcare Benefit

If during the Period of Insurance an Insured Person suffers an Injury for which a benefit is payable under Events 2 to 8.a., We will pay the Insured Person the actual and reasonable expenses necessarily incurred for the services of a registered childcare provider up to the amount shown in the Policy Schedule against Section 2 – Personal Wellbeing – Childcare Benefit, but only in respect of additional costs that would not otherwise have been incurred but for the Event.

2G - Coma Benefit

If during the Period of Insurance the Insured Person sustains an Injury which directly causes or results in a coma and the Insured Person or the Insured Person's legal representative presents Us with a written opinion of a Doctor that verifies that the Injury caused the Insured Person to be in such a coma, We will pay to the Insured Person or the Insured Person's legal representative on behalf of the Insured Person the daily amount shown in the Policy Schedule against Section 2 – Personal Wellbeing – Coma Benefit or part thereof of continuous unconsciousness, up to a maximum period of ninety (90) days.

2H - Counselling Support

If during the Period of Insurance an Insured Person, or their spouse or partner or Dependent Child, suffers a psychological trauma, We will reimburse the Insured Person or the Spouse/Partner or Dependent Children for costs incurred for trauma counselling which is provided by a registered psychologist or psychiatrist (who is not an Insured Person or a relative) subject to a medical specialist certifying that such treatment was necessary for the wellbeing of the Insured Person. The maximum We will pay for any one Insured Person during any one Period of Insurance shall be the amount shown in the Policy Schedule against Section 2 – Personal Wellbeing – Counselling Support.

This benefit is limited to a 12-month period from the date of Injury.

2I - Dependent Child Benefit

If during the Period of Insurance the Insured Person suffers an Accidental Death, We will pay to the Insured Person's estate the amount shown in the Policy Schedule against Section 2 – Personal Wellbeing – Dependent Child Benefit, for each Dependent Child of the Insured Person, up to the maximum amount per family stated in the Policy Schedule.

2J - Domestic Help Benefit

If during the Period of Insurance an Insured Person sustains an Injury and a Doctor certifies that the Insured Person is unable to carry out Domestic Duties, We will pay the actual and reasonable costs incurred of hiring domestic help up to the amount shown in the Policy Schedule against Section 2 – Personal Wellbeing – Domestic Help Benefit, provided that the domestic help is not carried out by an Insured Person's close relative nor a person permanently residing with the Insured Person.

This Benefit will not be payable if the Insured Person is entitled to claim or is receiving Weekly Benefits under Section 1 - Part B Weekly Benefits – Injury, Events 20 and or 21 or under Section Two – Personal Wellbeing - Student Tutorial Benefit.

2K - Education Fund Benefit

If during the Period of Insurance the Insured Person suffers an Accidental Death and is survived by Dependent Children, We will pay the Insured Person's estate the amount shown in the Policy Schedule against Section 2 – Personal Wellbeing – Education Fund Benefit, for each surviving Dependent Child of the Insured Person, up to the maximum amount per family stated in the Policy Schedule.

2L - Escalation of Claim Benefit

After payment of a benefit for Events 20 and/or 21 continuously for twelve (12) months and again after each subsequent period of twelve (12) months during which a benefit is paid, the benefit will be increased by five (5%) percent per annum.

2M - Home Care Benefit

If an Insured Person is receiving benefits under Event 20 and requires full-time care We will pay an additional benefit where an immediate family member ceases permanent employment and is no longer earning an income solely because of the provision of that care.

The benefit We will pay is the lesser of:

1. the amount shown in the Policy Schedule against Section 2 – Personal Wellbeing – Home Care Benefit; or
2. the lost income the family member would have earned if the Insured Person had not been disabled.

This Benefit is payable while the Insured Person is totally disabled for a maximum of three (3) months and where a Doctor has certified in writing that the Insured Person is confined to bed due to Injury and requires full-time care.

2N - Hospitalisation Waiting Period Waiver

If during the Period of Insurance an Insured Person is hospitalised and receiving full-time care for a period of five (5) consecutive days immediately following an Injury which gives rise to a claim for benefits under Event 20, the Waiting Period shall be waived. This benefit is not payable if the Insured Person elects to be hospitalised or is discharged at any stage during the five (5) days.

2O - Independent Financial Advice

If an Insured Person sustains an Injury for which benefits are payable for Events 1 to 8.a., We will, at the request of the Insured, pay for the cost of professional financial planning advice in respect of the payment of the benefit, provided by a qualified financial planner who is not an Insured Person or their relative, up to the amount shown in the Policy Schedule against Section 2 – Personal Wellbeing – Independent Financial Advice. Costs must be incurred within six (6) months of the lump sum benefit being paid.

2P - Modification Benefit

If during the Period of Insurance an Insured Person sustains an Injury for which a benefit is paid for Events 2 or 3, We will pay for costs necessarily incurred to modify the Insured Person's home and/or motor vehicle, or costs associated with relocating the Insured Person to a more suitable home, up to the amount shown in the Policy Schedule against Section 2 – Personal Wellbeing – Modification Benefit, provided that medical evidence is presented from a Doctor certifying the modification and/or relocation is necessary.

This Benefit will not be available if it can be received from any other source.

2Q - Non-Medicare Medical Expenses

If during the Period of Insurance an Insured Person is providing services, without payment, to an educational, religious, charitable or benevolent organisation and suffers an Injury, We will pay the Non-Medicare Medical Expenses incurred by the Insured Person, up to the amount shown in the Policy Schedule against Section 2 – Personal Wellbeing – Non-Medicare Medical Expenses.

2R - Orphan Benefit

If during the Period of Insurance an Insured Person and their Spouse/Partner both suffer an Accidental Death resulting from the same Event and they are survived by Dependent Children, We will pay to the Insured Person's estate the amount shown in the Policy Schedule against Section 2 – Personal Wellbeing – Orphan Benefit, for each Dependent Child of the Insured Person, up to the maximum amount per family stated in the Policy Schedule.

2S - Parents Inconvenience Benefit

If during the Period of Insurance an Insured Person sustains an Injury, We will pay any non-medical expenses incurred by the Insured Person's custodial parents up to the amount shown in the Policy Schedule against Section 2 – Personal Wellbeing – Parents Inconvenience Benefit, in order to visit the Insured Person in hospital. For the purpose of this benefit only non-medical expenses include items such as transportation and accommodation costs certified as necessary by a Doctor. We will not pay any Benefits during the Waiting Period or after the Benefit Period shown in the Policy Schedule has expired. No compensation shall be payable should there be any amount payable for Weekly Benefits.

2T - Rehabilitation Benefit

On the occurrence of Events 20 and/or 21, for which benefits are payable, We will pay for tuition or advice for an Insured Person from a licensed vocational school, provided such tuition or advice is undertaken with Our prior written agreement and is confirmed by the Insured Person's Doctor as being necessary. The maximum amount We will pay under this benefit is shown in the Policy Schedule against Section 2 – Personal Wellbeing - Rehabilitation Benefit.

2U - Spouse/Partner Retraining Benefit

If during the Period of Insurance the Insured Person suffers an Injury for which a benefit is paid for Events 1 or 2, We will at the request of the Insured, pay up to the amount shown in the Policy Schedule against Section 2 – Personal Wellbeing – Spouse/Partner Retraining Benefit, for the training or retraining of the Insured Person's Spouse/Partner:

1. for the sole purpose of obtaining gainful employment;
2. to improve their potential for employment;
3. to enable them to improve the quality of care they can provide to the Insured Person;

provided always that:

1. the Spouse/Partner has not attained the age of sixty-five (65) years of age at the commencement of the training;

2. the training is provided by a recognised institution with qualified skills to provide such training; and
3. costs must be incurred within six (6) months of the payment of the benefit for Events 1 or 2.

2V - Student Tutorial Benefit

If during the Period of Insurance an Insured Person who is a full-time student suffers an Injury and a Doctor 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, to the maximum amount shown in the Policy Schedule against Section 2 – Personal Wellbeing - Student Tutorial Benefit.

Provided that the Benefit will not be payable if the Insured Person is entitled to claim or is receiving Weekly Benefits under Section 1 - Part B Weekly Benefits – Injury, Events 20 and or 21 or under Section Two – Personal Wellbeing Domestic Help Benefit.

2W - Unexpired Membership Benefit

If during the Period of Insurance an Insured Person suffers an Injury covered by this Policy for which a benefit is paid under any of:

1. Part A Event Nos. 2 to 8(a); or
2. Part B Events No. 20 or 21;

and a Doctor certifies that the disablement will continue for a minimum period of twenty six (26) weeks preventing the Insured Person from continuing their participation in any sport or gym activity for which the Insured Person has pre-paid a membership, association or registration fee, We will pay the Insured Person a pro-rata refund of such actual fees paid for the current season, up to the amount shown in the Policy Schedule against Section 2 Personal Wellbeing – Unexpired Membership benefit.

Section 3 – Corporate Protection

Extent of Cover

3A - Chauffeur Benefit

On the occurrence of Events 20 and/or 21, for which benefits are payable, provided that medical evidence is presented from a Doctor certifying that the Insured Person is unable to operate a motor vehicle or travel on other available modes of public transport, We will pay up to the amount shown in the Policy Schedule against Section 3 – Corporate Protection – Chauffeur Benefit, for reasonable costs incurred for the hire of a suitable chauffeured vehicle or taxi to transport the Insured Person directly to and from their normal place of residence and normal place of work.

3B - Corporate Image Protection

If during the Period of Insurance an Insured Person sustains an Injury for which a benefit is paid under Events 1 or 2, We will pay the Insured the actual and reasonable expenses necessarily incurred for the services of image/public relations consultants for the purpose of protecting the Insured's corporate image, up to the amount shown in the Policy Schedule against Section 3 – Corporate Protection – Corporate Image Protection.

3C - Disappearance

If the body of an Insured Person is not found within twelve (12) months after an Accident involving the conveyance in which they were travelling, Accidental Death will be presumed in the absence of any evidence to the contrary. The Accidental Death benefit amount set out under Event 1 shall become payable, subject to a signed undertaking by the beneficiary that if the Insured Person is subsequently found alive, such Accidental Death benefit amount will be refunded to Us.

3D - Funeral Expenses

If during the Period of Insurance an Insured Person suffers Accidental Death, We will pay for the reasonable expenses incurred up to the amount shown on the Policy Schedule against Section 3 – Corporate Protection – Funeral Expenses Benefit for the Insured Person's funeral, burial or cremation or the cost of returning the Insured Person's body or ashes to a place nominated by the Insured Person's Spouse/Partner or the legal representatives of the Insured Person's estate.

General Conditions

These General Conditions apply to all covers and the Policy unless expressly stated otherwise in the Policy.

1. If an Insured Person suffers an Injury resulting in any one (1) of Events 2 to 8.a., no further benefits will be payable under Section 1 - Personal Accident - Part A - Lump Sum Benefits for any subsequent Injury to that Insured Person.
2. Benefits shall not be payable for more than one (1) of Events 1 to 19 in respect of the same Injury, in which case the highest benefit will be paid.
3. Weekly benefits shall not be payable:
 - (a) in excess of the maximum benefit period, as specified in the Policy Schedule, in respect to any one (1) Injury;
 - (b) for the Waiting Period;
 - (c) beyond the date of the Insured Person's death;
 - (d) once the Insured Person is deemed fit to return to work by a Doctor;
 - (e) for more than one (1) of the Events 20 and/or 21 that occur during the same period of time;
 - (f) if the Insured Person fails to provide Us with all requested information and other evidence reasonably required to assess their claim; or
 - (g) during any period where the Insured Person fails to follow the advice of or undertake the recommended treatment by a Doctor for the current disability. Advice or treatment includes seeking specialist advice or undergoing rehabilitation such as but not limited to obesity, drug addiction or alcoholism treatment plans where the condition is related to or exacerbating the current disability.
4. We may require at any time during a period of disablement that the Insured Person be examined by an independent medical officer of Our choosing and expense to obtain a second opinion. The costs associated with the examination will be met by Us however if the Insured Person fails to attend the examination for any reason then they will be required to pay any costs incurred. If the second opinion is contrary to the opinion of the Insured Person's Doctor, We will obtain a third and independent Doctor's opinion which will be the opinion used for the purposes of assessing the claim. We may require at any time for the Insured Person to attend and complete a medical examination by this Doctor. Where the Insured Person fails to attend or co-operate with Our Doctor's medical examination We are entitled to conclude that no temporary disablement has occurred.
5. You or the Insured Person must provide Us with medical evidence provided by a Doctor regarding the Insured Person's Temporary Disablement and their ability to attend their usual occupation.
6. If an Insured Person suffers a recurrence of Temporary Total Disablement or Temporary Partial Disablement from the same or related cause or causes within six (6) months, the subsequent period of disablement will be deemed a continuation of the prior disablement. A new Waiting Period will not apply and the total benefit period shall not exceed the maximum benefit period, as specified in the Policy Schedule, inclusive of the benefit already received. If the Insured Person has worked on a full-time unrestricted basis for a least six (6) consecutive months the subsequent period of disablement shall be deemed to have resulted from a new Injury. A new Waiting Period and a new maximum benefit period as specified in the Policy Schedule shall apply. Where an Injury requires surgical treatment which cannot be performed within the twelve (12) months from the date of the Accident, provided the Insured Person can demonstrate that such treatment was known as necessary during the twelve (12) month period from the date of the Accident and a Doctor certifies this, We will treat this as a continuation of the first Injury regardless of whether the Insured Person has been able to return to work for six (6) months, provided surgery does not occur in a period in excess of twenty-four (24) months from the original date of the Accident.
7. If an Insured Person returns to work for more than five (5) days during the Waiting Period and suffers a recurrence of the Injury which led to the initial Temporary Total Disablement, then the Waiting Period shall recommence from the day that the Insured Person suffers Temporary Total Disablement after returning to work.
8. Sick leave, annual leave or other employer sponsored benefits are not required to be exhausted prior to the Insured Person making a claim under this Policy.
9. The amount of any benefit payable for Temporary Total Disablement and Temporary Partial Disablement will be reduced by the amount of any periodic compensation benefits payable under any workers' compensation or accident compensation scheme and the amount of any sick pay received or any disability entitlement so that the total amount of any such benefit or entitlement and benefits payable under the Policy shall not exceed the percentage of Salary of the Insured Person shown in the Policy Schedule and/or the Salary of the Insured Person.
10. If an Insured Person becomes unemployed whilst receiving benefit payments under Events 20 and/or 21 and is subsequently certified by a Doctor as being fit for light or partial duties, then the Insured Person must actively Seek Employment which is consistent with the Doctor's certified level of capacity. Should the Insured Person not actively Seek Employment, benefits shall be reduced to twenty-five (25) percent of the amount payable for Event 20.
11. Subject to Advanced Payment referred to under Section 2 - Personal Wellbeing, weekly benefits shall be payable fortnightly in arrears. Compensation for a period of less than one (1) week

will be paid at the rate of one-seventh (1/7th) of the weekly benefit for each day during which the disability continues.

12. All benefits shall be payable to the Insured or such person(s) and in such proportions as the Insured shall nominate, unless otherwise stated in the Policy. Payment to the Insured or nominated person shall discharge Our obligations under this Policy even when the Insured Person has not received the payment.
13. With respect to Section 1 – Personal Accident – Part A – Lump Sum Benefits, where the Lump Sum Benefit is Salary linked and the employee is not in receipt of a Salary, the benefit amount shall be fifty (50%) percent of the maximum lump sum benefit stated in the Policy Schedule for the category applicable to such an employee.
14. With respect to Section 1 – Personal Accident – Part A – Lump Sum Benefits, the benefit payable in respect of Insured Persons under eighteen (18) years of age shall be limited to ten (10%) percent of the sum insured shown in the Policy Schedule under Event 1 – Accidental Death or \$50,000, whichever is the lesser. With respect to Events 2 to 19, the benefit is limited to the lesser of the sum insured stated in the Policy Schedule or \$250,000.
15. With respect to Insured Persons aged between seventy-five (75) and ninety (90) years of age, cover under Section 1 – Personal Accident – Part A – Lump Sum Benefits Events 1 – 19 is reduced to a maximum amount of \$25,000 and Part B – Weekly Benefits – Injury under Section 1 – Personal Accident is not applicable.
16. Where an Insured Person is exposed to the elements as a result of an Accident and suffers from any of the Events stated in the Table of Events as a direct result of that exposure within twelve (12) months of the Accident, the Insured Person will be deemed for the purposes of this Policy to have suffered an Injury on the date of the Accident.
17. Should a benefit be payable under this Policy that is also payable under any other Policy issued by Us, the benefit will only be payable under one (1) Policy, which shall be the Policy with the highest benefit amount
18. If an Insured Person makes a claim under the Policy, then such person will have the same obligations to Us as if they were the Insured and We will have the same rights against the Insured Person as We would have against the Insured.

General Exclusions

These General Exclusions apply to all covers and the Policy unless expressly stated otherwise in the Policy.

We will not be liable to pay any benefits where death, Injury, or liability is caused by, arises from, or is in any way connected with:

1. an Insured Person engaging in or taking part in:
 - a. flying in an aircraft or aerial device other than as a passenger in an aircraft licensed to carry passengers; or
 - b. training for or participating in professional sport of any kind, or the sport where the Insured Person earns the majority of their income;
2. an Insured or Insured Person's intentional, wilful or reckless act;
3. any self-injury, suicide or any illegal or criminal act committed by the Insured, an Insured Person, a Spouse/Partner and/or Dependent Children;
4. the Insured Person exceeding the lawful blood alcohol limit, including having a blood alcohol limit content over the prescribed legal limit whilst driving, or being under the influence of non- prescription drugs, including abuse of prescription drugs unless it was prescribed by a Doctor and taken in accordance with the Doctor's advice;
5. being addicted to intoxicating liquor or to a drug;
6. Us contravening the Health Insurance Act 1973 (Cth), the *Private Health Insurance Act 2007* (Cth) or the *National Health Act 1953* (Cth) or any amendment to, or consolidation or re-enactment of those Acts;
7. any loss which occurs when the Insured Person is older than the Maximum Age. This will not prejudice any entitlement to claim benefits for an Event which has arisen before an Insured Person has attained the Maximum Age.
8. any claim for Events 20 and/or 21 which are in any way attributed to childbirth or pregnancy with the exception of any unexpected and unforeseen medical complications or emergencies arising therefrom;
9. any claim which results from a sexually transmitted disease or is a complication of infection with Human Immunodeficiency Virus ('HIV') or any variance including Acquired Immune Deficiency Syndrome ('AIDS') and AIDS Related Complex ('ARC'), except to the extent that it is covered under Section 2 – Personal Wellbeing – Accidental HIV Infection;
10. any loss resulting from War, Civil War or war-like operations, civil or political unrest, except Passive War.
11. any loss resulting from an epidemic or pandemic (as announced by the government of Australia or the World Health Organization), that was in existence prior to the commencement of travel outside Australia or which was foreseeable to a reasonable person before the commencement of travel outside Australia including the assumption that the Insured and Insured Person will consider the "World Health Organization" website or the Australian Government 'Smarrtraveller' website.
12. directly or indirectly from the use, existence or escape of nuclear weapons, materials or ionizing radiation from or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel;
13. directly or indirectly an Insured Person being exposed to the Utilisation of Nuclear, Chemical or Biological Weapons of Mass Destruction;
14. Pre-Existing Medical Conditions as herein defined;
15. which is covered by:
 - a) Medicare;
 - b) any workers' compensation legislation;
 - c) any transport accident legislation;
 - d) any common law entitlement;
 - e) any government sponsored fund, plan or medical benefit scheme; or
 - f) any other insurance policy required to be effected by or under law;
16. Sickness.

General Provisions

These General Provisions apply to all covers and the Policy unless expressly stated otherwise in the Policy.

Aggregate Limit of Liability

Except as detailed below, Our total liability for all claims arising from any one (1) occurrence or series of occurrences shall not exceed the amount shown in the Policy Schedule against Aggregate Limit of Liability.

Our total liability related to any one (1) event giving rise to a claim under the Policy with respect to Passive War shall not exceed the amount shown in the Policy Schedule against Aggregate Limit of Liability (B).

Our total liability for all claims arising under the Policy during any one (1) Period of Insurance relating to Passive War shall not exceed the amount shown in the Policy Schedule against Aggregate Limit of Liability (C), with Our liability to cease at the end of the Period of Insurance, irrespective of whether travel outside Australia has been completed.

In the event that claims made under this insurance exceed the Aggregate Limit of Liability, then the amount by which claims exceed this limit will be proportionally reduced.

Alteration of Risk

The Insured must advise Us as soon as is reasonably practical of any alteration of the Insured's business activities which increase the risk of damage, Injury, liability or loss.

Assistance and Co-operation

The Insured shall co-operate with Us and upon Our request, assist in making settlements, in the conduct of law suits and in enforcing any right of contribution or indemnity against any person or organisation who may be liable to the Insured because of bodily Injury or damage with respect to which insurance is afforded under the Policy. In that regard, the Insured shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The Insured shall not voluntarily make any payment, accept fault, assume any obligation or incur any expense other than for first aid to others at the time of accident.

Cancellation

The Insured may cancel this Policy at any time by notifying Us in writing. The cancellation will take effect from 4:00pm on the day We receive the Insured's written notice of cancellation or such time as may be otherwise agreed.

We may cancel the Policy or any Section thereof, for any of the reasons set out in Section 60 of the Insurance Contracts Act 1984 (Cth). Cancellation by Us takes effect from 4:00pm on the day which is three (3) business days from the date We notify You in writing.

If the Policy is cancelled by either the Insured or Us, We will refund the Premium for the Policy less a pro-rata proportion of the Premium to cover the period for which

insurance applied and less any non-refundable government charges, taxes and levies.

However, We will not refund any Premium if We have paid a claim or benefit to the Insured or an Insured Person under the Policy.

Claim Notification

The Insured must notify Pen Underwriting or Fullerton Health Corporate Services ("Fullerton") in writing as soon as reasonably possible but in any event no later than within thirty (30) days of an event that is likely to give rise to a claim. A failure to furnish Us with notice within the time provided in the Policy will not invalidate any claim but We may reduce Our liability under the Policy to the extent to which We have suffered any prejudice due to such failure.

Currency

All amounts shown in the Policy are in Australian dollars (AUD). If expenses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount payable in Australian dollars (AUD) will be the rate at the time of incurring the expense or suffering a loss.

Due Diligence

The Insured and Insured Persons must take all reasonable care to prevent or minimise loss, damage, Injury or liability under this Policy.

Fraudulent Claims

If the Insured or any person covered under this Policy makes a claim or arranges for another party to make a claim that is in any way false, dishonest or fraudulent, then We may refuse to pay any such claim or treat the contract as though it never existed.

Other Insurance

In the event of a claim, the Insured or Insured Person must advise Us as to any other insurance that covers the same risk which are insured by this Policy, or that they are entitled to claim under or have access to.

Sanction Limitation and Exclusion Clause

Allied World shall not be deemed to provide cover nor be liable to pay any claim or provide any benefit under this Policy to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer or their parent or affiliate or ultimate holding company to any sanction, prohibition or restriction under United Nations resolutions, or the trade or economic sanctions, laws or regulations of Australia, the European Union, United Kingdom or United States of America.

Subrogation

Save as to the circumstances set out in Sections 65(5) and (6) of the Insurance Contracts Act 1984, when We pay any amount under this Policy, You or Your legal representative agree that We shall be subrogated to all of Your or Your legal representative rights to recover against any person or entity and You or Your legal representative agree to execute and deliver any certificates, information

and other documentation as We may reasonably require and do whatever else is necessary to enable Us to secure such rights.