

Group Personal Accident and Sickness Policy Schedule – Certificate of Currency

CLASS OF INSURANCE:	Group Personal Accident and Sickness
POLICY No.:	00514
UNIQUE MARKET REFERENCE:	B0775RCB13820
INSURED:	Kiteboarding Australia Limited including all State and Territory Associations, all affiliated clubs, all registered members and customers/students and/or subsidiary and/or related Corporations as defined under Australian Corporations Law and/or financiers and all parties for whom the Insured undertakes to insure for their respective rights, interests and liabilities
INSURED PERSON(S):	All Declared (1,370) members of the Insured whom have paid a premium
INSURANCE PERIOD:	From: 1 May 2021 at 4:00 pm (AEST) To: 1 May 2022 at 4:00 pm (AEST)
SCOPE OF COVER:	Whilst participating in sanctioned Kiteboarding Australia activities including all: <ul style="list-style-type: none">a) Official eventsb) Training and triallingc) Official social events and fundraising activitiesd) Travel to and from the above activities (limited to 20% of benefits)e) Kite Surfing recreationally as individuals
POLICY WORDING:	360GPASPDSV118
INSURER:	Certain Underwriters at Lloyd's
ARRANGEMENT DATE:	30 April 2021
BROKER:	V Insurance Group Pty Ltd
TERRITORIAL LIMITS:	Worldwide
AGGREGATE LIMIT OF LIABILITY:	\$5,000,000
NON- SCHEDULED FLIGHT AGGREGATE LIMIT OF LIABILITY:	\$0
TOTAL PREMIUM:	As Agreed

Schedule of Benefit

SECTION	MAXIMUM BENEFIT PAYABLE EACH INSURED PERSON
Section A – Lump Sum Benefits <i>Insured Event 1, 2 and 4 -18</i>	18 – 75 years old: \$50,000 Under 18 and Over 75: \$20,000
<i>Insured Event 3</i>	\$150,000
Section B – Surgical Lump Sum Benefits – Bodily Injury resulting in Surgery <i>Insured Event 19 – 23</i>	\$0
Section C – Surgical Lump Sum Benefits – Sickness resulting in Surgery <i>Insured Events 24 – 27</i>	\$0
Section D – Weekly Benefits – Bodily Injury <i>Insured Events 28 – 29</i>	Voluntary Workers: \$1,000 All Other Insured Persons: \$500
Section E – Weekly Benefits – Sickness <i>Insured Events 30 – 31</i>	\$0
Maximum % of Salary payable	85%
Excess Period	7 days
Benefit Period	52 weeks
Section F – Fractured Bones Benefit <i>Insured Events 32 – 39</i>	\$1,500
Section G – Dental Benefits <i>Insured Events 40 – 41</i>	\$500
Additional Benefits – Domestic Help or Student Tutorial Benefits	Limited to 100% of costs up to a maximum of \$250 per week For an aggregate period of 52 weeks
Domestic Help or Student Tutorial Benefits Excess	7 days
Non-Medicare Medical Expenses	Limited to 100% of costs up to a maximum of Voluntary Workers: \$5,000 All Others: \$2,500
Non-Medicare Medical Expenses Excess	\$100

SCHEDULE ATTACHING TO AND FORMING PART OF POLICY NUMBER 00514

Domestic Help

If, as a result of a bodily injury during the insurance period, an insured person is not in receipt of a pre-disability salary and entitled to claim a benefit under Section D – Weekly Benefits – Bodily Injury, we will pay up to the weekly amount shown on the schedule for the cost of hiring domestic help and/or child-minding services reasonably and necessarily incurred. Cover only applies if:

- I. Such child-minding services and domestic help are carried out by persons other than members of the insured person's family or other relatives or persons permanently living with the insured person.
- II. Such child-minding services and domestic help is certified by a doctor as being necessary for the recovery of the insured person payable from the 8th day of treatment by a doctor.

Student Tutorial Benefits

If, as a result of a bodily injury during the insurance period, an insured person is not in receipt of a pre-disability salary and entitled to claim a benefit under Section D – Weekly Benefits – Bodily Injury, we will pay up to the amount shown on the schedule for the cost of student tutorial fees reasonably and necessarily incurred. Cover only applies if:

- I. The insured person is a registered full time student.
- II. Such fees are certified by a doctor as being necessary for the insured person as they are unable to attend class due to the bodily injury.
- III. Such fees are paid to persons other than members of the insured person's family or other relatives or persons permanently living with the insured person.

Non-Medicare Medical Expenses

If, an insured person suffers a bodily injury during the insurance period and whilst engaged on authorised activities, we will reimburse the Non-Medicare medical expenses up to the amount shown on the schedule, provided they are incurred within twelve (12) months of the bodily injury. Non-Medicare medical expenses may include private hospital, physiotherapy, chiropractic, osteopathy, ambulance and in some cases where there is no Medicare component, fees for doctor, surgeon, x-ray. Dental treatment is not covered unless such treatment is necessarily incurred to sound and natural teeth and is caused by bodily injury and performed by a dentist.

Please note:

- Any benefit payable under Non-Medicare Medical Expenses is less any recovery made from any private health insurance fund with respect to the expense.
- We shall not be liable for any payment in respect of the rendering of a professional service for which Medicare benefit is, or would be payable in accordance with the Health Insurance Act 1973.
- No benefit is payable for any expenses where a Medicare benefit is paid or payable including the balance of monies due or payable by the insured person after deduction of any Medicare benefit or rebate from the actual expense incurred (commonly referred to as the "Medicare Gap").
- In the event of an insured person becoming entitled to a refund or all or part of such expenses from any other source we will only be liable for the excess of the amount recoverable from such other source.

Home & Vehicle Modification Expenses

If, during the insurance period and whilst the person is an insured person, the insured person sustains a bodily injury for which a benefit is paid under Events 2 or 3, we will pay up to \$10,000, 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, provided that medical evidence is presented from a doctor certifying the modification and/or relocation is necessary

Funeral Expenses

It is hereby declared and agreed that in the event of an Insured Person suffers an Injury causing accidental loss of life during the policy period and within the scope of cover and subject to the terms, conditions and exclusions of the policy, a benefit will be paid towards the reasonable costs of a funeral for the deceased Insured Person up to the maximum benefit amount of \$10,000.



Trauma Counselling Benefit

If during the insurance period and whilst the person is an insured person, the insured person suffers psychological trauma as a result of them being a victim of, or eye witnessing a criminal act such as kidnap, sexual assault, rape, murder, violent robbery or an Act of Terrorism, we will reimburse the insured or the insured person up to \$1,000 per week up to \$10,000, for the cost of trauma counselling which is provided by a registered psychologist or psychiatrist (who is not an insured person or their relative) provided the treatment is certified as necessary by a doctor for the wellbeing of the insured person.

Cyber Risks Endorsement

Any benefits for bodily injury or sickness due to:

- i. the use of, or inability to use, any application, software, or programme in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device);
- ii. any computer virus;
- iii. any computer related hoax relating to i and/or ii above

are payable, subject to the terms, conditions, limitations and exclusions of this policy.

Any benefits for Bodily Injury or Sickness 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.

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:

- I. 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
- II. 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**.

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.

This Certificate is issued by the Coverholder shown above in accordance with the authority granted to them by certain Underwriters at Lloyd's under the Agreement referred to herein.

IN WITNESS WHEREOF this Certificate has been signed in Sydney

This 3rd day of May 2021



.....
Authorised Signatory
360 Accident and Health Pty Ltd

Group Personal Accident and Sickness Product Disclosure Statement and Policy Wording

Date of preparation: 1 May 2018
Effective date: 1 May 2018

Group Personal Accident and Sickness



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Product Disclosure Statement (PDS)



About 360 Accident and Health Pty Ltd

360 Accident and Health Pty Ltd (360 Accident and Health) as an Authorised Representative of 360 Underwriting Solutions Pty Ltd (360 Underwriting) ABN 18 120 261 270 AFSL 319 181, is an underwriting agency committed to deliver solutions **you** want and service **you** expect by people **you** know to the Accident and Health Insurance Market.

360 Accident and Health has an authority from the Insurer to arrange, enter into/bind, and administer this insurance for the Insurer.

Our contact details are:

Level 18, 201 Kent Street,
Sydney, NSW 2000

About the Insurer

This insurance is underwritten by certain Underwriters at Lloyd's.

Lloyd's has been insuring Australian risks for over 150 years and is licensed to write non-life insurance business under the *Australian Insurance Act 1973*. **You** or **your** representatives can obtain further details of the syndicate numbers and the proportions of this insurance for which each of the Underwriters at Lloyd's is liable by requesting them from **us**. In the event of loss, each Underwriter (and their Executors and Administrators) is only liable for their own share of the loss.

Lloyd's Underwriters have strong financial security characteristics. However, please note that ratings can vary from time to time. **You** can check the Insurer's current ratings at the following website <https://www.lloyds.com/investor-relations/ratings>

You should contact 360 Accident and Health in the first instance in relation to this insurance.

Lloyd's contact details are:

Lloyd's Australia
Level 9, 1 O'Connell Street,
Sydney, NSW 2000
Telephone. 02 8298 0700

General Insurance Code of Practice

We proudly support the General Insurance Code of Practice.

The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

For further information on the Code, please visit www.codeofpractice.com.au or alternatively **you** can request a brochure on the Code from **us**.

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* (The Act) about the **policy** including the **benefits** and conditions, **your** rights as a client and other things **you** need to know to make an informed decision.

You should read the **policy wording** section in this document and the **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 this document.

General Advice

Any general advice contained within the **policy wording**, PDS or accompanying documents does not consider **your** or any **insured person's** personal situation, financial objectives, or needs.

Group Personal Accident and Sickness Insurance

This insurance provides for the payment of **benefits** if an **insured person** dies, becomes disabled or suffers from certain conditions. Please read it 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 the Benefits of the Group Personal Accident and Sickness Policy

The **policy** has many **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:

- I. Lump Sum Death **benefits** as a result of a **bodily injury**;
- II. Lump Sum **benefits** as a result of disablement;
- III. Loss of Income **benefits** as a result of **bodily injury** or **sickness**;
- IV. Lump Sum **benefits** for **bodily injury** to **teeth**;
- V. Lump Sum **benefits** for **fractured** bones;
- VI. Lump Sum Surgical **benefits** for certain **insured events**.

Please refer to the **policy wording** for details of **benefits** and conditions that apply.

The maximum **we** will pay for all claims under the **policy** during any one **insurance period** is the **aggregate limit of liability** shown in the **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 is a **sublimit of liability** shown in the **schedule** in relation to claims arising out of **non-scheduled flights**.

Not Everything is Covered

Not everything is covered by the **policy**. Some 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**, pregnancy or childbirth, nuclear activity, AIDS, HIV, mental illness or a **pre-existing condition**.

There are also limitations on some **benefits**. It is important **you** read the **policy wording** together with the **schedule** so that **you** understand the extent of the cover and its limitations. **You** should specifically read the General Conditions and General Exclusions in the **policy wording** to make sure the cover **we** provide matches **your** expectations.

The Cost of this Insurance

The total amount **we** charge **you** for this **policy** is made up of:

- I. the premium, which is the amount **we** need to cover the risk insured under this **policy**, as calculated by **us**;
- II. **our** administration fee; and
- III. any applicable taxes and government charges.

The premium and applicable taxes and government charges will be shown on **your** tax invoice.

When calculating **your** premium, **we** take a range of rating factors into account. These factors, and the degree to which they affect **your** premium, will depend upon the information **you** provide to **us**.

The following factors have a significant impact on **our** calculation of **your** premium:

- I. the sums insured;
- II. the **insured person's** medical history, age and claims history;
- III. any restrictions or extensions to the **policy** cover; and
- IV. **your** previous insurance and claims history.

Paying your Premium

You must pay **your** premium on time otherwise, **your policy** may not operate.

If **you** have not paid by the due date or **your** payment is dishonoured, **we** can cancel **your policy** and **you** may not be able to make a claim.

If a claim is made on the **policy** while any premium is outstanding, **we** have the right to treat the **policy** as never having been in force or agree in **our** absolute discretion to accept the claim subject to payment of the premium, or deduction of any claim payment from the premium due, or **we** may deduct any outstanding premium from the claim payment.

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; this **policy** will not come into force and **we** may;

- I. lapse the **policy**;
- II. decline any claim under the **policy**.

Excesses

If **you** or an **insured person** makes a claim under the **policy**, **you** may be required to pay an excess or wait for a specified period of time (**excess period**) before a **benefit** is payable. This is the amount **you** must first contribute towards each claim.

We are able to provide options to quote higher or lower excess or **excess period** alternatives in certain circumstances, which will either decrease or increase **your** premium, depending upon the options requested.

The excess and **excess period** applicable to **your policy** is specified in the **schedule**. There are also other excesses which are specified in the **policy**.

How to Apply for Group Personal Accident and Sickness Insurance

To apply for the **policy** you will need to complete a proposal form available from a licensed Insurance Broker who has a current agency agreement with **us**. They will then approach **us** to provide you with a quotation.

Duty of Disclosure

Before **you** enter into this insurance with **us**, **you** have a duty of disclosure under the *Insurance Contracts Act 1984*.

The Act imposes a different duty the first time **you** enter into a contract of insurance with **us** to that which applies when **you** vary, renew, extend or reinstate the contract. This duty of disclosure applies until the contract is entered into (or renewed, varied, extended or reinstated as applicable).

Your Duty of Disclosure when you enter into the contract with us for the first time

If **we** ask **you** questions that are relevant to **our** decision to insure **you** and on what terms, **you** must be honest and tell **us** anything that **you** know and that a reasonable person in the circumstances would include in answer to the questions. It is important that **you** understand **you** are answering **our** questions in this way for yourself and anyone else that **you** want to be covered by the contract.

Your Duty of Disclosure when you renew the contract

Where applicable, **we** will tell **you** what **your** renewal duty of disclosure is prior to each renewal.

Your Duty of Disclosure when you vary, extend or reinstate the contract

When **you** vary, extend or reinstate the contract with **us**, **your** duty is to tell **us** every matter that **you** know, or could reasonably be expected to know, is relevant to **our** decision whether to accept the risk of the insurance and, if so, on what terms.

What you do not need to tell us

You do not need to tell **us** anything that:

- + reduces the risk **we** insure **you** for; or
- + is common knowledge; or

- + **we** know or should know as an Insurer; or
- + **we** have indicated **we** do not want to know.

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.

Cancelling your Policy

This **policy** may be cancelled by **you** at any time by giving **us** notice in writing. Should **you** cancel **your policy**, **we** shall retain a pro rata proportion of the premium for the time the **policy** has been in force and unless **you** purchased the **policy** through an Insurance Broker, will pay any premium refund due to **you** within fifteen (15) business days (if **you** purchased the **policy** through an Insurance Broker, ask **your** Broker what arrangements apply). **You** will not receive any refund if **you** have made a claim or a claim is forthcoming against the **policy** prior to cancellation.

We may cancel this **policy** in the circumstances prescribed by Section 60 of the *Insurance Contracts Act (Cth) 1984*.

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 ("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 and unless **you** purchased the **policy** through an Insurance Broker, will pay the amount due to **you** within fifteen (15) business days (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 **your** Insurance Broker.

Making a Claim

Should an incident occur which may give rise to a claim under this **policy**, **you** should notify **us** in writing within thirty (30) days of the incident occurring, or as soon as reasonably practical after the date of the occurrence and within the **insurance period**. **You** should ensure **you** include **your policy** number in this correspondence.

You must at **your** expense give **us** such certificates, information and other documentation as **we** may reasonably require. **We** may at **our** own expense have any insured, who is the subject of a claim under this **policy**, medically examined from time to time.

Claim Offset

The weekly **benefits** payable for **insured events** 28, 29, 30, and 31 will be reduced by the amount of any other weekly **benefit** the **insured person** is entitled to receive under any statutory workers compensation or Transport Accident Compensation Scheme or legislation or any insurance policy specifically covering the same risk, so that the **benefit** payable under the **policy** will be the amount by which the **benefit** payable under the **policy** exceeds the other **benefits** to which the **insured person** is entitled.

Taxation Implications

Depending upon **you** or **your** Company's entitlement to claim Input Tax Credits under the **policy**, **we** may reduce the payment of a claim by the amount of any Input Tax Credit.

A claim paid in respect of weekly **benefits**, for example under Section D or E (Weekly **Benefits - Bodily Injury** or Weekly **Benefits - Sickness**) in the **policy**, is subject to personal income tax and it is the **insured person's** responsibility to declare such **benefit** when completing his or her usual tax return.

An **insured person** should consult his or her tax accountant in relation to any questions about his or her circumstances.

Privacy Statement

In this Privacy Statement the use of "**we**", "**our**" or "**us**" means 360 Accident and Health and the Insurers unless specified otherwise.

In this Privacy Statement, the use of "personal information" includes sensitive information.

We are committed to protecting the privacy of the personal information **you** provide to **us**.

The *Privacy Act 1988* contains the Australian Privacy Principles which require **us** to tell **you** that **we** collect, handle, store and disclose **your** personal and sensitive information for the specific purpose of:

- + deciding whether to issue a **policy**;
- + determining the terms and conditions of **your policy**;
- + compiling data to help develop and identify other products and services that may interest clients; and
- + handling claims.

Personal information is information or an opinion about an identified individual, or an individual who is reasonably identifiable:

- + whether the information or opinion is true or not;
- + whether the information or opinion is recorded in a material form or not.

Sensitive information includes, amongst other things, information about an individual's racial or ethnic origin, political opinions, membership of a political organisation, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual orientation or practices, criminal record, health information about an individual, genetic information, biometric information or templates.

You have given **us your** consent to collect, use and disclose **your** personal and sensitive information in order to provide **you** with the relevant services and/or products.

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**.

We disclose personal information to other parties and service providers whom **we** believe are necessary to assist **us** and them in providing the relevant services and/or products. For example, in handling claims, **we** may have to disclose **your** personal and other information to other parties and service providers such as **our** claim management partner, other Insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, facilitators, assessors or other parties as required by law. **We** limit the use and disclosure of any personal information provided by **us** to them to the specific purpose for which **we** supplied it.

We may disclose **your** personal information to **our** Insurers, reinsurers, related entities and service providers overseas, including but not limited to New Zealand, Singapore, United Kingdom, the Philippines, India, the European Union and the United States of America.

If **you** do not provide the personal information requested and/or do not provide **us** with **your** consent to the use and disclosure of **your** personal information as set out in this Privacy Statement, **your** insurance application may not be accepted, or **we** may not be able to administer **your policy**, or **you** may be in breach of **your** duty of disclosure, the consequences of which are set out under the heading Duty of Disclosure in this document.

If **you** would like a copy of **our** Privacy Policies, would like to seek access to or correct **your** personal information, opt out of receiving materials **we** send, complain about a breach of **our** privacy or **you** have any query on how **your** personal information is collected or used, or any other query relating to **our** Privacy Policies, please contact **us**.

Complaints and Dispute Resolution

We take the concerns of our customers very seriously and have detailed complaint handling and internal dispute resolution procedures that you can access.

Stage 1

We view seriously any complaint made about our products or services and will deal with it promptly and fairly.

If you have a complaint, please first try to resolve it by contacting the relevant member of our staff who will investigate your complaint and keep you informed of the progress of the investigation. We will respond to your complaint in writing within fifteen (15) business days provided we have all necessary information and have completed any investigation required.

In cases where further information or investigation is required, we will work with you to agree reasonable alternative time frames and will keep you informed of the progress of your complaint.

Stage 2

If the matter is still not resolved, or you are not satisfied with the way a complaint has been dealt with you should contact:

Lloyd's Australia Limited
Level 9, 1 O'Connell St
Sydney, NSW 2000
Telephone. (02) 8298 0783
Email. ldraustralia@lloyds.com

When you lodge your dispute with Lloyd's, Lloyd's will usually require the following information:

- + name, address and telephone number of the policyholder;
- + the type of insurance policy involved;
- + details of the policy concerned (policy and/or claim reference numbers, etc.);
- + name and address of the intermediary the policy was purchased through;
- + details of the reasons for lodging the complaint;
- + copies of any supporting documentation you believe may assist them in addressing your complaint appropriately.

Following receipt of your complaint, you will be advised whether your dispute will be handled by either Lloyd's Australia or the Policyholder & Market Assistance Department at Lloyd's in London:

- + where your complaint is eligible for referral to the Australian Financial Complaints Authority (AFCA), your

complaint will be reviewed by a person at Lloyd's Australia with appropriate authority to deal with your dispute;

- + where your complaint is not eligible for referral to AFCA, Lloyd's Australia will refer your complaint to the Policyholder & Market Assistance Department at Lloyd's, who will then liaise directly with you.

How long will the Step 2 process take?

Your complaint will be acknowledged in writing within five (5) business days of receipt, and you will be kept informed of the progress of the review of your complaint at least every ten (10) business days. The length of time required to resolve a particular dispute will depend on the individual issues raised, however in most cases you will receive a full written response to your complaint dispute within fifteen (15) business days of receipt, provided they have received all necessary information and have completed any investigation required.

External Dispute Resolution

If you are a natural person or a small business, and you are not satisfied with the final decision, you may wish to contact the Australian Financial Complaints Authority ("AFCA"). The AFCA is a free independent external disputes resolution service provided to customers to review and resolve complaints where we have been unable to satisfy your concerns. You will not be able to have a dispute resolved by the AFCA if you are not eligible under the AFCA Terms of Reference.

For further details you can visit their website at www.afc.org.au or contact them:

Australian Financial Complaints Limited
PO Box 3, Melbourne, VIC 3001
Telephone. 1800 931 678
Email. info@afc.org.au

If your complaint or dispute falls outside the AFCA Terms of Reference, you can seek independent legal advice or access any other external dispute resolution options that may be available to you.

Several Liability

The liability of an Insurer under this contract is several and not joint with other Insurers party to this contract. An Insurer is liable only for the proportion of liability it has underwritten. An Insurer is not jointly liable for the proportion of liability underwritten by any other Insurer. Nor is an Insurer otherwise responsible for any liability of any other Insurer that may underwrite this contract.

The proportion of liability under this contract underwritten by an Insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown in the **policy schedule**.

In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is an Insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with any other members. A member is liable only for that member's proportion. A member is not jointly liable for any other member's proportion. Nor is any member otherwise responsible for any liability of any other Insurer that may underwrite this contract. The business address of each member is:

Lloyd's
One Lime Street,
London, EC3M 7HA

The identity of each member of a Lloyd's syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address.

Although reference is made at various parts in this clause to "this contract" in the singular, where the circumstances so require, this should be read as a reference to contracts in the plural. The Insurers named hereon bind themselves each and for their own part and not one for another.

Each Insurer's liability under this contract shall not exceed that percentage or amount of the risk shown against that Insurer's name.

When an Insured Person can Access the Policy

An **insured person** may only make a claim for **benefits** for which cover is available in accordance with the **policy** terms and conditions, limitations and exclusions.

An **insured person's insurance period** begins on the date the **insured person** is added to the **policy** by **us** at request of the policyholder and ends on the earlier of:

- + the time they cease to be an **insured person**;
- + the time the policyholder requests that such **insured person** no longer has access to **benefits** under the **policy**;

- + the date the **policy** ends in accordance with the **policy** or law (for example, when the **insurance period** ends, the **policy** is not renewed or is cancelled).

We are not obliged to notify an **insured person** of termination of the **policy**.

Sanctions

We will not provide cover and **we** will not 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 **us** or the Insurers to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, the Commonwealth of Australia, the United Kingdom or the United States of America.

Other Insurance

In the event of a claim, the policyholder and/or **insured person** must advise **us** if there are any other insurance policies that may be available to pay or partially pay that claim.

Alteration of Risk

You must tell **us** as soon as possible if circumstances occur, or if changes or alterations are intended or made which increase the risk of damage, injury liability or loss.

Service of Suit

The Insurers accepting this insurance agree that:

- + if a dispute arises under this insurance, this insurance will be subject to Australian Law and Practice and the Insurers will submit to the jurisdiction of any competent court in the Commonwealth of Australia;
- + any summons, notice or process to be served upon the Insurers will be served upon:

Lloyd's Underwriters' General Representative in
Australia
Level 9, 1 O'Connell Street,
Sydney, NSW 2000
Telephone. 02 8298 0700

If a suit is instituted against any of the Insurers, all Insurers participating in this insurance will abide by the final decision of such court or Appellate Court.

Preparation Date

This PDS was prepared on 1 May 2018.

Updating this PDS

Information in this PDS may need to be updated from time to time. **You** can obtain a paper copy of any updated information without charge by contacting **us** or **your** Insurance Broker. Should this PDS need to be updated, **we** will provide **you** with a new PDS or a Supplementary PDS outlining these changes.

General Definitions under the Policy

In the **policy** and PDS:

accident

means a sudden, unexpected, unusual, specific, external event which occurs at an identifiable time and place during the **insurance period** and whilst the person is an **insured person**. The word accidental shall be construed accordingly.

accidental death

means death occurring as a result of a **bodily injury**.

aggregate limit of liability

means the maximum amount **we** will pay for all claims arising from **insured events** which occur during the **insurance period**. The **aggregate limit of liability** is shown in the **schedule**.

benefit(s)

means any **benefit** to which an **insured person** is entitled under the **policy**.

benefit period

means the maximum period for which a weekly **benefit** payment may be paid to or for the **benefit** of an **insured person**.

bodily injury

means a **bodily injury** resulting solely and directly from an **accident** and which occurs independently of any sickness or any other cause, where the **bodily injury** and **accident** both occur during the **insurance period** and whilst the person is an **insured person**. It does not mean a **sickness** or illness or disease; or any pre-existing or aggravation of a pre-existing physical, congenital or degenerative condition (except illness or disease directly resulting from medical or surgical treatment rendered necessary by any **bodily injury**).

civil war

means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition is armed rebellion, revolution, sedition, insurrection, Coup d'Etat, the consequences of martial law.

doctor

means a legally registered medical practitioner who is not an **insured person** or their relative.

effective period of cover

means the date the **insured person** is added to the **policy** by **us** at request of the **insured** and ends on the earlier of:

- I. the time they cease to be an **insured person**;
- II. the time the **insured** requests that such **insured person** no longer has access to **benefits** under the **policy**; or

- III. the date the **policy** ends in accordance with the **policy** or law (for example, when the **insurance period** ends, the **policy** is not renewed or is cancelled).

We are not obliged to notify an **insured person** of termination of the **policy**.

employee

means any person in the **insured's** service including directors (executive and non-executive), consultants, contractors, sub-contractors and/or self-employed persons undertaking work on the **insured's** behalf.

excess period

is the period stated in the **schedule** during which no **benefits** are payable for Temporary, Total or Partial Disablement. The number of days constituting each **excess period** must be served consecutively.

foot

means the entire **foot** below the ankle.

fracture(d)

means a break or crack of a bone.

hand

means the entire **hand** below the wrist.

insurance period

means the period stated in the **schedule**.

insured

means the entity or entities specified as the **insured** in the **schedule**.

insured event(s)

means the event(s) described in each Table of Events as set out in Sections A, B, C, D, E, F, G and H and are defined by individual number.

insured person

means any person who is shown in the **policy schedule** as an **insured person** and/or meets the eligibility criteria under this **policy**, is nominated by the **insured**, agreed to by **us** and with whom premium has been paid or agreed to be paid for.

limb

means the entire **limb** between the shoulder and the wrist or between the hip and the ankle.

loss

means loss of, by physical severance, or total and **permanent loss** of the effective use of the part of the body referred to in the Table of **Benefits**.

non-scheduled flight

means any flight that is not operating under a regular published flight schedule or timetable.

permanent

means disablement lasting at least twelve (12) consecutive months, and at the end of that time being beyond hope of improvement.

policy

means the **policy wording**, the PDS and the **schedule** and any additional endorsements which **we** subsequently issue to **you**.

policy wording

means this document.

pre-existing condition

means any **bodily injury**, **sickness**, disease, disability, syndrome or other condition, including any symptoms or side effects of these:

- I. which the **insured person** is aware, or a reasonable person in the circumstances would be expected to have been aware in the three (3) year period prior to the **insured person** being covered by this **policy**;
- II. which the **insured person** has sought or received medical attention, counselling, undergone tests or taken prescribed medication, in the three (3) years prior to the **insured person** being covered by this **policy**; or
- III. that is a terminal condition of which the **insured person** has been diagnosed at any time prior to the **insured person** being covered by this **policy**.

professional sport

means any sport for which an **insured person** receives any fee, monetary reward or sponsorship as a result of their participation.

salary

means

- I. in the case of a salaried **employee** (not otherwise covered below under II. or III.), their weekly pre-tax and pre-personal deductions income, excluding commission, bonuses, overtime payments and any allowances, averaged during the period of twelve (12) months immediately preceding the date of **temporary partial disablement** or **temporary total disablement** (whichever is relevant) or over such shorter period as they have been employed. Where commission, bonuses, overtime payments and any allowances are made more regularly than on an annual basis and form part of the **employee's** total remuneration package, they will be included as part of the **employee's** weekly pre-tax income; or
- II. in the case of a **salary** packaged **employee** or T.E.C. (that is, total employment cost), their weekly pre-tax income derived from personal exertion (including, but not limited to wages, motor vehicle and/or travel allowances, club subscriptions and fees, housing loan or rental subsidy, clothing and meal allowances), before personal deductions (but excluding bonuses, commissions, overtime payments), averaged over the period of twelve (12) months immediately preceding the date of **temporary partial disablement** or **temporary total disablement** (whichever is relevant) or over such shorter period as they have been employed. Where commission, bonuses, overtime payments and any allowances are made more regularly than on an annual basis and form part of the **employee's** total remuneration package, they will be included as part of the **employee's** weekly pre-tax income; or

- III. in the case of a self-employed person, their weekly pre-tax income derived from personal exertion, after deduction of all expenses incurred in connection with the derivation of that income, averaged over the period of twelve (12) months immediately preceding the date of **temporary partial disablement** or **temporary total disablement** (whichever is relevant) or over such shorter period as they have been self-employed.

schedule

means the **schedule** attached to the **policy wording** or subsequently substituted **schedule**.

sickness

means an illness or disease which is not a **pre-existing condition** and which must continue for a period of not less than seven (7) days from the date an **insured person** first sought treatment for the **sickness** from a **doctor**.

sublimit of liability

means the maximum amount **we** will pay for all claims for **insured events** arising out of **non-scheduled flights** during the **insurance period**. The **sublimit of liability** is shown in the **schedule**.

temporary partial disablement

means the temporary inability of the **insured person** to participate in a substantial part of their usual employment, occupation or business activities, while they are under the regular care of and acting in accordance with the treatment, instructions or advice of a **doctor**.

temporary total disablement

means temporary disablement which totally restricts an **insured person** from performing his or her usual occupation or employment activities, or any other occupational or employment activities for which the **insured person** has the experience, skills, education or training.

tooth/teeth

means a sound and natural permanent **tooth** but does not include first or baby **teeth**, implants, prostheses or other dental restorations.

total disablement

means disablement which totally restricts an **insured person** from performing his or her usual occupational or employment activities, or any other occupational or employment activities for which the **insured person** has the Industry knowledge, experience, skills, education or training. If the **insured person** is not employed, it means disablement which prevents the **insured person** from participating in any and every occupation for the remainder of his or her life.

you/your

means the **insured** named in the **schedule**.

war

means **war**, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

we/our/us

means 360 Accident and Health Pty Ltd (ACN 623 247 978) as an Authorised Representative of 360 Underwriting Solutions Pty Ltd (360 Underwriting) ABN 18 120 261 270 AFSL 319 181, of Level 18, 201 Kent Street, Sydney, NSW 2000 for and on behalf of Certain Underwriters at Lloyd's.

Personal Accident – Bodily Injury

We will pay **benefits** as set in the Table of Events Table Numbers 1, 2, 4, 6 and 7 for a **bodily injury** of an **insured person** if:

- I. the **insured event** occurs during the **insurance period**; and
- II. an amount is showing on the **schedule** for that **insured event** against Sections A, B, D, F or G.

Sickness

We will pay **benefits** as set in the Table of Events Table Numbers 3 and 5 for the **sickness** of an **insured period** if:

- I. the **insured event** occurs during the **insurance period**; and
- II. an amount is showing on the **schedule** for that **insured event** against Sections C or E.

Section A – Lump Sum Benefits

If, as a result of a **bodily injury**, an **insured person** suffers any of the **insured events** listed below in Table 1, we will pay the **benefits** set out in Table 1.

Cover only applies under Section A if the **insured event** occurs within twelve (12) months of the date of **bodily injury**.

Table of Insured Events – Table 1

Insured Events	Benefit
	As a percentage of the amount as shown against the schedule on the Section A – Lump Sum Benefits .
1. Accidental Death	100%
2. Permanent Total Disablement	100%
3. Permanent and incurable paralysis of all limbs	100%
4. Loss of sight of both eyes	100%
5. Loss of sight one (1) eye	100%
6. Loss of one (1) or more limbs	100%
7. Permanent and incurable insanity	100%
8. Loss of the lens of	
a) both eyes	100%
b) one (1) eye	60%
9. Permanent loss of hearing	
a) in both ears	100%
b) in one (1) ear	30%
10. Third degree burns resulting in disfigurement which covers more than 40% of the entire body	80%
11. Second degree burns resulting in disfigurement which covers more than 20% of the entire external body	25%
12. Permanent loss of	
a) four (4) fingers and thumb of either hand	80%
b) four (4) fingers of either hand	50%
13. Permanent loss of one thumb	
a) (two (2) joints) of either hand - each	40%
b) one thumb (one (1) joint) of either hand - each	20%

14. Permanent loss of one finger	
a) (three (3) joints) of either hand - each	15%
b) (two (2) joints) of either hand - each	10%
c) (one (1) joint) of either hand - each	5%
15. Permanent loss of	
a) all toes of either foot	15%
b) great toe (two (2) joints) of either foot	5%
c) great toe (one (1) joint) of either foot	3%
d) of toes, other than great toe, of either foot - each toe	1%
16. Fractured leg or patella with established non-union	10%
17. Shortening of a leg by at least 5cm	7.5%
18. Permanent Total Disablement not otherwise provided for under insured events 8b and 9b -17 inclusive	Such a percentage of the amount showing against the schedule as we shall in our absolute discretion determine and being in our opinion consistent with the benefits provided under insured events 8b and 9b - 17 inclusive. The maximum amount payable is 75% of the amount showing on the schedule against Section A - Lump Sum Benefits up to a maximum of \$100,000.

Section B – Surgical Lump Sum Benefits – Bodily Injury Resulting in Surgery

If, as a result of a **bodily injury** occurring outside Australia, an **insured person** suffers any of the **insured events** listed below in Table 2, we will pay the **benefits** set out in Table 2.

Cover only applies for an **insured event** under Section B if:

- I. an amount is shown on the **schedule** against Section B - Surgical Lump Sum **Benefits - Bodily Injury** Resulting in Surgery;
- II. the surgery is undertaken outside and before **your** return to Australia; and
- III. the **bodily injury** results directly in the **insured event** and the surgery is carried out within twelve (12) months of the date of **injury**.

Table of Insured Events – Table 2

Insured Events	Benefit
	As a percentage of the amount as shown against the schedule on the Section B – Lump Sum Benefits – Bodily Injury Resulting in Surgery.
19. Craniotomy	100%
20. Amputation of limb	50%
21. Fracture of a limb requiring open reduction	50%
22. Dislocation requiring open reduction	25%
23. Any other surgical procedure carried out under a general anaesthetic	5%

Section C – Surgical Lump Sum Benefits – Sickness Resulting in Surgery

If, as a result solely and directly of **sickness** first manifesting itself outside Australia, an **insured person** suffers any of the **insured events** listed below in Table 3, we will pay the **benefits** set out in Table 3.

Cover only applies for an **insured event** under Section C if:

- I. an amount is shown on the **schedule** against Section C – Lump Sum **Benefits - Sickness** Resulting in Surgery;
- II. the surgery is undertaken outside and before **your** return to Australia; and
- III. the **sickness** results directly in the **insured event** and the surgery is carried out within twelve (12) months of the first manifestation of the **sickness**.

Table of Insured Events – Table 3

Insured Events	Benefit
	As a percentage of the amount as shown against the schedule on the Section C – Lump Sum Benefits – Sickness Resulting in Surgery.
24. Open heart surgical procedure	100%
25. Brain surgery	50%
26. Abdominal surgery carried out under general anaesthetic	50%
27. Any other surgical procedure carried out under a general anaesthetic	5%

Section D – Weekly Benefits – Bodily Injury

If, as a result of **bodily injury**, an **insured person** suffers any of the **insured events** listed below in Table 4, we will pay the **benefits** set out in Table 4.

Cover only applies for an **insured event** under Section D if:

- I. an amount is shown on the **schedule** against Section D - Weekly **Benefits – Bodily Injury**;

- II. the **excess period** as shown on the **schedule** has been served by the **insured person**; and
- III. the **bodily injury** results directly in the **insured event** which must occur within twelve (12) months of the date of the **bodily injury**.

All **benefits** under Section D are subject to the **benefit period**, **excess period** and percentage of **salary** shown on the **schedule**. No **benefit** shall be payable in excess of the percentage of **salary** shown on the **schedule**. No **benefit** shall be payable in excess of the amount shown on the **schedule** against **insured event** 28.

Table of Insured Events – Table 4

Insured Events	Benefit
28. Temporary Total Disablement	During such disablement, the weekly benefit shown on the schedule against Section D - Weekly Benefits – Bodily Injury but not exceeding the salary of the insured person .
29. Temporary Partial Disablement	<ol style="list-style-type: none"> I. If the insured person returns to work in a reduced capacity, the benefit amount payable shall be the difference between the benefit payable for Event 28 and the salary of the insured person; or II. If the insured person does not return to work, the benefit payable shall be 40% of the benefit payable for Event 28.

Section E – Weekly Benefits – Sickness

If, as a result solely and directly of **sickness**, an **insured person** suffers any of the **insured events** listed below in Table 5, we will pay the **benefits** set out in Table 5.

Cover only applies for an **insured event** under Section E if:

- I. an amount is shown on the **schedule** against Section E - Weekly Benefits - Sickness;
- II. the **excess period** as shown on the **schedule** has been served by the **insured person**; and
- III. the **sickness** results directly in the **insured event**, which must occur within twelve (12) months of the date of the first manifestation of the **sickness**.

All **benefits** under Section E are subject to the **benefit period**, **excess period** and percentage of **salary** as shown on the **schedule**. No **benefit** shall be payable in excess of the percentage of **salary** as shown on the **schedule**. No **benefit** shall be payable in excess of the amount shown on the **schedule** against **insured event 30**.

Table of Insured Events – Table 5

Insured Events	Benefit
30. Temporary Total Disablement	During such disablement, the weekly benefit shown on the schedule against Section E - Weekly Benefits – Sickness but not exceeding the salary of the insured person .
31. Temporary Partial Disablement	<ol style="list-style-type: none"> I. If the insured person returns to work in a reduced capacity, the benefit payable shall be the difference between the benefit payable for Event 30 and the salary of the insured person; or II. If the insured person does not return to work, the benefit payable shall be 40% of the benefit payable for Event 30.

Section F – Fractured Bones Benefits – Bodily Injury

If, as a result of a **bodily injury**, an **insured person** suffers any of the **insured events** listed below in Table 6, we will pay the **benefit** set out in Table 6.

Cover only applies for an **insured event** under Section F if:

- I. an amount is shown on the **schedule** against Section F - Fractured Bones Benefits – Bodily Injury; and
- II. the **bodily injury** results directly in the **insured event**.

More than one **insured event** can be claimed for in relation to any one **accident**, up to a combined maximum **benefit** of any one **accident** as shown on the **schedule** against Section F – Fractured Bones Benefits – Bodily Injury.

Table of Insured Events – Table 6

Insured Events	Benefit
Fracture of:	As a percentage of the Sum shown against the schedule on Section F – Fractured Bones Benefits - Bodily Injury.
32. Neck, skull, or spine (complete fracture)	100%
33. Hip, pelvis	75%
34. Shoulder blade	50%
35. Collarbone, upper leg	30%
36. Upper arm, kneecap, forearm, elbow	25%
37. Lower leg, jaw, wrist, cheek, ankle, hand, foot	20%
38. Rib	10%
39. Finger, thumb, toe	7.5%

Section G – Dental Benefits – Bodily Injury

If, as a result of a **bodily injury**, an **insured person** suffers any of the **insured events** listed below in Table 7, we will pay the **benefit** set out in Table 7.

Cover only applies for an **insured event** under Section G if:

- I. an amount is shown on the **schedule** against Section G - Dental **Benefits - Bodily Injury**; and
- II. the **bodily injury** results directly in the **insured event**, which must occur within twelve (12) months of the date of the **injury**.

The maximum **benefit** payable, with respect to any one **bodily injury**, shall be \$250 per **tooth** up to a maximum of \$1,000 unless otherwise shown on the **schedule** against Section G - Dental **Benefits – Bodily Injury**.

Table of Insured Events – Table 7

Bodily injury resulting directly in the following dental treatment being carried out within twelve (12) months of the date of the bodily injury:	Benefit As a percentage of the amount shown against the schedule on Section G – Dental Benefits - Bodily Injury .
40. Loss of teeth resulting in prosthetic replacement - per tooth	100%
41. Damage to teeth resulting in prosthetic restoration - per tooth	50%

Section H – Additional Benefits under the Policy

Exposure to the elements

If, as a result of a **bodily injury** occurring during the **insurance period**, an **insured person** is exposed to the elements and suffers from any of the **insured events** set out in any of the tables of **insured events** as a direct result of that exposure, we will pay **benefits** as provided for in the **schedule**.

Disappearance

If an **insured person** disappears, following the disappearance, wrecking or sinking during the **insurance period** of a conveyance in which the **insured person** was travelling and their body has not been found within one (1) year after the date of disappearance, we will pay a compensation on the assumption that the **insured person** died as a result of a **bodily injury** at the time of the disappearance, wrecking or sinking of the conveyance.

Return to work assistance

On the occurrence of **insured events** 28, 29, 30, or 31, we will reimburse expenses incurred for participation in a return to work program, retraining program, or rehabilitation program by the **insured person**, provided that such participation is undertaken with our written consent and the agreement of the **insured person's doctor**. This **benefit** will be limited to the actual costs incurred by the **insured person** not exceeding ten thousand dollars (\$10,000) in total.

Escalation Benefit (Weekly Benefit increase after 12 months)

After payment of the **benefit** amount under **insured events** 28, 29, 30, or 31 continuously for twelve (12) months, and again after for each subsequent period of twelve (12) months for which a **benefit** is payable, the **benefit** will be increased by five percent (5%) per annum on a compound basis.

Transport to and from work benefit

On the occurrence of **insured events** 29 or 31 and in the event that an **insured person** requires transportation assistance in order to get to and from his or her usual place of employment due to his or her disablement, we will refund upon receipt of tax invoices, reasonable actual transport costs to a maximum amount of \$25 (twenty-five dollars) per day for a maximum period of twelve (12) weeks. Transportation assistance must be provided by a licensed public transportation provider, such as a taxi, bus, train, tram, ferry operator or the like. The provider of the transportation cannot be someone who is either related to, or lives with the **insured person**.

Re-imbursement of professional or membership fees

On the occurrence of any of **insured events** 1 – 8a, 9a, 28 or 30, and where an **insured person** will no longer reasonably derive any **benefit** from membership of a professional association, union, industry body or similar organisation directly related to their employment, we will reimburse the **insured person**, on a pro rata basis from the date of **bodily injury** or **sickness** for a maximum of two (2) memberships, upon actual receipt of tax invoices up to a maximum amount of two hundred and fifty dollars (\$250) per membership.

General Conditions applying to the Policy

1. **Benefits** will not be payable for more than one of the **insured events** 1-18 arising out of the same **injury**. In that event, the highest **benefit** applicable will be payable.
2. Further, any **benefit** payable for **insured events** 1-18 will be reduced by any **benefit** paid or payable for **insured events** 28 and 29 in respect of the same **injury**.
3. No weekly **benefits** will be payable for **insured events** 28, 29, 30, or 31 greater than one hundred and fifty-six (156) weeks in total in respect of any one **bodily injury** or **sickness**, unless otherwise stated on the **schedule**.
4. **Benefits** will not be payable for more than one of the **benefits** described in Section B Table 2 for **insured events** 19 to 23 inclusive or in Section C, Table 3 for **insured events** 24 to 27 inclusive, in respect of any one **bodily injury** or **sickness**.
5. Unless otherwise stated on the **schedule**, **benefits** payable to **insured persons** under eighteen (18) years of age for **insured events** 1-18 will be 10 percent (10%) of the lowest **benefit** stated in the Table of **Benefits** relating to **insured events** 1-18.
6. **We** will pay one-fifth (1/5th) of the weekly **benefits** for each day of disablement where disablement lasts for less than a week after expiry of the **excess period** for **insured events** 29 and 31.
7. The weekly **benefits** payable for **insured events** 28, 29, 30, or 31 will be reduced by the amount of any other weekly **benefit** the **insured person** is entitled to receive under any statutory workers' compensation or transport **accident** compensation scheme or legislation or any insurance policy specifically covering the same risk, so that the **benefit** payable under the **policy** will be the amount by which the **benefit** payable under the **policy** exceeds the other **benefits** to which the **insured person** is entitled.
8. If, as a result of **bodily injury** or **sickness**, **benefits** become payable under Section D or Section E and whilst the **policy** is in force, the **insured person** suffers a recurrence of **insured events** 28, 29, 30, and 31 from the same **bodily injury** or **sickness**, the subsequent period of disablement will be a continuation of the prior period unless, between such periods, the **insured person** has held full time work for at least six (6) consecutive months, in which case the subsequent period of disablement will be deemed to have resulted from a new **bodily injury** or **sickness** and a new **excess period** shall apply.
9. No cover is provided under the **policy** for **insured events** which occur on or after the date an **insured person** reaches the age of seventy-five (75), unless otherwise indicated on the **schedule**.
10. Unless an **insured person** otherwise directs, 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.

General Exclusions applying to the Policy

No **benefits** are payable under the **policy** for any **insured event** resulting from **bodily injury** or **sickness**;

1. which is intentional, deliberate, self-inflicted or caused by an **insured person**, including suicide or attempted suicide, whether sane, insane or under any mental distress;
2. which occurs as a result of any criminal or illegal act committed by an **insured person**;
3. which occurs as a result of an **insured person** driving any vehicle whilst under the influence of alcohol equal to or above the prescribed legal limit or whilst under the effects of psychoactive, psycho pharmaceutical or psychotropic drug or substance;
4. which occurs whilst an **insured person** is under the effects of alcohol, psychoactive, psycho pharmaceutical or psychotropic drug or substance;
5. which occurs as a result of **war**, invasion or **civil war**;
6. which results from an **insured person** piloting aircraft;
7. which results from an **insured person** participating, training or taking part in **professional sports** of any kind;
8. which is wholly or partly caused by childbirth or pregnancy or any complications of these;
9. which is in any way caused or contributed to by nuclear reaction, nuclear radiation or radioactive contamination;
10. which is or results from a sexually transmitted disease or infection, including but not limited to Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV) infection;
11. which results from an **insured person** directly or indirectly suffering from psychological, nervous, emotional or behavioural conditions, stress, depression, or other mental illness;
12. which results from any **pre-existing condition**;
13. if the payment of any such **benefit** would constitute the carrying on of "health insurance business" as defined under any Commonwealth health legislation and regulations;
14. if the 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 or United States of America.

General Provisions under the Policy

1. Aggregate limit of Liability

We shall not be liable to pay any **benefits** under the **policy** in excess of the **aggregate limit of liability**. 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**.

2. Sublimit of Liability

We shall not be liable to pay any **benefits** under the **policy** in excess of the **sublimit of liability** applying to **non-scheduled flights**. If this amount is not adequate to pay all claims in full, **we** will reduce the **benefit** payable to each **insured person** proportionately, so that the total of all payments does not exceed the **sublimit of liability**.

3. Currency

All **benefits** paid under the **policy** will be paid in Australian Dollars (AUD) unless otherwise specified on the **schedule**.

4. Governing Law and Jurisdiction

The **policy** is governed by the laws of the Commonwealth of Australia and the State or Territory where the **policy** was issued. Any disputes relating to interpretation shall be submitted to the exclusive jurisdiction of the Courts of Australia.

5. Co-operation

- I. **You** or any **insured person** will frankly and honestly provide **us** with all information and assistance required by **us** and or **our** representatives appointed by **us** in relation to any claim or loss. Any unreasonable failure to comply with this obligation may entitle **us** to deny cover for the claim or loss, in whole or part;
- II. **You** or any **insured person** will do all things reasonably practicable to minimise **our** liability in respect of any claim or loss.

6. Subrogation and our right of recovery

We can exercise any right of recovery held by **you** or any **insured person** to the extent of any **benefits** payable under the **policy**. **You** or any **insured person** must not do anything that reduces such rights, and **you** or any **insured person** must provide **us** with all reasonable assistance in pursuing such rights. If **you** or any **insured person** have agreed to not to seek compensation from another source that is liable to compensate **you** or any **insured person** in regards to a **benefit** payable under the **policy**, **we** will not cover **you** or any **insured person** under the **policy** for that loss, damage or liability.



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