

GROUP PERSONAL ACCIDENT & SICKNESS

Policy Wording

MMA GPA v5.0

TABLE OF CONTENTS

IMPORTANT INFORMATION 1

SCOPES OF COVER 2

GENERAL DEFINITIONS 3

PART A – LUMP SUM BENEFITS 7

PART B – FRACTURED BONES 9

PART C – LOSS OF TEETH OR CAPPING OF TEETH 10

PART D - BODILY INJURY OR SICKNESS RESULTING IN OVERSEAS SURGERY 11

PART E – WEEKLY BENEFITS 13

ADDITIONAL COVER UNDER THE POLICY 16

Accommodation and Transport Expenses 16

Advanced Payment 16

Assault 16

Cancer 16

Carjacking – Vehicle Excess & Hire 17

Chauffeur Services 17

Childcare Services 18

Coma 18

Concussion 18

Corporate Events 18

Corporate Image Protection 18

Dependent Child Benefit 18

Domestic Help 19

Education Fund 19

Escalation of Claim 19

Executor Emergency Cash Advance 19

Funeral Expenses 19

Home Care 19

Identity Theft as a result of Assault 20

Independent Financial Advice 21

Modification Expenses 21
Orphaned Benefit 21
Out of Pocket Expenses 21
Overseas Bed Care 22
Premature Birth/Miscarriage 22
Psychological Trauma 22
Reconstructive or Cosmetic Surgery 22
Rehabilitation and Return to Work Assistance 23
Replacement Staff Recruitment Costs 23
Spouse/Partner Retraining 23
Student Tutorial Costs 23
Terrorism Injury 24
Tuition or Advice Expenses 24
Unexpired Membership 24
Visitors Benefit 24
Work Experience 25
GENERAL CONDITIONS APPLICABLE TO THE POLICY 26
CLAIMS CONDITIONS 27
GENERAL EXCLUSIONS APPLICABLE TO THE POLICY 28
GENERAL PROVISIONS APPLICABLE TO THE POLICY 30

IMPORTANT INFORMATION

Our agreement

This Policy is a legal contract between You (the Insured) and Us (the Insurer named in the Placing Schedule who is the insurer/issuer of the Policy). The Policy is made up of the following components which are to be read together:

1. the Policy Wording
2. the Placing Schedule
3. Definitions (words or expressions with a specific meaning). A definition in any part of this Policy is capitalised
4. Conditions and Exclusions which apply to specific covers or sections of this Policy
5. General Exclusions, which apply to all covers and sections of this Policy
6. General Provisions and Conditions, which set out Your responsibilities under this Policy
7. Claims conditions, which set out Your responsibilities when You make a claim, and
8. Other terms, which apply to how this Policy operates.

Where You have paid or agreed to pay to the Us the Premium, You and/or the Covered Person may be able to claim under the Policy, subject to the terms, conditions, exclusions and aggregate limits of liability of the Policy.

Scope of Cover

The cover provided by this Policy will apply only during the Period of Insurance stated in the Placing Schedule and is limited by the Scope of Cover noted for each category of Covered Person in the Placing Schedule. Details of the different Scopes of Cover are shown on page 2 of this Policy Wording.

Additional covers

Additional covers outlined throughout the Policy will apply if a sum insured amount for that Additional Cover is shown in the Placing Schedule. If the Insured or, where specified, the Covered Person, suffer or incur the relevant loss, liability or damage defined within the cover during the Period of Insurance and whilst the person is a Covered Person and within the Scope of Cover, We will pay up to the sum insured stated for that cover in the Placing Schedule, subject to the terms, conditions, exclusions and aggregate limits of liability of the Policy.

How much We'll pay

Cover under each Part or Additional Cover applies only if a dollar ($) amount is shown in the Placing Schedule. The most We'll pay for a claim is the sum insured set out in the Placing Schedule for the Part or Additional Cover You and/or the Covered Person are claiming under, less any excess set out in the Placing Schedule, if applicable. The amount we pay may be subject to an aggregate limit.

Aggregate limits of liability

This Policy is a group policy where cover is available to all persons or entities that satisfy the definition of Covered Person. The maximum amount we will pay for any one event involving more than one Covered Person (including the Insured) under this Policy is the aggregate limit of liability stated in the Placing Schedule. If the applicable aggregate limit of liability is not enough to pay all claims in full, then we will reduce the Insured's and each other Covered Person's benefit proportionately.

Our contact details and other important information is contained in the attached Product Disclosure Statement (PDS).

Preparation Date

This Policy was prepared on 16 April 2024.

SCOPES OF COVER

The cover provided by this Policy will apply only during the Period of Insurance stated in the Placing Schedule and is limited by the Scope of Cover noted for each category of Covered Person in the Placing Schedule. The available Scopes of Cover are as follows:

OPTION 1: 24 Hours / 7 Days
Cover under the Policy applies for twenty-four (24) hours per day, three hundred & sixty five (365) days per year during the Period of Insurance.

OPTION 2: OUTSIDE WORKING HOURS ONLY (EXCLUDING COMMUTE)
Cover under the Policy applies for twenty-four (24) hours per day during the Period of Insurance, excluding:

a) while on the business of the Insured or any other employer; or
b) while travelling between the bounds of the Covered Person's home and normal place of employment.

OPTION 3: DURING THE COURSE OF EMPLOYMENT ONLY (INCLUDING COMMUTE)
Cover under the Policy applies for twenty-four (24) hours per day during the Period of Insurance while on the business of the Insured, including:

a) while travelling between the bounds of the Covered Person's home and normal place of employment; or
b) during temporary absence from the Covered Persons' normal place of employment during a normal recess period in the course of their working day, including while they are engaged in a social or sporting activity.

OPTION 4: DURING THE COURSE OF EMPLOYMENT ONLY (EXCLUDING COMMUTE)
Cover under the Policy applies for twenty-four (24) hours per day during the Period of Insurance while on the business of the Insured. The cover applies during temporary absence from the Covered Persons' place of employment during a normal recess period (example lunchtime) in the course of their working day, including while they are engaged in a social or sporting activity. The cover does not include "journey cover" which is during direct travel between the bounds of their normal business address and their home.

OPTION 5: NON-WORKERS COMPENSATION BODILY INJURY ONLY
Cover under the Policy applies during the Period of Insurance only when the Covered Person is not entitled to any compensation in respect of the Bodily Injury by virtue of any statutory workers' compensation scheme.

OPTION 6: WORKCOVER TOP-UP COVER ONLY
Cover under the Policy applies only when the Covered Person suffers a Bodily Injury or Sickness during the Period of Insurance under such circumstances as have given the Covered Person the right to claim compensation in respect of the Bodily Injury or Sickness from the Insured or any other person or body liable to pay compensation under or by virtue of any statutory workers' compensation scheme providing for payments in the nature of lump sum compensation or weekly compensation whether the right is exercised or not.

If the Covered Person elects to take action at common law for damages, then despite the non-payment to or the non-receipt by the Covered Person of workers' compensation or similar statutory weekly payments because of the Covered Person's action, compensation payable under this policy shall continue to be reduced by the weekly benefits paid or payable from the relevant statutory workers' compensation scheme immediately prior to the date of instituting legal proceedings.

OPTION 7: JOURNEY
Cover under the Policy applies whilst travelling between the bounds of the Covered Person's home and normal place of employment and the return journey, and includes temporary absence from the Covered Person's place of work during a normal recess period in the course of his or her working day.

OPTION 8 OTHER
Any other Scope of Cover as described in the Placing Schedule.

GENERAL DEFINITIONS

For the purpose of the Policy**,** the following definitions apply:

Accident means a sudden, external and identifiable event that happens by chance and could not have been expected from the perspective of the Covered Person. The word Accidental shall be construed accordingly.

Accidental Death means death occurring as a result of a Bodily Injury.

Act of Terrorism means the planning, use, or threat of use of violence against persons or property for the purpose of advancing political, religious or ideological goals.

Assault means an unprovoked, violent and physical act intentionally committed by a person or persons unknown against a Covered Person.

Benefit Period means the maximum period of time for which a benefit is payable under Events 40 to 43 (Weekly Benefits - Bodily Injury and Weekly Benefits - Sickness) as shown in the Placing Schedule.

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 Period of Insurance and while the person is a Covered Person. Bodily Injury includes Sickness resulting directly from medical or surgical treatment rendered necessary by any Bodily Injury. It does not mean:

1. a Sickness;
2. any Pre-Existing Condition; or
3. bodily injury as a result of the accumulation of a series of Accidents and/or traumas and/or as a result of any type of degenerative process.

Carjacking means the violent theft or violent attempted theft of a motor vehicle which is under the care, custody and control of, or occupied by the Covered Person or while the Covered Person is entering or exiting the vehicle.

Civil War means any of the following: armed opposition, insurrection, revolution, armed rebellion, sedition or usurped power, between two or more parties belonging to the same country.

Claimant means the Insured, a Covered Person or any other person entitled to claim under the Policy.

Close Relative means Spouse/ Partner, Parent, child, brother, sister, brother- in-law, sister-in-law, daughter-in-law, son-in-law, half-brother, half-sister, fiancé(e), niece, nephew, uncle, aunt, stepchild, grandparent or grandchild.

Country of Residence means the country:

1. of which the Covered Person is a citizen or permanent resident (e.g. in relation to which they hold a multiple entry visa or permit which gives the Covered Person resident rights in such country); or
2. in which the Covered Person is residing on an overseas expatriate assignment; or
3. if 1. and 2. above do not apply then the country in which the Covered Person has lived for a majority of twelve (12) months immediately prior to becoming a Covered Person under this Policy.

Covered Person means a person that meets the criteria specified for a Covered Person in the Placing Schedule and with respect to whom Premium has been paid or agreed to be paid by the Insured. They are a person that is legally entitled to claim under the Policy by reason of the operation of Section 48 of the Insurance Contracts Act and on no other basis. A Covered Person is not a contracting insured under the Policy with Us. Our agreement is with the Insured.

Dentist means a dentist or surgeon who is registered or licensed to practice dentistry under the laws of the country in which they practice, other than:

1. the Insured; or
2. the Covered Person; or
3. a Close Relative of the Covered Person; or

4. an Employee of the Insured.

Dependent Child(ren) means a Covered Person's and their Spouse/ Partner's child(ren) (including step or legally adopted child(ren)) who are:

1. under nineteen (19) years of age; or
2. under twenty-five (25) years of age while they are full-time students at an accredited institution of higher learning; or
3. permanently mentally or physically incapable of self-support,

and in any case, are primarily dependent upon the Covered Person for maintenance and support.

Doctor means a doctor or specialist who is registered or licensed to practice medicine under the laws of the country in which they practice, other than:

1. the Insured; or
2. the Covered Person; or
3. a Close Relative of the Covered Person; or
4. an Employee of the Insured.

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

Endorsement means a written alteration to the terms of the Policy.

Event(s) means the Event(s) described in the relevant Table of Events set out in this Policy.

Excess Period means the period of time following the commencement of Events 40 to 43 (Weekly Benefits - Bodily Injury and Weekly Benefits - Sickness) giving rise to a claim during and for which no benefits are payable as specified in the Placing Schedule.

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

Foot or **Feet** means the entire foot below the ankle.

Hand means the entire hand below the wrist.

Insurance Contracts Act means the *Insurance Contracts Act 1984 (Cth)* as amended from time to time.

Insured means the named company or organisation listed as the Insured in the Placing Schedule with whom We enter into the Policy. They are the contracting insured.

Limb means the entire arm from the shoulder or the entire leg from the hip.

Loss in connection with:

1. a Limb, means the Permanent physical severance or Permanent total loss of the use of the Limb;
2. an eye, means the total and Permanent loss of all sight in the eye;
3. the lens of an eye, means the total and Permanent loss of the lens;
4. hearing, means the total and Permanent loss of hearing;
5. speech, means the total and Permanent loss of the ability to speak; and .
6. Hands, Feet and digits, means the Permanent physical severance or Permanent loss of use of the Hand, Foot, Finger, Thumb, or Toe,

and which in each case is caused by Bodily Injury.

Non-Scheduled Flight(s) means travel in an aircraft whose flights are not conducted in accordance with fixed flying schedules, over specific air routes, to and from fixed terminals.

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

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

Parent means parent, parent-in-law, step-parent or such person who was the Covered Person's primary care giver (including jointly with another person) as a child.

Period of Insurance means the period shown in the current Placing Schedule or such shorter time if the Policy is terminated and for which cover applies under the Policy.

Permanent means having lasted, or where the medical evidence shows that it will last, twelve (12) consecutive months from the date of the Bodily Injury and at the expiry of that period, in the opinion of a Doctor being unlikely to materially improve. The word Permanently shall be construed accordingly.

Permanent Total Disablement means where a Doctor certifies:

1. the Covered Person is entirely and continuously unable to engage in, perform or attend to any occupation or business for which they are reasonably qualified by reason of education, training or experience; and
2. the Covered Person's disability is Permanent.

Placing Schedule means the Placing Schedule listing the benefits, sums insured and limits (including any Endorsements or subsequently issued Placing Schedules) issued by Us to the Insured.

Policy means this document, any applicable Product Disclosure Statement (PDS), the current Placing Schedule and any other documents We may issue to the Insured that We advise will form part of the Policy (e.g. Endorsements and Supplementary Product Disclosure Statements (SPDS)).

Pre-Existing Condition means any physical defect, illness, disease or medical condition for which, in the six (6) months prior to becoming a Covered Person under the Policy, the Covered Person:

1. has sought or received medical treatment or advice from a Doctor or Dentist, undergone tests or has been prescribed medication; or
2. is exhibiting symptoms which would cause a reasonable person in the circumstances to seek medical treatment or advice from a Doctor or Dentist.

Premium means the agreed premium that is payable in respect of the Policy by the Insured.

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

Quadriplegia means the Permanent and total paralysis of both arms and both legs.

Salary means:

1. in the case of a salaried Employee (not otherwise covered below), their weekly pre-tax and pre-personal deductions income, including overtime payments and allowances but excluding commissions or, bonuses,, 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 commissions or bonuses 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
2. 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, including overtime payments and allowances (but excluding commissions or bonuses), 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 commissions or bonuses 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

3. 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.

Scope of Cover means the circumstance in which cover is provided under this Policy to Covered Persons, as specified in the Placing Schedule.

Sickness means any illness or disease of the Covered Person first occurring during the Period of Insurance and while the person is a Covered Person. It does not mean a Pre-Existing Condition.

Spouse/Partner means a Covered Person's husband or wife and includes a de-facto and/or life partner with whom a Covered Person has continuously cohabited for a period of three (3) months or more at the time of loss.

Temporary Partial Disablement means:

1. the Covered Person continues to be employed by the Insured and a Doctor certifies they are temporarily unable to engage in a substantial part of their usual occupation resulting in more than a twenty five percent (25%) reduction of their Salary; or
2. the Covered Person ceases employment with the Insured and a Doctor certifies they are temporarily unable to engage in at least twenty five percent (25%) or more of the standard duties of any occupation for which they may be suited by way of their education, training or experience;

and in both cases, the Covered Person is under the regular care of and acting in accordance with the instructions or advice of a Doctor for the payable condition/event.

Temporary Total Disablement means:

1. the Covered Person continues to be employed by the Insured and a Doctor certifies they are temporarily unable to engage in their usual occupation; or
2. the Covered Person ceases employment with the Insured and a Doctor certifies they are temporarily unable to engage in any occupation for which they may be suited by way of their education, training or experience;

and in both cases, the Covered Person is under the regular care of and acting in accordance with the instructions or advice of a Doctor for the payable condition/event.

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

War means a state of armed conflict between different countries, different groups or factions within a country, Nuclear, Biological or Chemical Terrorism, invasion, acts of foreign enemies, hostilities, or war-like operations or Civil War.

We/Our/Us means the Insurer named in the Placing Schedule who is the insurer/issuer of the Policy.

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

Please note that any specific definitions relating to a particular cover section are located in that section. Other documents issued by Us that form the Policy may also contain general or specific definitions

PART A – LUMP SUM BENEFITS

Extent of Cover

If during the Period of Insurance and while the person is a Covered Person and within the Scope of Cover, the Covered Person suffers a Bodily Injury which results directly in one or more of Events 1 to 19 listed in the Table of Events below, We will pay the corresponding Event benefit percentage (%) multiplied by the lump sum benefit shown in the Placing Schedule against Part A – Lump Sum Benefits provided the Event(s) occur within twelve (12) months of the date of the Bodily Injury.

TABLE OF EVENTS: Part A - Lump Sum Benefits	
EVENTS – Bodily Injury resulting in:	**BENEFITS** The % of the amount shown in the Placing Schedule against Part A – Lump Sum Benefits
1. Accidental Death	100%
2. Permanent Total Disablement	100%
3. Paraplegia or Quadriplegia	100%
4. Loss of sight of both eyes	100%
5. Loss of sight of one (1) eye	100%
6. Loss of (a) one (1) or more Limbs (b) one (1) or more Feet (c) one Hand and one Foot (d) both Hands	100%
7. Permanent unsound mind to the extent of legal incapacity	100%
8. Loss of (a) hearing in both ears (b) the lens in both eyes	 100% 100%
9. Loss of (a) hearing in one (1) ear (b) the lens in one (1) eye	 100% 60%
10. Loss of four (4) Fingers and Thumb of either Hand	80%
11. Burns: (a) Third degree burns and/or resultant disfigurement which covers more than twenty percent (20%) of the entire external body (b) Second degree burns and/or resultant disfigurement which covers more than twenty percent (20%) of the entire external body	 75% 50%
12. Loss of four (4) Fingers of either Hand	50%
13. Loss of one (1) Thumb of either Hand: (a) both joints (b) one (1) joint	 40% 20%
14. Loss of Fingers of either Hand: (a) three (3) joints (b) two (2) joints (c) one (1) joint	 15% 10% 5%
15. Loss of Toes of either Foot: (a) all - one (1) Foot (b) great - both joints (c) great - one (1) joint (d) other than great - each Toe	 15% 5% 3% 1%
16. Fractured leg or patella with established non-union	10%
17. Shortening of leg by at least 5 cm	7.5%
18. Loss of at least thirty percent (30%) of all sound and natural teeth, including capped or crowned teeth, but excluding first teeth and dentures	1% to a maximum of $10,000 in total.

19. **Permanent partial disablement not otherwise provided for under Events 2 to 18 inclusive**. The Benefit shall be the percentage of the lump sum benefit insured which corresponds to the percentage reduction in whole bodily function as certified by the Covered Person's treating Doctor and a Doctor appointed by Us. If the Doctor chosen by Us forms a contrary opinion to that of the Covered Person's treating Doctor, We will seek the opinion of a third independent Doctor, who will be appointed by mutual agreement between the parties and paid for by Us. In the event of a disagreement between all three (3) Doctors, the percentage reduction in whole bodily function will be the average of the three (3) opinions, subject to the maximum amount We will pay which is seventy-five percent (75%) of the lump sum benefit insured.
For benefits under Events 18, 29 and 30 relating to "Loss of Teeth", the maximum payable for any single Bodily Injury event will be the highest of the 3 Events. These benefits do not accumulate together for a single Bodily Injury event.

Disappearance

If during the Period of Insurance and whilst the person is a Covered Person and within the Scope of Cover, the Covered Person disappears in any manner and the Covered Person's body has not been found within twelve (12) months after the date of that disappearance, the Covered Person will be deemed to have suffered an Accidental Death at the time of their disappearance.

Where Event 1. Accidental Death is payable because of a disappearance, We will only pay that benefit after the Insured or the legal representatives of the Covered Person's estate has given Us a signed undertaking that the benefit will be repaid to Us if, after Our payment, it is found that to the prior knowledge of the Insured or Legal Representative the Covered Person did not die as a result of a Bodily Injury.

Exposure

If during the Period of Insurance and whilst the person is a Covered Person and within the Scope of Cover, the Covered Person is exposed to the elements as a result of an Accident and within twelve (12) months of the Accident the Covered Person suffers from any of the Events outlined in the Table of Events 1 to19 as a direct result of that exposure, the Covered Person will be deemed for the purpose of the Policy to have suffered a Bodily Injury on the date of the Accident.

Conditions applicable to Part A – Lump Sum Benefits

1. Cover applies only if an amount is shown in the Placing Schedule against Part A – Lump Sum Benefits.
2. Where the lump sum benefit is linked to a Covered Person's Salary and the Covered Person is not in receipt of a Salary, the benefit amount shall be limited to the lesser of $250,000 or the maximum sum insured shown in the Placing Schedule for that category of Covered Person.
3. If a Covered Person suffers a Bodily Injury resulting in any one of Events 2 to 9 (a), We will not be liable under the Policy for any subsequent Bodily Injury to that Covered Person.
4. Benefits shall not be payable for more than one of Events 1 to 19 in respect of the same Bodily Injury, We will, however, pay the Event with the highest benefit.
5. Cover under this Part is subject to the age limitations contained in the General Provisions Applicable to the Policy.

PART B – FRACTURED BONES

Extent of Cover

If during the Period of Insurance and while the person is a Covered Person and within the Scope of Cover, the Covered Person suffers a Bodily Injury which results directly in a fractured bone listed under Events 20 to 28 in the Table of Events below, We will pay the corresponding benefit percentage (%) multiplied by the lump sum benefit as shown in the Placing Schedule against Part B - Fractured Bones provided the Event(s) occur within twelve (12) months of the date of the Bodily Injury.

TABLE OF EVENTS: Part B - Fractured Bones	
EVENTS – Bodily Injury resulting in a fractured:	**BENEFITS:** The % of the amount shown in the Placing Schedule against Part B - Fractured Bones
20. Neck, skull or spine (Complete Fracture)	100%
21. Hip	75%
22. Jaw, pelvis, leg, ankle or knee (Other Fracture)	50%
23. Cheekbone, shoulder or hairline fracture of skull or spine	30%
24. Arm, elbow, wrist or ribs (Other Fracture)	25%
25. Jaw, pelvis, leg, ankle or knee (Simple Fracture)	20%
26. Nose or collar bone	20%
27. Arm, elbow, wrist or ribs (Simple Fracture)	20%
28. Finger, Thumb, Foot, Hand or Toe	5%
In the case of an established non-union of any of the above fractures, despite the maximum lump sum benefit payable, We will pay an additional benefit of five percent (5%) of the lump sum benefit shown in the Placing Schedule against Part B - Fractured Bones.	

Definitions applicable to Part B - Fractured Bones

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

Hairline Fracture means mere cracks in the bone.

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

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.

Conditions applicable to Part B - Fractured Bones

With respect to an Event under this Part:

1. Cover applies only if an amount is shown in the Placing Schedule against Part B - Fractured Bones.
2. The benefits payable for a Bodily Injury resulting in multiple fractured bones will accumulate, however the maximum lump sum benefit payable for any one (1) Bodily Injury resulting in fractured bones shall be 100% of the lump sum benefit amount shown on the Placing Schedule against Part B - Fractured Bones.

PART C – LOSS OF TEETH OR CAPPING OF TEETH

Extent Of Cover

If during the Period of Insurance and while the person is a Covered Person and within the Scope of Cover, the Covered Person suffers a Bodily Injury which results directly in one or more of Events 29 to 30 listed in the Table of Events Part C - Loss of Teeth or Capping of Teeth below, We will pay the corresponding benefit provided the Event(s) occur within twelve (12) months of the date of the Bodily Injury.

TABLE OF EVENTS: Part C - Loss of Teeth or Capping of Teeth	
EVENTS – Bodily Injury resulting in:	**BENEFITS**
29. Loss of Teeth or full capping of Teeth	$300 per Tooth to a maximum of $3,000
30. Partial capping of Teeth	$150 per Tooth to a maximum of $1,500
For benefits under Events 18, 29 and 30 relating to “Loss of Teeth”, the maximum lump sum benefit payable for any single Bodily Injury event will be the highest of the 3 Events. These benefits do not accumulate together for a single Bodily Injury event.	

PART D - BODILY INJURY OR SICKNESS RESULTING IN OVERSEAS SURGERY

Bodily Injury Resulting in Overseas Surgery

Extent Of Cover

If during the Period of Insurance and while the person is a Covered Person and within the Scope of Cover, the Covered Person suffers a Bodily Injury outside of Australia or the Covered Person's Country of Residence which results directly in one or more of the surgery Events 31 to 35 listed in the Table of Events below, We will pay the corresponding Event benefit percentage (%) multiplied by the lump sum benefit as shown in the Placing Schedule against Part D - Bodily Injury Resulting In Overseas Surgery provided the Event(s) occur within twelve (12) months of the date of the Bodily Injury.

TABLE OF EVENTS: Part D - Bodily Injury Resulting In Overseas Surgery	
EVENTS	**BENEFITS:** The % of the amount shown in the Placing Schedule against Part D - Bodily Injury Resulting In Overseas Surgery
31. Craniotomy	100%
32. Amputation of a Limb	100%
33. Fracture of a Limb requiring open reduction	50%
34. Dislocation requiring open reduction	50%
35. Any other surgical procedure carried out under a general anaesthetic	15%

Conditions applicable to Part D - Bodily Injury Resulting In Overseas Surgery

1. Cover applies only if an amount is shown in the Placing Schedule against Part D - Bodily Injury Resulting In Overseas Surgery.
2. Cover applies only if the surgery Event is undertaken outside of Australia or the Covered Person's Country of Residence. No cover is provided for any surgery Event undertaken in Australia.
3. We shall not pay for more than one (1) surgery Events 31 to 35 arising from the same surgery in respect of any one (1) Bodily Injury. We will, however, pay the Event with the highest benefit.

Sickness Resulting in Overseas Surgery

Extent Of Cover

If during the Period of Insurance and while the person is a Covered Person and within the Scope of Cover, the Covered Person suffers a Sickness outside of Australia or the Covered Person's Country of Residence which results directly in one or more of the surgery Events 36 to 39 listed in the Table of Events below, We will pay the corresponding Event benefit percentage (%) multiplied by the lump sum benefit as shown in the Placing Schedule against Part D - Sickness Resulting In Overseas Surgery provided the Event(s) occur within twelve (12) months of the date of the Sickness.

TABLE OF EVENTS: Part D - Sickness Resulting In Overseas Surgery	
EVENTS	**BENEFITS:** The % of the amount shown in the Placing Schedule against Part D - Sickness Resulting In Overseas Surgery
36. Open heart surgical procedure	100%
37. Brain surgery	100%
38. Abdominal surgery carried out under general anaesthetic	50%
39. Any other surgical procedure carried out under a general anaesthetic	15%

Conditions applicable to Part D - Sickness Resulting In Overseas Surgery

1. Cover applies only if an amount is shown in the Placing Schedule against Part D - Sickness Resulting In Overseas Surgery.
2. Cover applies only if the surgery Event is undertaken outside of Australia or the Covered Person's Country of Residence. No cover is provided for any surgery Event undertaken in Australia.
3. We shall not pay for more than one (1) surgical Events 36 to 39 arising from the same surgery in respect of any one (1) Sickness. We will, however, pay the Event with the highest benefit.

PART E – WEEKLY BENEFITS

Weekly Benefits - Bodily Injury

Extent Of Cover

If during the Period of Insurance and while the person is a Covered Person and within the Scope of Cover, the Covered Person suffers a Bodily Injury which results directly in Temporary Total Disablement (Event 40) or Temporary Partial Disablement (Event 41), and as a result the Covered Person suffers a loss of Salary, We will pay the corresponding benefit shown in the Table of Events provided the Event(s) occur within twelve (12) months of the date of the Bodily Injury. Cover under this Part is subject to the age limitations contained in the General Provisions Applicable to the Policy.

TABLE OF EVENTS: Part E – Weekly Benefits – Bodily Injury	
EVENTS	**BENEFITS**
40. Bodily Injury resulting in Temporary Total Disablement	From the date of Temporary Total Disablement and while the Temporary Total Disablement persists, subject to the Excess Period, We will, for up to the Benefit Period, pay up to the weekly benefit amount shown in the Placing Schedule against Part E - Weekly Benefits - Bodily Injury. However, this will not exceed the percentage of Salary shown in the Placing Schedule of the Covered Person's Salary.
41. Bodily Injury resulting in Temporary Partial Disablement	From the date of Temporary Partial Disablement and while the Temporary Partial Disablement persists, subject to the Excess Period, We will, for up to the Benefit Period, pay the weekly benefit amount shown in the Placing Schedule against Part E Weekly Benefits - Bodily Injury less any amount of current earnings as a result of working in a reduced capacity. However, the combined amount must not exceed the percentage of Salary shown in the Placing Schedule or the Covered Person's Salary. If a Doctor certifies that the Covered Person is able to return to work in a reduced capacity but does not return to work, the benefit payable shall be twenty-five percent (25%) of the amount payable for Event 40. Where a Covered Person is unemployed but a Doctor certifies the Covered Person is able to undertake light or partial duties, the Covered Person must, as soon as reasonably possible, actively Seek Employment consistent with the opinion of their Doctor. Should a Covered Person not actively Seek Employment once medically cleared to, benefits shall be twenty-five percent (25%) of the amount payable for Event 40.

Weekly Benefits - Sickness

Extent Of Cover

If during the Period of Insurance and while the person is a Covered Person and within the Scope of Cover, the Covered Person suffers a Sickness which results directly in Temporary Total Disablement (Event 42) or Temporary Partial Disablement (Event 43) and as a result the Covered Person suffers a loss of Salary, We will pay the corresponding benefit shown in the Table of Events provided the Event(s) occur within twelve (12) months of the date of the Sickness. Cover under this Part is subject to the age limitations contained in the General Provisions Applicable to the Policy.

TABLE OF EVENTS: Part E – Weekly Benefits Sickness	
EVENTS	**BENEFITS**
42. Sickness resulting in Temporary Total Disablement	From the date of Temporary Total Disablement and while the Temporary Total Disablement persists, subject to the Excess Period, We will, for up to the Benefit Period, pay up to the weekly benefit amount shown in the Placing Schedule against Part E - Weekly Benefits - Sickness. However, this will not exceed the percentage of Salary shown in the Placing Schedule of the Covered Person's Salary.
43. Sickness resulting in Temporary Partial Disablement	From the date of Temporary Partial Disablement and while the Temporary Partial Disablement persists, We will, for up to the Benefit Period, pay the weekly benefit amount shown in the Placing Schedule against Part E - Weekly Benefits - Sickness less any amount of current earnings as a result of working in a reduced capacity. However, the combined amount must not exceed the percentage of Salary shown in the Placing Schedule or the Covered Person's Salary.

	If a Doctor certifies that the Covered Person is able to return to work in a reduced capacity but does not return to work, the benefit payable shall be twenty-five percent (25%) of the amount payable for Event 42. Where a Covered Person is unemployed but a Doctor certifies the Covered Person is able to undertake light or partial duties, the Covered Person must, as soon as reasonably possible, actively Seek Employment consistent with the opinion of their Doctor. Should a Covered Person not actively Seek Employment once medically cleared to, benefits shall be twenty-five percent (25%) of the amount payable for Event 42.

Definitions applicable to Part E - Weekly Benefits

Seek Employment means the Covered Person being registered with the government agency or department in their Country of Residence which is responsible for providing employment services, (such as Centrelink in Australia) and/or a recruitment company and then providing Us with proof of a minimum of four (4) new job applications per month unless this is not reasonably practicable in the Covered Person's circumstances.

Conditions applicable to Part E - Weekly Benefits

1. Cover for Weekly Benefits - Bodily Injury applies only if an amount is shown under weekly benefit in the Placing Schedule against Part E - Weekly Benefits - Bodily Injury.
2. Cover applies for Weekly Benefits - Sickness only if an amount is shown under weekly benefit in the Placing Schedule against Part E - Weekly Benefits – Sickness.
3. Cover under this Part is subject to the age limitations contained in the General Provisions Applicable to the Policy.
4. Weekly benefits shall not be payable:
   a) in excess of the total aggregate number of weeks (or other time period) shown in the Placing Schedule in respect of any one (1) Bodily Injury or Sickness;
   b) during the Excess Period;
   c) after the Excess Period, in an amount which exceeds the lesser of:
      i. the maximum weekly benefit amount shown in the Placing Schedule against Weekly Benefits - Bodily Injury or against Weekly Benefits – Sickness, as applicable, or
      ii. the applicable percentage of the Covered Person's Salary as shown in the Placing Schedule against Weekly Benefits - Bodily Injury or Weekly Benefits - Sickness, as applicable.

   For example, if:
   - the applicable percentage of Salary is 75%; and
   - the weekly benefit amount shown in the Placing Schedule is $2,000 x 104 weeks; and
   - a Covered Person's Salary is $1,500 per week,
   - then that Covered Person's maximum benefit will be limited to 75% of $1,500 x 104 weeks = $117,000.

   d) unless the Covered Person procures and follows proper medical treatment and advice from a Doctor or Dentist as soon as reasonably practicable after the Bodily Injury or Sickness giving rise to a claim under the Policy. Failure to follow proper medical treatment and advice in accordance with this paragraph may result in Us reducing or suspending Our liability under the Policy to the extent to which We have suffered any prejudice due to such failure.
   e) for more than one (1) Weekly Benefits Event that occur for the same period of time in respect of any one (1) Covered Person.
5. The amount of any benefit payable for Temporary Total Disablement and Temporary Partial Disablement will be reduced by the amount of any:
   a) periodic compensation benefits payable under any disability insurance, workers' compensation or accident compensation scheme; and
   b) the amount of any sick pay received, or, at the discretion of the Insured, sick leave entitlement, so that the total amount of any such benefit or entitlement together with any benefits payable under the Policy does not exceed the applicable percentage of the Covered Person's Salary as shown in the Placing Schedule against Weekly Benefits - Bodily Injury or Weekly Benefits - Sickness.

For example, if:

- the applicable percentage of Salary is 75%;
- the maximum benefit amount shown in the Placing Schedule is $1,250 x 104 weeks;
- a Covered Person's Salary is $2,000 per week; and
- the Covered Person is entitled to benefits of (say) $500 per week under a compensation scheme described in 5(a) above,
- then that Covered Person's maximum benefit will be limited to 75% of $2,000 = $1,500, less $500 = $1,000 x 104 weeks = $104,000.

(Note: this example assumes that the weekly compensation benefit of $500 continues concurrently with payments under this Policy for 104 weeks).

6. Where a Covered Person who is receiving weekly benefits from Us under this Policy is unemployed, but a Doctor certifies the Covered Person is able to undertake light or partial duties the Covered Person must actively Seek Employment consistent with the opinion of their Doctor. Should a Covered Person not actively Seek Employment once medically cleared to, benefits shall be reduced to 25%.

7. If as a result of a Bodily Injury or Sickness, benefits become payable under the Weekly Benefits Table of Events, the Covered Person suffers a recurrence of Temporary Total Disablement or Temporary Partial Disablement from the same or a related cause or causes then, for the purpose of applying the Excess Period only, the subsequent period of disablement will be deemed a continuation of the prior period unless, between such periods, the Covered Person has worked on a full-time basis 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 will apply.

   Note, any continuation benefits shall still not exceed the total maximum Benefit Period as shown in the Placing Schedule.

8. Where a Bodily Injury or Sickness requires surgical treatment which cannot be performed within twelve (12) months from the date of that Bodily Injury or Sickness, We will treat this twelve (12) month period as a continuation of the first Bodily Injury or Sickness regardless of whether the Covered 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 Bodily Injury or Sickness.

   Note, any continuation benefits shall still not exceed the total maximum Benefit Period as shown in the Placing Schedule.

9. Subject to the Additional Cover Advanced Payment, We will pay weekly benefits monthly in arrears. For a disability which is suffered for a period of less than one (1) week, We will pay benefits on a pro-rata daily basis.

10. If as a result of Bodily Injury, the Covered Person is entitled to a benefit under Events 40 and/or 41 (Weekly Benefits - Bodily Injury) and is also entitled to a benefit under Events 2 (Permanent Total Disablement), 3 (Paraplegia or Quadriplegia) or 19 (Permanent partial disablement not otherwise provided for under Events 2 to 18 inclusive), all benefits payable under Events 40 and 41 shall cease from the date of such entitlement.

11. If the Covered Person does not comply with a return to work assistance program or other rehabilitation assistance program provided under the guidance of a Doctor or otherwise by a professional rehabilitation assistance provider under Additional Cover Rehabilitation and Return to Work Assistance Benefit, We may reduce or suspend the benefits payable under the Policy for Weekly Benefits - Bodily Injury and Weekly Benefits - Sickness.

12. Where the Covered Person is an Employee and their employment with the Insured or their pre-disability employer is terminated or they are made redundant, and the Covered Person receives a lump sum termination or redundancy payment, We will reduce and/or off-set the payment of any entitlements under this Benefit by the equivalent periodical payments (or proportional weekly equivalent of any lump sum payment) the Covered Person received.

ADDITIONAL COVER UNDER THE POLICY

The following additional covers will apply if a sum insured amount for that additional cover is shown in the Placing Schedule provided that the Insured or, where specified, the Covered Person, suffer or incur the relevant loss, liability or damage defined within the additional cover:

1. during the Period of Insurance; and
2. whilst the person is a Covered Person and within the Scope of Cover.

We will pay up to the sum insured stated for that cover, subject to the terms, conditions, exclusions and aggregate limits of liability of the Policy.

Accommodation and Transport Expenses

If the Covered Person suffers a Bodily Injury within their Country of Residence and is admitted to hospital as an in-patient, We will reimburse the reasonable transport and/or accommodation expenses necessarily incurred for their Spouse/Partner and/or Dependent Child(ren) to travel to or remain with the Covered Person whilst they are hospitalised. We will reimburse up to the sum insured shown in the Placing Schedule against Accommodation and Transport Expenses. Provided that,

1. the hospital is located in the Covered Person's Country of Residence; and
2. the hospital is located more than 100 kilometres from the Covered Person's usual place of residence; and
3. the hospital admission is expected to last for a period in excess of twenty-four (24) consecutive hours, and
4. the Covered Person's Spouse/Partner and Dependent Children live in the same Country of Residence as the Covered Person.

Advanced Payment

If the Covered Person suffers a Bodily Injury or Sickness for which benefits are payable under Part E - Weekly Benefits - Events 40 or 42 (Temporary Total Disablement), provided that medical evidence is presented from a Doctor certifying that there is a reasonable likelihood that the total period of Temporary Total Disablement will be a minimum of twenty-six (26) continuous weeks, and We agree with this certification, We will pay twelve (12) weeks of benefits at the time of making the first payment.

Assault

If the Covered Person suffers a Bodily Injury as a direct result of an Assault committed by a person or persons unknown to the Covered Person, provided the Assault has been reported to the police and a copy of the police report is provided to Us where practicable and reasonable, We will pay the sum insured shown in the Placing Schedule against Assault.

Cancer

If during the Period of Insurance and while the person is a Covered Person and within the Scope of Cover, the Covered Person is first diagnosed with Cancer, We will pay the lump sum benefit amount shown in the Placing Schedule against Cancer, provided that:

1. an amount is shown in the Placing Schedule for Part E - Weekly Benefits – Sickness;
2. the Scope of Cover option selected from Page 2 of this Policy Wording is shown in the Placing Schedule as OPTION 1: 24 Hours / 7 Days;
3. the Cancer is not directly or indirectly caused by any Pre-Existing Condition;
4. the Covered Person has not previously qualified for a benefit amount under the Cancer Benefit; and
5. both the diagnosis of Cancer, and the manifestation of any symptoms or conditions which subsequently result in an investigation leading to the diagnosis of Cancer, occur at least ninety (90) days after the date on which the relevant Covered Person first qualified as a Covered Person under this Policy;
    a. This 'ninety (90) day' proviso does not apply to a Covered Person provided that:
        i. immediately prior to joining this Policy, both the Insured and the Covered Person had been continuously insured for a minimum period of six (6) months under another group personal accident and sickness policy (referred to below as the 'previous policy') held by the Insured;

ii. the previous policy terms and conditions held by the Insured provided cover for the Cancer benefit;
iii. the cover We provide will be to the lesser extent of this Policy or the previous Policy; and
iv. the cover is still subject to all remaining terms, conditions, exclusions, and provisions of this Policy.

Definitions specific to Cancer benefit

Cancer means the presence of one (1) or more malignant tumours characterised by uncontrolled growth and spread of malignant cells and invasion of tissue, resulting in positive diagnosis by a Doctor and confirmed by a registered pathologist on the basis of the histopathologic or cytopathologic patterns of the lesion which correlate with the clinical and imaging findings. This includes leukaemia, lymphomas, Hodgkin's disease, bone marrow disorders and melanoma, other than where specifically not covered as below.
"Cancer" does not include the following which are not covered by the Policy:

1. Carcinoma in situ (unless it results in the removal of the entire breast, testicle or organ to arrest spread of malignancy and this procedure is the appropriate and necessary treatment as certified by an oncologist);
2. Kaposi's Sarcoma or any other AIDS related cancers and cancer in the presence of human immunodeficiency virus (HIV);
3. chronic lymphocytic leukaemia less than Rai stage 3;
4. prostate tumours with a Gleason score equal to or less than 6 or a TNM classification of T1 or equivalent staging;
5. melanoma that are less than Clark Level 3, and less than 1.5mm in thickness as measured using the Breslow method and have no evidence of ulceration as determined by histological examination;
6. all hyperkeratoses or basal cell carcinomas of the skin;
7. all squamous cell carcinomas of the skin unless they have spread to other organs;
8. all cancers which are confined to the thyroid gland and/or papillary thyroid carcinoma.

Conditions specific to Cancer benefit

This Additional Cover is subject to the age limitations contained in the General Provisions Applicable to the Policy.

Carjacking – Vehicle Excess & Hire

If the Covered Person is the victim of a Carjacking which results in theft and/or damage to their vehicle, We will reimburse up to the sum insured shown in the Placing Schedule against Carjacking – Vehicle Excess & Hire for:

1. the excess applicable on the Covered Person’s personal motor vehicle insurance policy, or if less than the excess applicable, the actual costs paid for any repairs that cannot be recovered from any other source; and
2. the reasonable cost of a of hiring a similar motor vehicle, taxi or commercial ride-sharing service, if the Covered Person is without their car due to theft or to undertake repairs; and
3. towing fees which are not covered under the Covered Person’s personal motor vehicle insurance policy, or roadside assistance agreement if their vehicle is damaged rendering it undriveable, or the Covered Person is certified by a Doctor or a Dentist as being unfit to drive as a result of the Carjacking.

Chauffeur Services

If the Covered Person suffers a Bodily Injury or Sickness for which benefits are payable under Part E - Weekly Benefits - Events 40, 41, 42 or 43 and a Doctor certifies that the Covered Person is unable to drive a vehicle or travel on public transport, We will reimburse the actual and reasonable expenses necessarily incurred during this disablement for a chauffeur, taxi or commercial ride-share service to transport the Covered Person directly to and from:

1. the Covered Person’s usual place of employment and their usual place of residence if the Covered Person recovers sufficiently to return to work; and/or
2. any medical appointment for the treatment of the Bodily Injury or Sickness.

We will reimburse up to the sum insured shown in the Placing Schedule against Chauffeur Services, but only in respect of additional costs that would not otherwise have been incurred.

Childcare Services

If the Covered Person suffers a Bodily Injury for which benefits are payable under Part A - Events 2 to 8, 10 or 19 and a Doctor certifies that the Covered Person is unable to look after their Dependent Child(ren), We will reimburse the reasonable expenses necessarily incurred during this disablement for the services of a registered childcare provider, up to the sum insured stated in the Placing Schedule against Childcare Services, but only in respect of additional costs that would not otherwise have been incurred.

Coma

If the Covered Person sustains a Bodily Injury which directly causes or results in the Covered Person being in a state of continuous unconsciousness for more than twenty-four (24) hours, We will pay the sum insured shown in the Placing Schedule against Coma for the duration of the continuous unconsciousness, provided that the Covered Person or their legal representative (or if none, their next of kin) presents Us with a written opinion of a Doctor which verifies that the direct cause of the continuous unconsciousness was the Bodily Injury.

Concussion

If the Covered Person suffers a Bodily Injury that results in a concussion that a Doctor diagnoses as:

1. a Grade 3 or higher concussion; and
2. having arisen directly from the Bodily Injury,

We will pay the sum insured amount shown in the Placing Schedule against Concussion. The maximum amount We will pay in any one Period of Insurance for any Covered Person is shown in the Placing Schedule against Concussion.

Corporate Events

If the Insured's Employee who is not a Covered Person or the Insured's invited guest who is not a Covered Person, suffers a Bodily Injury during the Period of Insurance while participating in an event hosted and/or organised by the Insured which would have resulted in a benefit being payable under any one of Part A - Events 1 to 8, 10 or 19 had that person been a Covered Person, We will pay the Insured the sum insured shown in the Placing Schedule against Corporate Events for any one person. The maximum We will pay in respect of any one event is shown in the Placing Schedule against Corporate Events.

We will not pay benefits under this section if We have also paid for benefits for the same event under the Visitors Benefit of this Policy. We will, however, pay the event with the highest benefit.

Corporate Image Protection

If the Covered Person suffers a Bodily Injury, and this is likely to result in a valid claim under Part A - Events 1 to 8, 10 or 19, We will reimburse the reasonable costs (other than the Insured's own internal costs) necessarily incurred for the engagement of image and/or public relations consultants; and/or the release of information through the media to protect and/or positively promote the Insured's business and image.

We will reimburse up to the sum insured for any one (1) Event shown in the Placing Schedule against Corporate Image Protection.

Dependent Child Benefit

If the Covered Person suffers an Accidental Death and is survived by a Dependent Child, in addition to the compensation payable for Part A - Event 1. Accidental Death, We will pay the Covered Person's estate the sum insured for each surviving Dependent Child as shown in the Placing Schedule against Dependent Child Benefit, subject to a maximum benefit with respect to any one (1) family.

Domestic Help

If the Covered Person sustains a Bodily Injury for which benefits are payable under Part E - Weekly Benefits – (Bodily Injury) Events 40 or 41, and is unable to carry out their usual and ordinary domestic duties, We will reimburse the reasonable expenses necessarily incurred for domestic help, including childcare and outdoor household activities, but only in respect of additional costs that would not otherwise have been incurred.

We will reimburse up to the sum insured shown in the Placing Schedule against Domestic Help, provided that:

1. a Doctor certifies the domestic help is necessary for the Covered Person's recuperation/rehabilitation; and
2. the domestic help is not performed by a person who is a Close Relative of the Covered Person.

Education Fund

If the Covered Person suffers an Accidental Death, in addition to the compensation payable for Part A - Event 1. Accidental Death, subject to a maximum amount per family, for each of the Covered Person's surviving Dependent Children, We will reimburse the subsequently incurred school, university or institute of higher learning fees up to the sum insured stated in the Placing Schedule against Education Fund.

Escalation of Claim

After payment of a benefit under Part E – Weekly Benefits - Events 40 to 43 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 5% per annum. Note that any continuation benefits shall still not exceed the total maximum Benefit Period as shown in the Placing Schedule.

Executor Emergency Cash Advance

If the Covered Person suffers an Accidental Death and it is likely that there will be an entitlement to payment under Part A - Event 1. Accidental Death, upon the executor of the Covered Person's estate's request, We will advance to the executor of the Covered Person's estate up to the sum insured shown in the Placing Schedule against Executor Emergency Cash Advance while the administration of the Covered Person's estate is being arranged. The advance will be deducted from any subsequent benefit paid for Event 1. Accidental Death.

Funeral Expenses

If the Covered Person suffers an Accidental Death, in addition to the compensation payable for Part A - Event 1. Accidental Death, We will reimburse:

1. the reasonable expenses necessarily incurred in transporting the Covered Person's body or ashes to a place nominated by the legal representative of the Covered Person's estate; and
2. the reasonable funeral, burial or cremation and associated expenses necessarily incurred.

We will reimburse up to the sum insured shown in the Placing Schedule against Funeral Expenses.

Home Care

If the Covered Person suffers a Bodily Injury for which benefits are payable under Part E - Weekly Benefits (Bodily Injury) Events 40 or 41 and a Doctor certifies that the Covered Person requires full-time care, We will pay a Close Relative to provide full-time care for the Covered Person provided the Close Relative ceases permanent employment and is no longer earning an income, solely because of the provision of that care.

We will pay the lesser of the sum insured stated in the Placing Schedule against Home Care or the lost income the Close Relative would have earned if the Covered Person had not required full-time care.

Identity Theft as a result of Assault

If the Covered Person becomes a victim of Identity Theft as a result of their Identity Documents being physically stolen during an Assault, in order to rectify any loss or damage caused by the Identity Theft, We will reimburse:

1. the reasonable Legal and Other Expenses necessarily incurred; and
2. the Covered Person's Lost Salary,

up to the sum insured shown in the Placing Schedule against Identity Theft Benefit as a result of Assault.

Definitions specific to Identity Theft benefit

Credit Account means any credit arrangements from a financial institution for personal use, such as a credit card account, car loan, home loan, personal loan or a bank account with an overdraft facility.

Identity Documents means any papers or other items containing references to the Covered Person's personally identifiable information identity including, but not limited to passport, drivers' licence, automatic teller machine cards, and credit or debit cards.

Identity Theft means the physical theft of the Covered Person's Identity Documents which results in the use of the Covered Person's name and personal information without their permission, in order to fraudulently create and open a Credit Account for a third party's financial gain.

Legal and Other Expenses means expenses incurred for legal services:

1. to pursue closure of any disputed arrears, bank accounts, or Credit Accounts;
2. for resubmitting applications for Credit Accounts that are rejected solely as a result of the lender receiving incorrect information as the result of Identity Theft;
3. for notarising affidavits or other similar documents, amending or rectifying records in regard to the Covered Person's true name or identity as the result of Identity Theft;
4. to defend any suit brought against the Covered Person by creditor or collection agency or any other entity acting on behalf of a creditor for non-payment of goods or services or default on a loan as the result of Identity Theft; and/or
5. to remove any civil or criminal judgment wrongfully entered against the Covered Person as a result of Identity Theft.

Lost Salary means the Covered Person's lost or forfeited Salary as a result of unpaid time off work to correct their financial records that have been altered due to the Identity Theft, including but not limited to; completing fraud affidavits, meeting with law enforcement agencies, credit agencies, merchants or legal counsel.

Conditions specific to Identity Theft benefit

1. The Insured or Covered Person must report any theft of their Identity Documents to the local police as soon as possible and where practicable obtain a written report which is to be provided at the time of making any claim.
2. The Covered Person must report any Loss or theft of their Identity Documents to the issuing authorities to effect appropriate cancellation measures as soon as possible and where practicable obtain a written confirmation from the issuing authority which is to be provided at the time of making any claim.
3. After discovering the Identity Theft, the Covered Person must file a police report as soon as possible.
4. In connection with Legal and Other Expenses, the Insured or Covered Person must first obtain Our consent to incur expenses with such consent not to be unreasonably withheld or delayed.
5. In connection with Lost Salary, this benefit will not apply where the Covered Person is off work and receiving weekly benefits under Events 40 or 41 (Weekly Benefits - Bodily Injury), for the same injury.
6. In connection with Lost Salary, the Covered Person must:
   a) submit proof that they took unpaid leave; and
   b) take the unpaid time off work within 12 months of making an Identity Theft claim.

Exclusions specific to Identity Theft benefit

We shall not be liable for any expenses in respect to Identity Theft for:

1. any expenses submitted more than 12 months from the time the Identity Theft was reported to Us;
2. theft of the Covered Person's identity by a family member who lives with the Covered Person at the Covered Person's home address;
3. an incident of Identity Theft which was not a result of a Covered Person's Identity Documents having been stolen.

Independent Financial Advice

If the Covered Person suffers a Bodily Injury for which benefits are payable under Part A - Events 1 to 9 (a), or 10, We will reimburse for the reasonable expenses necessarily incurred for professional financial advice in respect of the payment of the Bodily Injury benefit.

We will reimburse up to the sum insured shown in the Placing Schedule against Independent Financial Advice, provided that:

1. the advice is provided by an independent financial advisor who is authorised and regulated by the Australian Securities and Investments Commission to provide such financial advice or, if the financial advice is obtained in a country other than Australia, who is authorised under relevant laws of that country to provide such financial advice; and
2. the independent financial advice is not performed by a person who is a Close Relative of the Covered Person.

Modification Expenses

If the Covered Person suffers a Bodily Injury for which benefits are payable under Part A - Events 2, 3, 4, 6, 8 (a), 10 or 19, We will reimburse the reasonable expenses necessarily incurred to:

1. modify the Covered Person's motor vehicle; and
2. either:
   a) modify the Covered Person's home; or
   b) relocate the Covered Person to a more suitable residence,

We will reimburse up to the sum insured shown in the Placing Schedule against Modification Expenses provided that evidence is presented from a Doctor certifying the modifications and/or relocation is medically necessary or is at least likely to be substantially beneficial in managing the Covered Person's independence.

Orphaned Benefit

If the Covered Person and their Spouse/Partner both suffer an Accidental Death as a result of the same Accident and they are survived by a Dependent Child(ren), in addition to the compensation payable for Part A - Event 1. Accidental Death and any benefit payable under Dependent Child Supplement, subject to a maximum amount per family, We will pay the Covered Person's estate the sum insured as shown in the Placing Schedule against Orphaned Benefit for each surviving Dependent Child.

Out of Pocket Expenses

If the Covered Person suffers a Bodily Injury which directly results in additional out of pocket expenses for:

1. medical aids such as crutches, bandages, traction equipment, walker boots, heat packs etc. that are recommended in the treatment of a Bodily Injury by a Doctor;
2. other non-medical expenses such as clothing and non-medical equipment; and
3. local transportation (other than in an ambulance) for the purpose of seeking medical treatment,

We will reimburse up to the sum insured shown in the Placing Schedule against Out Of Pocket Expenses for the actual and reasonable out of pocket expenses necessarily incurred provided that those costs are not insured elsewhere under this Policy, or an expense to which General Exclusion 11 applies.

Overseas Bed Care

If the Covered Person suffers a Bodily Injury or Sickness which results in a Doctor confining them to bed outside of Australia or their usual Country of Residence for a period in excess of twenty-four (24) hours, We will pay the daily sum insured up to the maximum number of consecutive days shown in the Placing Schedule against Overseas Bed Care.

We will not pay for any claim if the Covered Person is confined to a bed in any institution primarily 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 treatment of alcohol or drug addiction.

Premature Birth/Miscarriage

If the Covered Person suffers a Bodily Injury which results in premature childbirth (prior to thirty-two (32) weeks gestation) or miscarriage, We will pay the sum insured amount shown in the Placing Schedule against Premature Birth/Miscarriage Benefit.

Psychological Trauma

If:

1. the Covered Person suffers psychological trauma as a result of a Bodily Injury caused by being a victim of an Assault, Act of Terrorism or a criminal act such as kidnap, sexual assault, rape, murder, Carjacking, violent robbery or attempted robbery; or
2. the Covered Person suffers psychological trauma as a result of being an eyewitness to an Act of Terrorism or a criminal act such as kidnap, assault, sexual assault, rape, murder, Carjacking, violent robbery or attempted robbery; or
3. a Spouse/Partner and/or Dependent Child(ren) of a Covered Person suffers psychological trauma as a result of the Accidental Death or Bodily Injury of the Covered Person in circumstances where the Covered Person was a victim of an Act of Terrorism or a criminal act such as kidnap, Assault, sexual assault, rape, murder, Carjacking, violent robbery or attempted robbery,

We will pay the sum insured shown in the Placing Schedule against Psychological Trauma for any one Covered Person or Spouse/Partner and/or Dependent Child(ren) provided the psychological trauma is verified by a Doctor, registered psychologist or psychiatrist (who is not a Covered Person or their Close Relative).

The maximum payable for any one (1) Event is the sum insured shown in the Schedule against Psychological Trauma.

Reconstructive or Cosmetic Surgery

If the Covered Person suffers a Bodily Injury which directly results in medically-necessary reconstructive or cosmetic surgery, and a benefit being paid under Part A - Events 2 to 19, We will pay an additional ten percent (10%) of the benefit amount payable under Events 2 to 19 in respect of that Bodily Injury, up to the sum insured shown in the Placing Schedule against Reconstructive or Cosmetic Surgery Benefit.

The Reconstructive or Cosmetic Surgery Benefit will be payable only once in respect of any one (1) Accident, and will be reduced by any amount payable under Part D - Events 31 to 39 (Bodily Injury or Sickness Resulting In Overseas Surgery) in respect of the same Accident.

Rehabilitation and Return to Work Assistance

If the Covered Person suffers a Bodily Injury or Sickness for which benefits are payable under Part E – Weekly Benefits Events 40 to 43, We will also pay for the reasonable costs incurred for:

1. Return to work assistance, which includes:
   a) professional assistance to improve the Covered Person's physical and/or emotional condition;
   b) pain management therapy;
   c) work task analysis to determine the need for special equipment and modifications; and
   d) provision of special equipment and/or modifications to the Covered Person's workplace.
2. Advice and assistance necessary to assist the Covered Person's gradual return to work.
3. Vocational assessment, which includes:
   a) assistance in the choice of a new job and placement in that job taking into account the interests, skills and disability of the Covered Person and the job market;
   b) simulated work environment experience; and
   c) development of further work skills through education and on the job training.

We will not pay:

1. unless the Covered Person's Doctor agrees they can participate in the return to work assistance or vocational assessment programs; and
2. expenses which have been reimbursed under any other Section of the Policy.

We will pay up to the sum insured shown in the Placing Schedule against Rehabilitation and Return to Work Assistance.

Replacement Staff Recruitment Costs

If the Covered Person suffers a Bodily Injury that results in the Covered Person permanently ceasing work with the Insured, and the Bodily Injury is likely to result in a valid claim under the Policy with respect to Part A - Events 1 to 8, 10 or 19, We will reimburse the reasonable costs necessarily incurred by the Insured for the recruitment of a replacement Employee. We will reimburse up to the sum insured shown in the Placing Schedule against Replacement Staff Recruitment Costs providing the recruitment process commences within sixty (60) days of the Event and be for recruiting a replacement for the Covered Person's role for the continuation of the Insured's business.

Spouse/Partner Retraining

If the Covered Person suffers a Bodily Injury for which a benefit is payable under Part A - Event 1. Accidental Death, Event 2. Permanent Total Disablement or Event 3. Paraplegia or Quadriplegia, We will reimburse the reasonable costs necessarily incurred for the training or retraining of the Covered Person's Spouse/Partner:

1. for the purpose of obtaining gainful employment; or
2. to improve their employment prospects; or
3. to enable them to improve the quality of care they can provide to the Covered Person.

We will reimburse up to the sum insured shown in the Placing Schedule against Spouse/Partner Retraining provided that:

1. the training is provided by a registered training organisation (or similar entity) with qualified skills to provide such training; and
2. the training is not performed by a person who is a Close Relative of the Covered Person; and
3. all expenses are incurred within twenty four (24) months from the date the Covered Person suffered the Bodily Injury.

Student Tutorial Costs

If the Covered Person (who is a student at an accredited institution of higher learning), suffers a Bodily Injury or Sickness and a Doctor certifies the Covered Person is unable to attend their registered classes, We will reimburse the reasonable and necessarily incurred tutorial costs up to the sum insured shown in the Placing Schedule against Student Tutorial Costs, provided that the tutorial services are not performed by a person who is a Close Relative of the Covered Person or persons permanently living with the Covered Person.

Terrorism Injury

If the Covered Person sustains a Bodily Injury resulting from an Act of Terrorism for which benefits are payable under Parts A - D or Part E - Weekly Benefits – Bodily Injury Events 40 or 41, We will pay the sum insured shown in the Placing Schedule against Terrorism Injury provided the Act of Terrorism has been reported to the police and a copy of the police report is provided to Us where practicable and reasonable.

The maximum We will pay for all claims arising out of any one (1) event or series of related events during any one (1) Period of Insurance shall not exceed the sum insured shown in the Placing Schedule against Terrorism Injury.

Tuition or Advice Expenses

If the Covered Person suffers a Bodily Injury for which a benefit is payable under Part A - Events 2 (Permanent Total Disablement) or 3 (Paraplegia or Quadriplegia), We will reimburse the reasonable tuition or advice expenses necessarily incurred relating to returning the Covered Person to work, up to the sum insured shown in the Placing Schedule against Tuition or Advice Expenses provided that:

1. such tuition or advice is undertaken with Our prior written agreement (not to be unreasonably withheld or delayed);
2. evidence is presented from a Doctor certifying the tuition or advice is medically necessary or at least substantially beneficial in returning the Covered Person to work; and
3. the tuition or advice is provided by a registered training organisation (or similar entity) with qualified skills to provide such services.

Unexpired Membership

If the Covered Person sustains a Bodily Injury for which benefits are payable under:

1. Part A - Events 2 to 8, 10 or 19; or
2. Part E - Weekly Benefits – Bodily Injury) Events 40 or 41 for which a Doctor certifies in writing will reasonably likely continue for a minimum period of twenty-six (26) weeks;

and it is certified by a Doctor as reasonably likely to prevent the Covered Person from continuing their participation in any sport or gym activity for the entire period that they have pre-paid a membership, association or registration fee, We will reimburse the non-refundable fees paid for the current season or membership period pro-rata from the time of the Event, up to the sum insured shown in the Placing Schedule against Unexpired Membership.

Visitors Benefit

If during the Period of Insurance a third party visits the Insured's premises in a business capacity and suffers a Bodily Injury which would have resulted in a benefit being payable under any one of Part A – Lump Sum Benefits Events 1 to 8 had the visitor been a Covered Person, We will pay the sum insured shown in the Placing Schedule against Visitors Benefit for any one visitor. The maximum We will pay in respect of any one event is shown in the Placing Schedule against Visitors Benefit.

We will not pay benefits under this section if We have also paid for benefits for the same event under the Corporate Events benefit of this Policy. We will, however, pay the event with the highest benefit.

Work Experience

If during the Period of Insurance a person is undertaking authorised Work Experience with the Insured and, while performing occupational duties on behalf of the Insured, suffers a Bodily Injury which would have resulted in a benefit being payable under any one of Part A – Lump Sum Benefits Events 1 to 9 or 19; had the person been a Covered Person, We will pay the person suffering from the Bodily Injury or in the event of Event 1 – Accidental Death their legal representative (or if none, the Covered Person's next of kin) the sum insured shown in the Placing Schedule against Work Experience.

Definitions specific to Work Experience benefit

Work Experience means work undertaken with the Insured for a defined temporary period, either voluntarily or for a stipend, by a person who is not an Employee of the Insured, provided such work is arranged in conjunction with an educational, training or similar institution for the purpose of that person gaining vocational experience or developing practical skills.

GENERAL CONDITIONS APPLICABLE TO THE POLICY

These general conditions apply to the whole Policy unless they are expressly stated not to apply in relation to a specific cover.

1. This Policy provides the Covered Person(s) with insurance cover under those sections of the Policy selected by The Insured in their application for this insurance. The selected cover is shown in the Placing Schedule.

2. **Effective Date Of Individual Insurance**
   The insurance of any Covered Person (as specified in the Placing Schedule) will become effective on the latest of the following dates:

   a) on the commencing date of the first Period of Insurance set out in the Placing Schedule;

   b) on the date such Covered Person becomes eligible for insurance hereunder;

   c) where an application for insurance is required by Us, on the date of Our acceptance of the Covered Person's written application for insurance;

   provided always that if such Covered Person is not regularly engaging in a substantial part of their usual occupation or is not fit to do so on the date his or her proposal for insurance would otherwise become effective, then this Insurance will only take effect on the date of return to the regular performance of all of his or her usual duties or when he or she is certified fit to do so.

3. All benefits paid under this Policy shall be payable to the Insured or such person or persons and in such proportions as the Insured shall nominate, unless otherwise specified in the Policy.

4. To the extent permitted by law, should a benefit be payable under this Policy that is also payable under any other insurance Policy insured with Us, only one (1) Policy can be claimed against (i.e. the Policy with the greatest benefit).

5. Where, in relation to benefits payable for Event 2 (Permanent Total Disablement), and/or Events 40 to 43 (Temporary Total Disablement or Temporary Partial Disablement Weekly Benefits - Bodily Injury and Sickness), We do not agree with the opinion given by the Covered Person's treating Doctor, We have the right (at Our own expense) to have the Covered Person examined by a Doctor appointed by Us. If the Doctor chosen by Us forms an opinion that is contrary to the opinion of the Covered Person's treating Doctor, We will, in consultation with the Covered Person, seek the opinion of a third independent Doctor at our expense. The third Doctor's opinion will be used for the purposes of the definitions of Permanent Total Disablement, Temporary Partial Disablement and Temporary Total Disablement.

6. **Individual Terminations**
   The insurance of any Covered Person will immediately terminate on the earliest of the following dates:

   a) on the date this Policy is terminated;

   b) on the date the Insured requests that such Covered Person be deleted as a Covered Person;

   c) on the date that such Covered Person leaves or is dismissed from the Insured's employment or is retired or pensioned;

   d) on the Premium due date if the Insured fails to pay the required Premium except as the result of inadvertent error; or

   e) on the date such Covered Person ceases to be eligible for insurance under this Policy.

7. **Policy Renewal**
   This Policy may be renewed with Our consent from term to term, by payment of the Premium in advance at Our Premium rate in force at the time of renewal.

CLAIMS CONDITIONS

This section describes what the Covered Person must do, as well as conditions that apply when the Covered Person makes a claim and at the time of loss occurs which is likely to give rise to a claim.

1. If anything happens that is likely to lead to a claim, the Covered Person must:
    a) follow medical advice from a Doctor as soon as reasonably practicable after sustaining a Bodily Injury or Sickness;
    b) give Us notice in writing or by telephone describing the occurrence as soon as practicable;
    c) tell Us within thirty (30) days after the occurrence of any circumstances giving rise to a claim or as soon thereafter as is reasonably practicable;
    d) fully complete Our claim form and return it to Us as soon as reasonably practicable;
    e) at Our expense, undergo any medical examination by a Doctor or Dentist appointed by Us if We require it so long as the frequency is not unreasonable in the circumstances;
    f) provide Us with any information about the claim We may reasonably ask for and which is within the Covered Person's power to provide, including:
        i. Doctor or Dentist reports;
        ii. letters and notices the Insured or the Covered Person receive from anyone else about the claim.
2. In the event of Bodily Injury or Sickness which is the subject of a claim under this Policy, it is a requirement that the Covered Person is at all times under the regular care of and acting in accordance with the instructions or advice of a Doctor or Dentist.
3. In the event of a claim, the Insured and the Covered Person must advise Us of any other insurance the Insured or the Covered Person have covering the same risk. If the Insured or the Covered Person can claim from anyone else and We have already paid for the claim, the Insured must render all reasonable assistance to Us including but not limited to the proper lodgement of a claim in order that We may obtain a rateable recovery from any other insurer.
4. We will pay benefits to the Insured unless the Insured instructs Us to do otherwise. Prior to any claim payment, We are to request written direction from the Insured on the manner in which the claim is to be paid.

GENERAL EXCLUSIONS APPLICABLE TO THE POLICY

These general exclusions apply to the whole Policy unless they are expressly stated not to apply in relation to a specific cover.

We will not pay benefits with respect to any loss, damage, liability, Event, Bodily Injury or Sickness if the claim arises directly or indirectly out of or in relation to any of the following:

1. Flying, or engaging in aerial activities other than as a passenger in an aircraft licensed to carry passengers.
2. Training for and/or participating in Professional Sport.
3. Racing and/or time trials of any form, other than on foot.
4. Intentional self-injury, suicide or any attempt at suicide.
5. Where the Covered Person commits an illegal or criminal act. This exclusion does not apply to the Insured or any Covered Person who is not the perpetrator of such act or who did not know or condone such act, however, in all cases, an Insured cannot benefit under this Policy from such act of a Covered Person.
6. War, Civil War, invasion, act of foreign enemy, rebellion, revolution, insurrection or military or usurpation of government or military power in, Australia, a Covered Person's Country of Residence or any of the following countries: Afghanistan, Belarus, Chechnya, Iraq, North Korea, Russia, Somalia or Ukraine.
7. Participation or involvement by a Covered Person in any riot or civil commotion, or War, Civil War or rebellion or revolution in any country.
8. Engaging in or taking part in naval, military or air force service or operations.
9. The use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel.
10. An event, Bodily Injury or Sickness covered by:
    a) Medicare; or
    b) any workers compensation legislation; or
    c) any transport accident legislation; or
    d) any government sponsored fund, plan or medical benefit scheme; or
    e) any other insurance policy required to be effected by or under law;

    but only to the extent to which loss, damage, liability, Event, Bodily Injury or Sickness is in fact covered by one or more of these schemes. We will cover loss, damage or expense in excess of such other scheme or policy providing that the Covered Person or Insured has pursued a claim against that scheme or policy to final resolution, subject to the terms, conditions, exclusions and limits of this Policy.
11. Expenses or costs which we are prohibited by law from paying within Australia or the country in which a claim occurs.
12. A claim under Events 42 or 43 (Part E – Weekly Benefits - Sickness) which is wholly or partly attributable to pregnancy, childbirth or miscarriage (except for unexpected medical complications or emergencies arising from pregnancy, childbirth or miscarriage).
13. results from a Pre-Existing Condition (except Sickness resulting directly from medical or surgical treatment rendered necessary by any Bodily Injury).
14. Where providing cover would constitute the carrying out of a "health insurance business" as defined under the *Private Health Insurance Act 2007 (Cth)* and its regulations, the *Health Insurance Act 1973 (Cth),* or *the National Health Act 1953* (Cth) or any amendment to, or consolidation or re-enactment of, those Acts or those Rules.

15. Except for Part A – Lump Sum Benefits, there is no cover under the Policy for any loss, damage, liability, Event, Bodily Injury or Sickness which is covered under any other insurance policy, health or medical scheme or Act of Parliament or is payable by any other source. We will however pay the difference between what is payable under the other insurance policy, health or medical scheme or Act of Parliament or such other source and what the Insured or the Covered Person would be otherwise entitled to recover under the Policy, where permissible by law.

Sanctions limitation and exclusion clause

This Policy may not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the Policy remain unchanged. Please refer to our PDS or Endorsements attached to this Policy for Our full sanctions limitation and exclusion clause.

GENERAL PROVISIONS APPLICABLE TO THE POLICY

These general provisions apply to the whole Policy unless they are expressly stated not to apply in relation to a specific cover.

Age Limitations

The following table outlines the maximum cover for each Covered Person under each age band. If the amount shown in the Placing Schedule is less than the amount in this table, the lesser Placing Schedule amount will apply. The maximum cover applicable under this Age Limitations provision/condition shall be multiplied by the percentage displayed against each Event in the Part A – Lump Sum Benefits, Table of Events 1 – 19.

	Age at the time of loss			
Cover	**75 years to 79 years**	**80 years to 84 years**	**85 years to 89 years**	**90 years or over**
Part A, Event 1 - Accidental Death	$500,000	$250,000	$100,000	$25,000
Part A, Event 2 - Permanent Total Disablement	$500,000	$250,000	Nil	Nil
Part A, Events 3 -19	$500,000	$250,000	$100,000	$25,000
Part E, Events 40 – 43 (Weekly Benefits – Bodily Injury and Weekly Benefits - Sickness)	Nil	Nil	Nil	Nil
Cancer Benefit	Nil	Nil	Nil	Nil

Aggregate Limit of Liability

1. **Aggregate Limit of Liability (A) - any one (1) occurrence**
   Except as stated below, Our total liability for all claims arising under the Policy in respect of any one (1) Accident or series of Accidents arising out of any one (1) occurrence during the Period of Insurance shall not exceed the amount shown in the Placing Schedule against Aggregate Limit of Liability (A).
2. **Aggregate Limit of Liability (B) – Non-Scheduled Flight(s) any one (1) occurrence**
   Our total liability for all claims arising under the Policy in respect of any one (1) Accident or series of Accidents arising out of any one (1) occurrence during the Period of Insurance relating directly to a Non-Scheduled Flight(s) shall not exceed the amount shown in the Placing Schedule against Aggregate Limit of Liability (B).
3. **Aggregate Limit of Liability (C) - War and/or Civil War any one (1) event**
   Our total liability for any one (1) event giving rise to a claim under the Policy with respect to War and/or Civil War shall not exceed the amount shown in the Placing Schedule against Aggregate Limit of Liability (C).
4. **Aggregate Limit of Liability (D) - War and/or Civil War any one (1) Period of Insurance**
   Our total liability for all claims arising under the Policy during any one (1) Period of Insurance relating to War and/or Civil War shall not exceed the amount shown in the Placing Schedule against Aggregate Limit of Liability (D).
5. In the event that claims are made under the Policy which exceed the above Aggregate Limits of Liability, We shall reduce each Covered Person's benefit proportionately and in a manner that is reasonable in the circumstances.

Assistance and Co-operation

The Insured and Covered Persons shall co-operate with Us and upon Our request, where possible, assist in making settlements, in the conduct of proceedings 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 and Covered Persons (where relevant and to the extent it is within the Insured and/or the Covered Person's power) shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The

Insured or Covered Persons shall not, except at the Insured's own cost, voluntarily make any payment, assume any obligation or incur any expense other than for first aid to others at the time of accident.

Automatic Additions and Deletions

Automatic additions and deletions are to apply during the Period of Insurance in respect of new interests to be insured at pricing, terms and conditions consistent with the existing program. This is provided there is no material change in the risk insured and the Insured agrees to pay any additional Premium applicable for the additions.

Breach of Conditions

If the Insured or a Covered Person is in breach of any of the conditions of the Policy (including a claims condition), We may decline to pay a claim to the Insured or Covered Person in breach if the claim is substantially affected by the breach, to the extent permitted by law.

Cancellation

The Insured may cancel the Policy at any time by notifying Us in writing. The cancellation will take effect at 4.01pm (in the state or territory where the policy was effected) on the day We receive the Insured's written notice of cancellation or such time as otherwise agreed.

We may cancel the Policy or any Section of the Policy, for any of the reasons set out in Section 60 of the Insurance Contracts Act1984 (Cth) by issuing a notice sixty (60) days in advance in writing in accordance with Section 59 of the Insurance Contracts Act1984 (Cth).

If the Policy is cancelled by Us or the Insured, and providing that no claim has been paid , We Will refund the Premium paid on a pro-rata basis taking into account the period of time in which the Policy has been in place, less any charges or taxes which We are unable to recover.

If the Policy is cancelled by Us or the Insured, and a claim has been paid, We may refund a portion of the Premium paid. In determining whether We refund any part of the Premium, We will take into account various factors including but not limited to, the value of the Premium, the period of time in which the Policy has been in place, the value of the claims that have been paid under the Policy, and any charges or taxes which We are unable to recover.

Change Of Business Activities

The Insured must inform Us as soon as is reasonably practicable of any alteration in the Insured's business activities which, to the knowledge of the Insured or of a reasonable person in the position of the Insured, would increase the risk of a claim being made under this Policy. Examples of such changes include, but are not limited to, an increase in the number of Covered Persons, a change from office based risk to field based risk or commencing the use of Non-Scheduled Flight(s). Otherwise, We may reduce or refuse the Insured's or the Covered Person's claim to the extent We are prejudiced.

Currency

All amounts shown on the Policy are in the currency stated in the Placing Schedule. If expenses are incurred in a currency different to the currency shown in the Placing Schedule, then the rate of currency exchange used to calculate the amount payable will be the rate at the time of incurring the expense or suffering a loss.

Due Diligence

The Insured and all Covered Person(s) will exercise due diligence in undertaking all reasonable steps to avoid or reduce any loss under the Policy including but not limited to complying with applicable workplace health and safety laws.

Headings

Headings have been included for ease of reference and it is understood and agreed that the terms, conditions and exclusions of the Policy are not to be construed or interpreted by reference to such headings.

Proper Law

Any dispute arising under the Policy or concerning its formation shall be governed by the laws of the appropriate state or territory of the Commonwealth of Australia in which the Policy was issued. Each party agrees to submit to the jurisdiction of any court of competent jurisdiction within the said state or territory and to comply with all requirements necessary to give such court jurisdiction. All matters arising under this Policy shall be determined in accordance with the law and the practice of such court.

Severability

This Policy, including any amendment, renewal or variation or Endorsement of it, shall be construed as if each of the parties or persons entitled to claim on it, whether party to the contract of insurance or not, had made a proposal, application or request for the Policy, amendment, renewal or variation or Endorsement in respect of their interest only.

Further, any information or knowledge possessed by a party or person entitled to claim on this Policy, whether possessed before or after the contract was entered into, shall not be imputed to any other such party or person. We will not seek any relief whatsoever (including cancellation of this Policy) for non-disclosure and/or misrepresentation against a party or person entitled to claim under this Policy unless We would have been entitled to that relief had the party or person claiming been the only party or person covered by this Policy.

Further, neither the inclusion of more than one Covered Person under this Policy, nor any act, omission, breach or default by a Covered Person shall in any way affect the rights of any other Covered Person, it being intended that this Policy should be construed as if a separate contract of insurance had been entered into by each Covered Person, but not so as to increase Our liability beyond that stated in the Placing Schedule or elsewhere in this Policy as appropriate.

Singular/Plural

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

Subrogation

In the event of any payment under the Policy, We shall be subrogated to the Claimant’s rights to recover an equivalent sum to what We have paid against any person or entity other than the Insured, a Covered Person or other persons covered by this Policy. A Claimant must execute and deliver any instruments and papers and do whatever else is reasonably necessary and within their power to enable Us to secure such rights. A Claimant must not take action after any loss which will prejudice Our rights to subrogation.

We will not be liable for a loss where the Claimant is a party to an agreement that excludes or limits Our rights to recover damages from a third party in respect of that loss if that agreement was made after the loss occurred.