



QBE Insurance (Australia) Limited

Group Personal Accident and Sickness Insurance

Product Disclosure Statement and Policy Wording

This is an important document about insurance. It explains what is and what is not covered under the insurance policy and your and our obligations. To check the policy meets your needs, you need to understand it. If you cannot read and understand English please seek assistance from someone who can help you understand it in your preferred language.

此乃關於保險的重要文件，它解釋了根據保單條款什麼是受保、什麼是不受保項目，以及你方和我方的責任條款。你必須要了解後才能決定這項保險是否能滿足你的需要。如果你不能閱讀和理解英文，請向能幫助你用你熟悉的語言理解內容的人求助。

هذه وثيقة هامة عن التأمين، تشرح ما تغطيه بوليصة التأمين وما لا تغطيه بالإضافة إلى التزاماتنا والتزاماتك. يجب عليك فهم محتوى البوليصة حتى تتأكد من أنها تفي باحتياجاتك. إذا لم تكن تجيد قراءة الإنجليزية وفهمها، أطلب المساعدة من شخص يستطيع أن يعينك على فهم هذه الوثيقة باللغة التي تفضلها.

此乃關於保險的重要文件，它解釋了根據保單條款什麼是受保、什麼是不受保項目，以及你方和我方的責任條款。你必須要了解後才能決定這項保險是否能滿足你的需要。如果你不能閱讀和理解英文，請向能幫助你用你熟悉的語言理解內容的人求助。

Đây là một tài liệu quan trọng về bảo hiểm. Nó giải thích những gì được và những gì không được bảo hiểm theo hợp đồng bảo hiểm cũng như những nghĩa vụ của quý vị và của chúng tôi. Để kiểm tra liệu hợp đồng bảo hiểm có đáp ứng được những nhu cầu của quý vị hay không, quý vị cần phải hiểu nó. Nếu quý vị không thể đọc và hiểu tiếng Anh, vui lòng nhờ ai đó có thể giúp giải thích hợp đồng cho quý vị bằng ngôn ngữ quý vị ưa dùng.

Questo è un documento importante sull'assicurazione. Spiega cosa è e cosa non è coperto in base alla polizza assicurativa ed i tuoi ed i nostri obblighi. Per verificare che la polizza soddisfi le tue esigenze, devi capirla. Se non puoi leggere e capire l'inglese, fatti assistere da qualcuno che possa aiutarti a capirla nella tua lingua preferita.

Αυτό είναι ένα σημαντικό έγγραφο σχετικά με την ασφάλιση. Εξηγεί τι είναι και τι δεν καλύπτεται από το ασφαλιστήριο συμβόλαιο και τις δικές σας και τις δικές μας υποχρεώσεις. Για να ελέγξετε αν αυτό ανταποκρίνεται στις ανάγκες σας, πρέπει να το κατανοήσετε. Εάν δεν διαβάζετε ή δεν κατανοείτε την αγγλική γλώσσα, παρακαλείστε να ζητήσετε βοήθεια από κάποιον που μπορεί να σας βοηθήσει να το κατανοήσετε στη γλώσσα που προτιμάτε.

यह बीमा के बारे में एक महत्वपूर्ण दस्तावेज़ है। इसमें यह विवरण दिया गया है कि बीमा पॉलिसी में क्या कवर्ड (बीमे द्वारा सुरक्षित) है और क्या कवर्ड (बीमे द्वारा कवर्ड) नहीं है तथा इसमें आपके और हमारे दायित्वों के बारे में भी बताया गया है। यह जांच करने के लिए कि क्या पॉलिसी आपकी आवश्यकताओं को पूरा करती है, आपको इसे समझने की आवश्यकता है। यदि आप अंग्रेज़ी पढ़ और समझ नहीं सकते/सकती हैं तो कृपया किसी ऐसे व्यक्ति से सहायता लें जो आपको इसे आपकी पसंदीदा भाषा में समझने में मदद कर सकता हो।

Este es un documento importante sobre seguros. En él se explica lo que cubre y no cubre su póliza de seguro y tanto sus obligaciones como las nuestras. Deberá entenderlo para determinar si la póliza se adapta a sus necesidades. Si no lee ni entiende inglés, solicite la ayuda de alguien que le pueda ayudar a entenderlo en su idioma.

ਇਹ ਬੀਮੇ ਬਾਰੇ ਇੱਕ ਮਹਤਵਪੂਰਨ ਦਸਤਾਵੇਜ਼ ਹੈ। ਇਸ ਵਿੱਚ ਇਹ ਵੇਰਵਾ ਦਿਤਾ ਗਿਆ ਹੈ ਕਿ ਬੀਮਾ ਪਾਲਿਸੀ ਤਹਿਤ ਕੀ ਕਵਰਡ (ਬੀਮੇ ਦੁਆਰਾ ਸੁਰਖਿਅਤ) ਹੈ ਅਤੇ ਕਿ ਕਵਰਡ (ਬੀਮੇ ਦੁਆਰਾ ਸੁਰਖਿਅਤ) ਨਹੀਂ ਹੈ ਅਤੇ ਇਸ ਵਿੱਚ ਤੁਹਾਡੀਆਂ ਅਤੇ ਸਾਡੀਆਂ ਜ਼ਿੰਮੇਵਾਰੀਆਂ ਬਾਰੇ ਵੀ ਦੱਸਿਆ ਗਿਆ ਹੈ। ਇਹ ਜਾਂਚ ਕਰਨ ਲਈ ਕਿ ਕੀ ਪਾਲਿਸੀ ਤੁਹਾਡੀਆਂ ਲੋੜਾਂ ਨੂੰ ਪੂਰਾ ਕਰਦੀ ਹੈ, ਤੁਹਾਨੂੰ ਇਸਨੂੰ ਸਮਝਣ ਦੀ ਲੋੜ ਹੈ। ਜੇ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਪੜ੍ਹ ਤੇ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਹੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੋਂ ਮਦਦ ਲਵੋ ਜੋ ਤੁਹਾਡੀ ਪਸੰਦੀਦਾ ਭਾਸ਼ਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਇਸਨੂੰ ਸਮਝਣ ਵਿੱਚ ਮਦਦ ਦੇ ਸਕੇ।

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About this booklet

There are two parts to this booklet. The first part is Important Information about this Policy including information about how we'll protect your privacy and how to make a complaint or access our dispute resolution service.

The second part is your Policy Wording which sets out the detailed terms, conditions and exclusions of the Policy.

Because we don't know your own personal circumstances, you should treat any advice in this booklet as purely general in nature. It doesn't consider your objectives, financial situation or needs. You should carefully consider the information provided with regard to your personal circumstances to decide if it's right for you.

This booklet is also a Product Disclosure Statement (PDS). Other documents you receive may comprise the PDS. You'll know when this happens because it'll say so in the document.

Information in this PDS might change. If the change is adverse then either a supplementary PDS or a new PDS will be issued at renewal. You can get an up-to-date copy of all updates (whether adverse or not adverse) at no charge by your financial services provider, simply by calling them.

For more information or to make a claim

Please take the time to read through this booklet and if you have any questions, need more information or to confirm a transaction, please contact your financial services provider. You can find the contact details for your financial services provider in the financial services guide or other documentation they give you.

Full details of what you must do for us to consider your claim are provided in the 'Claims' section at the end of this booklet. To make a claim under this Policy please contact your financial services provider.

About QBE

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239545 is a member of the QBE Insurance Group of companies. QBE Insurance Group Limited ABN 28 008 485 014 is the ultimate parent entity and is listed on the Australian Securities Exchange (ASX: QBE). We have been helping Australians protect the things that are important to them since 1886. Our purpose is to give people the confidence to achieve their ambitions.

Important Information

In this first part of the booklet we explain important information about this Policy including how we'll protect your privacy and how to make a complaint or access our dispute resolution service.

Group policies: About your right to access cover

This is a group policy which the insured has entered into with us for the period of insurance. You may be eligible to claim under it as a third party beneficiary, provided you met the eligibility criteria specified in the Policy, or under a particular cover, at the time loss or damage occurred.

You can't cancel or vary the Policy – only the contracting insured and we can do this. If the policy is cancelled or varied by us, we don't need to obtain your consent.

We also don't provide you with any notices in relation to this Policy. We only send notices to the insured as it's the only entity we have contractual obligations to.

You're not obliged to accept any of the benefits of this Policy but if you make a claim, you'll be bound by its terms, conditions, limitations and exclusions.

Neither we nor the insured hold the cover(s) or the benefits provided under the Policy on trust or for your benefit or on your behalf. The insured also doesn't:

- Act on behalf of us or you in relation to the Policy
- Provide, and is not authorised to provide, any financial product advice, recommendations or opinions about the Policy or any cover, or
- Receive any remuneration or other benefits from us.

If you're seeking to access the benefit of the Policy, you should consider obtaining advice as to whether it is appropriate for your needs from a person who is licensed to give such advice.

Nothing prevents you from entering into other arrangements regarding insurance.

To confirm if you may have access to the Policy, and its currency, please refer to the 'For more information or to make a claim' section at the front of this booklet.

General Insurance Code of Practice

QBE is a signatory to the General Insurance Code of Practice (Code) and is committed to providing high standards of service. The Code covers topics like buying insurance, how claims are handled, what happens if financial hardship occurs, and complaint handling. You can read the Code at codeofpractice.com.au

We recognise that family and domestic violence is a complex issue and we take it seriously. For more information about support, our Family and Domestic Violence Customer Support Policy is available at qbe.com/au

Privacy

We take the security of your personal information seriously.

We'll collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf. We use your personal information so we can do business with you, which includes issuing and administering our products and services and processing claims. Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the ways we could use it. To get a copy at no charge by us, please visit qbe.com.au/privacy or contact QBE Customer Care.

It's up to you to decide whether to give us your personal information, but without it we might not be able to do business with you, including not paying your claim.

Complaints

We're here to help. If you're unhappy with any of our products or services, or the service or conduct of any of our suppliers, please let us know and we'll do our best to put things right.

Step 1 – Talk to us

Your first step is to get in touch with the team looking after your Policy or claim. You'll find their contact details on your policy documents, letters or emails from us.

Please provide our team with as much information as possible so they can try to fix the problem quickly and fairly.

Step 2 – Customer Care

If your complaint isn't resolved by the team looking after your Policy or claim, you can ask them to refer your complaint on to our Customer Care team or you can contact Customer Care directly.

Step 3 – Internal Dispute Resolution

If your complaint isn't resolved by Customer Care, or indeed at any time, you can ask for your complaint to be escalated for review by our Internal Dispute Resolution (IDR) team. A Dispute Resolution Specialist will review your complaint independently and provide you with our final decision.

Step 4 – Still not resolved?

If we're unable to resolve your complaint to your satisfaction within a reasonable time, or you're not happy with our final IDR decision, you can refer your complaint for external dispute resolution by contacting the Australian Financial Complaints Authority (AFCA). We are a member of AFCA and their decisions are binding on us.

AFCA will inform you if your complaint falls within its jurisdiction. Time limits apply to most complaints to AFCA.

Disputes not covered by the AFCA Rules

If your dispute doesn't fall within the AFCA Rules, and you're not satisfied with our decision then you may wish to seek independent legal advice.

Privacy complaints

If you're not happy with how we've handled your personal information, call or email Customer Care.

If you're not satisfied with our response, you can contact the Office of the Australian Information Commissioner (OAIC).

Contacting QBE's Customer Care Unit, AFCA or the OAIC

How to contact QBE Customer Care

Phone	1300 650 503 (Monday to Friday from 9am to 5pm, Sydney time, except on public holidays). Calls from mobiles, public telephones or hotel rooms may attract additional charges.
Email	<ul style="list-style-type: none"> complaints@qbe.com, to make a complaint. privacy@qbe.com, to contact us about privacy or your personal information. customer care@qbe.com, to give feedback or pay a compliment.
Post	Customer Care, GPO Box 219, Parramatta NSW 2124

How to contact AFCA

Phone	1800 931 678 (free call)
Email	info@afca.org.au
Online	www.afca.org.au
Post	Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001

How to contact the OAIC

Phone	1300 363 992 Calls from mobiles, public telephones or hotel rooms may attract additional charges.
Email	enquiries@oaic.gov.au
Online	www.oaic.gov.au

Financial Claims Scheme

This policy is protected under the Financial Claims Scheme (FCS), which protects certain insureds and claimants in the unlikely event QBE becomes insolvent. You may be entitled to access the FCS if you meet the eligibility criteria. For more information, contact the Australian Prudential Regulation Authority (APRA).

How to contact APRA

Phone	1300 558 849. Calls from mobiles, public telephones or hotel rooms may attract additional charges.
Online	www.apra.gov.au/financial-claims-scheme-general-insurers

Policy Wording

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239545.

Our agreement

This Policy is a legal contract between the insured and us and it's made up of the Policy Wording and, if one applies, the Policy Schedule. The insured pays us premium and you may be able to claim under the Policy, provided you met the eligibility criteria at the time loss or damage occurred. There are also:

- Conditions and exclusions which apply to specific covers or sections
- General exclusions, which apply to any claim you make
- General conditions, which set out your responsibilities under this Policy
- Claims conditions, which set out your responsibilities when you make a claim, and
- Other terms, which apply to how this Policy operates.

How much we'll pay

The most we'll pay for a claim is the sum insured set out in the Policy Schedule for the cover or section you're claiming under.

Words with special meanings

The words and terms used throughout this Policy have special meanings set out below.

Where other words and terms are only used in one section of the Policy, we'll describe their special meaning in that section.

When we say	We mean
Accident	a single, physical and external event which occurs unexpectedly at a specific and identifiable time and place.
Aggregate limit of liability	the maximum amount we will pay for any one event involving you and any other person insured under this Policy. The aggregate limit of liability is shown in the Policy Schedule. If this amount is not enough to pay all claims in full, then we will reduce yours and each other insured person's benefit proportionately.
Close relative	a spouse/partner, parent, parent-in-law, step-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, step-child, grandparent or grandchild.
Commencement date of cover	the date from which you have continuously been an insured person under this Policy, or another policy held by the insured with us which provided equivalent cover.
Compensation	the amount of benefit shown in the compensation tables of this Policy.

When we say	We mean
Dependent child	your or your spouse/partner's unmarried child(ren) (including step and legally adopted children) who normally reside with you, and: <ul style="list-style-type: none"> • are under nineteen (19) years of age, or • are under twenty-five (25) years of age and a full time student, or • are primarily dependent upon you or your spouse/partner for maintenance or support due to reason of diagnosed permanent mental or physical disability.
Excluded period of claim	the number of days after medical treatment by a registered medical practitioner, for which you do not receive a weekly benefit.
Illness	any sickness or disease or degenerative condition which first occurs during the period of insurance.
Injury	bodily injury resulting from accident and which is not an illness and which <ul style="list-style-type: none"> • occurs during the period of insurance and • within twelve (12) months of the injury, results solely and independently of any other cause in the events covered under this Policy and • includes any condition resulting from exposure to the elements as a result of injury.
Insured	the insured shown in the Policy Schedule.
Loss of use	in connection with a limb or part of a limb means: <ul style="list-style-type: none"> • permanent physical severance, or • permanent and total loss of use, including the loss of ability to perform all domestic and other non-occupational functions.
Paraplegia	the permanent and total paralysis of both legs.
Period of insurance	the period shown in the Policy Schedule.
Permanent	continuing for at least twelve consecutive months and which thereafter will, in the opinion of a registered medical practitioner, be unlikely to materially improve.

When we say	We mean
Permanent total disablement	<p>subject to restriction 5 under Section A - 'Capital benefit restrictions':</p> <p>In the opinion of a registered medical practitioner:</p> <ul style="list-style-type: none"> the insured person's disability is permanent; and the insured person is entirely and continuously unable to engage in, perform or attend to any occupation(s), business(es) and profession(s) for which they are reasonably qualified by training, education or experience.
Policy Schedule	the latest policy schedule to this Policy, including any endorsement schedule or any renewal schedule.
Pre disability earnings	<p>if you are self employed, your gross weekly income from personal exertion after allowing for costs and expenses incurred in deriving that income averaged over the twelve (12) months prior to injury or illness or any shorter period that they have been engaged in their occupation; or</p> <p>if you are an employee, your basic weekly base rate of pay exclusive of overtime payments, bonuses, commission or allowances at the time of injury or sickness disablement.</p>
Pre-existing condition	any medical condition for which you have required treatment, medication or advice from a registered medical practitioner, chiropractor, physiotherapist, naturopath, psychologist or psychiatrist in the six (6) months before your commencement date of cover.
Quadriplegia	total paralysis of both legs and arms.
Registered medical practitioner	<p>a medical practitioner or specialist who holds a current registration or licence to practice medicine with the respective Medical Practitioners Board / Medical Board in Australia, other than:</p> <ul style="list-style-type: none"> an insured person; a close relative of the insured person; or an employee of the insured or an insured person.
Spouse/partner	your husband or wife, de-facto or life partner, with whom you have continuously cohabited for a period of six (6) months or more at the time of a covered event.
Temporary partial disablement	you're prevented from carrying out a substantial part of all of the normal duties of your usual occupations, businesses and professions.
Temporary total disablement	you're prevented from carrying out all the normal duties of all your usual occupations, businesses and professions.

When we say	We mean
We, our or us	QBE Insurance (Australia) Limited, ABN 78 003 191 035 AFSL 239545.
You or your	any person described in the Policy Schedule as an insured person.

Section A – Capital Benefits

If the insured has chosen this cover it will be shown on the Policy Schedule.

What we will pay

We will pay you the amounts set out in the compensation tables in this section of the Policy if the payable conditions shown:

- occur during the period of insurance; and
- are a result of injury.

What we will not pay

We will not pay for any claim under this section of the Policy if your claim arises directly out of any illness.

Capital benefit restrictions

1. Any payable condition claimed under capital benefits must occur within twelve (12) months of the date of injury.
2. Any capital benefit payable will be reduced by any amount of any other capital benefit we have paid or are liable to pay in connection with the same injury.
3. Any capital benefit payable under this section will be reduced by any amounts paid under the Disappearance capital benefit.
4. The maximum amount we will pay for any one event involving more than one insured person is the aggregate limit of liability shown in the Policy Schedule. If this amount is not enough to pay all claims in full, then we will reduce each insured person's benefit proportionately.
5. If we do not agree with the opinion provided by a registered medical practitioner in relation to Payable conditions 2 or 3, we will at our expense appoint another registered medical practitioner to examine you. If the registered medical practitioner appointed by us disagrees with the opinion of the first registered medical practitioner with respect to Payable conditions 2 or 3, we will at our expense arrange for you to be examined by an independent registered medical practitioner, who will be appointed by mutual agreement between you and us. In that case, the compensation amount we pay (if any) for either Payable condition 2 or 3 will be based solely on the opinion of the independent registered medical practitioner.

Compensation table – Capital benefits

Injury resulting in: Payable condition	Compensation as a percentage of the capital sum insured shown in the Policy Schedule
1. Death	100%
2. Permanent total disablement	100%
3. Permanent disability not otherwise provided	Subject to restriction 5 under 'Capital benefit restrictions', the lesser of: <ul style="list-style-type: none"> • the percentage as determined by a registered medical practitioner consistent with the compensation provided in this table, or • 75%.
4. Permanent paraplegia	100%

Injury resulting in: Payable condition	Compensation as a percentage of the capital sum insured shown in the Policy Schedule
5. Permanent quadriplegia	100%
6. Permanent unsound mind to the extent of legal incapacity	100%
7. Permanent and incurable paralysis of all limbs	100%
8. Permanent total loss of the entire sight of one or both eyes	100%
9. Permanent total loss of hearing in both ears	100%
10. Permanent total loss of use of both hands	100%
11. Permanent total loss of use of both arms	100%
12. Permanent total loss of use of both feet	100%
13. Permanent total loss of use of both legs	100%
14. Permanent total loss of use of one hand and one foot	100%
15. Permanent total loss of use of one hand and one arm	100%
16. Permanent total loss of hearing in one ear	50%
17. Permanent total loss of the lens of one eye	50%
18. Permanent total loss of use of one foot or one leg	50%
19. Permanent total loss of use of four fingers and thumb of either hand	75%
20. Permanent total loss of use of four fingers of either hand	40%
21. Permanent total loss of use of one thumb, both joint	30%
22. Permanent total loss of use of one thumb, one joint	15%
23. Permanent total loss of use of a finger, three joints	10%

Injury resulting in: Payable condition	Compensation as a percentage of the capital sum insured shown in the Policy Schedule
24. Permanent total loss of use of a finger, two joints	8%
25. Permanent total loss of use of a finger, one joint	5%
26. Permanent total loss of use of all the toes of one foot	15%
27. Permanent total loss of use of great toe, both joints	5%
28. Permanent total loss of use of great toe, one joint	3%
29. Permanent total loss of use of other toe, (each toe)	1%
30. Third degree burns and/or resultant disfigurement which covers more than 40% of the entire body	50%

Additional capital benefits

Any payable condition claimed under additional capital benefits must occur within twelve (12) months of the date of injury.

'Broken' means a complete break of a bone and does not include a fracture.

Compensation table – Broken bones

Injury resulting in the following broken bone(s): Payable condition	Compensation as a percentage of the broken bones sum insured shown in the Policy Schedule
1. Neck, skull or spine	100%
2. Hip	75%
3. Jaw, pelvis, leg, ankle or knee	50%
4. Cheekbone or shoulder	30%
5. Arm, elbow or wrist	10%
6. Nose or collarbone	20%
7. Foot or hand	5%
8. In the case of established non union of any of the above breaks, an additional	5%

Disappearance benefit

If you are travelling on a conveyance and:

- your means of transportation disappears, sinks or is wrecked, and
- your body has not been found within one (1) year or a coroner's report or police report has been issued confirming the presumption that you have died as a result of injury,

we will pay the death benefit accordingly. If we have paid the disappearance benefit we will not pay for any other capital benefits as well.

If you are later found to be alive then you must refund the amount we have paid.

Section B – Weekly benefits – Injury

If the insured has chosen this cover it will be shown on the Policy Schedule.

What we will pay

We will pay you up to the weekly benefit of the amounts as set out in the compensation table in this section of the Policy if the payable conditions shown:

- occur during the period of insurance; and
- are a result of injury.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises:

- directly or indirectly out of any pre-existing condition; or
- directly out of any illness which is not a pre-existing condition.

Weekly benefits - Injury restrictions

1. Any payable condition claimed must occur within twelve (12) months of the injury.
2. Successive periods of disablement:
 - resulting from the same injury, and
 - which are not separated by a return to active full time employment for six (6) months or more,
 will be considered as one period of disablement.
3. Weekly benefits will be paid after the excluded period of claim has elapsed.
4. We will continue to pay weekly benefits while you suffer disablement up to a maximum of 156 weeks or any shorter period shown in the Policy Schedule.
5. If you are certified fit to return to work in a reduced capacity, but don't return to work, we will pay compensation for temporary partial disablement only.
6. The weekly benefit we pay will be:
 - the earnings you actually lose; or
 - the amount shown in the compensation table in this section of the Policy; or
 - a fixed percentage of your earnings shown in the Policy Schedule;
 whichever is less, and will be reduced by:
 - any amounts you're entitled to receive from:
 - > sick leave,
 - > any statutory workers compensation or transport accident scheme, and
 - earnings you derive, or are able to derive, from any gainful occupation.

Compensation table – Weekly benefits – Injury

Injury resulting in: Payable condition	Compensation
Temporary total disablement (weekly benefit)	As per Policy Schedule.
Temporary partial disablement (weekly benefit)	30% of temporary total disablement

Section C – Weekly benefits – Illness

If the insured has chosen this cover it will be shown on the Policy Schedule.

What we will pay

We will pay you a weekly benefit of the amounts as set out in the compensation table in this section of the Policy if the payable conditions shown:

- occur during the period of insurance; and
- are a result of illness.

What we will not pay

We will not pay for any claim under this section of the Policy if the claim arises:

- directly or indirectly out of any pre-existing condition; or
- directly out of any injury which is not a pre-existing condition.

Weekly benefits – Illness restrictions

1. Any payable condition claimed must occur within twelve (12) months of the date of illness.
2. Successive periods of disablement resulting from the same illness, and which are not separated by a return to active full time employment for six (6) months or more, will be considered as one period of total disablement.
3. Weekly benefits will be paid after the excluded period of claim has elapsed.
4. We will continue to pay weekly benefits while you suffer total disablement up to a maximum of 156 weeks or any shorter period shown in the Policy Schedule.
5. If you are certified fit to return to work in a reduced capacity, but elect not to, we will pay compensation for temporary partial disablement only
6. The weekly benefit we pay will be:
 - the earnings you actually lose; or
 - the amount shown in the compensation table in this section of the Policy; or
 - a fixed percentage of your earnings shown in the Policy Schedule;
 whichever is less, and will be reduced by:
 - any amounts you're entitled to receive from:
 - > sick leave,
 - > any statutory workers compensation or transport accident scheme, and
 - earnings you derive, or are able to derive, from any gainful occupation.

Compensation table – Weekly benefits – Illness

Illness resulting in: Payable condition	Compensation
Temporary total disablement (weekly benefit)	As per Policy Schedule.
Temporary partial disablement (weekly benefit)	30% of temporary total disablement

Benefit extensions

The following benefit extensions are covered by this Policy up to the amounts shown in the Policy Schedule. If a sum insured is not shown in the Policy Schedule then no cover applies for that benefit.

Bed care benefit

If we pay you a claim for temporary total disablement under Section B of this Policy, and within three months of the date of your injury, you are confined to bed outside Australia for a period in excess of forty-eight (48) hours as a result of the same injury, we will pay you a weekly benefit amount for each complete week you remain confined to bed on the advice of a registered medical practitioner.

The weekly amount we will pay, and the maximum number of weeks we will pay for while you remain confined to bed, are shown on the Policy Schedule. If you are confined to bed for only part of any week, we will pay at a rate of one seventh (1/7th) of the weekly amount for each day of that week.

Chauffeur benefit

If we pay you a claim for temporary partial disablement or temporary total disablement under either Section B or Section C of this Policy, we will also pay for expenses incurred for a chauffeur or taxi service to transport you between your usual place of residence and:

- the location of medical consultations you are required to attend, and
- your usual place of work, if you are fit to return to work but your registered medical practitioner certifies that you are unable to drive a vehicle or travel on public transport.

The maximum amount we will pay for all chauffeur or taxi services in relation to any one injury or illness is shown in the Policy Schedule.

Childcare benefit

If you suffer an injury which results in a valid claim under Section A - Capital benefits, payable conditions 2 to 8, we will reimburse you for expenses you incur for registered childcare services, but only in respect of costs that would not have otherwise been incurred if not for the injury resulting in your entitlement to claim under Section A.

The maximum amount we will pay for all childcare expenses you incur is shown in the Policy Schedule.

Coma benefit

If you suffer an injury during the operative time of the Policy which results in you being in a state of continuous unconsciousness, and a registered medical practitioner confirms in writing that the injury was the direct cause of your continuous unconsciousness, we will pay you or your legal representative a weekly benefit amount for each complete week that you remain unconscious.

The weekly amount we will pay, and the maximum number of weeks we will pay for while you remain unconscious, are shown on the Policy Schedule. Your entitlement to claim for the coma benefit will cease when your first regain consciousness or after you have remained continuously unconscious for the maximum number of weeks shown in the Policy schedule, whichever occurs first.

Corporate image protection

If you suffer an injury which results in a valid claim under Section A - Capital benefits, payable condition 1 (death) or 2 (permanent total disablement), we will pay expenses incurred by the insured for engaging public relations consultants and/or the release of information through the media to protect and/or positively promote the insured's business and image as a result of this event.

Expenses must be incurred within 60 days of your injury. The maximum amount that we will pay for any one event or series of related events involving one or more insured persons is shown in the Policy Schedule.

Dependent child supplement

If you suffer an injury which results in a valid claim under Section A - Capital benefits, payable condition 1 (death), we will also pay to your estate or legal representative an amount for each of your surviving dependent child, subject to a maximum benefit amount for any family.

The maximum amount we will pay for each dependent child, and in total for a family, are shown in the Policy Schedule.

Executor emergency cash advance

If you suffer an injury which results in your death, and it is likely that there will be an entitlement to payment under Section A - Capital benefits, payable condition 1 (death), we will provide the executor of your estate with a payment for expenses incurred in administration of your estate.

The amount we will provide is shown in the Policy Schedule. This amount will be deducted from any benefit amount we ultimately pay under Section A - Capital benefits, payable condition 1 (death).

Funeral benefit

If you suffer an injury which results in a valid claim under Section A - Capital benefits, payable condition 1 (death), we will also reimburse expenses incurred by your estate for your funeral and burial or cremation, up to the maximum amount shown in the Policy Schedule.

Home assistance benefit

If you have no pre disability earnings, and:

- you suffer an injury during the operative time of the Policy, and
- during the period of insurance, and within 12 months of the date of your injury, a registered medical practitioner certifies that you are unable to attend to your usual household duties and functions,

we will pay the costs you incur for:

- assistance with household duties performed by an agency accredited to provide home help, and
- child minding provided by an accredited agency or service.

The maximum amount we will pay in total for home assistance each week, and the maximum number of weeks we will pay for, are shown in the Policy Schedule.

Independent financial advice

If you suffer an injury which results in a valid claim under Section A - Capital benefits, payable conditions 1 to 15, we will, at the request of either you or your estate, pay an additional amount for costs incurred for independent financial advice, up to the maximum amount shown in the Policy Schedule.

Such advice must be provided by a qualified financial advisor who is not you or your close relative, and who is authorised to provide such advice by the Australian Securities and Investments Commission or the Financial Markets Authority.

Lifestyle modification benefit

If you suffer an injury which results in a valid claim under Section A - Capital benefits, payable conditions 2, 4, 5 or 7, we will also pay for the costs necessarily incurred by you:

- in modifying your motor vehicle, or
- in modifying your home, or
- in relocating to a suitable home.

The maximum amount we will pay in total for all costs incurred for lifestyle modification is shown in the Policy Schedule.

Orphan benefit

If you suffer an injury which results in a valid claim under Section A - Capital benefits, payable condition 1 (death), and your spouse/partner also dies as a result of injury caused by the same accident, we will also pay to your estate or legal representative an amount for each of your surviving dependent child, subject to a maximum benefit amount for any family.

The maximum amount we will pay for each dependent child, and in total for a family, are shown in the Policy Schedule.

Partner retraining benefit

If you suffer an injury which results in a valid claim under Section A - Capital benefits, payable condition 1 (death) or 2 (permanent total disablement), we will pay for expenses incurred in the training or retraining of your spouse/partner:

- for the purpose of obtaining gainful employment; or
- to improve their employment prospects; or
- to become your full-time carer.

Training must be provided by an institution recognised to provide such training and the cost incurred within twenty-four (24) months from the date of your injury.

The maximum amount we will pay in total for all expenses incurred for partner retraining is shown in the Policy Schedule.

Pre-term labour and miscarriage benefit

If, while you are pregnant, you suffer an injury during the operative time of the Policy which directly results in premature childbirth (prior to 26 weeks gestation) or miscarriage, we will pay you a lump sum benefit amount as shown in the Policy Schedule.

Rehabilitation benefit

If we pay you a claim for temporary partial disablement or temporary total disablement under either Section B or Section C of this Policy, we will also pay for costs incurred for your participation in a return to work program if your registered medical practitioner agrees that the program is likely to be beneficial in aiding your return to work.

The maximum amount we will pay is shown in the Policy Schedule.

Replacement staff/recruitment costs benefit

If, as a result of your injury, a benefit has been or will be paid under Section A, capital benefits payable conditions 1 (death) or 2 (permanent total disablement), we will also reimburse the reasonable costs incurred by the insured for recruitment of a replacement employee, up to the amount shown in the Policy Schedule.

Costs must be incurred within sixty (60) days from the date of the accident which resulted in your injury. The most we will pay for the recruitment of replacement employees for all insured persons injured in relation to any one event is the event limit shown in the Policy Schedule.

Student tutorial benefit

If you are a full-time student with no pre disability earnings, and:

- you suffer an injury during the operative time of the Policy, and
- during the period of insurance, and within 12 months of the date of your injury, a registered medical practitioner certifies that you are unable to attend your registered classes due to that injury,

we will pay the costs you incur for home tutorial services each week, up to the maximum weekly amount and maximum number of weeks shown in the Policy Schedule.

However tutorial services will not be covered if they are provided to you by your close relative or any person who normally resides with you.

Terrorism injury benefit

If we pay you a benefit under Section A or Section B of this Policy as a result injury caused by an act of terrorism, we will also pay you an additional 'per person' lump sum amount as shown in the Policy Schedule.

The maximum amount that we will pay in total under the terrorism injury benefit for all insured persons injured as a result of any one event or series of related events occurring during the same period of insurance shall not exceed the event limit shown in the Policy Schedule.

Unexpired membership benefit

If you suffer an injury which results in a valid claim for:

- payable conditions 2 to 15 under Section A of this Policy, or
- for temporary partial disablement or temporary total disablement under Section B of this Policy,

and a registered medical practitioner certifies you are unable to participate for a minimum period of 26 weeks in any sport or gym activity for which you have pre-paid a membership, association or registration fee, we will pay you a pro-rata refund of such fees paid for the current season or membership period.

The maximum amount we will pay in total for all such membership, association and registration fees is shown in the Policy Schedule.

General exclusions

These general exclusions apply to all sections of this Policy.

This Policy excludes loss, death, injury, illness, liability, cost or expense of any nature directly or indirectly caused by, contributed to by, resulting from, arising out of or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:

1. War, invasion, acts of foreign enemies, hostilities or war-like operations (whether war be declared or not), civil war, rebellion, revolution or insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
2. any act(s) of terrorism that is directly or indirectly caused by, contributed to by, or in any way involves or is connected with biological, chemical, radioactive, or nuclear pollution or contamination or explosion. For the purpose of this exclusion, an act of terrorism includes any act, or preparation in respect of action, or threat of action designed to influence the Government of the day or de facto of any nation or any political division thereof, or in pursuit of political, religious, ideological or similar purposes to intimidate the public or a section of the public of any nation by any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or Government(s) of the day or de facto, and which:
 - involves violence against one or more persons, or
 - involves damage to property, or
 - endangers life other than that of the person committing the action, or
 - creates a risk to health or safety of the public or a section of the public, or
 - is designed to interfere with or to disrupt an electronic system.
3. Radioactivity or the use, existence or escape of any nuclear fuel, nuclear material, or nuclear waste or action of nuclear fission or fusion.

This Policy also excludes any loss, destruction, damage, death, injury, illness, liability, cost or expense of any nature directly or indirectly caused by, contributed to by, resulting from or arising out of or in connection with any action taken in controlling, preventing, suppressing, retaliating against, or responding to or in any way relating to 1, 2 or 3 above.

Health insurance exclusion

We won't pay any benefits under any section of this Policy which:

- are considered to be 'health insurance business' as defined in the Private Health Insurance Act 2007 (Cth) and its regulations, or
- we're prevented from paying under any law in any jurisdiction, including under the National Health Act 1953 (Cth) or the Health Insurance Act 1973 (Cth).

Infectious or Contagious Disease Exclusion during a Public Health Emergency of International Concern

This Policy does not cover claims in any way caused by or resulting from an 'infectious or contagious disease', an outbreak of which has been declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO).

This exclusion shall apply to claims made after the date of any such declaration(s), other than where a relevant diagnosis has been made by a registered medical practitioner before the date of any such declaration(s).

This exclusion will continue to apply until the WHO cancels or withdraws any relevant PHEIC.

'Infectious or contagious disease' means any disease capable of being transmitted from an infected person, animal or species to another person, animal or species by any means.

Sanctions limitation and exclusion clause

We will not be liable to provide any cover, pay any claim or provide any benefit under this Policy, to the extent that to do so may expose us to any sanction, prohibition, or restriction under United Nations resolutions or any applicable trade or economic sanctions, laws or regulations of any country.

Additional exclusions applying to this Policy

We will not pay for any claim under any section of the Policy if the claim arises directly or indirectly out of any of the following:

1. intentional self injury or suicide or any attempt at suicide
2. flying or other aerial activity unless as a passenger in a properly licensed aircraft
3. your criminal or illegal act
4. alcoholism, drug addiction
5. psychotic or psychoneurotic disorders
6. participating in or training for any professional sport
7. being under the influence of intoxicating liquor, or drugs which are not prescribed by a registered medical practitioner. We will regard having a blood alcohol reading in excess of the area's legal driving limit as being under the influence of intoxicating liquor

Age limit applying to this Policy

We will not pay for any claim under any section of the Policy if you are over sixty five (65) years of age.

Laws impacting cover

We will not be liable to provide any cover, pay any claim or provide any benefit under this Policy, to the extent that it is illegal for us to do so.

General conditions

There are conditions set out in this General conditions section, in the Claims section and under each particular cover and section. If any of these conditions aren't met, we may refuse a claim, reduce the amount we pay or in some circumstances we may cancel your Policy. When making a claim, you must have met and then continue to comply with the conditions of your Policy. Any person covered by your Policy, or claiming under it, must also comply with these conditions.

If you, or someone covered under your Policy, don't meet these conditions or make a fraudulent claim we may:

- Refuse to pay your claim or reduce what we pay for your claim
- Cancel your Policy.

Assistance and co-operation

You must provide reasonable assistance to us, including:

- being truthful and frank at all times
- telling us as soon as possible if you've been contacted by someone about an incident, such as another insurer or a third party's lawyer
- attending one or more interviews about the claim if we ask you to
- appearing in court and giving evidence if needed
- responding to our requests in a timely manner

At all times you must refrain from behaving in a way that's improper, hostile or threatening towards us, our representatives or third parties involved in an incident.

If you don't cooperate in any of these ways, it may delay your claim, or we may reduce or refuse to pay your claim.

Reasonable actions and precautions

There is no cover under any section of your Policy for any claim, loss, cost, damage, injury, death or legal liability, to the extent that it is caused by or arises from you not complying with all laws relating to the safety of a person or damage to property.

Preventing our right of recovery

If you've agreed with or told someone who caused you loss, damage or liability covered by your Policy that you won't hold them responsible then, to the extent we've been prejudiced by this act, we won't cover you for that loss, damage or liability.

Claims

This section describes what you must do, as well as conditions that apply when you make a claim and at the time loss or damage occurs which is likely to give rise to a claim.

1. If anything happens that is likely to lead to a claim you or the insured person must:
 - follow medical advice from a qualified medical practitioner as soon as possible after sustaining injury or sickness,
 - give us notice in writing, by telephone or in person describing the occurrence
 - tell us as soon as possible
 - fully complete our claim form and return it to us within thirty (30) days, or as soon as possible after a payable condition occurs
 - at our expense, undergo any medical examination by a registered medical practitioner appointed by us if we reasonably require it,
 - provide us with any relevant information about the claim we ask for including:
 - > reports or certificates from a registered medical practitioner
 - > letters and notices you receive from anyone else about your claim.
2. You must give us written notice as soon as possible of every claim, writ, summons or proceedings, including any prosecution or inquest, and all relevant information in regard to matters which may lead to cover under this Policy.
3. As soon as an event that can justify a claim occurs, you must make reasonable endeavours to minimise the loss or damage.
4. We have the sole right to make admissions. We may refuse to protect you if you admit fault, make any offer of payment or defend a claim in court without our consent.
5. We will pay benefits to you unless you instruct us to do otherwise.

We pay only once for loss or damage from the same event covered by this Policy even if it is covered under more than one section of the Policy.

Aggregate limit

This Policy is subject to an aggregate limit. The aggregate limit is the maximum amount we will pay for all claims arising out of any one event or occurrence. The aggregate limit for this Policy is set out in the Policy Schedule.

If the aggregate limit is not enough to pay all claims in full, then we'll reduce the amount we pay for each claim proportionately.

How claims administration and legal proceedings are undertaken

When we pay a claim under your Policy, we have the right to exercise your legal rights in your name against the person responsible for the loss or damage.

We'll take full control of the administration, conduct or settlement of the recovery, including any legal defence. When we do any of these things in your name, it will be at our expense, however you'll need to give us reasonable assistance which may include giving us statements, documents or evidence in any legal proceedings. This may also include following our directions in relation to the conduct of any legal proceedings even after a claim has been paid. During the administration, conduct or settlement of the recovery, you can seek an update on the status of proceedings and we will consult you where appropriate.

When we pay a claim and some of the loss isn't covered by your Policy, we may offer to try to recover that loss for you when we take any steps to recover the covered loss. We can only do so if you agree to give us documents that support your loss and agree with us on how we'll handle that recovery.

You may also need to contribute to the associated costs if, to recover the loss for you, we need to take additional steps that we wouldn't otherwise need to take. We will talk to you about these steps before we take them.

If you've received a benefit under your Policy that you were not entitled to, we reserve the right to recover from you the amount we have paid. If we decline a claim for fraud, we reserve the right to recover our reasonable administration, investigation and legal costs.

Contribution and other insurance

When making a claim, you must notify us of any other insurance that you're aware will or may, whether in whole or in part, cover any loss insured under this Policy.

If at the time of any loss, damage or liability there's any other insurance (whether issued to you or any other person) which covers the same loss, damage or liability you must provide us with any reasonable assistance we require to make a claim for contribution from any other insurer(s).

Excluded period of claim

This Policy is subject to an excluded period of claim. The excluded period of claim set out in the Policy Schedule is the number of days of your disablement for which we won't pay any benefits under this Policy, after you first receive medical treatment by a registered medical practitioner for the injury or illness which resulted in your disablement.

Providing proof or evidence

You must be able to demonstrate that you've suffered a loss covered by your Policy for your claim to be accepted. We may ask you for this evidence if you make a claim under your Policy. So your claim can be assessed quickly, make sure you keep the following:

- documents which substantiate your earnings;
- any medical certificates that relate to your claim;
- receipts or invoices for items you seek to be reimbursed for.

Subrogation, recovery action and uninsured loss

We may at any time, at our expense and in your name, use all legal means available to you of securing reimbursement for loss or damage arising under your Policy. In the event we do so, you agree to give all reasonable assistance for that purpose.

If you've suffered loss that wasn't covered by your Policy as a result of the incident, we may offer to attempt to recover this. You may also specifically ask us to recover this for you. You'll need to give us documents supporting your loss. Before we include any uninsured loss in the recovery action we'll also ask you to agree to the basis on which we'll handle your recovery action. You may need to contribute to legal costs in some circumstances.

Taxation implications

If you're a business you must tell us if you're registered, or are required to be registered, for GST. When you do this, we need you to give us:

- Your ABN
- The percentage of any input tax credit you will claim, or will be entitled to claim, on your premium.

When we pay a claim, your GST status will determine the amount we pay you. Your claim settlement amount will be adjusted to allow for any ITC entitlement.

Unless we say otherwise, all amounts in your Policy are inclusive of GST. There may be other taxation implications affecting you, depending upon your own circumstances. We recommend you seek professional advice.

Other terms

These other terms apply to how your Policy operates.

Jurisdiction

This Policy will be governed and construed in accordance with the laws of Australia. You conditionally agree to submit to the exclusive jurisdiction of the courts of Australia.

Sending you documents

We may send letters, policy and other related documents to you. If we email them to you, we'll consider the email to be received by you 24 hours after we send it.

Please make sure your current email and mailing address is on record and let your financial services provider know as soon as these change.

