

Combined Product Disclosure Statement and Policy Wording



Universities Group Injury & Sickness Insurance Policy



Bring on tomorrow



How this Group Insurance is Arranged

This group insurance policy is issued/ insured by:

AIG Australia Limited (AIG)

ABN 93 004 727 753

AFSL 381686

Level 12

717 Bourke Street

Docklands Vic 3008

AIG issues / insures this product pursuant to an Australian Financial Services Licence ('AFSL') granted to Us by the Australian Securities and Investments Commission.

AIG prepares this **Product Disclosure Statement**.

Retail Clients

Under Our AFSL We are required to provide 'Retail Clients' with a Product Disclosure Statement.

A Retail Client means an individual or small business.

'Small business' means a business employing less than:

- (a) if the business is or includes the manufacture of goods-100 people; or
- (b) otherwise 20 people.

Code of Practice, Dispute Resolution and Cooling Off provisions under this insurance will generally apply only to Retail Clients.

Date Prepared: 1 November 2015

S/O PDS JM 09/01580.4



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Product Disclosure Statement

1. What Is The Product Disclosure Statement?

The **Product Disclosure Statement ('PDS')** contains information about key benefits and significant features of this Group Injury and Sickness Insurance.

The purpose of the PDS is to assist Your purchasing decision and ability to compare this product with other insurance. This document also contains important information about Your rights and obligations including Cooling Off and the Duty of Disclosure.

The terms and conditions of Your insurance are contained in the **Policy Wording**.

Details about the product issuer can be found on the inside cover of this document under '**How this group insurance is arranged**'.

2. Key Benefits Of Your Policy

SECTION	SECTION TITLE	COVER
Section A	Capital Benefits	<p>Injury (as defined) resulting in Death, Permanent Total Disablement, specific Permanent Total Loss or Permanent Partial Disablement; and other specified benefits</p> <p>Additional benefits are provided under defined circumstances as follows:</p> <ul style="list-style-type: none">• Spouse and Dependent Children benefit• Home Renovation benefit• HECS and/or Postgraduate Fees Benefit
Section B	Weekly Injury Benefits	<p>Weekly Injury Benefits for Injury resulting in Temporary Partial Disablement or Temporary Total Disablement.</p> <p>Additional benefits are provided under defined circumstances and include a:</p> <ul style="list-style-type: none">• Domestic Help Benefits• Home Tutorial Benefits• Bed Care Patient Benefits• Injury Assistance Benefits
Section C	Weekly Sickness Benefits	<p>Weekly Sickness Benefit for Sickness resulting in Temporary Total Disablement or Temporary Partial Disablement.</p>
Section D	Non-Medicare Medical Expenses	<p>Compensation for a proportion of Non-Medicare Medical Expenses incurred as a result of Injury.</p>



Additional benefits are available under various Section of the policy and include:

- Rehabilitation Expenses (applicable to Section B and C);
- Escalation of Claim Benefit (applicable to Section B and C)'
- Accidental H.I.V Infection Benefits (Section to all Sections)
- Overseas Medical Expenses Benefit (applicable to all Sections)

Refer to the Special Provisions – Additional Benefits on page 14 of the **Policy Wording**.

Further details of the above benefits for all sections of cover are contained in the **Policy Wording** under the **Table of Events**.

Compensation payable under Section A Event 1 is payable to the Insured not the Insured Person.

Compensation payable under Section B or Section C will be reduced by the amount of any other benefits payable under Workers Compensation, Transport Accident compensation schemes, the Wrongs Act or other legislative instruments having a similar effect and entitlement to earned income or disability benefits.

Cover for each of the above is subject to acceptance of the risk by the issuer/ insurer.

Cover is limited to the benefits and maximum sums insured listed in **the Policy Schedule** and is subject to the terms, conditions and exclusions in the **Policy Wording**.

3. Important Information

Please read the **Policy Wording** carefully for full details about lodging a claim, when benefits are payable, and the terms and conditions that apply to this insurance. Take special note of the following:

1. The **Policy Wording** contains a **Definitions** section on **page 9** and **Conditions** that apply to this insurance at **page 16**.
2. **Special Provisions** apply to this **Policy Wording** that may impact upon the compensation payable. It is important that You carefully read the sections of the **Policy Wording** titled '**Special Provisions**' and '**Special Provisions – Additional Benefits**' on **pages 14 and 16** of the **Policy Wording**.
3. There are some circumstances where cover cannot be provided. These are covered in the **Policy Wording**. Please take special note of the **Exclusions** applicable to all sections of the policy listed on **page 12** of the **Policy Wording**.
4. **Aggregate limits** and **aggregate** or **Elimination Periods** may apply to one or more of the sections of cover selected. Details are provided in the **Policy Wording**. Where applicable these will be shown on the **Policy Schedule**.
5. **Age limits** may apply to this policy. We will not be liable for any Event which happens to an Insured Person unless at the date of the Event they are between the ages set out in the **Policy Schedule**.
6. This policy does not apply to any Event arising directly or indirectly out of pregnancy, childbirth or miscarriage.
7. This **PDS** and **Policy Wording** also contains important information about the rights and obligations of insured persons including information about Privacy, the Duty of Disclosure and General Insurance Code of Practice.



4. Costs

Premiums are calculated on an individual application basis. Some of the factors taken into account in calculating the premium include:

- the level and range of cover options selected;
- applicable endorsements;
- elimination / aggregate periods;
- the number of insured persons;
- age and class of occupation.

The premium for this policy may vary during the policy period if the product issuer/insurer is advised of a change in the above which affects the insured person's cover, for example a change in:

- occupation; or
- sum(s) insured.

The premium amount will be shown on Your **Policy Schedule**. Government charges such as Stamp Duty and GST will be shown separately on the **Policy Schedule**.

You may be entitled to claim a tax deduction for the premium paid under this policy. Please check with Your tax accountant or the Australian Taxation Office for further information.

Elimination and Aggregate Periods

An **Elimination Period** is a period under the policy for which no Compensation is payable. Different Elimination Periods apply to particular Events covered under this policy. Details will be shown in the **Policy Schedule**.

An **Aggregate Period** is the maximum amount of time for which benefits will be payable. Different **Aggregate Periods** may apply based on application details and acceptance.

Such periods are contained in the Policy Wording and will be shown in the **Policy Schedule**.

5. Cooling Off Period

Insureds who are Retail Clients have 14 days after they receive this Policy to check that the Policy and benefits meet their needs. This is known as the Cooling Off Period. Within this Period the Insured may cancel the Policy and receive a full refund of all premiums paid.

To cancel the Policy during the Cooling Off Period, please send Us:

- Your written Policy request to cancel the Policy; and
- The Policy document.

The Cooling Off Period ceases if a claim is made before the 14 day Cooling Off Period has expired.

6. How to Make a Claim

Information on claims can be found under the section titled '**Conditions**' in the **Policy Wording**. Please read this carefully.

Claims need to be submitted with original supporting documentation such as doctor's reports, receipts, and where requested, additional Proof of Loss. Claims should be delivered to the address shown on the outside cover of this document. In the event of claims under some policy sections, an Elimination Period or Aggregate may apply.

Please refer to the **Policy Wording** and **Policy Schedule** for further details about the above.



7. Code Of Practice

AIG is a signatory to the General Insurance Code of Practice. This aims to raise the standards of practice and service in the insurance industry, improve the way the claims and complaints are handled and help people better understand how general insurance works. Information brochures on the Code are available upon request.

8. Dispute Resolution

We are committed to handling any complaints about Our products or services efficiently and fairly.

If You have a complaint:

1. Contact Us on Our dedicated complaints line – 1800 339 669.
2. If Your complaint is not satisfactorily resolved You may request that the matter be reviewed by management by writing to:

The Compliance Manager
AIG
Level 12, 717 Bourke Street
Docklands VIC 3008

3. If You are still unhappy, You may request that the matter be reviewed by Our Internal Dispute Resolution Committee (“Committee”). We will respond to You with the Committee’s findings within 15 working days.
4. If You are not satisfied with the finding of the Committee, You may be able to take Your matter to an independent dispute resolution body, Financial Ombudsman Service (FOS). This external dispute resolution body can make decisions with which AIG are obliged to comply.

Contact details are:

Financial Ombudsman Service
Phone: 1300 78 08 08 (local call fee applies)
Email: info@fos.org.au

Internet: <http://www.fos.org.au>

GPO Box 3, Melbourne, VIC 3001



9. Privacy Notice

This notice sets out how AIG collects, uses and discloses personal information about:

- You, if an individual; and
- other individuals You provide information about.

Further information about Our Privacy Policy is available at www.aig.com.au or by contacting Us at australia.privacy.manager@aig.com or on 1300 030 886.

How We collect Your personal information

AIG usually collects personal information from You or Your agents.

AIG may also collect personal information from:

- Our agents and service providers;
- other insurers;
- people who are involved in a claim or assist Us in investigating or processing claims, including third parties claiming under Your policy, witnesses and medical practitioners;
- third parties who may be arranging insurance cover for a group that You are a part of;
- providers of marketing lists and industry databases; and
- publically available sources.

Why We collect Your personal information

AIG collects information necessary to:

- underwrite and administer Your insurance cover;
- maintain and improve customer service; and
- advise You of Our and other products and services that may interest You.

You have a legal obligation under the Insurance Contracts Act 1984 to disclose certain information. Failure to disclose information required may result in AIG declining cover, cancelling Your insurance cover or reducing the level of cover, or declining claims.

To whom We disclose Your personal information

In the course of underwriting and administering Your policy We may disclose Your information to:

- entities to which AIG is related, reinsurers, contractors or third party providers providing services related to the administration of Your policy;
- banks and financial institutions for policy payments;
- assessors, third party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim;
- other entities to enable them to offer their products or services to You; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

AIG is likely to disclose information to some of these entities located overseas, including in the following countries: United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as any country in which You have a claim and such other countries as may be notified in Our Privacy Policy from time to time.

You may request not to receive direct marketing communications from AIG.

Access to Your personal information

Our Privacy Policy contains information about how You may access and seek correction of personal information We hold about You. In summary, You may gain access to Your personal information by submitting a written request to AIG.

In some circumstances permitted under the Privacy Act 1988, AIG may not permit access to Your personal information. Circumstances where access may be denied include where it would have an unreasonable impact on the privacy of other individuals, or where it would be unlawful.



Complaints

Our Privacy Policy also contains information about how You may complain about a breach of the applicable privacy principles and how We will deal with such a complaint.

Consent

Your application includes a consent that You and any other individuals You provide information about consent to the collection, use and disclosure of personal information as set out in this notice.

Policy Wording

Policy Conditions

The Insured Persons named in the Application Form/Policy Schedule are insured against Injury and/or Sickness as shown in the Policy Schedule on the following terms.

Agreement

All cover is subject to You paying or agreeing to pay the premium We require, and is subject to all the Terms, Provisos, Conditions and Exclusions of this Policy including the Policy Schedules.

Your Duty Of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Definitions

1. **We/Our/Us/Insurer** means AIG Australia Limited (AIG), ABN 93 004 727 753, AFSL 381686
2. **You/Your/the Insured** means the insured named in the Policy Schedule.
3. **Insured Person(s)** means any person(s) who come within the description of the Insured Persons appearing in the policy schedule, who are nominated by You from time to time for insurance under this Policy and in respect of whom a premium has been paid or agreed to be paid.
4. **Injury** means a bodily injury to an Insured Person resulting from an accident caused by violent, external and visible means and occurring solely and directly and independently of any other cause including any pre-existing physical or congenital condition (except Sickness directly resulting from medical or surgical treatment rendered necessary by such Injury), provided the Injury:
 - (a) occurs on or after the Insured Person's Effective Date of Individual Insurance; and
 - (b) results in any of the Events specified in the Table of Events within 12 calendar months from the date of such Injury.

5. **Sickness** means sickness or disease first contracted by an Insured Person, on or after the Insured Person's Effective Date of Individual Insurance, which results solely and directly and independently of any other cause in Temporary Total Disablement, provided that the Temporary Total Disablement occurs during the Policy Period and continues for a period of not less than seven consecutive days from the date of commencement of treatment by a registered and legally qualified medical practitioner who is not the Insured Person or a family member of the Insured Person.
6. **Temporary Total Disablement** means:
 - (a) with respect to Benefit 20(a) and 23, that as a result of Injury or Sickness respectively the Insured Person is wholly and continuously prevented from engaging in his or her usual occupation in Australia, and is under the regular care of and acting in accordance with the instructions or professional advice of a registered and legally qualified medical practitioner who is not the Insured Person or a family member of the Insured Person;
 - (b) with respect to Benefit 20(b), that as a result of Injury the Insured Person is wholly and continuously prevented from engaging in his or her normal household duties, and is under the regular care of and acting in accordance with the instructions or professional advice of a registered and legally qualified medical practitioner who is not the Insured Person or a family member of the Insured Person, and that the medical practitioner certifies as necessary the engagement of domestic home help services;
 - (c) with respect to benefit 20(c), that as a result of Injury the Insured Person is wholly and continuously prevented from attending their normal studies at an accredited tertiary institute in Australia, and is under the regular care of and acting in accordance with the instructions or professional advice of a registered and legally qualified medical practitioner who is not the Insured Person or a family member
7. **Temporary Partial Disablement** means that as a result of Injury or Sickness the Insured Person is wholly and continuously prevented from engaging in more than 50% of the duties of his or her usual occupation in Australia, and is under the regular care of and acting in accordance with the instructions or professional advice of a registered and legally qualified medical practitioner who is not the Insured Person or a family member.
8. **Permanent** means lasting 12 consecutive months and at the end of that period being beyond hope of improvement.
9. **Permanent Total Disablement** means total disablement which continues for 12 consecutive months and at that time is certified by a registered and legally qualified medical practitioner (who is not the Insured Person or a family member of the Insured Person) as being beyond hope of improvement and entirely preventing the Insured Person forever from engaging in any business, profession, occupation or employment.
10. **Paraplegia** means Permanent and entire paralysis of both legs and part or whole of the lower half of the body.
11. **Quadriplegia** means Permanent and entire paralysis of both legs and both arms.
12. **Total Loss** means the Permanent and total physical loss of the body part referenced in the Table of Events.
Where that body part is a Limb, Hand, Foot, Finger or Toe, Total Loss means the Permanent and total physical loss or loss of use of that body part referenced in the Table of Events, or for an eye entire and irrecoverable loss of sight in that eye or for an ear entire and irrecoverable loss of hearing in that ear or speech entire and irrecoverable loss of speech.
13. **Limb** means any part of the arm between the shoulder and wrist or any part of the leg between the hip and the ankle.
14. **Hand** means the entire hand below the wrist.
15. **Foot** means the entire foot below the ankle.

16. **Independent Existence** means the ability to dress, bathe, toilet and feed without assistance.
17. **Fingers, Thumbs Or Toes** means the digits of a hand or foot.
18. **Income** means
- (a) as regards to a salaried Insured Person, the average gross weekly income earned from personal exertion before personal deductions and income tax, but excluding bonuses, commissions, overtime payments and other allowances; or
 - (b) as regards to a T.E.C. (ie total employee cost) or salary package Insured Person, the average gross weekly value of the income package earned from personal exertion (including, but not limited to wages, and/or salary, motor vehicle and/or travelling allowances, club subscriptions and fees, housing loan or rental subsidy, clothing or meal allowances) before personal deductions and income tax, but excluding bonuses, commissions, overtime payments and other allowances; or
 - (c) as regards to a self-employed Insured Person, the average gross weekly income earned from personal exertion after the deduction of all business expenses necessarily incurred in earning that income;
- all derived during the 12 calendar month period immediately preceding the Injury or Sickness giving rise to the claim under this Policy.
19. **Elimination Period** means the period, commencing with the first day of Temporary Total or Partial Disablement for which medical treatment was sought, during which no Compensation is payable.
20. **Spouse** means the husband or wife or any de-facto partner of the Insured Person who has continuously lived with the Insured Person for at least 3 calendar months prior to an Event giving rise to a claim under Section G in the Table of Events.
21. **Dependant Children** means the unmarried Dependant Children of the Insured Person who are:
- (a) over 6 months of age and under 19 years of age; or
 - (b) under 25 years of age while they are full-time students at an accredited institution of higher learning;
- and at the time of an Event giving rise to a claim under Special Provisions – Additional Benefits 3. Spouse and Dependant Children Benefit of this Policy - are primarily dependent on the Insured Person for maintenance and support.
- Dependant Children includes step or legally adopted children.
22. **Policy Period** means the period shown in the Policy Schedule or subsequent Renewal Notice issued by Us.
23. **War** means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
24. **Terrorist Act** means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or committing of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist Acts.
- Terrorism shall also include any act which is verified or recognized by the (relevant) Government as an act of terrorism.
25. **Non-Medicare Medical Expenses** means expenses that are not subject to any full or partial Medicare rebate nor recoverable by You or by an Insured Person from any other source and incurred within twelve (12) calendar months an Insured Person sustaining an Injury and paid by You or the Insured Person, certified necessary by a legally qualified medical practitioner, to a registered Private Hospital, physiotherapist, chiropractor, osteopath, nurse or similar provider of medical services excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth, excluding

dentures and is caused by injury. Medical expenses does not include any or part of any expenses for which a Medicare benefit is paid or is payable including the balance of monies due or payable by that Insured Person after deduction of any Medicare benefit or rebate from the actual expense incurred (commonly known as the “Medicare Gap”).

Provided that We shall not be liable to make any refund in respect of:

- (i) any expense recoverable by that Insured Person from any other source except for the excess of the amount recoverable from such source;
- (ii) any expense to which Section 67 of the National Health Act 1953 (as amended) or any of the regulations made there under apply;
- (iii) Any excess or deductible as shown in the Policy Schedule.

26. **Bed Care Patient** means the Insured Person is confined in a bed under the regular daily attendance and care of a professional carer (not a family member) as a direct result of an Injury and certified as necessary by a legally qualified medical practitioner. This does not include confinement in any of the following institutions in which the Insured Person resides at the time of the Injury giving rise to the claim – nursing or convalescent home, a geriatric ward, a mental institution, a rehabilitation or extended care facility for the elderly or a place for the care or treatment of alcoholics or drug addicts.

Exclusions

This Policy does not apply to any Event arising directly or indirectly out of:

1. War, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power.
2. The intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act.
3. Any loss arising out of any Terrorist Act.
4. An Insured Person engaging in any aerial activity, except as a passenger and not as a pilot or crew member in any aircraft licensed to carry passengers.
5. Intentional self-injury, suicide, or criminal or the illegal act of an Insured Person who is the subject of the claim.
6. Pregnancy, childbirth or miscarriage.
7. Sexually transmitted disease, or Acquired Immune Deficiency Syndrome (A.I.D.S.) disease or Human Immunodeficiency Virus (H.I.V.) infection. This Exclusion does not apply to Accidental H.I.V. Infection as described under Section I in the Table of Events – Accidental H.I.V. Infection Benefit.
8. Training for or participating as a professional in any sport.
9. Racing in or on any motor powered device.
10. Radioactive contamination or radioactivity in any form whatsoever whether occurring naturally or otherwise.

In addition to the above Exclusions

11. We will not be liable to provide any coverage or make any payment hereunder if to do so would be in violation of any sanctions law or regulation which would expose AIG Australia, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulation.

Exposure

If an Insured Person suffers an Event as a direct result of exposure to the elements, We will pay the Compensation shown for that Event.

Disappearance

If an Insured Person disappears and after twelve calendar months it is reasonable for Us to believe they have died due to an insured Injury, We will pay the Compensation shown for Event 1. (Death) subject to receipt of a signed undertaking by You that any such Compensation shall be refunded if it is later demonstrated that the Insured Person did not die as a result of an Injury.

Special Provisions

1. Compensation payable under Event 1. (Death) is payable to You, any other Compensation is payable to the Insured Person.



2. In respect to Section A – Capital Benefits:

- (a) In the event of multiple Injuries sustained in the same accident and more than one Event can be claimed, only one Event will be compensated (with the highest sum insured).
- (b) If an Insured Person suffers an Injury resulting in any one of the Events 2 to 8 We will not be liable under this Policy for any subsequent Injury to that Insured Person.

3. Compensation is not payable:

- (a) For more than one of the Events under Section B and Section C – (Weekly Benefits) in respect of the same period of time.
- (b) For longer than the Aggregate Period shown in the Policy Schedule in respect of the Events in Section B or Section C – (Weekly Benefits) as regards any one Injury or Sickness.
- (c) Unless as soon as possible after the happening of any Injury or Sickness giving or likely to give rise to a claim, the Insured Person obtains and follows proper medical advice from a registered and legally qualified medical practitioner who is not the Insured Person or a family member of the Insured Person.

4. **Weekly Benefits Limitation**

For each Insured Person the Compensation payable under Section B (Event 9(a) and Event 10) or Section C – (Weekly Benefits) is limited to the amount stated in the Policy Schedule or the Insured Person's weekly Income, whichever is the lesser.

If the Insured Person is entitled to receive:

- (a) weekly or periodical disability benefits under any other policy of insurance; and/or
- (b) weekly or periodical disability benefits under any Workcover or Workers Compensation Act or other Statutory body having a similar effect, or under the Wrongs Act, or under any Compulsory Third Party or Motor Vehicle Act, or Transcover or Transport Accident Act or other Statutory body having similar effect; and/or
- (c) earned income from any other occupation;

then Compensation payable under Section B or Section C – (Weekly Benefits) will be reduced by the amount necessary to limit the total of all payments and/or Compensation to his or her weekly Income or the limit stated in the Policy Schedule, whichever is the lesser.

5. **Domestic Help Benefit - Event 20(b)**

The Compensation payable under Event 20(b) (Domestic Help Benefit) will be limited to 85% of the actual cost of Domestic Help, certified as necessary by the attending medical practitioner subject to a maximum of \$250 per week for each week of Temporary Total Disablement not exceeding 52 weeks for any one event, subject to an Elimination Period of 7 days.

6. **Home Tutorial Benefit - Event 20(c)**

The Compensation payable under event 20(c) (Home Tutorial Benefit) will be limited to 85% of the actual cost of Home Tutorial Expenses certified as necessary by the attending legally qualified medical practitioner subject to a maximum of \$250 per week for each week of Temporary Total Disablement not exceeding 52 weeks for any one event, subject to an Elimination Period of 7 days.

Provided that Compensation will not be payable under more than one of Events 20(b) and 20(c).

7. **Recurrence Of Temporary Total Disablement Or Temporary Partial Disablement (Weekly Benefits)**

If an Insured Person receives Compensation under Section B or Section C – (Weekly Benefits) and while this Policy is in force suffers a recurrence of Temporary Total or Temporary Partial Disablement from the same or related causes within 6 consecutive months of his or her return to his or her occupation on a full time basis, We will consider such Disablement to be a continuation of the prior claim period.



The period of recurring Disablement will be aggregated with the prior claim period and will not be subject to a new Elimination Period.

8. **Aggregate Limit of Liability**

- (a) Except as provided under 6.(b), Our total liability for all claims arising during any one Policy Period will not exceed the amount shown in the Policy Schedule.
- (b) Our total liability for all claims arising under this Policy during any one Policy Period relating directly to air travel in aircraft whose flights are not conducted in accordance with fixed schedules to and from fixed terminals over established routes will not exceed the amount shown in the Policy Schedule.

9. **Age Limits**

We will not be liable for any Event which happens to an Insured Person unless at the date of the Event they are between the ages set out in the Policy Schedule.

SPECIAL PROVISIONS - ADDITIONAL BENEFITS

1. **Rehabilitation Expenses**

We will pay after the happening of an Event listed under Section B or Section C – (Weekly Benefits) of this Policy expenses incurred for tuition or advice from a licensed vocational school, provided this tuition is (i) required for the purposes of re-training and (ii) such tuition or advice is undertaken with Our prior written agreement and the agreement of the Insured Person's attending physician. Compensation under this provision will be limited to the actual costs incurred not exceeding \$500 per month and will be payable for a maximum of six months.

2. **Escalation Of Claim Benefit**

After payment of the Compensation under Section B or Section C – (Weekly Benefits) continuously for 12 months, and again after each subsequent period of 12 months during which Compensation is paid, We will increase the Compensation by 5 percent compound per annum.

3. **Spouse And Dependant Children Benefit**

If the Insured Person suffers an Injury which results in Section A. Event 1. (Death) We will pay the following amounts in addition to the Sum Insured payable on the life of the Insured Person:

- (a) Surviving Spouse Benefit - \$5,000.
- (b) Dependant Children Benefit - \$5,000 for each Dependant Child to a maximum of \$15,000.

4. **Home Renovation Benefit**

If as a direct result of Injury resulting in any one Event 2 to 9, the Insured Person is required to renovate his or her existing residence (including but not limited to the installation of ramps for external or internal wheelchair access, internal guide rails, emergency alert system and similar disability aids) necessary for the Insured Person to perform daily lifestyle activities (ie washing, cooking, bathing and dressing) and to remain in and move around his or her existing residence, We will pay 80% of the cost incurred for such renovations to a maximum of \$10,000.

This Benefit is only payable:

- (a) where such renovations are undertaken with Our prior written agreement and the agreement of the Insured Person's attending physician; and
- (b) in respect of one residence only

5. **Accidental H.I.V. Infection Benefit**

We will pay to the Insured Person Compensation of \$25,000 if the Insured Person accidentally contracts the

Human Immunodeficiency Virus (H.I.V.) infection:

- (a) as a direct result of Injury caused by a physical and violent bodily assault by another person on the Insured Person while he or she is covered under this Policy;

- (b) as a direct result of the administering of medical treatment provided by a registered and legally qualified medical practitioner or registered nurse of an Insured Person's covered Injury or Sickness while he or she is insured under this Policy.

Special Conditions

- (i) Compensation will only be payable if the Insured Person is positively diagnosed within 180 days of the event giving rise to the H.I.V. infection.
- (ii) Compensation shall not be payable unless any event leading to or likely to lead to a positive diagnosis of H.I.V. is reported to Us and medical tests are carried out by a registered and legally qualified medical practitioner no more than forty eight (48) hours from the time and date of the event giving rise to the H.I.V. infection.
- (iii) The medical tests (to be made by recognised laboratory and clinical tests) carried out in connection with this Benefit must prove conclusively that the Insured Person was *not* H.I.V. positive at the time and date of the event giving rise to the H.I.V. infection. No Compensation is payable if You or the Insured Person fail to comply with or to provide the required level of proof.

6. **HECS and/or Post Graduate Fees**

Where an Insured Person suffers an Injury, as defined, and is entitled to compensation under the Table of Events Section A – Capital Benefits Events 2 – 19, We will pay a proportion of Your existing HECS and/or Post Graduate Fees in accordance with the Schedule of Benefits for the Table of Events Section A – Capital Benefits, based on the Event paid and percentage applicable thereto, should You be certified by a legally qualified medical practitioner as unable to undertake any further studies whatsoever as a result of Your Injury. The HECS amount is calculated as at the date of Injury, subject always to a maximum compensation of \$10,000.

7. **Injury Assistance Benefit**

Where an Injury, as defined, results in a benefit being provided under Event 20, We will reimburse 100% of actual additional public transport expenses incurred by an Insured Person for the procurement of medical services/treatment certified as necessary by a legally qualified and registered medical practitioner (not being the Insured Person or a family member) subject to a maximum Weekly Benefit of \$250 and an Aggregate Benefit Period of 16 weeks and an Elimination Period of 14 days.

8. **Overseas Medical Expenses**

We will reimburse the actual costs incurred for overseas medical expenses, following an Injury, as defined, provided such costs are incurred whilst an Insured Person is engaged in travel for the primary purpose of campus/course related activities and are not recoverable from any other source.

The maximum compensation payable for any one event is \$100,000



CONDITIONS

1. Cover

This Policy provides the Insured Person(s) with Insurance cover under those Sections of the Policy selected by You and/or the Insured Person in Your and/or the Insured Person's application for this Insurance. The selected cover is shown in the Policy Schedule.

2. Effective Date Of Individual Insurance

The Insurance of any Insured Person (as specified in the Policy Schedule) will become effective on the latest of the following dates:

- (a) on the commencing date set out in the Policy Schedule;
- (b) on the date such Insured Person becomes eligible for Insurance hereunder;
- (c) where a Proposal is required by Us, on the date of Our acceptance of the Insured Person's written Proposal;

provided always that if such Insured Person is not regularly performing all the usual duties of his or her 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.

1. Individual Terminations

The Insurance of any Insured 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 Insured Person be deleted as an Insured Person;
- (c) on the date that such Insured Person leaves or is dismissed from Your employment or is retired or pensioned
- (d) on the premium due date if You fail to pay the required premium except as the result of inadvertent error; or
- (e) on the date such Insured Person ceases to be eligible for Insurance hereunder.

4. 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.

5. Cancellation

- (a) This Policy may be cancelled by You at any time by giving Us written notice, in which case We will retain the proportion of the premium calculated at Our usual short term rates for the period the Policy was in force.
- (b) This Policy may be cancelled by Us if You or the Insured Person have been in breach of any of its Terms or Conditions or in accordance with Sections 59 and 60 of the Insurance Contracts Act 1984, in which case We will refund the proportion of the premium for the unexpired Policy Period.

6. Claims Procedure

- (a) Written Notice of Claim and supporting medical evidence in the form required by Us, and proof of identity, must be given to Us within 30 days of the occurrence of any Event or as soon thereafter as is reasonably possible. Notice may be given at Our Office where the Policy was issued.
- (b) We may have the Insured Person medically examined at Our expense when and as often as We may reasonably require after a claim has been made, or arrange an autopsy unless this is illegal in the country in which the autopsy is to be performed.
- (c) Compensation will be paid as soon as We have investigated and verified the information supplied and satisfied Ourselves that the claim falls within the Policy.



7. Australian Law

This Policy is governed by the Laws of the Australian State or Territory it was issued in and any dispute or action in connection therewith shall be conducted and determined in Australia.

8. Fraudulent Claims

If any claim is in any respect fraudulent or if any fraudulent means or devices are used by You or the Insured Person or anyone acting on Your or the Insured Person's behalf to obtain any benefit under this Policy then any amount payable in respect of such claim shall be forfeited.

9. Tax Or Imposts

Where the Company is, or believes it will become, liable for any tax or other impost levied by any Commonwealth or State government, authority or body in connection with this Policy, the Company may reduce, vary or otherwise adjust any amounts (including but not limited to premiums, charges and benefits), under this Policy in the manner and to the extent the Company determines to be appropriate to take account of the tax or impost.



Table of Events

SECTION A – CAPITAL BENEFITS

Cover under this Section is included only for the Events specified in the Policy Schedule. The Compensation for each Event is payable as a percentage of the Capital Sum Insured shown in the Policy Schedule.

THE EVENTS	THE COMPENSATION
Injury as defined, resulting in:	
1. Death	100%
2. Permanent Total Disablement	100%
3. Permanent Paraplegia or Quadriplegia	100%
4. Permanent Total Loss of sight in both eyes	100%
5. Permanent Total Loss of sight in one eye	100%
6. Permanent Total Loss of use of two limbs	100%
7. Permanent Total Loss of use of one limb	100%
8. Permanent Total Loss of the lens of both eyes	100%
9. Permanent Total Loss of the lens of one eye	50%
10. Permanent Total Loss of hearing in	
(a) both ears	75%
(b) one ear	15%
11. Third degree burns and/or resultant disfigurement received from fire or chemical reaction which extend to cover more than 40% of the entire external body	50%
12. Permanent Total Loss of use of four fingers and thumb of either hand	70%
13. Permanent Total Loss of use of four fingers of either hand	40%
14. Permanent Total Loss of use of one thumb of either hand	
(a) both joints	30%
(b) one joint	15%
15. Permanent Total Loss of use of fingers of either hand	
(a) three joints	10%
(b) two joints	7%
(c) one joint	5%
16. Permanent Total Loss of use of toes of either foot	
(a) all – one foot	15%
(b) great – both joints	5%
(c) great – one joint	3%
(d) other than great, each toe	1%
17. Loss of at least 50% of all sound and natural teeth, including capped or crowned teeth, but excluding first teeth and dentures	Per tooth 1% (to \$10,000 in total for all teeth)
18. Shortening of leg by at least 5cm	7%
19. Permanent Partial Disablement not otherwise provided for under Events 9 to 18 inclusive	Such percentage of the Capital Sum Insured as We in Our absolute discretion shall determine and being in Our opinion not inconsistent with the Compensation provided under Events 9 to 18. The maximum amount payable under Event 19 is 75% of the Capital Sum Insured shown in the Policy Schedule.



SECTION B – WEEKLY INJURY BENEFIT

Cover under this Section is included only if specified in the Policy Schedule.

THE EVENTS		THE COMPENSATION	
Injury as defined, resulting in:			
20(a)	Temporary Total Disablement	20(a)	During such disablement the amount per week specified in the Policy Schedule or Income as defined, whichever is the lesser.
20(b)	Domestic Home Help	20(b)	During such disablement, \$250 per week or 85% of the actual cost of domestic home help, whichever is the lesser.
20(c)	Home Tutorial expenses	20(c)	During such Disablement, \$250 per week or 85% of the actual cost of home tutorials, whichever is the lesser.
<p>For each Insured Person, the total benefit payable each week in respect of Benefits 20(a), 20(b) and 20(c) combined, will not exceed the monetary limit specified in the Policy Schedule in respect of Temporary Total Disablement.</p>			
21.	Temporary Partial Disablement	21(a).	During such Disablement, if the Insured Person returns to work in a reduced capacity, the Compensation payable shall be the difference between the Compensation for Event 20(a) and the weekly Income earned from personal exertion per week; or
		21(b)	During such Disablement, if the Insured Person does not return to work, the Compensation shall be 25% of the Compensation for Event 21(b).
22.	Bed Care Patient – Cash Insurance Benefit	22.	\$250 Per Week for a Maximum of 104 Weeks



SECTION C – WEEKLY SICKNESS BENEFIT

Cover under this Section is included only if specified in the Policy Schedule.

THE EVENTS		THE COMPENSATION	
Sickness as defined, causing:			
23.	Temporary Total Disablement	23.	During such Disablement the amount per week specified in the Policy Schedule or Income as defined, whichever is the lesser.
24.	Temporary Partial Disablement	24(a)	During such Disablement, if the Insured Person returns to work in a reduced capacity following a period of Temporary Total Disablement for which a benefit has been paid under E vent 23, the Compensation payable shall be the difference between the Compensation for E vent 23 and the weekly Income earned from personal exertion per week.
		24(a)	During such Disablement, if the Insured Person does not return to work, the Compensation shall be 25% of the Compensation for Event 23.

SECTION D – NON-MEDICARE MEDICAL EXPENSES

Cover under this Section is included only if specified in the Policy Schedule.

THE EVENTS		THE COMPENSATION	
Injury as defined, causing:			
25.	The Insured Person incurring Non-Medicare Medical Expenses	25.	80% of the actual amount of Non-Medicare Medical Expenses incurred or the maximum amount specified in the Policy Schedule, whichever is the lesser.

This Policy shall not be binding unless The Schedule is countersigned by Our Authorised Signatory.

Head Office

Sydney

Level 19, 2 Park Street Sydney NSW 2000
GPO Box 9933 Sydney NSW 2001

Melbourne

GPO Box 9933 Melbourne VIC 3001

Brisbane

GPO Box 9933 Brisbane QLD 4001

Perth

GPO Box 9933 Perth WA 6848

Australia wide

T 1300 030 886

F 1300 634 940

International

T +61 3 9522 4000

F +61 3 9522 4645

www.aig.com.au



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