



Solution Underwriting Individual Personal Accident and Sickness Insurance

Product Disclosure Statement and Policy Wording

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IMPORTANT INFORMATION

Introduction

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

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

This PDS was prepared on 14 March 2023.

About Solution Underwriting

Solution Underwriting Agency Pty Ltd (ABN 68 139 214 323) (AFSL 407780) ("Solution Underwriting") of Level 5, 289 Flinders Lane, Melbourne VIC 3000 acts under a binding authority given by Us to administer and issue policies, alterations and renewals. In all aspects of arranging this Policy Solution Underwriting acts as an agent of the Us and not as an agent for You.

If You have any queries in relation to this Policy, contact Solution Underwriting in any of the following ways:

Postal Address: Level 5, 289 Flinders Lane, Melbourne VIC 3000

Telephone: +61 (0)3 9654 6100

Email: a&h@solutionunderwriting.com.au

Web: www.solutionunderwriting.com.au

About Lloyd's

Lloyd's is the world's specialist insurance and reinsurance market. With expertise earned over centuries, Lloyd's is the foundation of the insurance industry and the future of it. Led by expert underwriters and brokers who cover more than 200 territories, the Lloyd's market develops the essential, complex and critical insurance needed to underwrite human progress. Backed by diverse global capital and excellent financial ratings, Lloyd's works with a global network to grow the insured world - building resilience for businesses and local communities and strengthening economic growth around the world.

About the Insurer

The insurer of Your Policy are the Underwriters (certain underwriters at Lloyd's of London, who are authorised under the Insurance Act 1973 to write Australian Insurance business).

References to "We" "Us" "Our" refer to the Underwriter and/or Solution Underwriting acting as agent for the Underwriters.

Code of Practice

This Policy is compliant with the Insurance Council of Australia's General Insurance Code of Practice, apart from any claims adjusted outside of Australia. We proudly support this Code. The purpose of the Code is to raise standards of practice and service in the general insurance industry.

A copy of the Code is available from the Code's website www.codeofpractice.com.au.

Financial Claims Scheme

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

Our contract with the Insured

This Policy is a contract of insurance between the Insured and Us and contains all the details of the cover that We provide. The Policy consists of:

- the Policy Schedule;

- this PDS and Policy Wording;
- any proposal or application completed by You;
- any endorsement or other document We tell You forms part of the Policy which may vary or modify the above documents.

These documents should be read together as they jointly form the contract of insurance between the Insured and Us.

Eligibility Criteria

To purchase a Policy, You must be at least eighteen (18) years of age and under seventy (70) years of age on the inception date You selected when You apply.

You must have a permanent residence in Australia and:

- be legally resident in Australia; or
- be on a skilled and/or temporary working visa but not a working holiday visa; or
- have a partner/spouse visa which allows you to stay in Australia for a least 2 years; or
- have a New Zealand passport.

Cooling–Off Period

There is a 21 day cooling-off period. If You wish to cancel the Policy, You can cancel it by contacting Solution Underwriting in writing within 21 days of its date of issue.

We will refund all of the Premium (and policy fee if applicable) less any non-refundable government charges, taxes and levies that We have paid.

You cannot exercise this right, if You have made a claim under the insurance during the cooling-off period.

Even after this cooling-off period ends, You still have cancellation rights. See General Provisions.

Privacy

In this Privacy Statement the use of:

1. 'We', 'Us' and 'Our' means certain underwriters at Lloyd's and Solution Underwriting;
2. 'You' and 'Your' means the Insured;

unless specified otherwise.

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

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

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

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

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

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

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

In dealing with Us, You consent to Us using and disclosing Your personal information as set out in both certain underwriters at Lloyd's and Solution Underwriting's Privacy Policies. This consent remains valid unless You alter or revoke it by giving written notice to certain underwriters at Lloyd's and Solution Underwriting's Privacy Officers. However, should You choose to withdraw Your consent, We may not be able to provide insurance services to You.

Certain underwriters at Lloyd's Privacy Policy contains information on the kinds of personal information certain underwriters at Lloyd's collects and holds, how certain underwriters at Lloyd's does so and the purposes for which certain underwriters at Lloyd's collects, holds, and discloses personal information. It also contains information on how certain underwriters at Lloyd's can access Your personal information, how You can seek correction of such information or make a privacy related complaint and when certain underwriters at Lloyd's is likely to disclose personal information to third parties and overseas recipients, including the countries in which certain underwriters at Lloyd's is likely located.

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

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

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

Postal Address: Level 5, 289 Flinders Lane, Melbourne VIC 3000

Phone: +61 (0)3 9654 6100

Email: solution@solutionunderwriting.com.au

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

Your Duty to Take Reasonable Care not to Make a Misrepresentation

Your application for insurance cover will be treated as if You are applying for a 'consumer insurance contract'. Before the contract of insurance is entered into, You have a legal duty to take reasonable care not to make a misrepresentation to the insurer under the *Insurance Contracts Act 1984* (Cth). It is very important that You comply with Your duty, as this may impact on Your insurance cover.

A misrepresentation is an answer or statement that is not true, only partially true, or does not fairly reflect the truth.

When You apply for insurance, We will ask You clear and specific questions that are relevant to Our decision to insure You. Your answers in response to Our questions are important as we use them to determine whether We can provide insurance cover to You, and if so, the terms of the Policy and the Premium We will charge. This means that when answering Our questions, You should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies anytime You answer Our questions as a part of an initial insurance application, when extending or making changes to an existing insurance, and reinstating any previous contract of insurance.

We may later investigate the answers You provide to Us, for example, when a claim is made.

Guidance for answering Our questions:

Important: please ensure that You take care when providing Your answers in response to Our questions in relation to Your insurance application. You should respond fully, honestly and accurately. If You do not, it may affect Your insurance cover.

When answering Our questions, please:

- Think carefully about Your responses. If You do not understand the question or require further explanation, please ask Us before responding;
- Make sure Your responses are truthful, accurate and complete answers to every question that We ask You;
- Provide Us with all relevant information in response to Our questions. If You are unsure what information to include, please include it or check with Us, Your broker or adviser;
- Do not assume that We will contact anyone else for the information we are asking You for;
- Review each answer You have provided on Your insurance application carefully and make any corrections (if necessary) before submitting it to Us. You are responsible for the answers that You provide us, even if You have had help in preparing Your application, for example from Your broker, intermediary, advisor or someone else.

Before Your insurance cover starts, please tell Us of any changes that may be required to the answers You have given to Our questions. This may save time as any changes may require further investigation or assessment of the risk.

If, after Your insurance cover starts, You think You may not have complied with Your duty, please contact Us, Your broker or advisor immediately and We will let You know whether it has any impact on Your cover.

We may contact You after You have submitted Your application to clarify or collect any information that You may not have included. The information You provide may be recorded and used by Us in assessing Your application. Your duty to take reasonable care not to make a misrepresentation applies to all types of communication with Us, including written, electronic, online, when speaking with Us in person or on the telephone, or a mix of these.

If You do not comply with Your duty

If You do not take reasonable care not to make a misrepresentation, it may have serious consequences for Your insurance. If You have failed to comply with Your duty, We have certain rights, which may depend on what Your insurance offer may have been had You not made a misrepresentation, and whether or not the misrepresentation was fraudulent. We have different actions available to Us, for example, We may do one of the following:

- Avoid Your insurance cover. This means that Your insurance contract and cover will be treated as if it never existed;
- Change the amount of cover, for example the level of cover may be reduced;
- Change the terms of Your insurance contract, for example certain events may be excluded from being covered.

This may mean an insurance claim may not be paid, or the amount or benefit paid may be reduced, or Premiums increased.

If We suspect that you may have breached Your duty to take reasonable care not to make a misrepresentation, before We exercise any of the actions available to Us, We will:

- Explain Our reasons why We believe You have breached Your duty; and
- Provide You with an opportunity to respond and provide Us with further information.

If We decide to make changes to Your cover, We will notify You of Our decision and provide You with the review process and complaints procedure to follow if You disagree with Our decision.

If you need help

It is very important that You understand this information, the questions that We ask You and Your duty. If You are having difficulty for any reason, such as a disability, English language, or require further support such as a support person You trust, please contact Us so that We may tell You how We may assist in providing additional support.

If you have any questions, please contact Us, Your broker or advisor.

How to make a Claim

You must notify Corporate Services Network (“CSN”) in writing within thirty (30) days of an event that is likely to give rise to a claim. A failure to furnish CSN with notice within the time provided in the Policy will not invalidate any claim but We may reduce Our liability under the Policy to the extent to which We have suffered any prejudice due to such failure.

Once notified of a claim, CSN will outline what You need to provide in support of Your claim to be considered which may include claim forms and other relevant supporting documentation. You must fully complete and return the claim form (as relevant) and provide the supporting documentation to CSN. This information can include health certificates, medical practitioners’ reports, employer reports and related evidence of the claim.

Waiting Periods do apply to some benefits provided by the Policy. The Waiting Period is a period which no benefits are payable under the Policy. A waiting period starts on the day medical treatment is first sought by the Insured for the Injury or Sickness which is the subject of the claim. The Waiting Period for each section of insurance cover is described in the Policy Schedule.

You can notify an event and/or claim by sending notice to:

Corporate Services Network

Email: claims@csnet.com.au

Phone: +61 (0)2 8256 1770

Address: GPA BOX 4276, Sydney, NSW 2001

The Cost of the Policy and Paying for the Insurance

Premium

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

The Premium payable by You will be shown in the Policy Schedule. The Premium is calculated taking into consideration several risk factors including Your occupation, age, the Waiting Period chosen, the sums insured and Your previous medical and insurance history.

Premiums are subject to Commonwealth and State taxes and/or charges where applicable. They can include GST, stamp duty, and any other charges.

Other costs, fees and charges

A policy fee may be charged by Solution Underwriting for administration and compliance costs associated with Solution Underwriting’s role in the distribution of this product. This policy fee is in addition to the Premium and is noted separately in the tax invoice issued. The policy fee is not refundable in the event of cancellation unless the Policy is cancelled within the cooling-off period or is a full-term cancellation. For details of the policy fee payable, please refer to the Financial Services Guide or contact Solution Underwriting directly.

Non-Payment of Premium

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

Renewal Procedure

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

Updating this Policy

We will not make any material change to the Policy after the start of the Period of Insurance. Where a change is made to the Policy We will issue You with new Policy documents or other compliant document to update the relevant information except in limited cases. A paper copy of any updated information is available to the Insured at no cost by contacting Solution Underwriting or Your insurance broker.

Receiving the Policy Documents

You may choose to receive the Policy documents:

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

If You tell Solution Underwriting to send the Policy documents electronically, Solution Underwriting will send them to the email address that You have provided. This will continue until You tell Solution Underwriting otherwise or until Solution Underwriting advises that this method is no longer suitable. Each electronic communication will be deemed to be received by You twenty-four (24) hours after it leaves Solution Underwriting's information system. If You do not tell Solution Underwriting to send the Policy documents electronically, the Policy documents will be sent to the mailing address that You have provided.

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

Tax Implications

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

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

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

Income Tax

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

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

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

Goods and Services Tax

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

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

How to Make a Complaint

Lloyd's aim is to provide the highest service to its Australian policyholders and, to this end, has developed the following procedures for the fair handling of complaints from Lloyd's policyholders including Insured under this Policy. There are established procedures for dealing with complaints and disputes regarding Your insurance or claim.

If You have any concerns or wish to make a complaint in relation to this policy, Our services or Your insurance claim, please let Us know and We will attempt to resolve Your concerns in accordance with Our Internal Dispute Resolution procedure.

Please contact Us in the first instance:

Attention: Complaints Office

Solutions Underwriting Pty Ltd

Phone: +61 (0)3 9654 6100

Email: solution@solutionunderwriting.com.au

We will acknowledge receipt of Your complaint within 1 business day via phone or email and do Our utmost to resolve the complaint to Your satisfaction within 10 business days.

If We cannot resolve Your complaint to Your satisfaction, We will escalate Your matter to Lloyd's Australia who will review Your complaint within 10 business days. You will be kept informed of the review of Your complaint every 10 business days.

Lloyd's contact details are:

Lloyd's Australia Limited

Phone: +61 (0)2 8298 0783

Email: idraustralia@lloyds.com

Post: Suite 1603 Level 16, 1 Macquarie Place, Sydney NSW 2000

A final decision will be provided to You within 30 calendar days of the date on which You first made the complaint unless certain exceptions apply.

You may refer your complaint to the Australian Financial Complaints Authority (AFCA), if Your complaint is not resolved to Your satisfaction within 30 calendar days of the date on which You first made the complaint or at any time.

AFCA can be contacted as follows:

Phone: 1800 931 678

Email: info@afca.org.au

Post: GPO Box 3 Melbourne VIC 3001

Website: www.afca.org.au

AFCA is an independent body that operates nationally in Australia and aims to resolve disputes between You and Your insurer. AFCA provides fair and independent financial services complaint resolution that is free of charge to consumers. Determinations made by AFCA are binding upon Us.

Your complaint must be referred to AFCA within 2 years of the final decision, unless AFCA considers special circumstances apply. If Your complaint is not eligible for consideration by AFCA, You may be referred to the Financial Ombudsman Service (UK) or You may seek independent legal advice. You can also access any other external dispute resolution or other options that may be available to You.

The Underwriters accepting this Insurance agree that:

1. if a dispute arises under this Insurance, this Insurance will be subject to Australian law and practice and the Underwriters will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;
2. any summons notice or process to be served upon the Underwriters may be served upon:

Lloyd's Underwriters' General Representative in Australia

Suite 1603

Level 16

1 Macquarie Place

Sydney NSW 2000

who has authority to accept service on the Underwriters' behalf;

3. if a suit is instituted against any of the Underwriters, all Underwriters participating in this Insurance will abide by the final decision of such Court or any competent Appellate Court.

In the event of a claim arising under this Insurance immediate notice should be given to:

Corporate Services Network (CSN)

Level 10, 33 York Street, Sydney NSW 2000 Australia

Phone: +61 (0)2 8256 1770 (Claims, Mon-Fri)

Phone: +61 (0)2 8256 1740 (24/7)

Email: assist@csnet.com.au

Summary of Insurance

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

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

What the Policy covers

The covers are provided only if specified as applicable in the Policy Schedule and are subject to Policy terms and conditions.

Accidental Death	Lump sum Accidental Death benefit – one hundred (100) percent of the amount shown in the Policy Schedule.
Permanent Total Disablement	Lump sum Permanent Total Disablement benefit – one hundred (100) percent of the amount shown in the Policy Schedule.
Temporary Total Disablement and Temporary Partial	Weekly disablement benefits (including Weekly Business Expenses) as a result of Injury or Sickness for Temporary Total Disablement and Temporary Partial Disablement as shown in the Policy Schedule.
Fractured bones and loss or damage to Teeth	Lump sum benefit – percentage of the amount shown in the Policy Schedule.
Additional Benefits	Advanced Payment, Coma Benefit, Disappearance, Escalation of Claim Benefit, Independent Financial Advice, Modification Benefit and Rehabilitation Benefit.

What the Policy doesn't cover

No benefits are payable under the Policy where the Injury or Sickness:

Warlike operations	Occurs as a result of 1. War, hostilities or any act of War (whether War is declared or not), invasion; 2. act of an enemy foreign to your nationality, or enemy foreign to the country in which, or over which, the act occurs; 3. Civil War, riot or civil commotion, rebellion, insurrection, revolution or overthrow of any Government; or 4. any action taken by You, or anyone else, in controlling, preventing or responding to any or all of the listed events in this clause.
Professional sports	Results from the Insured taking part in, participating or training for professional sport of any kind, or the sport where the Insured receives more than 15% of their annual income from all sources derived from fees or monetary reward as a result of their participation.
Air travel	Results from engaging in air travel or aerial activities except where the Insured is travelling as a passenger in a properly licensed aircraft.
Intentional or reckless act, self-injury, suicide, misconduct or illegal act	An Insured's intentional, or reckless act, self-injury, suicide, misconduct or any illegal or criminal act;
Age limits	Occurs after the Insured reaches seventy (70) years of age.
Pre-Existing Medical Conditions	Results from Pre-Existing Medical Conditions.
Sexually transmitted diseases, HIV/AIDS	Is a sexually transmitted disease, HIV or AIDS infection.
Alcohol or drugs	Is caused by the Insured suffering long-term effects of drug or alcohol abuse.
Stress, depression or anxiety	Results from neurosis, psychoneurosis, mental, emotional, stress, depression or anxiety condition disease or disorder or similar condition or any condition which is a consequence of the treatment of these conditions.
Nuclear exposure or radioactivity	Occurs as a result of the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel.
Health Insurance Act	Results in Us contravening the Health Insurance Act 1973 (Cth), the <i>Private Health Insurance Act 2007</i> (Cth) or the <i>National Health Act 1953</i> (Cth).

When can weekly benefits be reduced or not paid

Weekly benefits	Weekly benefits shall not be payable for more than one (1) of Events 20 and/or 21 or Events 22 and/or 23 that occur during the same period of time.
Waiting Period	No weekly benefits are payable for disablement during the Waiting Period stated in the Policy Schedule.
Maximum benefit period	As specified in the Policy Schedule, in respect to any one (1) Injury or Sickness.
Able to return to work in a reduced capacity	Weekly benefits will be reduced to twenty-five (25) percent if the Insured is able to return to work with the Insured's employer in a reduced capacity but elects not to do so.
Fit to return to work	Weekly benefits will cease once the Insured is deemed fit to return to work by a Doctor.
Death	Weekly and other benefits will cease when the Insured dies.
Failure to follow medical advice	Benefits may cease if the Insured fails to follow the advice of or undertake the recommended treatment by a Doctor for the current disability.

COVERAGE

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

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

GENERAL DEFINITIONS

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

Accident means an external incident that happens unexpectedly and unintentionally resulting in an Injury.

Accidental Death means the death of the Insured as a result of an Accident.

Civil War means a state of armed opposition, whether declared or not, between two (2) or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups, including armed rebellion, revolution, sedition, insurrection, civil unrest, coup d'état and the consequences of martial law.

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

Doctor means a person legally qualified and registered to practice medicine and surgery under the laws of the country in which they practice in Australia and who is a person other than the Insured, their relatives, business partners, shareholders or employees.

Chiropractors, physiotherapists and alternative therapy providers are not regarded as a Doctor.

Effective Date of Cover means the commencement of the Period of Insurance stated in the Policy Schedule.

Event(s) means the Event(s) described in the relevant Table of Events in this document.

Finger(s), Thumb(s) or Toe(s) means the digits of a Hand or Foot.

Fixed Expenses means regular weekly expenses (excluding Salary) incurred as part of the Insured's business transactions that have been continuously incurred for a period of no less than six (6) months or over such shorter period the Insured has been operating as a self-employed person.

Foot means the entire foot below the ankle.

Hairline Fracture means mere cracks in the bone. Hand means the entire hand below the wrist.

Injury means a bodily injury resulting from an Accident which occurs during the Period of Insurance and is not a Sickness and which:

1. results in any of the Events set out in the Table of Events shown under Section 1 – Personal Accident and Sickness – Parts A, B, D and/or E within twelve (12) months of the Accident; and
2. results solely and independently of any other causes other than:
 - a. the Accident; and/or
 - b. Sickness directly resulting from medical or surgical treatment rendered necessary by the Accident; and
 - c. may include an Injury caused by the Insured being directly and unavoidably exposed to the elements as a result of an Accident.

Insured means the person as described in the Policy Schedule with whom We enter into this Policy.

Limb(s) means the entire limb between the shoulder and wrist or between the hip and ankle.

Loss means in connection with:

1. a Limb, Permanent physical severance or Permanent total loss of the use of the Limb;
2. an eye, total and Permanent loss of all sight in the eye;
3. hearing, total and Permanent loss of hearing;

and which in each case is caused by an Injury.

Weekly Business Expenses mean the Insured's Fixed Expenses incurred in the daily transaction of the Insured's business if self-employed. Weekly Business Expenses are limited to any Fixed Expenses including rates, superannuation, employee salaries and telephone costs and excludes alterations to fixed assets and depreciation. All such expenses must be certified by the Insured's accountant as regular Weekly Business Expenses. Weekly Business Expenses cover only applies if the Insured has nominated a weekly income benefit to be covered under the Policy.

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

Paraplegia means the Permanent loss of use of both legs and the Permanent loss of use of the whole of or part of the lower half of the body.

Period of Insurance means the period stated in the Policy Schedule or such shorter time if the Policy is terminated or We agree with You to change the period.

Permanent means having lasted twelve (12) consecutive months and at the expiry of that time being in the opinion of a Doctor beyond hope of improvement.

Permanent Total Disablement means total disablement which is Permanent and is as a result of an Accident and which entirely prevents the Insured forever from engaging in any business, profession, occupation or employment for which they are reasonably qualified by training, education or experience.

Policy means:

1. the Policy Schedule;
2. this PDS and Policy Wording;
3. any proposal or application completed by You;
4. any endorsement or other document We tell the Insured forms part of the Policy which may vary or modify the above documents.

Policy Schedule means the Policy Schedule showing details of the cover attaching to and forming part of the Policy or any subsequently substituted Policy Schedule.

Pre-Existing Medical Condition means any physical or mental condition, sickness, illness, disease, injury or condition:

1. of which the Insured was aware or of which a reasonable person in the circumstances could be expected to have been aware; or
2. for which the Insured has received or sought medical attention, treatment or advice; or
3. for which the Insured has undergone testing prior to the Effective Date of Cover.

Pre-Existing Medical Conditions specifically include congenital or degenerative conditions for which the Insured has been diagnosed or is aware of, or which a reasonable person in the circumstances could be expected to have been aware of prior to the Effective Date of Cover regardless of whether the Insured was at that time, or subsequently, being treated for them.

Premium means the Premium as shown in the Policy Schedule that is payable by the Insured in respect of this Policy.

Quadriplegia means the Permanent loss of use of all four limbs.

Salary means the average weekly pre-tax income derived from personal exertion during the period of twelve (12) months immediately preceding the date of Temporary Total Disablement or Temporary Partial Disablement or during such shorter period as the Insured has been employed (or self-employed) in their occupation at the time the disability occurred; subject to:

1. in the case of an Insured remunerated by wages or salary, income includes overtime and any allowances that are payable to the Insured as part of the Insured's remuneration, whether in addition to the Insured's wage or salary or not, but does not include any bonuses, commissions or other allowances before any salary sacrifice deductions;
2. if self-employed, the gross weekly income after deducting any expenses necessarily incurred in deriving that income.

Seek Employment means the Insured being registered with the government agency or department which is responsible for providing employment services and/or a recruitment agency and actively looking for employment by providing Us with proof of a minimum of two (2) new job applications per week to the agency or department.

Sickness means any illness or disease suffered by the Insured, which is not a Pre-Existing Medical Condition and which manifests itself during the Period of Insurance and which results in Temporary Total Disablement or Temporary Partial Disablement within twelve (12) months after manifesting itself.

Simple Fracture means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a Doctor requires minimal and uncomplicated medical treatment.

Spouse/Partner means Your husband or wife living with You or any person irrespective of gender living in a de facto marital relationship with You.

Temporary Partial Disablement means that in the opinion of a Doctor, the Insured is temporarily unable to engage in a substantial part of their usual occupation, and while under the care of and acting in accordance with the instructions and/or advice of a Doctor.

Temporary Total Disablement means that in the opinion of a Doctor, the Insured is temporarily unable to engage in their usual occupation, and while under the care of and acting in accordance with the instructions and/or advice of a Doctor.

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

Utilisation of Nuclear, Chemical or Biological Weapons of Mass Destruction means:

1. the use of any explosive nuclear weapon or device; or
2. the emission, discharge, dispersal, release or escape of:
 - a. fissile material emitting a level of radioactivity, or
 - b. any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins), or
 - c. any solid, liquid or gaseous chemical compound which, when suitably distributed;

which is capable of causing incapacitating disablement or death amongst people or animals.

Waiting Period means the period specified in the Policy Schedule during which no benefits are payable by Us in relation to Section 1 – Personal Accident and Sickness – Parts B and C – Weekly Benefits and/or Part F – Weekly Business Expenses (Self-employed Persons Only).

War means a state of armed conflict, whether declared or not, between different nations, states, or armed groups using military force to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

We/Our/Us means the certain underwriters at Lloyd's of London.

You/Your means the Insured as specified on the Policy Schedule.

SECTION 1 – PERSONAL ACCIDENT AND SICKNESS

Extent of Cover

Personal Accident

If during the Period of Insurance the Insured suffers an Injury which directly results in an insured Event occurring within twelve (12) months of the Accident, We will pay the corresponding amounts shown in the Table of Events under Section 1 – Personal Accident and Sickness – Parts A, B, D and/or E.

Sickness

If during the Period of Insurance the Insured suffers a Sickness, We will pay the corresponding amounts shown in the Table of Events under Section 1 – Personal Accident and Sickness – Parts C and/or E.

Table of Events

Part A – Lump Sum Benefits

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

The Events	Benefit Amount
The following Event(s) must occur within twelve (12) months of the date of the Accident	Being a percentage of the amount shown in the Policy Schedule under Section 1 – Personal Accident and Sickness – Part A – Lump Sum Benefits
1. Accidental Death	100%
2. Permanent Total Disablement	100%
3. Paraplegia or Quadriplegia	100%
4. Permanent and incurable paralysis of all Limbs	100%
5. Loss of sight of one (1) or both eyes	100%
6. Loss of sight of one (1) or both Limbs	100%
7. Permanent and incurable insanity	100%
8. Loss of use of lens of:	
a. both eyes	100%
b. one (1) eye	60%
9. Loss of hearing of:	
a. both ears	80%
b. one (1) ear	30%
10. Burns:	
a. third degree burns and/or resultant disfigurement which covers more than thirty (30) percent of the entire external body	60%
b. second degree burns and/or resultant disfigurement which covers more than thirty (30) percent of the entire external body	30%
11. Permanent total loss of use of four (4) Fingers and Thumb of either Hand	80%
12. Permanent total loss of use of four (4) Fingers of either Hand	50%

The Events	Benefit Amount
The following Event(s) must occur within twelve (12) months of the date of the Accident	Being a percentage of the amount shown in the Policy Schedule under Section 1 – Personal Accident and Sickness – Part A – Lump Sum Benefits
13. Permanent total loss of use of the Thumb of either Hand: a. both joints b. one (1) joint	40% 20%
14. Permanent total loss of use of Fingers of either Hand: a. three (3) joints b. two (2) joints c. one (1) joint	20% 15% 10%
15. Permanent total loss of use of Toes of either Foot: a. all – one Foot b. great – both joints c. great – one (1) joint d. other than great Toe – each Toe	15% 5% 3% 1%
16. Fractured leg or patella with established non-union	10%
17. Loss of at least fifty (50) percent of all Teeth	1% per Tooth (up to a maximum of \$10,000 in total)
18. Shortening of leg by at least five (5) centimetres	10%
19. Permanent partial disablement not otherwise provided for under Events 8 to 18	Such percentage of the lump sum amount as We in Our discretion having regard to Your interests shall determine, but not more than 75% and being in Our opinion not inconsistent with the benefits provided under Events 8 to 18

Part B – Weekly Benefits – Injury

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

The Events
<p>20. Temporary Total Disablement</p> <p>From the date Temporary Total Disablement as a result of Injury commences and whilst the Temporary Total Disablement persists and after the Waiting Period, We will pay up to the amount in the Policy Schedule against Section 1 – Personal Accident and Sickness – Part B – Weekly Benefits – Injury, but not exceeding the Salary of the Insured.</p>
<p>21. Temporary Partial Disablement</p> <p>From the date Temporary Partial Disablement as a result of Injury commences and whilst the Temporary Partial Disablement persists and after the Waiting Period, We will pay up to the amount in the Policy Schedule against Section 1 – Personal Accident and Sickness – Part B – Weekly Benefits – Injury, less any amount of current earnings as a result of working in a reduced capacity in the Insured’s current employment, provided the combined amount does not exceed the percentage of Salary shown in the Policy Schedule.</p> <p>Should the Insured be able to return to work in their current employment in a reduced capacity, but elects not to do so then the benefit payable will be twenty-five (25) percent of the amount payable for Event 20.</p>

Part C – Weekly Benefits – Sickness

Cover for an Event under this Part applies only if an amount for that Event is shown in the Policy Schedule against Section 1 – Personal Accident and Sickness – Part C – Weekly Benefits – Sickness.

The Events
22. Temporary Total Disablement From the date Temporary Total Disablement as a result of Sickness commences and whilst the Temporary Total Disablement persists and after the Waiting Period, We will pay up to the amount in the Policy Schedule against Section 1 – Personal Accident and Sickness – Part C – Weekly Benefits – Sickness, but not exceeding the Salary of the Insured.
23. Temporary Partial Disablement From the date Temporary Partial Disablement as a result of Sickness commences and whilst the Temporary Partial Disablement persists and after the Waiting Period, We will pay up to the amount in the Policy Schedule against Section 1 – Personal Accident and Sickness – Part C – Weekly Benefits – Sickness, less any amount of current earnings as a result of working in a reduced capacity in the Insured's current employment, provided the combined amount does not exceed the percentage of Salary shown in the Policy Schedule. Should the Insured be able to return to work in their current employment in a reduced capacity, but elects not to do so then the benefit payable will be twenty-five (25) percent of the amount payable for Event 22.

Part D – Injury Resulting in Fractured Bones

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

The Events	Benefit Amount
The following Event(s) must occur within twelve (12) months of the date of the Accident	Being a percentage of the amount shown in the Policy Schedule under Section 1 – Personal Accident and Sickness – Part D – Injury Resulting in Fractured Bones
24. Complete Fracture of neck, spine or skull	100%
25. Hip Fracture	75%
26. Other Fracture of jaw, pelvis, leg, ankle or knee	50%
27. Cheekbone, shoulder or Hairline Fracture of neck, skull or spine	40%
28. Other Fracture of arm, elbow, wrist or ribs (per rib)	30%
29. Simple Fracture of jaw, pelvis, leg, ankle or knee	25%
30. Fractured nose or collarbone	25%
31. Simple Fracture of arm, elbow, wrist or ribs (per rib)	25%
32. Fracture of a Finger (per Finger), Thumb (per Thumb), Foot, Hand or Toe (per Toe)	10%

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

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

Part E – Injury Resulting in Loss or Damage to Teeth

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

The Events	Benefit Amount
The following Event(s) must occur within twelve (12) months of the date of the Accident	Being a percentage of the amount shown in the Policy Schedule under Section 1 - Personal Accident and Sickness – Part E – Injury Resulting in Loss or Damage to Teeth
33. Loss of or full capping of Teeth	100% (maximum \$500 per Tooth)
34. Chipped or broken Teeth requiring partial capping	100% (maximum \$250 per Tooth)

Part F – Weekly Business Expenses – (Self-employed Persons Only)

Cover for this Part applies only if an amount is shown in the Policy Schedule against Section 1 – Personal Accident and Sickness – Part B – Weekly Benefits – Injury and/or Part C – Weekly Benefits – Sickness, and provided always that the Insured is self-employed.

The Events	Benefit Amount
35. Temporary Total Disablement (payable only in addition to Events 20 and/or 22)	From the date of Temporary Total Disablement and whilst the Temporary Total Disablement persists, the Weekly Business Expenses benefit shown in the Policy Schedule against Section 1 – Personal Accident and Sickness – Part F – Weekly Business Expenses (Self-employed Persons Only)

SECTION 2 - ADDITIONAL BENEFITS

Advanced Payment

If the Insured sustains an Injury or Sickness for which benefits are payable for Events 20 or 22, We will immediately pay thirteen (13) weeks benefit, provided that We are presented with medical evidence from a Doctor certifying that the total period of Temporary Total Disablement will be a minimum of twenty-six (26) weeks.

Coma Benefit

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

Disappearance

If the body of the Insured is not found within twelve (12) months after disappearing in any manner whatsoever, Accidental Death will be presumed in the absence of any evidence to the contrary. The Accidental Death benefit amount set out under Event 1 shall become payable, subject to:

1. a signed undertaking by the legal representatives of the Insured's estate that if the Insured is subsequently found alive, such Accidental Death benefit amount will be refunded to Us; and/or
2. the provision of a Death Certificate from the relevant jurisdiction's Registry of Births, Deaths and Marriages or equivalent where the cause of the Insured's disappearance is unknown.

Condition applicable to Section 2 – Additional Benefits – Disappearance. Where the cause of the Insured's disappearance is unknown, the disappearance must be reported:

- a. to the local police and a written report obtained;
- b. and where the disappearance occurs outside the Insured's country of residence, to the applicable embassy, consulate or other representative of the country of residence and a written report obtained.

Escalation of Claim Benefit

After payment of a benefit for Events 20 and/or 21 or Events 22 and/or 23 continuously for twelve (12) months and again after each subsequent period of twelve (12) months during which a benefit is paid, the benefit will be increased by five (5) percent per annum.

Independent Financial Advice

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

Modification Benefit

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

Rehabilitation Benefit

On the occurrence of Events 20 and/or 21 or Events 22 and/or 23, for which benefits are payable, We will pay for tuition or advice for the Insured from a licensed vocational school, provided such tuition or advice is undertaken with Our prior written agreement and is confirmed by the Insured's Doctor as being necessary. The maximum amount We will pay under this benefit is shown in the Policy Schedule against Section 2 – Additional Benefits – Rehabilitation Benefit.

GENERAL CONDITIONS

The following General Conditions apply to all sections of this Policy unless expressly stated otherwise in the Policy.

1. If the Insured suffers an Injury resulting in any one (1) of Events 2 to 8.a., no further benefits will be payable under Section 1 – Personal Accident and Sickness – Part A – Lump Sum Benefits for any subsequent Injury to that Insured.
2. Benefits shall not be payable for more than one (1) of Events 1 to 19 in respect of the same Injury in which case the highest benefit amount will be paid.
3. Benefits shall not be payable for more than one (1) of the surgical benefits described in Events 22 to 26 and 29 to 32, in respect of any one (1) Injury or Sickness in which case the highest benefit amount will be paid.
4. Weekly benefits shall not be payable:
 - a. in excess of the maximum benefit period, as specified in the Policy Schedule, in respect to any one (1) Injury or Sickness;
 - b. for the Waiting Period;
 - c. beyond the date of the Insured's death;
 - d. once the Insured is deemed fit to return to work by a Doctor;
 - e. for more than one (1) of Events 20 and/or 21 or Events 22 and/or 23 that occur during the same period of time;
 - f. if the Insured fails to provide Us with all requested information and other evidence reasonably required to assess their claim; or
 - g. during any period where the Insured fails to follow the advice of or undertake the recommended treatment by a Doctor for the current disability. Advice or treatment includes seeking specialist advice or undergoing rehabilitation such as but not limited to obesity, drug addiction or alcoholism treatment plans where the condition is related to or exacerbating the current disability.
5. We may require at any time during a period of disablement that the Insured be examined by an independent medical officer of Our choosing and expense to obtain a second opinion. The costs associated with the examination will be met by Us, however, if the Insured fails to attend the examination for any reason then they will be required to pay any costs incurred. If the second opinion is contrary to the opinion of the Insured's Doctor, We will obtain a third and independent Doctor's opinion which will be the opinion used for the purposes of assessing the claim. We may require at any time for the Insured to attend and complete a medical examination by this doctor. Where the Insured fails to co-operate with Our doctor's medical examination We are entitled to conclude that no temporary disablement has occurred.
6. You must provide Us with medical evidence provided by a Doctor regarding the Insured's Temporary Disablement and their ability to attend their usual occupation.
7. If the Insured suffers a recurrence of Temporary Total Disablement or Temporary Partial Disablement from the same or related cause or causes within six (6) months, the subsequent period of disablement will be deemed a continuation of the prior disablement. A new Waiting Period will not apply and the total benefit period shall not exceed the maximum benefit period, as specified in the Policy Schedule, inclusive of the benefit already received. If the Insured has worked on a full-time unrestricted basis for at least six (6) consecutive months, the subsequent period of disablement shall be deemed to have resulted from a new Injury or Sickness. A new Waiting Period and a new maximum benefit period as specified in the Policy Schedule shall apply. Where an Injury requires surgical treatment which cannot be performed within twelve (12) months from the date of the Accident, provided the Insured can demonstrate that such treatment was known as necessary during the twelve (12) month period from the date of Accident and a Doctor certifies this, We will treat this as a continuation of the first Injury regardless of whether the Insured has been able to return to work for six (6) months, provided surgery does not occur in a period in excess of twenty-four (24) months from the original date of the Accident.
8. If the Insured returns to work for more than five (5) days during the Waiting Period and suffers a reoccurrence of the Injury or Sickness which led to the initial Temporary Total Disablement, then the Waiting Period shall recommence from the day that the Insured suffers Temporary Total Disablement after returning to work.

9. Sick leave, annual leave or other employer sponsored benefits are not required to be exhausted prior to the Insured making a claim under this Policy.
10. The amount of any benefit payable for Temporary Total Disablement and Temporary Partial Disablement will be reduced by the amount of any periodic compensation benefits payable under any workers' compensation or accident compensation scheme and the amount of any sick pay received or any disability entitlement so that the total amount of any such benefit or entitlement and benefits payable under the Policy shall not exceed the percentage of Salary of the Insured shown in the Policy Schedule and/or the Salary of the Insured.
11. If the Insured becomes unemployed whilst receiving benefit payments under Events 20 and/or 21 or Events 22 and/or 23 and is subsequently certified by a Doctor as being fit for light or partial duties, then the Insured must actively Seek Employment which is consistent with the Doctor's certified level of capacity. Should the Insured not actively Seek Employment, benefits shall be reduced to twenty-five (25) percent of the amount payable for Events 20 and/or 22.
12. Subject to Section 2 – Additional Benefits – Advanced Payment, weekly benefits shall be payable fortnightly in arrears. Compensation for a period of less than one (1) week will be paid at the rate of one-seventh (1/7th) of the weekly benefit for each working day during which the disability continues.
13. All benefits shall be payable to the Insured, unless otherwise stated in the Policy.
14. With respect to Section 1 – Personal Accident and Sickness – Part A – Lump Sum Benefits, the benefit payable in respect of an Insured under eighteen (18) years of age shall be limited to ten (10) percent of the sum insured shown in the Policy Schedule under Event 1 – Accidental Death or \$50,000, whichever is the lesser. With respect to Events 2 to 19, the benefit shall be limited to the sum insured shown in the Policy Schedule or \$250,000, whichever is the lesser.
15. Where the Insured is exposed to the elements as a result of an Accident and suffers from any of the Events stated in the Table of Events as a direct result of that exposure within twelve (12) months of the Accident, the Insured will be deemed for the purposes of this Policy to have suffered an Injury on the date of the Accident.
16. Should a benefit be payable under this Policy that is also payable under any other Policy issued by Us, the benefit will only be payable under one (1) Policy, which shall be the Policy with the highest benefit amount.
17. Cover is provided for You on the basis that You continue in the occupation shown on Your Policy Schedule. If You change Your occupation, You should make every practicable effort to notify Us prior to changing your occupation. Not advising Us in advance of changing Your occupation may prejudice Our rights and reduce or exclude cover under this Policy. If We choose to accept this change and cover You for Your new occupation, We will do so in writing, and such cover may be subject to different terms and/or additional premium may apply. If different terms or additional premium do apply, We will tell You this at the time We confirm if We wish to continue to cover You.

GENERAL EXCLUSIONS

The following General Exclusions apply to all sections of this Policy unless expressly states otherwise in the Policy.

We will not be liable to pay any benefit, loss, cost or expense arising from or attributable to;

1. the Insured engaging in or taking part in:
 - a. flying in an aircraft or aerial device other than as a passenger in an aircraft licensed to carry passengers; or
 - b. training for or participating in professional sport of any kind, or the sport where the Insured receives more than 15% of their annual income from all sources derived from fees or monetary reward as a result of their participation;
2. the Insured's intentional, wilful or reckless act, self-injury, suicide, misconduct or any illegal or criminal act;
3. the Insured suffering long-term effects of drug or alcohol abuse other than a drug taken or administered by or in accordance with the advice of a duly qualified Doctor;
4. Us contravening the Health Insurance Act 1973 (Cth), the *Private Health Insurance Act 2007* (Cth) or the *National Health Act 1953* (Cth) or any amendment to, or consolidation or re-enactment of those Acts;
5. an Insured who is seventy (70) years of age or over. This will not prejudice any entitlement to claim benefits for an Event which has arisen before the Insured has attained the age of seventy (70) years;
6. Events 20 and/or 21, Events 22 and/or 23 or Event 35 which are in any way attributed to childbirth or pregnancy with the exception of any unexpected and unforeseen medical complications or emergencies arising therefrom;
7. any sexually transmitted disease or Human Immunodeficiency Virus ('HIV') or any variance including Acquired Immune Deficiency Syndrome ('AIDS') and AIDS Related Complex ('ARC');
8.
 - a. War, hostilities or any act of War (whether War is declared or not), invasion;
 - b. act of an enemy foreign to your nationality, or enemy foreign to the country in which, or over which, the act occurs;
 - c. Civil War, riot or civil commotion, rebellion, insurrection, revolution or overthrow of any Government; or
 - d. any action taken by You, or anyone else, in controlling, preventing or responding to any or all of the listed events in this clause;
9. the use, existence or escape of nuclear weapons, materials or ionizing radiation from or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel; or any action taken by You, or anyone else, in controlling, preventing, or responding to any, or all.
10. an Insured being exposed to the Utilisation of Nuclear, Chemical or Biological Weapons of Mass Destruction; or any action taken by You, or anyone else, in controlling, preventing, or responding to any, or all.
11. Pre-existing Medical Conditions;
12. those which are covered by:
 - a. Medicare;
 - b. any workers' compensation legislation;
 - c. any transport accident legislation;
 - d. any common law entitlement;
 - e. any government sponsored fund, plan or medical benefit scheme; or
 - f. any other insurance policy required to be effected by or under law;
13. any condition such as neurosis, psychoneurosis, mental, emotional, stress, depression or anxiety condition disease or disorder or similar condition or any condition which is a consequence of the treatment of these conditions.

GENERAL PROVISIONS

The following General Provisions apply to all sections of this Policy unless expressly stated otherwise in the Policy.

Aggregate Limit of Liability

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

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

Alteration of Risk

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

Assistance and Co-operation

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

Cancellation

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

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

If the Policy is cancelled by either the Insured or Us, We will refund the Premium for the Policy less a pro-rata proportion of the Premium to cover the period for which insurance applied less any non-refundable statutory and government charges, taxes and levies that We have paid.

Solution Underwriting may not refund any applicable policy fee if the Policy has been cancelled outside the cooling-off period.

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

Insured's access to cover

Cover in respect to the Insured will end on the earlier of:

1. the end of the Period of Insurance; or
2. when this Policy is cancelled by the Insured at their request or by Us pursuant to the *Insurance Contracts Act 1984* (Cth); or
3. when the Insured reaches seventy (70) years of age.

Currency

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

Reasonable Care

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

Fraudulent Claims

If the Insured or any person covered under this Policy makes a claim or arranges for another party to make a claim that is in any way false, dishonest or fraudulent, then We may refuse to pay any such claim.

Notice of Claim

The Insured or any person entitled to claim under this Policy must give Corporate Services Network ('CSN') written notice of any event which is likely to give rise to a claim, within thirty (30) days, or as soon as is reasonably practicable.

Please send notice of any claim to:

Corporate Services Network

GPO BOX 4276, Sydney NSW 2001

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

Fax: +61 2 8256 1775

Email: claims@csnet.com.au

Other Insurance

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

Sanctions Limitation and Exclusion Clause

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

Subrogation

Save as to the circumstances set out in Sections 65(5) and (6) of the *Insurance Contracts Act 1984*, when We pay any amount under this Policy, You or Your legal representative agree that We shall be subrogated to all of Your or Your legal representative rights to recover against any person or entity and You or Your legal representative agree to execute and deliver any certificates, information and other documentation as We may reasonably require and do whatever else is reasonably necessary to enable Us to secure such rights.

Issued by
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