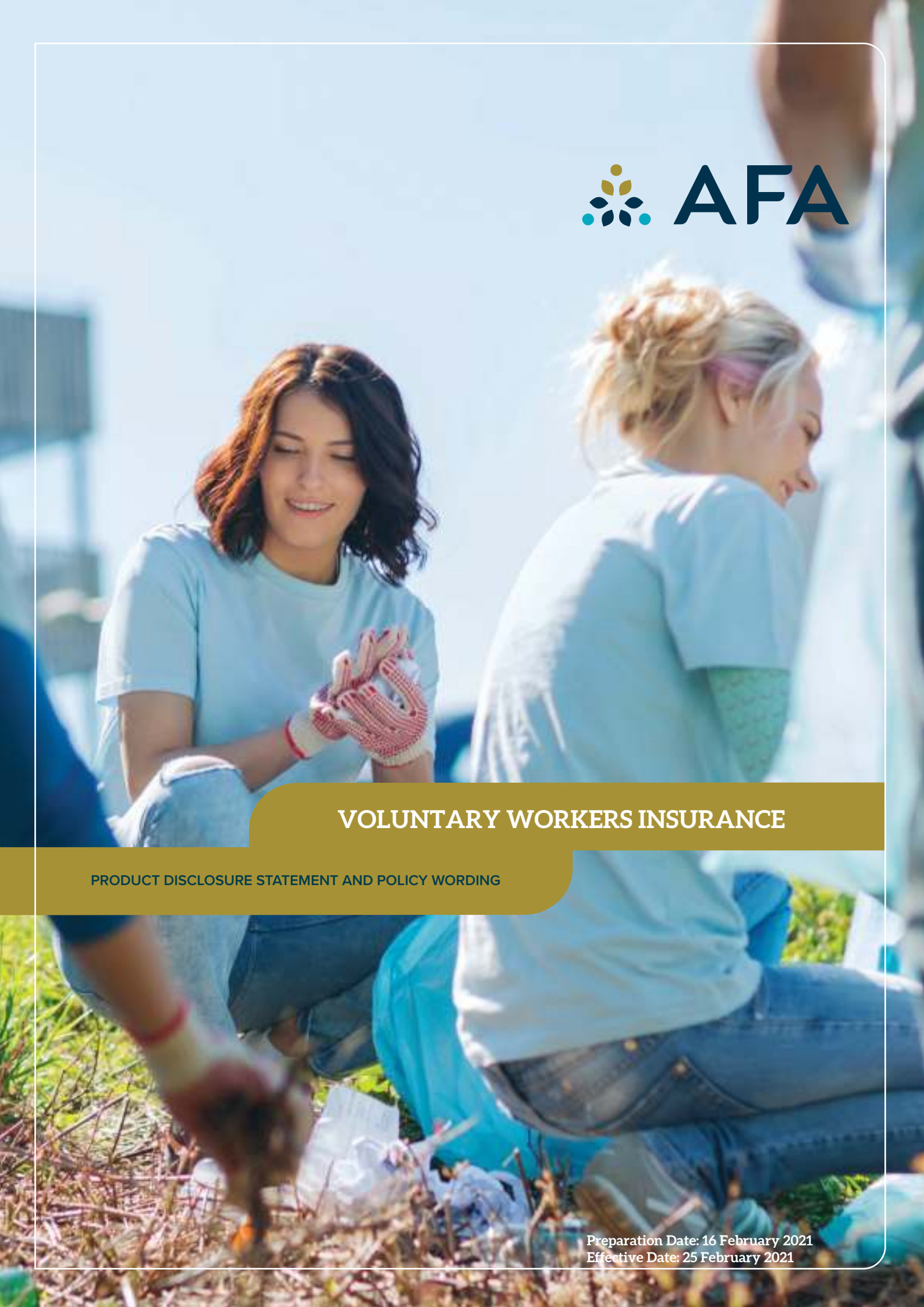

VOLUNTARY WORKERS INSURANCE

PRODUCT DISCLOSURE STATEMENT AND POLICY WORDING

Preparation Date: 16 February 2021
Effective Date: 25 February 2021

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ABOUT OUR VOLUNTARY WORKERS INSURANCE

This Product Disclosure Statement (PDS) is an important document about this product and includes the policy wording which starts on page 13. *You* should read it carefully before making a decision to purchase this product.

This PDS will help *you* to:

- decide whether this product will meet *your* needs; and
- compare this product with other products *you* may be considering.

The information contained in this PDS is general information only. It is important *you* read *your* policy to ensure *you* have the cover *you* need.

AFA

"This PDS and Policy contains information You should read and know."

ABOUT AFA

AFA Pty Ltd (ABN 83 067 084 333) AFS Licence No. 247122 (AFA) is an underwriting agency, specialising in the design and marketing of group insurance products. AFA has been given authority by the insurer authorising it to enter into, vary and cancel this insurance as well as settle any claims on behalf of the insurer as if it were the insurer.

In this document, AFA Pty Ltd may also be expressed as 'AFA'. It may also be expressed as 'we', 'us' or 'our'.

CONTACT DETAILS

AFA Pty Ltd

PO Box R1852
Royal Exchange NSW 1225

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www.afainsurance.com

enquiries@afainsurance.com

Zurich Australian Insurance Limited

PO Box 677 North Sydney NSW 2059

Client Enquiries Telephone: 132 687

www.zurich.com.au

ABOUT ZURICH

The insurer of this product is Zurich Australian Insurance Limited (ZAIL), ABN 13 000 296 640, AFS Licence Number 232507. In this document, ZAIL may also be expressed as 'Zurich'.

ZAIL is part of the Zurich Insurance Group, a leading multi-line insurer that serves its customers in global and local markets.

Zurich provides a wide range of general insurance and life insurance products and services in more than 210 countries and territories. Zurich's customers include individuals, small businesses, and mid-sized and large companies, including multinational corporations.

HOW TO APPLY FOR THIS INSURANCE

Throughout this document when we are referring to *your* insurance broker or adviser, we simply refer to them as *your* intermediary.

If *you* are interested in buying this product or have any inquiries about it, *you* should contact *your* intermediary who should be able to provide *you* with all the information and assistance *you* require.

If *you* are not satisfied with the information provided by *your* intermediary *you* can contact us at the address or telephone number shown on page 4 of this document. However, we are only able to provide factual information or general advice about the product. We do not give advice on whether the product is appropriate for *your* personal objectives, needs or financial situation.

OUR VOLUNTARY WORKERS INSURANCE

AFA Voluntary Workers Insurance allows *you* to tailor the cover for *your* requirements. Cover can be arranged by *you* (referred to as the *insured*) to cover yourself or some other person(s) (referred to as the *insured person*(s)).

The policy operates 24 hours a day, seven days a week, anywhere in the world where the *injury* occurs whilst undertaking *voluntary work*.

For a summary of additional benefits available to *you*, see 'Benefits of Cover Available' on page 10.

OUR CONTRACT WITH YOU

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 is made up of:

- the policy wording which begins at page 13 of this document. It tells *you* what is covered, sets out the claims procedure, exclusions and other terms and conditions of cover;
- the proposal, which is the information *you* provide to us when applying for insurance cover;

- *your* most current policy *schedule* issued by us. The *schedule* is a separate document unique to *you*, which shows the insurance details relevant to *you*. It includes any changes, exclusions, terms and conditions made to suit *your* individual circumstances and may amend the policy; and
- any other written change otherwise advised by us in writing (such as an endorsement or a supplementary PDS). These written changes vary or modify the above documents.

Please note, only those Sections shown as covered in *your schedule* are *insured*.

This document is also the PDS for any offer of renewal we may make, unless we tell *you* otherwise. Please keep *your* policy in a safe place. We reserve the right to change the terms of this product where permitted to do so by law.

WORDS WITH SPECIAL MEANINGS

We italicise terms in this PDS, to show that words are abbreviations or have a particular defined meaning. *You* should refer to the Definitions in this document to obtain the full meaning of such terms.

ABOUT AN INSURED PERSON

An *insured person* has a right to recover under this policy only through Section 48 of the Insurance Contracts Act 1984 (Cth) and is not a party to the contract of insurance. Only the *insured* is able to vary or cancel the policy.

When the Insured Person's cover starts and ends

An *insured person's* ability to access cover:

- starts at the time the relevant person becomes an *insured person*; and
- ends at the earliest happening of the following:
  - (a) the relevant person is no longer meeting the criteria specified in the *schedule* for an *insured person*;
  - (b) the date and time *you* request that such *insured person* ceases to have access to the benefits under this policy; or
  - (c) the date and time this policy ends in accordance with the policy terms, either because the *period of insurance* has ceased and the policy has not been renewed with us or this policy has been cancelled in accordance with the policy terms.

SIGNIFICANT ISSUES TO CONSIDER

Insurance contracts contain policy exclusions, policy terms and conditions and policy limits and sub–limits that *you* should be aware of when deciding to purchase our product. These things may affect the amount of the payment that we will make to *you* if *you* have a claim.

We may express some policy terms, policy limits or sub-limits as being either a dollar amount or a percentage of *your sum insured* shown in *your schedule* or some other amount, factor or item specified in the relevant clause of *your* policy.

You should be aware of the following matters in considering whether this product is suitable for *your* needs.

Excesses can apply

An *excess* may apply to claims made under each of these Sections. An *excess* is not an additional fee, charged by us at the time of making a claim. Rather, it is the uninsured first portion of a loss for which *you* are otherwise covered, i.e. the amount that *you* must contribute towards each claim.

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

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

COVERAGE CONDITIONS AND GENERAL PROVISIONS

Coverage Conditions and General Provisions set out *your* general obligations with which *you* need to comply. Please refer to page 6. *You* should read the policy wording and make yourself aware of all the terms, coverage conditions and general provisions that apply. If *you* do not meet them, we may be able to decline or reduce the claim payment or cancel *your* policy.

Exclusions

This policy contains exclusions, some of which are common in insurance policies and some may be less common, and as such may be unexpected. *Your* policy excludes or limits cover in the following circumstances, we may not pay for death, *injury*, *sickness* or disability arising from:

- being in an aircraft or aerial device, unless as a passenger;
- any deliberate, illegal or criminal acts inflicted by or on behalf of an *insured person*, or any other person acting with their consent or at their direction.

An example of a less common exclusion is found on page 24 which excludes cover for death, *injury* or liability death arising from, training for, or participating in a *professional sport*. Please refer to page 24 for the details of this exclusion.

The above are some of the events that are not covered by this policy. Before making a decision about whether to purchase this policy, you should read the full details of all relevant exclusions, which are contained in the policy. Please refer to the General Exclusions on page 24 to ascertain if the cover is adequate for *your* requirements.

Make sure you have the cover you need

You should discuss with *your* intermediary the appropriate amounts and risks for which *you* need to be *insured*. If *you* do not adequately insure for the relevant risks *you* may have to bear any uninsured losses yourself.

You should also advise *your* intermediary to notify us as soon as possible, when *your* circumstances change which are relevant to *your* policy.

COOLING OFF PERIOD

After *you* apply for a AFA product and *you* have received the policy document, *you* have 21 days to check that the policy meets *your* needs. Within this time *you* may cancel the policy and receive a full refund of any premium paid, unless *you* have:

- made a claim or become entitled to make a claim under *your* policy; or
- exercised any right or power *you* have in respect of *your* policy or the policy has ended.

Your request will need to be in writing and forwarded to us via *your* intermediary or to the address shown on page 4 of this document.

You can cancel *your* policy at any time after the cooling–off period. Please refer to ‘Cancellation’ under General Provisions on page 28.

HOW WE CALCULATE YOUR PREMIUM

The amount of *your* premium is determined by taking a number of different matters into account. *You* can seek a quote at any time.

It is important for *you* to know in particular that the premium varies depending on the information we receive from *you* about the risk to be covered by us. The higher the risk is, the higher the premium will be. Based on our experience and expertise as an insurer, we decide what factors increase our risk and how they should impact on the premium. Each insurer can do this differently.

In this product the factors that are taken into consideration include the following:

- the business of the *insured*;
- the activities undertaken by *insured persons*;
- benefit limits chosen; and
- the *excess* amount *you* elect. This means that when *you* purchase a policy *you* may elect to take a larger *excess* amount in the event of a claim, which will reduce the cost of *your* premium. If *you* are interested in this, *you* should ask *your* intermediary to supply *you* with quotes based on differing *excess* or *excess period* amounts.

YOUR DUTY OF DISCLOSURE

For *insureds* who are not a natural person, 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.

Individuals

If *you* are the *insured* and *you* are a natural person, a different duty of disclosure to the one set out above applies to *you*. Contact *your* intermediary or us to ensure *you* are notified of *your* duty.

Your intermediary can arrange for *you* to be provided with a quote for a premium. *You* will need to give *your* relevant personal details to *your* intermediary at this time to enable us to calculate the premium.

Another important thing to know is that *your* premium also includes amounts that take into account our obligation to pay any relevant compulsory government charges, taxes or levies (e.g. Stamp Duty and GST and Fire Services Levy) in relation to *your* policy. These amounts will be set out separately in *your schedule* as part of the total premium payable.

How and when you pay your premium and what happens if you don't pay?

Premiums are charged and are payable on a yearly basis. *Your* intermediary can also tell *you* what other methods are available to make *your* premium payments.

Your intermediary should send *you* an offer of renewal of *your* insurance once a year, before *your* current *period of insurance* expires. If *you* do not pay *your* premium when due, *your* policy may lapse after 30 days and *you* will not be covered. *You* may be able to reinstate *your* policy after it lapses, but *you* must submit an application to us, which is subject to our reassessment of *your* personal circumstances and the circumstances of all persons to be *insured* at the time of application.

GENERAL INSURANCE CODE OF PRACTICE

We are signatories to the General Insurance Code of Practice (the Code) and support the Code.

The objectives of the Code are:

- to commit us to high standards of service;
- to promote better, more informed relations between us and *you*;
- to maintain and promote trust and confidence in the general insurance industry;
- to provide fair and effective mechanisms for the resolution of complaints and disputes *you* make about us; and
- to promote continuous improvement of the general insurance industry through education and training.

Further information about the Code and *your* rights under it is available at www.codeofpractice.com.au or by contacting us.

HOW TO MAKE A CLAIM

If *you* need to make a claim, please refer to Claims Procedures on page 25.

If *you* have any queries, please contact *your* intermediary as soon as possible, or call us on 1300 728 997.

PRIVACY

In this Privacy Notice, 'We', 'Us', 'Our' means Zurich and AFA. '*You*', '*Your*' or '*Yours*' means the *insured* or an *insured person* as applicable.

Zurich and AFA is bound by the Privacy Act 1988 (Cth). We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about *you* ('*your* details') to assess applications, administer policies, contact *you*, enhance our products and services and manage claims ('Purposes'). If *you* do not provide *your* information, we may not be able to do those things. By providing us, our representatives or *your* intermediary with information, *you* consent to us using, disclosing to third parties and collecting from third parties *your* details for the Purposes.

We may disclose *your* details, including *your* sensitive information, to relevant third parties including *your* intermediary, affiliates of Zurich Insurance Group Ltd, affiliates of AFA, other insurers and reinsurers, our banking gateway providers and credit card transactions processors, our service providers, our business partners, health practitioners, *your* employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain *your* details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984 (Cth), Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), Corporations Act 2001 (Cth), Autonomous Sanctions Act 2011 (Cth), A New Tax System (Goods and Services Tax) Act 1999 (Cth) and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at www.zurich.com.au or by telephoning Zurich on 132 687 and AFA's Privacy Policy is available at https://www.afainsurance.com or by telephoning 1300 728 997, provides further information and lists service providers, business partners and countries in which recipients of *your* details are likely to be located. It also sets out how we handle complaints and how *you* can access or correct *your* details or make a complaint.

COMPLAINTS AND DISPUTES RESOLUTION PROCESS

We welcome every opportunity to resolve any concerns *you* may have with our products or service. Any enquiry or complaint relating to this insurance or AFA Pty Ltd should first be referred to:

In Writing to: AFA Pty Ltd
PO Box R1852, Royal Exchange NSW 1225

Telephone: 02 9259 8222

Facsimile: 02 9259 8200

Email: enquiries@afainsurance.com

If *you* have a complaint about an insurance product we have issued or service *you* have received from us, please contact *your* intermediary to initiate the complaint with us. If *you* are unable to contact *your* intermediary, *you* can contact us directly on 132 687. We will acknowledge receipt of *your* complaint within 24 hours or as soon as practicable.

If this does not resolve the matter or *you* are not satisfied with the way a complaint has been dealt with, *you* may access our internal dispute resolution process. Please refer to the general insurance fact sheet available on our website for details of our internal dispute resolution process.

We expect that our internal dispute resolution process will deal fairly and promptly with *your* complaint, however, *you* may take *your* complaint to the Australian Financial Complaints Authority (AFCA) at any time.

AFCA is an independent external dispute resolution scheme. We are a member of this scheme and we agree to be bound by its determinations about a dispute. AFCA provides fair and independent financial services complaint resolution that is free to *you*.

Their contact details are:

Website: www.afca.org.au

Email: info@afca.org.au

Freecall: 1800 931 678

In Writing to: Australian Financial Complaints Authority
GPO Box 3
Melbourne VIC 3001

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

FINANCIAL CLAIMS SCHEME

Zurich is an insurance company authorised under the Insurance Act 1973 (Cth) to carry on general insurance business in Australia. As such, we are subject to prudential requirements and standards, regulated by the Australian Prudential Regulation Authority (APRA).

This policy may be a protected policy under the Federal Government's Financial Claims Scheme (FCS), which is administered by APRA.

The FCS may apply in the event that a general insurance company becomes insolvent. If the FCS applies, a person who is entitled to make a claim under this insurance policy may be entitled to a payment under the FCS. Access to the FCS is subject to eligibility criteria.

Further information about the FCS can be obtained at www.fcs.gov.au

HEADINGS

Headings have been included for ease of reference but do not form part of the policy.

UPDATING THIS PDS

The information in this PDS is up to date at the time it is prepared. Certain information in this PDS may change from time to time. If the updated information is not materially adverse from the point of view of a reasonable person deciding whether or not to purchase this product, we will update this information on our website at https://www.afainsurance.com. A paper copy of the updated information will be available free of charge upon request, by contacting *your* intermediary or us by using our contact details are on page 4 of this PDS. Please note that we may choose to issue a new or supplementary PDS in other circumstances.

BENEFITS OF COVER AVAILABLE

The following table shows highlights of some of the major benefits available under the policy. Exclusions, limits and conditions apply so please refer to each Section for full details of coverage.

TYPES OF COVERS AVAILABLE	BENEFITS OF COVER AVAILABLE
Section 1 — Personal Accident **Part A — Accidental Death and Capital Benefits**	Benefits payable in the event that the *insured person* suffers *accidental death* or *injury* as a result of an *accident*.
Part B — Weekly Injury Benefits	Weekly benefits payable in the event an *insured person* suffers *temporary total disablement* or *temporary partial disablement*, as a result of an *injury*.
Part C — Injury Resulting in Surgery	Benefits payable up to $20,000 where the *insured person* suffers *injury* and requires a specified surgical procedure.
Part D — Injury Resulting in Fractured Bones	Benefits payable up to the amount shown on the *schedule* where the *insured person* suffers *injury* resulting in fractured bones.
Part E — Injury Resulting in Loss of Teeth or Dental Procedures	Benefits payable up to $1,000 where the *insured person* suffers an *injury* resulting in loss of *teeth* or requiring full or partial capping of *teeth*.
Extensions of Cover **Childcare Benefit**	If an *insured person* is entitled to benefits under Part A — Accidental Death and Capital Benefits for injury types 1–7 (a), 8 (a) or 9 (a), we will pay up to $5,000 for the services of a registered childcare provider.
Disappearance	If the *insured person* is travelling in a conveyance that disappears, sinks or is wrecked and the body has not been found within 12 months, they will for the purpose of this policy be deemed to have died as a result of an *injury* by *accident* causing *accidental death*.
Escalation of Claim Benefit	After payment of a benefit for *temporary total disablement* or *temporary partial disablement* continuously for 12 months and again after each subsequent period of 12 months during which a benefit is paid, the benefit will be increased by the greater of: (a) 5%; or (b) the average percentage increase of the Australian Consumer Price Index (CPI) for the prior four quarters as published by the Australian Bureau of Statistics.
Exposure	If during the *period of insurance* an *insured person* is exposed to the elements as a result of an *accident* and within 12 months of that *accident* they suffer from either an *capital benefit* or *weekly benefit* as a direct result of that exposure, they will be deemed covered for the purpose of this policy from the date of that *accident*.
Guaranteed Payment	We will immediately pay 12 weeks benefits provided that proper medical evidence is provided from a *medical practitioner* certifying that the total period of *temporary total disablement* will be a minimum of 26 continuous weeks.
Tuition Expenses	We will pay up to $500 per month for a maximum of 6 months, to reimburse expenses incurred for tuition or advice for the *insured person* from a licensed vocational school, provided we have given prior written agreement and with the agreement of the *insured person's medical practitioner*. We will pay up to $500 per week for a maximum of 26 consecutive weeks for home tutorial services provided by a qualified professional, if an *insured person* is unable to attend registered class.
Section 2 — Non-Medicare Medical Expenses **Non-Medicare Medical Expenses**	Following an *accident* we will pay an *insured person*, where permissible by law, 85% of the *non-Medicare medical expenses* incurred within 12 months of sustaining an *injury* up to a maximum of $1,500.
Section 3 — Personal Vehicle Excess Waiver **Personal Vehicle Excess Waiver**	Reimbursement for any *excess* under an *insured person's* comprehensive motor vehicle policy where the *insured person's* personal motor vehicle suffers loss or damage whilst undertaking *voluntary work*.
Rental Vehicle	The cost of hiring a similar motor vehicle, in the event that the *insured person* has lost total use of their personal motor vehicle.

Extentions of Cover — All Sections	Benefits in Addition to the Sum Insured
Accidental HIV Infection Benefit	We will pay a lump sum benefit of $30,000 if an *insured person* is infected with HIV or acquires AIDS as a result of an *injury* caused by a *violent criminal act* or whilst receiving medical treatment under the supervision of a *medical practitioner*.
Accommodation and Transport Expenses	As a result of an *accident* and the *insured person* requires to be an in-patient of a hospital, and that hospital is more than 100 kilometres from the *insured person's* home we will pay up to a maximum of $3,000 in any one *period of insurance* for accommodation and transport expenses incurred by the *spouse* or *partner* and/or *dependent children*.
Assault Benefit	If an *insured person* suffers an *injury* directly as a result of an unprovoked assault during their *scope of cover*, we will pay a lump sum benefit of $5,000 to the *insured* or the *insured person*.
Bed Care Benefit	We will pay $500 for each week that an *insured person* is confined to bed due to an *injury*, up to a maximum of 26 consecutive weeks.
Carjacking Incident Benefits	If during the *period of insurance* and during the *insured person's scope of cover*, and as a result of a *carjacking incident* the *insured person* is a victim of theft and/or damage to their vehicle we will pay up to $5,000 for the repair or replacement of the vehicle and reasonable costs to transport the *insured person* to and from their home and work. We will also pay a lump sum benefit of $5,000 if the *insured person* suffers an *injury* as a result of a *carjacking incident*.
Chauffeur Benefit	We will reimburse *you* up to $200 per week for costs incurred for the hire of a suitable chauffeured vehicle or taxi to transport the *insured person* directly to and from their normal place of residence and normal place of work for a maximum period of 26 weeks, if an *insured person* suffers an *injury* for which *temporary partial disablement* benefits are payable.
Corporate Image Protection	If an *insured person* or a group of *insured persons* suffers an *injury*, and in our opinion this is likely to result in a valid claim for payment of benefits for: (a) *Accidental Death*; or (b) *Permanent Total Disablement*, we will reimburse *you* up to $15,000 for reasonable costs (other than *your* own internal costs) incurred for the engagement of image and/or public relations consultants and/or costs associated with the release of information through the media to protect *your* corporate image as a result of the *accident*.
COVID Inconvenience Benefit	If, during the *period of insurance* an *insured person* is positively diagnosed with COVID-19, which is confirmed by the relevant State Government Health Department to have been acquired in a location visited by the *insured person* at the time they were actually undertaking *voluntary work* on behalf of the *insured*, we will pay the *insured person* a lump sum benefit of $1,500. The maximum amount we will pay for all claims arising out of any one occurrence or series of related occurrences, during the *period of insurance*, shall not exceed $15,000.
Funeral Expenses	$10,000 for funeral expenses where the *accidental death* of an *insured person* is covered by this policy.
Home and/or Motor Vehicle Modification Expenses	Up to a maximum of $10,000 for the *insured person* modifying their home, motor vehicle or relocating the *insured person* to a suitable home after a benefit being payable under Part A — Accidental Death and Capital Benefits injury types 2–7 (a), 8 (a) and 9 (a) being payable.
Home Help Benefit	If an *insured person* who is retired, unemployed or not in receipt of a *salary* or wages suffers *temporary total disablement* and/or *temporary partial disablement* as a result of an *injury* and is unable to carry out *domestic duties*, we will pay for the cost of reasonably and necessarily incurred *domestic duties* expenses up to a maximum of $500 per week payable from the 8th day of treatment by a *medical practitioner* for an aggregate period not exceeding 52 weeks.
Indepenent Financial Advice	We will pay up to $5,000 if an *insured person* suffers an *injury* for which benefits are payable under Part A — Accidental Death and Capital Benefits for professional financial advice in respect of the payment.

Miscarriage/Premature Child Birth Benefit	If an *insured person* suffers an *injury* which results in them suffering a miscarriage of having to undergo premature child birth we will pay a lump sum benefit of $2,500.
Out of Pocket Expenses	If an *insured person* suffers an *injury*, we will pay up to $5,000 for expenses incurred for transportation to obtain medical treatment, medical aids and other expenses such as clothing and non medical equipment.
Partner Retraining Benefit	If an *insured person* suffers *accidental death* or *permanent total disablement*, we will pay up to $10,000 towards the costs incurred for the training or retraining of the *insured person's spouse* or *partner*.
Reconstructive/Cosmetic Surgery Benefit	If an *insured person* is entitled to claim under Part A — Accidental Death and Capital Benefits injury types 2–18, and requires constructive or cosmetic surgery, as certified by a *medical practitioner*, we will pay an additional 10% of that benefit amount up to a maximum of $20,000.
Return to Work Assistance	We will reimburse expenses incurred for participating in a return to work program, retraining or rehabilitation program up to the amount shown on the *schedule* if an *insured person* suffers an *injury* for which benefits are payable under Part B — Weekly Injury.
Terrorism Injury Benefit	If an *insured person* suffers an *injury* as a result of an *act of terrorism* for which benefits are payable under Part A — Accidental Death and Capital Benefits for injury types 1–7 (a), 8 (a) or 9 (a), we will pay a lump sum benefit of $20,000. The maximum amount we will pay for all claims arising out of any one event, or series of related events, during the *period of insurance* shall not exceed the aggregate amount of $200,000.
Trauma Counselling Benefit	If during the *period of insurance* and their *scope of cover* an *insured person* suffers psychological trauma as a result of being a victim of or eyewitness to a *violent criminal act*, an *act of terrorism*, natural disasters or serious *accident* or when benefits are payable under Parts A to E of this policy, we will pay up to $5,000 for the *insured person* to receive trauma counselling.
Unexpired Membership Benefit	If an *insured person* suffers an *injury* which results in benefits being payable for a *capital benefit* of 100% (other than *accidental death*) or *temporary total disablement* or *partial total disablement* and is unable to continue participation in any sport for which they have paid membership fees, we will pay up to $750 for the pro rata refund of those fees paid in the current season.

POLICY WORDING

Subject to the terms and conditions contained in this policy, we will cover *insured persons* against the events described in the Sections of this policy, but only if:

(a) *you* have paid or agree to pay the premium set out in *your schedule*; and

(b) the type of cover is specified in *your schedule* as applying to that *insured person*.

SECTION 1 — PERSONAL ACCIDENT COVER

COVER

Personal accident

If whilst the person is an *insured person*, the *insured person* suffers an *injury* during the *period of insurance*, and, within 12 months of such *injury* the *insured person* suffers an event described in Part A, B, C, D and E of the Table of Events, we will pay the corresponding benefit for that event as set out in the Table of Events, provided that an amount is specified in the *schedule* for that Part.

LIMIT OF LIABILITY

Our total liability for all claims arising under Personal Accident and Sickness, which arise out of any one event or series of related events, will not exceed the amount specified in the *schedule*.

TABLE OF BENEFITS

Part A — Accidental death and capital benefits

Cover under this Section applies only if Part A is specified in the *schedule*.

For items 1 to 19: the benefit payable is an amount calculated by applying the benefit percentage to the *sum insured* shown in the *schedule* against Part A — Accidental Death and Capital Benefits.

LUMP SUM BENEFITS TABLE

	INJURY TYPE	BENEFIT PERCENTAGE
1.	*Accidental Death*	100%
2.	*Permanent Total Disablement*	100%
3.	*Permanent* paraplegia, quadriplegia or incurable paralysis of all *limbs*	100%
4.	*Permanent* and total loss of sight in one or both eyes	100%
5.	*Permanent* and total loss of use of one or both *limbs*	100%
6.	*Permanent* and incurable insanity	100%
7.	*Permanent* total loss of hearing:	
	(a) in both ears	100%
	(b) in one ear	60%
8.	*Permanent* and total loss of the lens of:	
	(a) both eyes	100%
	(b) one eye	60%
9.	*Permanent* and total loss of use of four fingers and the thumb of:	
	(a) both hands	100%
	(b) either hand	80%

10.	*Permanent* disfigurement from:	
	(a) third degree burns which cover more than 20% of the entire external body	50%
	(b) second degree burns which cover more than 20% of the entire external body	25%
11.	*Permanent* and total loss of use of four fingers of either hand	50%
12.	*Permanent* and total loss of use of one thumb (both joints)	40%
13.	*Permanent* and total loss of use of one thumb (one joint)	20%
14.	*Permanent* and total loss of use of one finger:	
	(a) all three joints	15%
	(b) two joints	10%
	(c) one joint	5%
15.	*Permanent* and total loss of use of all toes of ether foot	15%
16.	*Permanent* and total loss of use of toes (per toe)	
	(a) both joints of the great toe	5%
	(b) one joint of the great toe	3%
	(c) all joints of any toe other than the great toes	1%
17.	Fractured leg or patella with established non-union	10%
18.	Shortening of the leg by at least 5cm	7.5%
19.	*Permanent* disablement not otherwise provided for above through Injury Types 2–18 inclusive	Such percentage of the *capital benefit sum insured* which corresponds to the percentage reduction in whole bodily function as certified by no less than three *medical practitioners*, one of whom will be the *insured person's* treating *medical practitioner* and the remaining two will be appointed by us. In the event of a disagreement payable will be the average of the three opinions. The maximum amount we will pay is 75% of the *capital benefit sum insured*.

Part B — Weekly injury

Cover under this Section applies only if Part B is specified in the *schedule*. For the two items below, the benefit payable is calculated as described below.

LUMP SUM BENEFITS TABLE

	INJURY TYPE	BENEFIT AMOUNT
20.	*Temporary Total Disablement* as a result of *injury*	After the *excess period*, while the *insured person* suffers *temporary total disablement*, we will pay an amount up to the weekly benefit amount shown in the *schedule* against Part B — Weekly Injury, but not exceeding the *salary* of the *insured person*.
21.	*Temporary Partial Disablement* as a result of *injury*	After the *excess period*, while the *insured person* suffers *temporary partial disablement*, we will pay an amount up to the weekly benefit amount shown in the *schedule* against Part B — Weekly Injury less any amount of current earnings as a result of the *insured person* working in a reduced capacity provided the combined amount does not exceed the *salary* of the *insured person*. Should the *insured person* be able to return to work in a reduced capacity, yet elect not to do so then the benefit payable shall be deemed to be 30% of the amount payable for *temporary total disablement*.

Part C — Injury resulting in surgery

If an *insured person* suffers an *injury* requiring a surgical procedure listed below, and:

(a) the surgery is carried out within 12 months of the date of the *injury*; and

(b) the surgery is undertaken outside of Australia;

We will pay the corresponding benefit shown below as a percentage of the amount shown in the *schedule* against Part D — Injury Resulting in Surgery or $20,000, whichever is the lesser:

LUMP SUM BENEFITS TABLE

	INJURY TYPE	BENEFIT PERCENTAGE
22.	Craniotomy	100%
23.	Amputation of a *limb*	100%
24.	Fracture of a *limb* requiring open reduction	50%
25.	Dislocation of a joint requiring open reduction	25%
26.	Any other surgical procedure carried out under a general anaesthetic	12.5%

Part D – Injury resulting in fractured bones

If an *insured person* suffers an *injury*, resulting directly in the fracture of bones which occur within 12 months of the date of the *injury*, we will pay the corresponding benefit shown below as a percentage of the amount shown in the *schedule* against Part D — Injury Resulting in Fractured Bones.

LUMP SUM BENEFITS TABLE

	INJURY TYPE	BENEFIT PERCENTAGE
27.	Neck, skull or spine (*complete fracture*)	100%
28.	Hip	75%
29.	Jaw, pelvis, leg, ankle or knee (*complete fracture* or *other fracture*)	50%
30.	Cheekbone, shoulder or *simple fracture*, *other fracture* or *hairline fracture* of the skull or spine	30%
31.	Arm, elbow, wrist or ribs (*complete fracture* or *other fracture*)	25%
32.	Jaw, pelvis, leg, ankle or knee (*simple fracture* or *hairline fracture*)	20%
33.	Nose or collar bone	20%
34.	Arm, elbow, wrist or ribs (*simple fracture* or *hairline fracture*)	10%
35.	Finger, Thumb, Foot, Hand or Toe	7.5%

In the case of an established non–union of any of the above fractures, we will pay an additional benefit of 5% of the amount shown in the *schedule* against Part D — Injury Resulting in Fractured Bones or $3,000, whichever is the lesser.

The maximum benefit payable for any one *injury* resulting in fractured bones will be the amount shown in the *schedule* against Part D — Injury Resulting in Fractured Bones or $3,000, whichever is the lesser.

Part E – Injury resulting in loss of teeth or dental procedures

If an *insured person* suffers an *injury*, resulting in the loss of *teeth* or requiring dental procedures within 12 months of the date of the *accident* causing *injury* as described below, we will pay the corresponding benefit shown below as a percentage of the amount shown in the *schedule* against Part E — Injury Resulting in Loss of Teeth or Dental Procedures or $1,000, whichever is the lesser.

LUMP SUM BENEFITS TABLE

	INJURY TYPE	BENEFIT PERCENTAGE
36.	Loss of *teeth* or full capping of *teeth*, per *tooth*	100%
37.	Partial capping *teeth* per *tooth*	50%

The maximum benefit payable for any one *injury* resulting in loss of *teeth* or requiring dental procedures will be the amount shown in the *schedule* against Part E — Injury Resulting in Loss of Teeth or Dental Procedures or $1,000, whichever is the lesser, limited to $250 per *tooth*.

EXTENSIONS OF COVER

1. Childcare benefit

If an *insured person* becomes entitled to benefits which are payable under Part A — Accidental Death and Capital Benefits injury types 1–7 (a), 8 (a) and 9 (a), we will pay the reasonable expenses incurred by the *insured person* for the services of a registered childcare provider.

The maximum amount we will pay is $5,000 provided that the additional childcare expenses would not otherwise have occurred.

2. Disappearance

If, during the *period of insurance* and within the *scope of cover* relevant to the *insured person*, an *insured person* disappears in any manner whatsoever and their body has not been found within 12 months after the date of that disappearance, they will for the purpose of this policy be deemed to have died as a result of an *injury* at the time of their disappearance.

Where the Accidental Death benefit under the Table of Benefits is payable because of a disappearance, we will only pay if the legal representatives of the *insured person's* estate give us:

(a) a signed undertaking that these amounts will be repaid to us, if it is later found that the *insured person* did not die or did not die as a result of an *injury*; and

(b) where the cause of the *insured person's* disappearance is unknown, a death certificate from the relevant jurisdiction's Registry of Births, Deaths and Marriages or equivalent, has or can be issued within 12 months of the disappearance; or

(c) where a death certificate is not able to be provided, a report from the police or coroner that the *insured person* is missing and presumed dead.

Conditions applicable to disappearance cover

Where the cause of the *insured person's* disappearance is unknown, the disappearance must be reported;

(i) to the local police and a written report obtained; and

(ii) where the disappearance occurs outside the *insured person's country of residence*, to the applicable embassy, consulate or other representative of the *country of residence* and a written report obtained.

3. Escalation of claim benefit

After payment of a benefit for *temporary total disablement* or *temporary partial disablement* continuously for 12 months and again after each subsequent period of 12 months during which a benefit is paid, the benefit will be increased by the greater of:

(a) 5%; or

(b) the average percentage increase of the Australian Consumer Price Index (CPI) for the prior four quarters as published by the Australian Bureau of Statistics.

4. Exposure

If an *insured person* is exposed to the elements as a result of an *accident* and within 12 months of the *accident* suffers:

(a) from any of the Injury Types in the Table of Benefits listed above; or

(b) *temporary total disablement* or *temporary partial disablement* as a direct result of that exposure, *the insured person's injury* will be deemed to have occurred on the date of the *accident*.

5. Guaranteed payment

If an *insured person* suffers an *injury* for which *temporary total disablement* benefits are payable, we will immediately pay 12 weeks benefits provided that proper medical evidence is provided from a *medical practitioner* certifying that the total period of *temporary total disablement* will be a minimum of 26 continuous weeks.

6. Post-traumatic stress disorder weekly benefit

If during the *period of insurance* and while the person is an *insured person*, the *insured person* is a victim of or directly witnesses (other than by television, social media, newspaper or any other media) an *act of terrorism*, *carjacking incident* or *violent criminal act* during their *scope of cover* and:

(a) suffers *temporary total disablement* or *temporary partial disablement* as a result of Post-traumatic Stress Disorder (PTSD) within 12 months of the incident, and whilst they are an *insured person* under this policy; and

(b) a benefit for Events 20 and/or 21 are shown in the *schedule*,

we will after a 7 day *excess period* and whilst the *temporary total disablement* or *temporary partial disablement* persists pay the *insured person* 100% of their *salary* to a maximum of $500 a week for a maximum period of 12 weeks.

The maximum amount we will pay for all claims arising out of any one occurrence or series of related occurrences, during the *period of insurance*, shall not exceed $50,000.

7. Tuition expenses

Tuition or advice

Where we pay *temporary total disablement* or *temporary partial disablement* benefits, we will also reimburse expenses incurred for or advice for the *insured person* from a licensed vocational school, provided such tuition or advice is undertaken with our prior written agreement and the agreement of the *insured person's medical practitioner*. However, we will not cover expenses that can be covered by Medicare or a private health insurer.

The maximum we will pay is $500 per month, for a maximum of six months.

Student home tutorial

If, an *insured person* suffers an *injury* for which *temporary total disablement* or *temporary partial disablement* benefits are payable, and is unable to attend registered classes, we will pay the cost of home tutorial services directly incurred as a result of the *injury* provided that:

(a) the *insured person* is registered as a full time student; and

(b) the home tutorial services are provided by a qualified professional and not a *close relative* or persons *permanently* residing with the *insured person*.

The maximum we will pay is $500 per week up to 26 consecutive weeks in respect of any tutorial expenses that would have not otherwise occurred.

ADDITIONAL BENEFITS

1. Accidental HIV infection benefit

If an *insured person* is infected with the Human Immunodeficiency Virus (HIV), acquires Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any variation thereof as a result of:

(a) *injury* caused by a *violent criminal act*; or

(b) receiving medical treatment provided by (or under the supervision of) a *medical practitioner*, for the *injury*,

we will pay the *insured person* a lump sum benefit of $30,000, provided that the *insured person* is positively diagnosed within 180 days of the event which has given rise to the infection.

2. Accommodation and transport expenses

If, an *insured person* suffers an *injury* and is admitted as an in-patient of a hospital, which is more than 100 kilometres from the *insured person's* normal place of residence, we will pay accommodation and transport expenses incurred by their *spouse* or *partner* and/or *dependent children* to travel to or remain with the *insured person*, up to a maximum of $3,000.

3. Bed care benefit

If the *insured person* suffers an *injury* and as a result is confined to bed for a period in *excess* of 24 hours, we will pay the *insured person* a weekly benefit of $500 for each whole week that the *insured person* is confined to bed, up to a maximum number of 26 consecutive weeks.

If the *insured person* is confined to bed for less than one week (or for part of any subsequent week) we will pay the *insured person*, the bed care benefit at 1/7th of the weekly amount for each day that the confinement continues.

4. COVID-19 inconvenience benefit

If, during the *period of insurance* an *insured person* is positively diagnosed with COVID-19, which is confirmed by the relevant State Government Health Department to have been acquired in a location visited by the *insured person* at the time they were actually undertaking *voluntary work* on behalf of the *insured*, we will pay the *insured person* a lump sum benefit of $1,500 provided that:

(a) the *insured* has adhered to all Government issued rules, guidelines, and protocols regarding COVID-19; and

(b) the *insured person* is an Australian resident, and the *voluntary work* is conducted in Australia; and

(c) the *insured person* is not entitled to a Government test isolation payment or pandemic leave disaster payment.

The maximum amount we will pay for all claims arising out of any one occurrence or series of related occurrences, during the *period of insurance*, shall not exceed $15,000.

5. Carjacking incident benefits

Excess and vehicle hire

If during the *period of insurance* and during the *insured person's scope of cover*, the *insured person* is a victim of theft and/or damage to their vehicle as a result of a *carjacking incident*, we will reimburse *you* to have the vehicle repaired or replaced (up to the *excess* amount payable under the *insured person's* comprehensive motor vehicle insurance policy), and/or the costs incurred for the hire of a suitable vehicle or taxi to transport the *insured person* directly to and from their normal place of residence and normal place of work.

The maximum amount we will pay is $5,000.

Lump sum benefit

If the *insured person* suffers an *injury* as a result of being the victim of a *carjacking incident*, we will pay the *insured person* a lump sum benefit of $5,000 provided that the *insured person* reported the *carjacking incident* to the police or other relevant authority as soon as practicable after the incident occurring.

6. Chauffeur benefit

If, an *insured person* suffers an *injury* for which *temporary partial disablement* benefits are payable, we will reimburse *you* for costs incurred for the hire of a suitable chauffeured vehicle or taxi to transport the *insured person* directly to and from their normal place of residence and normal place of work, provided that proper medical evidence is provided by a *medical practitioner* certifying that the *insured person* is unable to operate a motor vehicle or travel on other available modes of public transport.

The maximum we will pay is $200 per week for a maximum of 26 consecutive weeks.

7. Coma benefit

If an *insured person* suffers an *injury* for which benefits are payable under Cover 1. 'Personal Accident' that:

(a) directly causes or results in a continuous unconscious state; and

(b) the *insured person* or his or her legal representative presents us with a *medical practitioner*'s opinion that confirms that the *injury* caused the *insured person* to be in such a continuous unconscious state,

we will pay the *insured person*, or his or her legal representative on his or her behalf, $100 per day or part thereof of continuous unconsciousness, up to a maximum of 120 days. This benefit will be payable in addition to any other amount paid or payable under this policy.

8. Corporate image protection

If:

(a) an *insured person*;

(b) a group of *insured persons*; or

(c) any person/s visiting *your* business premises (who for the purpose of this additional benefit only are considered to be *insured persons*), suffer an *injury*, and this is likely to result in a valid claim for payment of benefits for:

(d) *accidental death*; or

(e) *permanent total disablement*,

we will reimburse *you* for costs (other than *your* own internal costs) incurred for the engagement of image and/or public relations consultants; and/or costs associated with the release of information through the media.

Costs must be incurred within 15 days of, and directly in connection with, such *injury*, to protect and/or positively promote *your* business and corporate image.

The maximum amount we will pay is $15,000 with respect to any one event.

9. Dependent child assistance

Education fund supplement

If, an *insured person* suffers an *accidental death* and is survived by *dependent children*, we will pay to the *insured person's* estate a lump sum benefit of $5,000 for each surviving *dependent child* subject to a maximum benefit amount of $15,000 with respect to any one family.

Orphaned benefit

If, an *insured person* and their *spouse* or *partner* suffer an *accidental death* resulting from the same event and they are survived by *dependent children*, we will pay to the *insured person's* estate, in addition to any benefit payable under education fund supplement, a lump sum benefit of $10,000 for each surviving *dependent child* subject to a maximum benefit amount of $30,000 with respect to any one family.

10. Executor emergency cash advance

If the *insured person* suffers an *accidental death* and at the request of the executor of the *insured person's* estate, we will advance a lump sum benefit of $25,000 to the *insured* or the executor of the *insured person's* estate, whilst the administration of the *insured person's* estate is arranged. The amount of payment under this additional benefit shall be deducted from any amount paid or payable under Part A — Accidental Death and Capital benefits Injury Type 1.

11. Funeral

In the event that an *insured person* suffers an *accidental death*, we will reimburse expenses up to a maximum of $10,000 for the *insured person's* funeral, burial or cremation or costs (excluding funeral and interment costs) incurred in transporting the *insured person's* body or ashes and personal effects back to a place nominated by the legal representative of the *insured person's* estate.

12. Home and/or motor vehicle modification benefit

If, an *insured person* suffers an *injury* which results in a benefit being payable under Part A — Accidental Death and Capital Benefits injury types 2–7 (a), 8 (a) and 9 (a) being payable, we will also pay up to $10,000 for costs necessarily incurred to modify the *insured person's* home and/or motor vehicle, or costs associated with relocating the *insured person* to a suitable home provided that the modifications and/or relocation are certified to be necessary by a *medical practitioner*.

13. Home help benefit

If during the *period of insurance* and the *scope of cover*, an *insured person* who is retired, unemployed or not in receipt of a *salary* or wages, suffers *temporary total disablement* and/or *temporary partial disablement* as a result of an *injury* and is unable to carry out domestic duties, we will pay for the cost necessarily incurred domestic duties expenses up to a maximum of $500 per week payable from the 8th day of treatment by a *medical practitioner* for an aggregate period not exceeding 52 weeks.

Provided that:

(i) domestic duties must be carried out by persons other than a *close relative* of the *insured person* or other relatives or persons *permanently* residing with the *insured person*; and

(ii) domestic duties must be certified by a *medical practitioner* as being necessary for the recovery of the *insured person*.

14. Independent financial advice

If an *insured person* suffers an *injury* for which benefits are payable under Part A — Accidental Death and Capital Benefits, for any of Injury Types 1–9 under the Table of Benefits, we will, in addition to payment of the benefit, and at *your* request, pay for professional financial advice in respect of the payment of the benefit.

Such advice will be provided by an independent financial advisor:

(a) who is not an *insured person*, *close relative* of an *insured person*, or employee of yours; and

(b) who is authorised and regulated by the Australian Securities and Investments Commission to provide such financial advice.

The maximum amount we will pay is $5,000.

15. Miscarriage/premature childbirth benefit

If, an *insured person* suffers an *injury* which results in:

(a) them suffering a miscarriage; or

(b) having to undergo a premature (that is less than 32 weeks gestation) childbirth, we will pay the *insured person* a lump sum benefit of $2,500.

16 Out of pocket expenses

If an *insured person* suffers an *injury* that results in unforeseen expenses such as:

(a) local transportation for the purpose of obtaining medical treatment;

(b) medical aids such as crutches, bandages, traction equipment, walker boots, heat packs etc. that are recommended in the treatment of the *injury* by a *medical practitioner*; or

(c) other expenses such as clothing and non medical equipment,

we will pay the expenses incurred up to a maximum of $5,000, provided that these costs are not payable elsewhere under this policy and are not an expense to which General Exclusion 18 applies.

17. Partner retraining benefit

If, an *insured person* suffers *accidental death* or *permanent total disablement*, we will pay, at *your* request, up to $10,000 towards the actual costs incurred for the training or retraining of the *insured person's spouse* or *partner*:

(a) or the purpose of obtaining gainful employment;

(b) to improve their employment prospects; or

(c) to enable them to improve the quality of care they can provide to the *insured person*.

Provided that:

(i) the training is provided by a recognised institution with qualified skills to provide such training; and

(ii) all such expenses are incurred within 24 months from the date the *insured person* suffered the *injury* for which the claim depends.

18. Reconstructive/cosmetic surgery benefit

If an *insured person* suffers an *injury* which results in a benefit being payable under Part A — Accidental Death and Capital Benefits injury types 2–18, and as a result is certified by a *medical practitioner* as requiring reconstructive or cosmetic surgery, we will pay the *insured* or the *insured person* an additional 10% of that benefit amount.

The maximum we will pay is $20,000 with respect to any one event.

19. Return to work assistance

We will reimburse expenses incurred for participating in a return to work program, retraining or rehabilitation program up to the amount shown on the *schedule* if an *insured person* suffers an *injury* for which benefits are payable under Part B — Weekly injury.

Provided that:-

(i) we have given our consent to the participation prior to commencement; and

(ii) the agreement of the *insured person's medical practitioner* has been obtained prior to commencement; and

(iii) we are provided with copies of invoices.

20. Terrorism injury benefit

If an *insured person* suffers an *injury* which results in benefits being payable under Part A — Accidental Death and Capital Benefits for injury types 1–7 (a), 8 (a) or 9 (a) as a direct result of an *act of terrorism*, we will pay a lump sum benefit of $20,000, provided that the *insured person* reported the *act of terrorism* to the police or other relevant local authority as soon as practicable after the incident occurring.

The maximum amount we will pay for all claims arising out of any one event, or series of related events, during the *period of insurance* shall not exceed $200,000.

21. Trauma counselling benefit

If during the *period of insurance* and their *scope of cover* an *insured person* suffers psychological trauma as a result of being a victim of, or an eyewitness to:

(a) a *violent criminal act* or *act of terrorism*;

(b) a natural disaster or serious *accident*; and/or

(c) becomes entitled to a benefit under Parts A to E of this policy.

We will pay the costs for the *insured person* to receive trauma counselling provided that:

(i) a *medical practitioner* certifies that the treatment is necessary for the *insured person's* wellbeing; and

(ii) the trauma counselling is provided by a mental health practitioner who is not an *insured person* or their *close relative* of an *insured person*, or employee of yours.

The maximum we will pay is $5,000.

22. Unexpired membership benefit

If, an *insured person* suffers an *injury* which results in benefits being payable for:

(a) a *capital benefit* of 100% (other than for *accidental death*); or

(b) *temporary total disablement* or *temporary partial disablement* for which a *medical practitioner* certifies will continue for a minimum period of 26 weeks, and in either case, is certified by a *medical practitioner* as preventing the *insured person* from continuing participation in any sport for which they have paid a membership, association or registration fee, we will pay the *insured person* a pro-rata refund of such fees paid for the current season up to an aggregate amount of $500.

23. Assault benefit

If an *insured person* suffers an *injury* directly as a result of an unprovoked assault during their *scope of cover*, we will pay a lump sum benefit of $5,000 to the *insured* or the *insured person*.

SECTION 2 – NON-MEDICARE MEDICAL EXPENSES

COVER

If during the *period of insurance* and within their *scope of cover*, an *insured person* suffers an *injury*, we will pay, where permissible by law, the *non-Medicare medical expenses* incurred by the *insured* or *insured person* solely for the treatment of such *injury* up to the amount shown in the *schedule* against Section 2: Non-Medicare medical expenses, but not exceeding the percentage of expense shown in the *schedule*.

CONDITIONS

The following conditions apply under Section 2:

1. The expenses must be incurred within twelve (12) months of sustaining the *injury*.
2. An *excess* may be applied to each and every claim for *non-Medicare medical expenses* and where applicable will be shown in the *schedule* against Section 2: Non-Medicare medical expenses.
3. Any *non-Medicare medical expenses* benefit payable is less recovery made from any Private Health insurance fund.
4. No benefit is payable in respect of the Medicare gap between payment made by Medicare and expenses incurred.

SECTION 3 – PERSONAL VEHICLE EXCESS WAIVER

COVER

If during the *period of insurance* and within their *scope of cover*, an *insured person* suffers:

1. theft of their personal motor vehicle; or
2. damage to their personal motor vehicle whilst driving whilst undertaking *voluntary work* authorised by and on behalf of the *insured*,

we will reimburse the *insured person*, following payment of their prescribed *excess*, for:

(a) the prescribed *excess* paid under the *insured person's* comprehensive motor vehicle policy of insurance relative to the loss or damage to the *insured person's* personal motor vehicle and which is not legally recoverable from any other source; or

(b) the actual costs paid for any repairs to the vehicle should they be less than the prescribed *excess* applicable under the *insured person's* comprehensive motor vehicle policy of insurance relative to the damage to the *insured person's* personal motor vehicle and which is not legally recoverable from any other source; and

(c) any substantial cumulative loss of any no claim allowance not otherwise recoverable occurring as a result of the loss or damage to the *insured person's* personal motor vehicle; or

(d) the cost of hiring a similar motor vehicle up to $500 per week, in the event that the *insured person* has lost total use of their personal motor vehicle.

The maximum amount we will pay in respect to any one event involving an *insured person's* personal motor vehicle is shown in the *schedule* against Section 3: Personal Vehicle Excess Waiver as follows:

(i) (a) and (b) above as a combined maximum limit; and

(ii) (c) and (d), in addition to any claims made under (a) and/or (b).

CONDITIONS

In the event of a claim with respect to an *insured person's* personal motor vehicle, the *insured person* must supply us with:

1. receipts (or copies) for the amount of the claim or *excess* paid or the name of the firm which carried out the repairs on the *insured person's* personal motor vehicle should they be less than the prescribed *excess* applicable under the *insured person's* comprehensive motor vehicle policy of insurance for claims under part (a) or (b) above; and
2. a letter (or email) from the *insured person's* motor vehicle insurer stating the amount of the *excess* paid and the dollar amount of any no claim bonus forfeited. (stating that the no claim bonus has dropped from e.g. 60% to 40% is insufficient) for claims under part (c) above.

EXCLUSIONS

In addition to the General Exclusions on page 24, we will not be liable for any claims arising from:

1. any use of the *insured person's* personal motor vehicle that is in violation of the terms of the applicable comprehensive motor vehicle insurance policy;
2. the *insured person* being in charge of their personal motor vehicle whilst under the influence of a prescription drug which they were advised by a *medical practitioner* may render them incapable of proper motor vehicle control or with a percentage of any illicit drug or alcohol in their breath, blood or urine in *excess* of that permitted by law at the time and place of the incident;
3. the illegal or criminal use of an *insured person's* personal motor vehicle by *you* or an *insured person*;
4. the use of an *insured person's* personal motor vehicle on any roadway that is inaccessible to two-wheel-drive vehicles; or
5. any vehicle that is not comprehensively *insured*.

GENERAL EXCLUSIONS

We will not pay any benefits where death, *injury* or liability arises from or is caused directly or indirectly from:

1. where our payment would result in our contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth), the Private Health Insurance (Health Insurance Business) Rules as updated form time to time, or the National Health Act (Cth);
2. which are covered by Medicare, or by any workers compensation legislation, transport accident legislation, government sponsored fund, plan, medical benefit scheme or any other insurance policy required to be effected by or under law;
3. any deliberate, illegal or criminal acts committed by the *insured* or any *insured person*, or any other person acting with their express consent or at their direction;
4. result from the *insured person* engaging or taking part in:
   (a) flying in an aircraft or aerial device, unless as a passenger in an aircraft licensed to carry passengers;
   (b) training for or participating in a *professional sport*; or
   (c) active service in any armed force for any nation;
5. war, *civil war*, invasion, insurrection, revolution, use of military power or usurpation of government or military power in Australia or an *insured person's* country of residence, or any of the following countries: Afghanistan, Chechnya, Iraq, North Korea or Somalia;
6. any *pre-existing condition*, provided that this exclusion will not apply to any illness or disease which is a direct result of medical or surgical treatment rendered necessary by any *injury*.

CLAIMS PROCEDURES

1. In the event of a claim

In the event of a claim, *you* must:

(a) tell us what happened. *You* can contact us on 132 687 or contact *your* intermediary, as soon as practicable;

(b) complete our claim form and send it to us promptly if we request it; and

(c) provide any other information or help which we may request to support *your* claim.

Where an *accident* causing *injury* or disability to an *insured person* occurs, the *insured person* must:

(d) obtain and follow medical advice, including undertaking treatment, as prescribed from a *medical practitioner*; and

(e) obtain a certificate from a *medical practitioner* confirming the nature and extent of the *injury* or disability.

After *you* have made a claim under *your* policy, we have the sole right to act in *your* name and on *your* behalf to negotiate or settle any claim. If we do this, it will be at our expense.

You must give us all the help and information we need to pursue these claims.

2. Reporting period

You must provide us with notice of any occurrence likely to give rise to a claim within 30 days or soon as reasonably practicable after the date of the occurrence.

3. After your claim is accepted

After we have paid a claim under *your* policy, either in total or in part, we have the right to take over any legal right of recovery which *you* have. If we do this, it will be for our benefit and at our expense (if *you* have been fully reimbursed). *You* must provide full cooperation.

4. Payments in respect of Goods and Services Tax

When we make a payment to *you* or on *your* behalf, under *your* policy for the acquisition of goods, services or other supply, we will reduce the amount of the payment by the amount of any input tax credit that *you* are, or will be, or would have been entitled to under A New Tax System (Goods and Services Tax) Act 1999 (Cth), in relation to that acquisition, whether or not that acquisition is actually made.

When we make a payment to *you* or on *your* behalf, under *your* policy as compensation instead of payment for the acquisition of goods, services or other supply, we will reduce the amount of the payment by the amount of any input tax credit that *you* are, or will be, or would have been entitled to under A New Tax System (Goods and Services Tax) Act 1999 (Cth) had the payment been applied to acquire such goods, services or supply.

5. Progress payments

If we have agreed that a claim is covered by *your* policy, we will make reasonable progress payments.

COVERAGE CONDITIONS

1. We will not pay for more than one occurrence of *temporary total disablement* and/or *temporary partial disablement* that occur at the same period of time whether relating to the same *injury* or not.
2. The amount of any benefit payable for *temporary total disablement* or *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 disability entitlement so that the total amount of any such benefit or entitlement together with any benefits payable under this policy shall not exceed the percentage of *salary* stated in the *schedule* multiplied by the lesser of:

   (a) the *sum insured* stated in the *schedule*; or

   (b) the *insured person's salary*.

For example, if:

(i) the applicable percentage is 85%; and

(ii) the *sum insured* stated in the *schedule* is $2,000, and the maximum benefit period is 104 weeks against Part B — Weekly Injury Benefits; and

(iii) an *insured person's salary* is $1,500; and

(iv) the *insured person* is entitled to benefits of (say) $500 per week under a compensation scheme above,

then that *insured person's* maximum benefit will be limited to 85% of $1,500 = $1,275 less $500 = $775 for such period that the *temporary total disablement* and entitlement to payment under the compensation continue.

If the *insured person* surrenders, commutes, redeems or releases such claim or entitlement (whether in whole or part), the total amount of benefits under this policy will be reduced by the amount of payment to which the *insured person* would have been entitled or had right to claim.

3. Where in relation to a benefit payable under Injury Type 2, 19, 20 and/or 21 under the Table of Benefits we disagree with the opinion given by *your* or the *insured person's medical practitioner*, we reserve the right to, at our expense have the *insured person* for whom the claim for benefits is based examined by a *medical practitioner* of our choosing. If the *medical practitioner* of our choosing provide an opinion which is contrary to that of *your* or the *insured person's medical practitioner* or, the opinion of an independent *medical practitioner* chosen by mutual consent will be sought. The opinion of the independent *medical practitioner* will be the basis for determining the extent of *permanent total disablement*, *temporary total disablement* or *temporary partial disablement*.
4. If as a result of injury, benefits become payable for *temporary total disablement* or *temporary partial disablement* and while this policy is in force, the *insured person* suffers a recurrence of *temporary total disablement* or *temporary partial disablement* from the same or a related cause or causes, the subsequent period of disablement will be deemed a continuation of the prior period unless, between such periods, the *insured person* has worked on a full-time basis for at least 6 consecutive months, in which case the subsequent period of disablement shall be deemed to have resulted from a new *injury* or *sickness* and a new *excess period* will be applied.
5. All benefits for *temporary total disablement* and *temporary partial disablement*, with the exception of cover provided under Extension of Cover 5 'Guaranteed Payment' above, will be payable monthly in arrears.
6. Benefits for *temporary total disablement* and *temporary partial disablement* for a period of less than one week will be paid for at the rate of one-fifth of the weekly benefit for each day during which disablement continues.
7. All benefits under this policy will be payable to *you* or such person or persons and in such proportions as *you* nominate to us.
8. The *insured person* must as soon as reasonably practical after the happening of an *injury* giving rise to a claim under this policy, obtain and follow the proper medical advice from a *medical practitioner* or mental health practitioner, and where applicable make every practicable effort to adhere to the recommendations detailed in their rehabilitation plan.
9. If as a result of *injury*, the *insured person* is entitled to *temporary total disablement* or *temporary partial disablement* benefits and subsequently becomes entitled to a benefit under Injury Types 2 or 3 under the Table of Benefits, all benefits payable for *temporary total disablement* and *temporary partial disablement* will cease from the date of such entitlement.
10. All benefits payable in respect of *temporary total disablement* and *temporary partial disablement* shall cease upon the earliest happening of the following:
    (a) the *insured person* returning to normal work or duties or being cleared by a *medical practitioner* or to return to normal work duties;
    (b) the *insured person* retiring, accepting early retirement or voluntary redundancy;
    (c) the *insured person* unreasonably failing to attend and/or make every practical effort to adhere to the recommendations detailed in their rehabilitation plan or health advice of their *medical practitioner*; or
    (d) the death of the *insured person*.
11. If two or more Injury Types under Part's A, C, D in the Table of Benefits occur as a result of the same *accident*, the total amount payable shall not exceed 100% of the *sum insured* for that part.

12. The benefits payable under Part B of this Policy shall be subject to the following:
    (a) the *excess period* stated in the *schedule* against Part B — Weekly Injury Benefits will be calculated from the commencement of the *temporary total disablement* or *temporary partial disablement*; and
    (b) the total aggregate benefit period as shown in the *schedule* in respect of *temporary total disablement* or *temporary partial disablement* arising from any one *injury*; and
    (c) the maximum amount payable shall be equal to the percentage of *salary* shown in the *schedule* multiplied by the *insured person's salary*, or the *sum insured* stated in the *schedule*, whichever is the lesser.
13. The benefit payable under Part A — Accidental Death and Capital Benefits in respect of an *insured person* under 18 years of age, unless otherwise agreed by us, will be limited to a maximum of:
    (a) $25,000 for Injury Type 1 (Accidental Death) under the Table of Benefits; or
    (b) $250,000 for Injury Type 2 – 19 under the Table of Benefits, whichever is the lesser.
14. In respect of an *insured person* aged between 70 and under 75 years, the total aggregate period in respect of any *temporary total disablement* or *temporary partial disablement* arising from an *injury* shall be 52 weeks.

    This condition will not prejudice any entitlement to claim benefits which arose before the *insured person* attained the age of 75 years, unless otherwise stated in the *schedule*.
15. In respect of an *insured person* aged between 75 and under 85 years, no benefit shall be payable for Injury Types 20 or 21 under the Table of Benefits.

    This condition will not prejudice any entitlement to claim benefits which arose before the *insured person* attained the age of 85 years, unless otherwise stated in the *schedule*.
16. In respect of an *insured person* aged between 85 years and under 90 years:
    (a) the benefit payable for Injury Type 1 (Accidental Death) and with respect to Injury Types 3–19 under the Table of Benefits will, unless otherwise agreed by us, be limited to a maximum of $250,000 or the amount stated in the *schedule* against Part A — Accidental Death and Capital Benefits, whichever is the lesser; and
    (b) no benefit shall be payable for Injury Types 20 or 21 under the Table of Benefits.

    This condition will not prejudice any entitlement to claim benefits which arose before the *insured person* attained the age of 90 years, unless otherwise stated in the *schedule*.
17. In respect of an *insured person* aged 90 years or over:
    (a) the benefit payable for Injury Type 1 (Accidental Death) and with respect to Injury Types 3–19 under the Table of Benefits will, unless otherwise agreed by us, be limited to a maximum of $25,000 or the amount stated in the *schedule* against Part A — Accidental Death and Capital Benefits, whichever is the lesser; and
    (b) no benefit shall be payable for Injury Type 2 (Permanent Total Disablement) under the Table of Benefits; and
    (c) no benefit shall be payable for Injury Types 20 or 21 under the Table of Benefits.

    This condition will not prejudice any entitlement to claim benefits which arose before the *insured person* attained the age of 90 years, unless otherwise stated in the *schedule*.
18. In the event that the Capital Benefit Sum Insured as shown in the *schedule* is linked to the *insured person's salary*, and the *insured person* is not in receipt of a *salary* or wage, the benefit payable will be limited to 50% of the maximum Capital Benefit Sum Insured as shown in the *schedule* against their respective category of *insured person* or such reduced amount as stated in conditions 13,16(a) or 17(a) above.

GENERAL PROVISIONS

The following general provisions apply to *your* policy:

1. Precautions

You must take all reasonable care to prevent or minimise loss, damage, *injury* or liability, including *your* compliance with any law, by-law, ordinance or regulation that concerns the safety of persons or property.

2. Medical examination or post mortem

We will be entitled at our expense to have any *insured person* medically examined or in the event of *accidental death*, a post mortem examination carried out. We will give the *insured person* or their legal representative reasonable notice of the medical examination.

3. Cancellation

(a) *You* may cancel this policy at any time by notifying us in writing.

Notice of cancellation has the effect of cancelling this policy at 4.00pm on the day we receive *your* written notice or such later date *you* request.

(b) We may cancel this policy by notifying *you* in writing, if *you* are in breach of any of the terms or conditions, or for any other reason available at law.

Notice of cancellation has the effect of cancelling this policy at 4.00pm on the 30th business day, after the day on which notice was sent to *you*.

(c) (i) After cancellation by *you*, we will be entitled to retain:

(1) the pro rata premium for the period during which the policy has been in force; and

(2) any tax or duty paid or owing for which we are unable to obtain a refund.

(ii) After cancellation by us, *you* will be entitled to a refund on a pro rata basis in relation to the unexpired *period of insurance*.

You will not receive a refund if *you* have made a claim or *you* become entitled to make a claim under the policy which is greater than 65% of the premium paid.

4. Fraudulent claims

If *you* or any party covered by *your* policy makes a claim or arranges for some other party to make a claim that is in any way false, dishonest or fraudulent, then payment of the claim may be refused.

5. Other insurance and contribution

When *you* make a claim on your policy *you* must also supply us with details of all other insurance policies that may also pay or partially pay that claim.

6. Alteration of risk

You must tell us as soon as possible if circumstances occur, or if changes or alterations are intended or made which increase the risk of loss, damage, *injury* or liability. Changes to be advised include, but are not limited to, an increase in the number of *insured persons*, a change to the *insured person's* activities from office based to field based, a change in *your* business activities or service offering. If we choose to accept this change, we will do so in writing, and *you* must pay us any additional premium that we may reasonably require.

7. Notifications

All notices and communications to us must be made or confirmed by *you* or *your* intermediary and sent to our office where *your* policy was issued.

8. Proper law and jurisdiction

The construction, interpretation and meaning of the provisions of this policy will be determined in accordance with the laws of the State or Territory of Australia in which the policy was issued.

In the event of any dispute arising under this policy, including but not limited to its construction, interpretation, validity or performance, the parties to the policy submit to the exclusive jurisdiction of the courts of Australia.

A reference to any statute, regulation or subordinate legislation includes any amendment, replacement, successor or equivalent to or of that statute, regulation or subordinate legislation.

9. Sanctions regulation

Notwithstanding any other terms or conditions under this policy, Zurich shall not be deemed to provide coverage and will not make any payments nor provide any service or benefit to *you* or any other party to the extent that such cover, payment, service, benefit and/or any business or activity of yours would violate any applicable trade or economic sanctions, law or regulation.

10. Subrogation

You and all *insured persons* will at any time, at our request and expense, permit all reasonable steps required to enforce any rights to which we would be entitled, including but not limited to any necessary steps required to prosecute a person or group responsible for any unauthorised acts against an *insured person*.

11. Currency

All amounts under this policy are expressed and payable in Australian currency.

Except as otherwise provided, if a judgment is rendered, settlement is denominated or another element of loss under this policy is stated in a currency other than Australian dollars, payment under this policy will be made in Australian dollars at the cash rate of exchange for the purchase of Australian dollars in accordance with the Reserve Bank of Australia on the date the final judgment is reached, the amount of the settlement is agreed upon or the other element of loss is due, respectively.

12. Renewal

This policy may be renewed with our consent provided *you* pay or agree to pay the required renewal premium.

DEFINITIONS

The following definitions will apply to these words when used in this document. Words expressed in the singular or plural have corresponding meanings.

WORD	DEFINITION
Accident	*accident* means a single event that is: (a) caused by violent, external and visible means (independently of any other cause); (b) which results in *injury* that is both unexpected and undesired by an *insured person*; (c) which occurs during the *period of insurance; and* (d) which occurs during the *scope of cover*.
Accidental Death	*accidental death* means the death of an *insured person* as a result of an *accident*.
Act of Terrorism	*act of terrorism* means an act including, but not limited to, the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), which from its nature or context is done for, or in connection with, political, religious, ideological, ethnic or similar purposes or reasons, including the intention to influence any government and/or to put the public, or any section of the public, in fear.
Capital Benefit	*capital benefit* means the Capital Benefits Sum Insured amount specified in the *schedule*.
Carjacking Incident	*carjacking incident* means the violent theft or attempted theft of a motor vehicle which Is under the care and control of an *insured person*, or which is occupied by (or immediately intended to be occupied by) an *insured person*.
Civil War	*civil war* means a state of armed conflict or rebellion, insurrection, revolution or sedition between different parties belonging to the same country using military like force to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
Close Relative	*close relative* means *spouse* or *partner*, parent, parent-in-law, step-parent, child, brother, sister, brother-in-law, sister-in-law, daughter-in-law, son-in-law, half-brother, half-sister, fiancé(e), niece, nephew, uncle, aunt, step-child, grandparent or grandchild.
Complete Fracture	*complete fracture* means a fracture in which the bone is broken completely across and no connection is left between the pieces.
Dependent Children	*dependent children* means the *insured person's* unmarried children who are under the age of: (a) 19 years; or (b) 25 years and a full time student at an accredited institute of higher learning, and who are primarily dependent on the *insured person* for their maintenance and support. *Dependent children* also include an *insured person's* unmarried child of any age who is physically or mentally incapable of self–support and living *permanently* with the *insured person.*
Excess	*excess* means the amount *you* must firstly contribute toward any claim. The *excess* amount relevant to *your* cover is specified in the *schedule*.
Excess Period	*excess period* means the waiting period expressed in days, before we make a payment. The period of days relevant to *your excess period* is specified under Excess Period in the *schedule*.
Hairline Fracture	*hairline fracture* means mere cracks in the bone.
Injury	*injury* means *accidental death* or bodily *injury* resulting from an *accident* occurring during the *period of insurance* . *Injury* does not mean a *sickness* (except illness or disease resulting from medical or surgical treatment rendered necessary by an *injury*) or any *pre-existing condition*.
Insured	*insured* means the *insured* specified in the *schedule* as the *insured* ; i.e. the policyholder of this policy.
Insured Person	*insured person* means any person shown in the *schedule* as an *insured person* and/or as nominated by the *insured* and agreed to by us for eligibility under this policy from time to time with respect to whom premium has been paid or agreed to be paid.
Limb	*limb* means the entire arm (being between the shoulder and wrist) or leg (being between the hip and the ankle).

Manifest or Manifestation	*manifest* or *manifestation* means having: (a) required an emergency department visit, hospitalisation, or day surgery procedure; (b) required prescription medication from a *medical practitioner* or dentist; (c) had regular reviews or check-ups with a *medical practitioner*; (d) a chronic or ongoing condition which is medically documented, under investigation, pending diagnosis and/or test results; or (e) symptoms which would cause an ordinary person to seek the advice of a *medical practitioner* or mental health practitioner.
Medical Practitioner	*medical practitioner* means a person qualified and registered to practice medicine. *Medical practitioner* does not include the *insured person*, an *insured person's* relative or *your* director or employee.
Non-Medicare Medical Expenses	*non-Medicare medical expenses* mean expenses paid by an *insured person* or by the *insured* including physiotherapy, chiropractic, osteopath, masseur, naturopath (these expenses must be certified as necessary for the recovery of the *insured person* by a *medical practitioner*), private hospital accommodation and theatre fees, dental fees, ambulance expenses, orthotics, splints and prosthesis.
Other Fracture	*other fracture* means any fracture other than a *simple fracture*.
Period of Insurance	*period of insurance* means the dates over which *your* insurance cover under this policy is valid, as specified in the *schedule*.
Permanent	*permanent* means lasting for 12 consecutive months from the date of *injury* and at the expiry of that time is in the opinion of a *medical practitioner* unlikely to materially improve.
Permanent Total Disablement	*permanent total disablement* means *temporary total disablement* that has lasted for 12 consecutive months and at the expiry of that time is certified by a *medical practitioner* as: (a) being beyond hope of improvement; and (b) entirely preventing the *insured person* forever from engaging in any occupation, business, profession or employment for which the *insured person* is reasonably qualified by education, training or experience.
Pre-existing Condition	*pre-existing condition* means any *injury*, or physical or mental defect, condition, illness, disease or syndrome for which in the twelve months prior to becoming an *insured person*, the *insured person*: (a) has required an emergency department visit, hospitalisation or day surgery procedure; (b) required prescription medication from a *medical practitioner* or mental health practitioner or dentist; (c) has had regular reviews or check-ups with a *medical practitioner* or mental health practitioner; (d) has a chronic or ongoing condition which is medically documented, under investigation, pending diagnosis and/or test results; or (e) is exhibiting symptoms which would cause an ordinary person to seek the advice of a *medical practitioner* or mental health practitioner.
Professional Sport	*professional sport* means any sport in which an *insured person* receives financial reward, sponsorship or gain as a result of their participation.
Salary	*salary* means: (a) in the case of 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; (b) in regards to a T.E.C. (i.e. total employment cost) or *salary* packaged *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) with respect to a self-employed *insured person*, the average gross weekly gross income earned from personal exertion after the deduction of all business expenses necessarily incurred in earning that income,and in each case, derived during the 6 calendar months (or over such shorter period as they have been employed or self-employed) immediately preceding the *injury* giving rise to a claim under this policy.
Schedule	*schedule* means the most current policy *schedule* issued by us to *you*. It includes any changes, conditions and exclusions made to suit *your* individual circumstances and may amend the policy wording.

Scope of Cover	*scope of cover* means the operative time during which cover applies with respect to *insured persons*, as set out in the *schedule*.
Sickness	*sickness* means any illness, disease, condition, syndrome or mental illness which is not a *pre-existing condition*, suffered by the *insured person* which first *manifests* during the *period of insurance* and whilst the person is an *insured person*.
Simple Fracture	*simple fracture* means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a *medical practitioner* requires minimal and uncomplicated medical treatment.
Spouse or Partner	*spouse* or *partner* means a person who is married to the *insured person* or a *partner* of an *insured person* who has been co-habiting with the *insured person* for a period of at least three continuous months.
Sum Insured	*sum insured* means the amount for which *you* are insured, as specified in *your schedule*.
Temporary Partial Disablement	*temporary partial disablement* means in the opinion of a *medical practitioner* or mental health practitioner the *insured person* is unable to wholly and continuously engage in a substantial part of their *usual occupation* and is under the regular care of and acting in accordance with the instructions or advice of a *medical practitioner*.
Temporary Total Disablement	*temporary total disablement* means in the opinion of a *medical practitioner* or mental health practitioner the *insured person* is unable to wholly and continuously engage in their *usual occupation* and is under the regular care of and acting in accordance with the instructions or advice of a *medical practitioner*.
Tooth or Teeth	*tooth* or *teeth* means a sound and natural *permanent tooth* but does not include first or milk teeth, dentures, implants and dental fillings.
Violent Criminal Act	*violent criminal act* means a violent, physical, and illegal act, including murder, sexual assault, violent robbery, or kidnapping, committed by a person who is not the *insured person*, an *insured person's* relative or *your* director or employee.
Visitor	*visitor* means any person legally on *your* premises who is not an employee of yours, a member of the emergency services or any other *insured person* more specifically insured under this policy.
Volunteer	*volunteer* means an *insured person* who is undertaking *voluntary work* on *your* behalf.
Voluntary Work	*voluntary work* means unpaid work undertaken by a *volunteer* on behalf of and with *your* permission for the following purposes: (a) providing services to a charitable, religious, educational or benevolent organisation or group; (b) participating in a sporting activity either as an unpaid player, referee, judge or umpire or whilst acting in their capacity as an official or elected representative; (c) engaging in youth activities organised by a registered youth organisation; (d) undertaking an activity which is part of a government funded employment, education or training initiative that is not covered by the workers compensation legislation of the relevant state or territory, and shall include specialist employment initiatives for indigenous persons or people with disabilities; (e) any other activity declared to and accepted by us.
Usual Occupation	*usual occupation* means the occupation predominantly performed by the *insured person* in the 12 months prior to the *injury* causing disability.
War	*war* means a state of armed conflict between different nations, states or armed groups using military force to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
You/Your	*you/your* means the *insured*.