

CORPORATE
TRAVEL
INSURANCE



Table of contents

Product Disclosure Statement (PDS)	2-44
Welcome	2
Contact us	2
24 hour emergency assistance	4
Claims	4
Benefits tables	5-7
Policy inclusions and options	8
Increase luggage item limits	8
Existing medical conditions and Pregnancy	8
Motorcycle/moped riding	9
Snow skiing, snowboarding and snowmobiling	9
Cooling-off period	9
Travel and health	10
Existing Medical Conditions	10
Pregnancy	13
Health of other people impacting the insured person's travel (non-traveller)	13
Important information	14
Who issues and insures this product?	14
Duty to take reasonable care not to make a misrepresentation	14
When and how benefits are provided	15
The amount payable for this insurance	15
The amount The Company or the insured person pays towards a claim	15
How various factors affect the amount payable	15
How a claim settlement is calculated	15
Policy wording	16
Words with special meaning	16
Policy conditions	19
The benefits	22
General exclusions	41
General information	43
The Financial Claims Scheme	43
General Insurance Code of Practice	43
We respect your privacy	43
Change of terms and conditions	43
Cancelling the Company's policy	44
Complaints and disputes resolution process	44
Financial Services Guide (FSG)	45
Quick quote form	48
Quick quote worksheet	50

Welcome

As your organisation expands, so may your requirements for keeping employees on the move.

Medical emergencies and incidents are generally unexpected and can result in repercussions on not only your organisation's productivity, but also its financial status.

What is Corporate Travel Insurance?

The Cover-More Corporate Travel Insurance policy is designed to protect organisations of all sizes, with multiple employees on the move throughout the world, for multiple trips throughout the year.

This is an important document

Please read it carefully before making a decision to purchase any of the travel insurance plans explained in it.

It will help you decide whether the insurance meets the needs of **The Company** and its **insured persons**. You can even use it to compare with other options you may be considering.

Any recommendation or opinion in this document is of a general nature only. It does not take into account your or The Company's objectives, financial situation or needs. You need to decide if the insurance is right for **The Company** and its **insured persons**.

This booklet contains important information about the insurer, Zurich Australian Insurance Limited (ZAIL), ABN 13 000 296 640, AFS Licence Number 232507 (referred to as "**we**", "**our**" and "**us**" in relation to the insurance) and its agent Cover-More Insurance Services Pty Ltd ABN 95 003 114 145, AFSL 241713 (Cover-More) as well as other relevant persons.

The Company is not the insurer of the insurance referred to in this booklet. It and any of its related corporations do not guarantee, and are not liable to pay, any of the benefits under these covers.

When you purchase a policy, keep a copy of this PDS and the Certificate of Insurance we'll give you in a safe place for future reference.

Contact us

If you have any questions or need any help please contact the providing entity or contact us:

Call: 1300 72 88 22

Email: corporate@covermore.com.au

Mail: Private Bag 913
North Sydney NSW 2059
Australia

Things The Company and the insured person need to understand

- Terms, conditions, limits and sub-limits apply – that is why it is important you read this booklet carefully.
- Exclusions apply to restrict, limit and/or exclude cover. Read the General exclusions on pages 41-42 and the exclusions under each benefit carefully to see what **we** don't cover.
- Check out the Travel and health part of this booklet as a traveller's health, and the health of others that might affect travel, is important (pages 10-14).
- Certain words have special meanings and are shown in bold. See Words with special meaning, pages 16-18. For example **relevant time** means the first time at which any part of the relevant trip is paid for or the time at which the policy is issued, whichever occurs last.
- All **insured persons** are residents of **Australia** and will be returning to their **home** at the completion of each **journey** and within 6 months of the commencement of each **journey**.

Four levels of corporate cover to choose from

Ultimate	Ultimate Plus
Essentials	Essentials Plus

Who can be insured?

The Company purchases this policy for its employees travelling far away from home for work in **Australia** and overseas throughout the year.

An **insured person** is:

- an employee of **The Company** operating within **Australia** who is travelling at the request of, or with the approval of, **The Company** for a purpose connected with **The Company's** business, and in this case includes up to 4 weeks of leisure/holiday travel incorporated in the same business trip. (e.g. either side of, or within, the business trip)
- a Director, Chief Financial Officer (CFO), Chief Executive Officer (CEO) or Chief Operating Officer (COO) of **The Company** operating within **Australia** who are travelling at the request of, or with the approval of, **The Company** for a purpose connected with **The Company's** business, and in this case includes up to 6 weeks of leisure/holiday travel incorporated in the same business trip. (e.g. either side of the business trip). Also, in the case of these particular insured persons only, up to 6 weeks of leisure/holiday travel independent of a business trip.
- The **insured person's journey** will include international travel, interstate travel or intrastate travel, more than 100 kilometres from **home** or the **insured person's** business.

We need to know a little bit about your company and how many employees are travelling, for how long and where to? This is known as 'estimating your travel days'. Tell us what plan you want. We will give you a quote for a full year's worth of cover.

OBTAIN A QUOTE

For a quick quote, complete and email the forms on pages 48 and 50 to your travel agent/broker or directly to Cover-More.

Email: corporate@covermore.com.au

Helpful tips

The **insured person** is responsible for providing **us** with evidence to support their claim for an item. This is 'proof of ownership'.

- **We** will accept the original or a copy of a purchase receipt, invoice and/or bank statement showing the purchase, the date of the purchase and the amount paid.
- **We** may consider valuation certificates (issued prior to the time the policy was issued), ATM receipts and warranty cards with accompanying bank statement of purchases.
- **We** will not accept photographs, packaging or instruction manuals as proof of ownership.

Safety of your belongings and limits to the cover

- Don't check in your **valuables** – keep them with you as they're not covered by **us** when checked-in with the **transport provider** (unless security regulations meant you were forced to check them in).
- Items left **unattended** in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle during daylight hours are not covered, unless they are stored in the **concealed storage compartment** of the locked motor vehicle or towed land vehicle and forced entry was gained. A limit of \$500 per item and a maximum of \$2,000 in total applies.
- Don't leave items **unattended** in ANY motor vehicle or towed land vehicle overnight, as they're not covered.
- Don't walk away from or leave your belongings **unattended** in a **public place**. They're not covered by **us**.
- Report any loss or theft to the police within 7 days of when you first become aware of the incident, as a police report is required so **we** can validate that the incident occurred. Also, your belongings may have been handed in and may be recovered or the police may have a chance to follow up an alleged crime.
- Additionally, **we** require the relevant report from the related party. For example, an Airline Property Irregularity Report (PIR) is also required if your items were lost or stolen when travelling with an airline.
- If you are unable to provide **us** with a copy of the relevant report, you must provide **us** with a reasonable explanation and details of the time and place you made the report, including their contact details.

Reciprocal Healthcare Agreement

The Australian Government and the governments of certain countries have an agreement where Australian residents are provided with subsidised essential medical treatment (which, in turn, minimises your claim with **us**). The agreement is known as a Reciprocal Healthcare Agreement (RHA). Please visit humanservices.gov.au/medicare or dfat.gov.au for details of RHAs with **Australia**.

Medical and hospital cover in Australia

We will not pay any benefit or provide cover if the provision of a payment, benefit or cover would result in **us** contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth) or the National Health Act 1953 (Cth) or any applicable legislation (whether in **Australia** or not).

24 hour emergency assistance

We hope you have a great trip but should something go wrong, we're here to help.

When travelling, **The Company** or the **insured person** have access to **our** emergency assistance team of doctors, nurses, case managers and travel agents 24 hours a day, 365 days a year.

Our team provides the following services to all policyholders:

- **Help to find a medical facility and monitor the insured person's medical care**
- **Paying bills**
Becoming ill overseas can be very expensive. Significant medical expenses can be paid by **us** directly to the hospital if **the insured person's** claim is approved.
- **Keeping an insured person travelling or getting them home**
Our team can decide if and when it is appropriate to bring an **insured person home** and will coordinate the entire exercise.
- **Help if passports, travel documents or credit cards are lost**
If **The Company** or an **insured person** need assistance in contacting the issuer of the document, our emergency assistance team can help.
- **Help to change travel plans**
If **The Company's** or the **insured person's** travel consultant is not available to assist with rescheduling in an emergency, our team can help.

Certain services are subject to the claim being approved.

When and what number should you call?

The Company or **the insured person**, or someone on your behalf, should phone **our** emergency assistance team as soon as possible if **the insured person** requires hospitalisation, if their medical expenses will exceed \$2,000 or if he/she wants to return early.

When calling, please have the following information at hand:

- The corporate policy number
- A phone number to call you back on.

Please call **Australia** DIRECT and TOLL FREE from:

USA 1800 937 9763 **Canada** 1800 645 8714

UK 0800 892 014 **NZ** 0800 445 524

Charges apply if calling from a pay phone or mobile phone.

From all other countries or if you experience difficulties with the numbers above:

Call direct: +61 2 8907 5619

Claims

How to make a claim

Email corporate@covermore.com.au to request a claim form

We will email You a claim form and a corporate declaration form.

Please complete the forms and email or post them to us. Follow the checklist to gather the supporting documents you need to submit with it.

Email your claim form and scanned supporting documents to corporate@covermore.com.au, or

If you can't upload documents, post the documents to us. Post them to:

Cover-More
Corporate Travel Insurance Claims Department
Private Bag 913
North Sydney NSW 2059
Australia

We need original supporting documents, so if you are uploading your documents, please hold on to them as we may request them. If you are posting them, keep a copy.

When will I hear back about the claim?

We process claims as quickly as possible. You will hear back within 10 working days from the time **we** receive the claim.

We may approve and settle, investigate or decline the claim or request further information.

You can also call Cover-More on 1300 72 88 22 (within Australia) or +61 2 8907 5000 (from overseas) for help.

Check that the amount you want to claim is higher than any excess applicable to your claim.

Benefits table – Corporate Essentials and Essentials Plus

This is a summary of the benefits provided only. Please read the PDS carefully to understand what this policy covers. Importantly, please note that conditions, exclusions, limits and sub-limits apply.

Summary of benefits		Excess applies?	Corporate Essentials	Corporate Essentials Plus
			Maximum benefit limit per insured person	Maximum benefit limit per insured person
	24 hour emergency assistance	–	Included	Included
	Medical evacuation [^]	–	Included	Included
1*	Overseas medical and dental expenses[^]			
	Overseas medical expenses	Yes	\$10,000,000 [~]	\$Unlimited [~]
	Overseas dental expenses	Yes	\$2,500	\$2,500
2*	Hospital incidentals	–	\$Nil	\$5,000
3	Alternative staff or Resumption of assignment	–	\$Nil	\$10,000
4*	Additional expenses[^]	Yes	\$10,000,000	\$Unlimited
5*	Travel delay Includes up to \$200 after 6 hours delay and \$200 again after each full 24 hour delay period.	Yes	\$1,000	\$2,000
6	Missed transport connection[^]	–	\$Nil	\$Nil
7*	Amendment or cancellation costs[^]	Yes	\$10,000	\$Unlimited
8*	Luggage and travel documents See page 8 for the limits for luggage items and for the option to increase the limit per item.	Yes	\$7,500	\$15,000
9*	Delayed luggage allowance	Yes	Up to \$1,000 after 12 hours	Up to \$2,000 after 12 hours
10	Money	Yes	\$Nil	\$1,000
11	Rental car insurance excess	–	\$4,000	\$8,000
12	Kidnap and ransom	–	\$100,000	\$250,000
13*	Hijacking	–	\$Nil	\$10,000
14*	Loss of income (due to injury)[^]	–	\$Nil	\$36,000
15*	Disability[^]	–	\$Nil	\$50,000
16*	Accidental death[^]	–	\$Nil	\$50,000
	◆The cumulative limit for Section 14, 15 and 16 is:		\$Nil	\$50,000
17	Personal liability	–	\$1,000,000	\$5,000,000
18	Extra territorial workers compensation	–	\$Nil	\$500,000
19	Identity theft protection	–	\$Nil	\$10,000
39	COVID-19 benefits	Yes - as applicable	See SECTION 39: COVID-19 benefits on pages 39-40 for the full details of what is and isn't covered.	

[~]Cover will not exceed 18 months from onset of the illness, condition or injury.

^{*}Sub-limits apply.

[^]Please refer to Age limits and associated cover restrictions on page 8.

Refer to policy condition 1. Excess on page 19 for information about the excess.

This table should be read in conjunction with the Policy Wording for full details of the conditions, exclusions, limits, sub-limits and aggregate limits that apply to particular benefits.

Benefits table – Corporate Ultimate and Ultimate Plus

This is a summary of the benefits provided only. Please read the PDS carefully to understand what this policy covers. Importantly, please note that conditions, exclusions, limits and sub-limits apply.

Summary of benefits		Excess applies?	Corporate Ultimate	Corporate Ultimate Plus
			Maximum benefit limit per insured person	Maximum benefit limit per insured person
	24 hour emergency assistance	No	Included	Included
	Medical evacuation [^]	No	Included	Included
1*	Overseas medical and dental expenses [^]			
	Overseas medical expenses	Yes	\$Unlimited [~]	\$Unlimited [~]
	Overseas dental expenses	Yes	\$2,500	\$2,500
2*	Hospital incidentals	No	\$5,000	\$10,000
3	Alternative staff or Resumption of assignment	No	\$15,000	\$15,000
4*	Additional expenses [^]	Yes	\$Unlimited	\$Unlimited
5*	Travel delay Includes up to \$200 after 6 hours delay and \$200 again after each full 24 hour delay period.	Yes	\$Unlimited	\$Unlimited
6*	Missed transport connection [^]	No	\$10,000	\$20,000
7*	Amendment or cancellation costs [^]	Yes	\$Unlimited	\$Unlimited
8*	Luggage and travel documents See page 8 for the limits for luggage items and for the option to increase the limit per item.	Yes	\$20,000	\$40,000
9*	Delayed luggage allowance	Yes	Up to \$2,000 after 8 hours	Up to \$3,000 after 8 hours
10	Money	Yes	\$3,000	\$3,000
11	Rental car insurance excess	No	\$10,000	\$12,000
12	Kidnap and ransom	No	\$500,000	\$500,000
13*	Hijacking	No	\$30,000	\$30,000
14*	Loss of income (due to injury) [^]	No	\$54,000	\$144,000
15*	Disability [^]	No	\$100,000	\$250,000
16*	Accidental death [^]	No	\$100,000	\$250,000
	◆The cumulative limit for Section 14, 15 and 16 is:		\$100,000	\$250,000
17	Personal liability	No	\$5,000,000	\$5,000,000
18	Extra territorial workers compensation	No	\$1,000,000	\$1,000,000
19	Identity theft protection	No	\$15,000	\$15,000
39	COVID-19 benefits	Yes - as applicable	See SECTION 39: COVID-19 benefits on pages 39-40 for the full details of what is and isn't covered.	

[~]Cover will not exceed 18 months from onset of the illness, condition or injury.

*Sub-limits apply.

[^]Please refer to Age limits and associated cover restrictions on page 8.

Refer to policy condition 1. Excess on page 19 for information about the excess.

This table should be read in conjunction with the Policy Wording for full details of the conditions, exclusions, limits, sub-limits and aggregate limits that apply to particular benefits.

TURN THE PAGE FOR EXTRA BENEFITS

See the next page for extra benefits included and an optional benefits pack The Company can also purchase for the Ultimate or Ultimate Plus plan.

Benefits table – Corporate Ultimate and Ultimate Plus Extras

This is a summary of the extra benefits included and available to purchase on the Ultimate and Ultimate Plus plans. Please read the PDS carefully to understand what this policy covers. Importantly, please note that conditions, exclusions, limits and sub-limits apply.

		Corporate Ultimate	Corporate Ultimate Plus
		INCLUDED EXTRAS	INCLUDED EXTRAS
	Summary of EXTRA benefits	Maximum benefit limit per insured person	Maximum benefit limit per insured person
20	Kidnapping and detainment		
	Media/image protection	\$10,000	\$10,000
	Trauma counselling up to \$500 per visit	\$5,000	\$5,000
	Personal legal costs as a result of being detained	\$30,000	\$30,000
21	Loss of income (due to sickness)	\$36,000	\$144,000
22	Tuition expenses \$500 per month for 6 months	\$3,000	\$3,000
23*	Injury resulting in surgery	Up to \$20,000	Up to \$20,000
24*	Injury resulting in fractured bones	Up to \$5,000	Up to \$5,000
25*	Injury resulting in loss of teeth or dental procedures	Up to \$5,000	Up to \$5,000
26	Political unrest and disaster evacuation	\$25,000	\$50,000
27	Personal car excess &/or repairs	\$2,000	\$2,000
28	Personal car loss of no claim bonus and/or \$500 per week for a hire car	\$2,500	\$2,500

*Sub-limits apply.

Benefits 29-38 below are all available if **The Company** selects the Optional Extra Benefits Package and pays **us** the additional premium.

		Corporate Ultimate	Corporate Ultimate Plus
		OPTIONAL EXTRA BENEFITS PACKAGE	OPTIONAL EXTRA BENEFITS PACKAGE
	Summary of OPTIONAL EXTRAS benefits	Maximum benefit limit per insured person	Maximum benefit limit per insured person
29	Court attendance benefit \$100 per day	\$1,000	\$1,000
30	Independent financial advice	\$5,000	\$5,000
31	Spouse or partner accidental death benefit	\$25,000	\$25,000
32	Dependent child assistance		
	Education fund supplement per dependent child	\$5,000	\$5,000
	Maximum per family	\$15,000	\$15,000
	Orphaned benefit per dependent child	\$10,000	\$10,000
	Maximum per family	\$30,000	\$30,000
33	Partner retraining benefit (age limit 65)	\$10,000	\$10,000
34	Corporate image protection	\$15,000	\$15,000
35	Home and/or motor vehicle modification benefit	\$10,000	\$10,000
36	Unexpired membership benefit	\$500	\$500
37	Keys and locks	\$1,000	\$1,000
38	Home burglary benefit	\$1,000	\$1,000

Age limits and associated cover restrictions

There is no maximum age limit for **insured persons** under this policy, however the following conditions apply to all plans.

Persons aged 75 and over

In respect to each **insured person** aged 75 years or over at the time the policy was issued to **The Company**:

SECTION 1: Overseas medical and dental expenses and

SECTION 4: Additional expenses

- An excess of \$5,000 applies to each claim

SECTION 15: Disability

- No benefit will be payable

SECTION 16: Accidental death

- The maximum benefit limit is \$25,000

SECTION 14: Loss of income (due to injury) and SECTION 21: Loss of income (due to sickness) (where available)

- No benefit will be payable

SECTION 6: Missed transport connection and SECTION 7: Amendment or cancellation costs

- Benefits are limited to a maximum of \$5,000

Persons aged under 18

In respect to each **insured person** under this policy aged under 18 years of age at the time the policy was issued to **The Company**:

SECTION 15: Disability

- for 15.1 Bodily injury – disability lump sum benefit the maximum benefit payable for injury types 2-19 under the Schedule of disability according to bodily injury type is \$50,000.

SECTION 16: Accidental death

- The maximum benefit limit is \$25,000

Policy inclusions and choices

Luggage item limits automatically included in the cover

The following limits apply to any one item, set or pair of items (including attached and unattached accessories):

Item	Item limit
Phone	\$1,000
Smart watch	\$1,000
Camera	\$4,000
Video camera	\$4,000
Drone (with or without camera)	\$1,000
Laptop computer	\$4,000
Tablet computer	\$4,000
Artificial limb	\$1,000
Dentures (full or partial)	\$1,000
Removable dental appliance	\$1,000
Medical device	\$1,000
Jewellery	\$1,000
Watch	\$1,000
Any other item	\$1,000

Increase luggage item limits

The Company or the **insured person** may increase the item limit by paying an extra amount in order to increase cover for items which are valued at more than the limits shown above. A single item limit may be increased to \$10,000 by paying an additional premium.

Receipts or valuations must be attached to your Enrolment Form.

Existing medical conditions and Pregnancy

See Travel and health pages 10-13.

Activities cover

We offer a comprehensive list of automatically included activities. Please check the lists below to make sure any activities you plan to take part in are covered.

Activities automatically included in **The Company's** cover for **insured persons**:

- Abseiling
- Archery
- Ballooning
- Bungy Jumping
- Flying Fox
- Horse Riding
- Jet Boating
- Jet Skiing
- Kayaking
- Paragliding
- Parasailing
- Scuba Diving
- Snorkelling
- White Water Rafting

Participation in any of the activities listed above is subject to the terms of cover.

There is no cover for these activities if the **insured person** is racing, or participating in a professional capacity.

There is no personal liability cover for use or ownership of waterborne craft or mechanically-propelled vehicles.

Conditions apply to scuba diving. See exclusion 23 on page 42.

Motorcycle/moped riding

The **insured person** may wish to hire a motorcycle (including a moped) as the driver or a pillion passenger during their **journey**. If the **insured person** chooses to do so they will only be covered if:

- the engine capacity is 250cc or less
- while in control of a motorcycle or moped the **insured person** holds a valid Australian motorcycle rider's licence or Australian motor vehicle driver's licence
- while the **insured person** is a passenger the driver holds a valid licence for riding that vehicle
- the **insured person** is wearing a helmet
- the **insured person** is not participating in a **Professional** capacity
- the **insured person** is not racing, and
- the **insured person** is not participating in motocross.

Note: No cover will apply under SECTION 17: Personal liability. This means **The Company** and/or the **insured person** is responsible to pay costs associated with damage to the vehicle or property or injury to another person.

Snow skiing, snowboarding and snowmobiling

If an **insured person** wishes to be covered for these activities during their **journey** they will only be covered if they are:

- snow skiing or snowboarding **on-piste**
- not participating in a **professional** capacity, and
- not racing.

Cooling-off period

The Company can cancel or change its policy with **us** at any time.

If **The Company** cancels its policy with **us** for any reason within the cooling-off period, which is within 21 days of the date of purchase, **we** will refund **The Company** its money.

Our cooling-off period ensures a refund of the entire premium unless anyone insured under the Policy purchased by **The Company**:

- has made a claim under the Policy
- intends to make a claim under the Policy, or
- has departed on their **journey**.

If **The Company** wishes to cancel the Policy and receive a full refund, please contact the providing entity or Cover-More by calling 1300 72 88 22, or email corporate@covermore.com.au within the cooling-off period.

Please refer to "Cancelling The Company's policy" on page 44 for more information about cancelling outside the cooling-off period.

Travel and health

This policy excludes claims arising from, or exacerbated by, an **existing medical condition** or related new infections except for those existing medical conditions we automatically include on pages 10-11.

However, **we** may separately provide cover for an **insured person's existing medical condition**. If cover is applied for and approved by **us, The Company** or the **insured person** must pay **us** an extra premium.

The application must be completed at the **relevant time**.

Relevant time means the first time at which any part of the relevant trip is paid for, or the time at which the policy is issued, whichever occurs last.

What is an Existing Medical Condition?

Existing medical condition(s) means a disease, illness, medical or dental condition or physical defect that, at the **relevant time**, meets any of the following:

- Within the last 12 months, advice, medication or treatment (including investigation or advice for treatment) has been received or prescribed by a **medical practitioner**.
- Is a chronic or ongoing (whether chronic or otherwise) disease, illness, medical or dental condition medically documented prior to the **relevant time**.

If an **insured person** has an **existing medical condition** that is not covered, **we** will not pay any claims arising from, or exacerbated by, that condition. This means that **The Company** and/or the **insured person** will have to pay for any overseas medical emergency and any associated costs, which can be prohibitive in some countries.

Insured persons unsure whether or not they have an **existing medical condition** can call Cover-More on 1300 72 88 22 for help.

If the insured person's existing medical condition is not automatically accepted

If the **insured person's existing medical condition** is not automatically accepted (see Existing medical conditions we automatically include on page 10) **we** will not provide any cover for any claims arising from, or exacerbated by, that condition.

If the **insured person** wants to take cover for **existing medical condition(s)**, they will need to apply for a variation of cover with **us**. If **we** accept the **insured person's** application for cover of **existing medical conditions**, an extra **premium** is payable to **us**.

To complete an assessment, please call Cover-More on 1300 72 88 22.

Existing medical conditions we automatically include

We automatically include cover for an **existing medical condition** shown in the tables following, provided:

- in the 12 months prior to the **relevant time**, the **insured person** had not been hospitalised (including day surgery or emergency department attendance) for that condition
- the **insured person** is not under investigation for that condition
- the **insured person** is not awaiting investigation, surgery, treatment or procedures for that condition, and
- the **insured person's** condition meets any criteria shown.

All time frames are measured in relation to the **relevant time**, unless specified otherwise.

Conditions	
Acne	Eczema
ADHD (Attention Deficit Hyperactivity Disorder)	Gastric Reflux (GORD)
Bunions	Glaucoma
Carpal Tunnel Syndrome	Gout
Cataracts	Hay Fever
Cleft Palate	Hormone Replacement Therapy
Cochlear Implant	Hypothyroidism including Hashimoto's Disease
Coeliac Disease	Lipoma
Congenital Adrenal Hyperplasia	Macular Degeneration
Congenital Blindness	Meniere's Disease
Congenital Deafness	Rhinitis
Conjunctivitis	Rosacea
Dengue Fever	Sinusitis
Dry Eye Syndrome	Tinnitus
Dupuytren's Contracture	

Condition	Criteria
Anxiety	<p>Provided the insured person:</p> <ul style="list-style-type: none"> has not been diagnosed with Depression in the last 3 years in the last 12 months, the insured person's prescribed medication hasn't changed is not currently waiting to see a mental health clinician (e.g. psychologist or psychiatrist), and has not previously been required to cancel or curtail their travel plans due to his/her/their Anxiety.
Asthma	<p>Provided the insured person:</p> <ul style="list-style-type: none"> is under 60 years of age has not smoked for at least the last 18 months does not need prescribed oxygen outside of a hospital, and has no other lung condition or disease.

Condition	Criteria
*Diabetes (type 1 or type 2) or glucose intolerance	Provided: <ul style="list-style-type: none"> • First diagnosed more than 6 months ago • No complications in last 12 months • No kidney, eye or neuropathy complications, and • No cardiovascular disease.
Depression	Provided the insured person : <ul style="list-style-type: none"> • has not been hospitalised for this condition in the last 2 years • in the last 12 months, the insured person's prescribed medication hasn't changed • is not currently waiting to see a mental health clinician (e.g. psychologist or psychiatrist), and • has not previously been required to cancel or curtail their travel plans due to his/her/their Depression.
Ear Grommets	Provided no current infection
Hiatus Hernia	Provided no surgery is planned
*Hypercholesterolaemia (High Cholesterol)	Provided no cardiovascular disease and/or no diabetes
*Hyperlipidaemia (High Blood Lipids)	Provided no cardiovascular disease and/or no diabetes
*Hypertension (High Blood Pressure)	Provided no cardiovascular disease and/or no diabetes

*These conditions are risk factors for cardiovascular disease. If the **insured person** has a history of cardiovascular disease, and it is an **existing medical condition**, cover for these conditions are also excluded.

If the insured person's existing medical condition is not automatically included

If the **insured person's existing medical condition**:

- is not automatically included, and/or
 - includes one or more conditions not listed above
- he/she/they will need to complete an online health assessment by declaring all their **existing medical conditions** to **us**.

To be clear, the conditions **we** automatically include only apply if the **insured person** does not have other **existing medical conditions** beyond those on this list.

See "How to complete a health assessment" on page 12.

Existing medical conditions that cannot be covered

This policy does not provide cover for claims which in any way relate to, or are exacerbated by:

- conditions involving drug or alcohol dependency
- travel booked or undertaken against the advice of any **medical practitioner**
- routine or cosmetic medical or dental treatment during the **journey**, even if the **insured person's existing medical condition** has been approved, or
- conditions for which the **insured person** is travelling to seek advice, treatment or review or to participate in a clinical trial.

Medical conditions that are undiagnosed or awaiting specialist opinion

We are unable to offer cover for any medical conditions that the **insured person** was aware of, or a reasonable person in their circumstances should have been aware of, or arising from signs or symptoms that the **insured person** was aware of, or a reasonable person in their circumstances should have been aware of, before commencing any cover described in this booklet, and for which at that time:

- the **insured person** had not yet sought a medical opinion regarding the cause
- the **insured person** was under investigation to define a diagnosis, or
- the **insured person** was awaiting specialist opinion.

The **insured person** will still be eligible for the other benefits provided by the policy and he/she/they may apply for cover for other **existing medical conditions**. However, there will be no cover for claims arising from, or exacerbated by, any of the above.

If the **insured person** receives a diagnosis before they depart on their **journey**, they may be able to complete a health assessment and, if approved, add **existing medical condition** cover to **The Company's** policy by paying **us** the required premium.

Important points to note

Chronic lung conditions

If the **insured person** has a chronic lung condition*, he/she/they must complete a health assessment for that condition at the **relevant time** or, at the latest, before departing on their **journey**, have it approved by **us** and pay the extra premium to be covered. If the **insured person** doesn't, he/she/they will not be covered for claims arising from, or exacerbated by:

- that condition
- a respiratory infection e.g. Influenza, or
- a lung infection e.g. Pneumonia.

*Chronic lung condition includes Chronic Asthma, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Pulmonary Fibrosis.

What does this mean?

For example, if the **insured person** has COPD and is diagnosed with a respiratory infection, his/her claim will not be covered because **we** consider the respiratory infection to complicate, and be a complication of, the underlying existing medical condition, COPD.

Cardiovascular Disease

If the **insured person** has a condition involving their heart and blood vessels, collectively known as Cardiovascular Disease*, he/she/they must complete a health assessment for that condition at the **relevant time** or, at the latest, before departing on their **journey**, have it approved by **us** and pay the extra premium to be covered. If the **insured person** doesn't, he/she/they will not be covered for claims arising from, or exacerbated by:

- that condition, or
- another heart/cardiovascular system problem including a Heart Attack or Stroke.

*Cardiovascular Disease includes Aneurysms, Angina, Cardiac Arrhythmias (disturbances in heart rhythm) Cardiomyopathy, Cerebrovascular Accident (CVA or Stroke), previous heart surgery (including valve replacements, bypass surgery or stents), Myocardial Infarction (Heart Attack) or Transient Ischaemic Attack (TIA).

What does this mean?

For example, if the **insured person** has ever been diagnosed with Coronary Artery Disease, also known as Ischaemic Heart Disease (IHD), it is a life-long condition. The risk of disease is elevated whether or not he/she/they had been treated with bypass surgery or coronary artery stent insertion.

If the **insured person** has not told us about their condition, **we** have not approved it and he/she/they has/have not paid the additional premium, **we** will not be able to consider your claim if something goes wrong before or during the **journey** with respect to these conditions.

Reduced immunity

If the **insured person** reduced immunity at the **relevant time** (e.g. as the result of a medical condition or medical treatment), he/she/they must complete a health assessment at the **relevant time** or, at the latest, before departing on their **journey**, have it approved by **us** and pay the extra premium to be covered. If the **insured person** doesn't, he/she/they will not be covered for claims arising from, or exacerbated by, the underlying medical condition or a new infection.

What does this mean?

For example, if the **insured person** currently suffers from a condition that is associated with significant immunosuppression or he/she/they requires/require medication that significantly impairs immune function (e.g. Methotrexate, Azathioprine or high dose steroids), the **insured person** should tell **us** about their condition. Otherwise **we** won't be able to cover a claim if the **insured person** develops an opportunistic infection with respect to these conditions.

How to complete a health assessment

The **insured person** can complete a health assessment over the phone by calling Cover-More on 1300 72 88 22.

- The **insured person** needs sufficient knowledge about each **existing medical condition** to be able to complete a full declaration so **we** can assess the risk.

For example, **we** need to know the name of the medical condition you take medication for, rather than the name of the medication. Check with your doctor first if unsure.

- Check all **existing medical conditions** have been disclosed to **us** at the **relevant time** or, at the latest, before departing on the **journey**.
- **We** will provide the **insured person** with their assessment outcome and number.
- If **we** can approve The **insured person's** health assessment, they or **The Company** must pay **us** an extra premium to add cover for **his/her existing medical conditions** to the policy for a variation of cover.

Special conditions, limits and excesses may apply depending on the **insured person's existing medical condition**, age, trip destination and duration. This will be stated on the Certificate of Insurance, or separately advised to the **insured person** in writing.

What happens if I have an existing medical condition but do not take steps to cover it under this travel insurance policy?

We will not pay any claims arising from, or exacerbated by, the **insured person's existing medical condition** if:

- he/she/they does/do not apply for this cover for that **existing medical condition** at the **relevant time** or, at the latest, before departing on the **journey**
- he/she/they applies/apply for this cover for that **existing medical condition** and **we** do not agree to provide cover, or
- **we** agree to provide cover for that **existing medical condition** and the **insured person** does not pay the required extra premium.

This means, for example, that **The Company** or the **insured person** will have to pay for an overseas medical emergency which can be very expensive in some countries.

If you have any questions about **existing medical conditions**, please call Cover-More on 1300 72 88 22.

Pregnancy

If the **insured person** knows they are pregnant at the **relevant time**, they will need complete a health assessment and apply for cover if:

- there have been complications with this pregnancy or a previous pregnancy
- it is a multiple pregnancy e.g. twins or triplets, or
- the conception was medically assisted e.g. using assisted fertility treatment including hormone therapies or IVF.

Relevant time means the first time when a part of the relevant trip is paid for or the time when the policy is issued, whichever occurs last.

The **insured person** can complete a health assessment to apply for cover by calling Cover-More on 1300 72 88 22.

Pregnancy restrictions

Whether or not the **insured person** has to apply for pregnancy cover, the following restrictions apply to claims arising in any way from the pregnancy of any person:

- Cover is only provided for serious, unexpected pregnancy complications that occur up until the 24th week of pregnancy i.e. up to 23 weeks, 6 days. Gestational age is measured in weeks and days and is calculated from the last known date of the menstrual period or calculated from staging ultrasound.
- Childbirth is not covered.
- Costs relating to the health or care of a newborn child are not covered, irrespective of the stage of pregnancy when the child is born.

Health of other people impacting the insured person's travel (non-traveller)

This policy has cover if the **insured person** needs to change his/her trip due to the health of a **relative** or his/her business partner who is not travelling. In some circumstances the maximum **we** will pay is \$1,000.

When **The Company** or the **insured person** books a trip please carefully consider the health of loved ones not travelling with the **insured person**. Where applicable, the **insured person** should let **The Company** know of any impediments to business related travel.

What is covered?

We will pay for claims arising from the sudden disabling injury, sickness or disease or death of a **relative** or an **insured person's** business partner who is not travelling with the **insured person** if, at the **relevant time**, that person:

- a. in the last 12 months, had not been hospitalised (including day surgery or emergency department attendance) for a condition that was in any way related to, or exacerbated by, the condition that gave rise to the claim
- b. was not residing in a facility such as a nursing home, an aged care facility, a residential aged care home, a high and/or low care facility, a privately owned accommodation facility such as Supported Residential Services or Facilities (SRS/SRF) or a residential care facility;
- c. was residing independently at home or in a retirement home or village, including independent living arrangements, and they did not require home care or flexible care services;
- d. was not on a waiting list for, or did not know they needed surgery, inpatient treatment or tests at a hospital or clinic;
- e. did not have a drug or alcohol addiction; and
- f. did not have a **terminal illness**.

What are the restrictions and limits?

If any point a-f cannot be met e.g. if the **insured person's** non-travelling **relative** was in a nursing home or did have a **terminal illness**, the maximum **we** will pay is \$1,000 under all sections of the policy combined.

- For reference, **relative** means a person who is the **insured person's** spouse; parent, parent-in-law, stepparent, guardian; grandparent; child, foster child, grandchild; brother, brother-in-law, half-brother, stepbrother, sister, sister-in-law, half-sister, stepsister; daughter, daughter-in-law, stepdaughter, son, son-in-law, stepson; fiancé, fiancée; uncle, aunt; or niece, nephew.

What isn't covered?

No payment will be made under this policy for:

- Claims related to non-travellers who aren't the **insured person's relative** or business partner.
- Claims where **The Company** or the **insured person** are aware of a circumstance which is likely to give rise to a claim.
- Claims which in any way relate to circumstances **The Company** or the **insured person** knew of, or a person in **The Company's** or the **insured person's** circumstances would have reasonably known or foreseen, at the **relevant time**, that could lead to the **journey** being delayed, abandoned or cancelled.

WHAT DOES THIS MEAN?

The Company and the insured person should consider if our products are right for them if the insured person is travelling after 20 weeks as costs for childbirth and neonatal care overseas can be expensive.

For example:

- Jim's father was hospitalised after a serious accident. After hearing the bad news, Jim cancelled his upcoming trip and received a 50% refund.

He then bought a travel insurance policy so he could claim the rest of the money back.

When Jim bought the policy, he had already cancelled the trip so his claim would not be covered.

For example:

- Khalida's mother had been unwell for several months and was booked to have medical tests. Khalida organised a holiday and travel insurance. Unfortunately, the test results showed her mother had a serious sickness so Khalida cancelled her holiday to spend time with her mother. Because her mother was having tests after being unwell when Khalida bought her policy, her claim would not be covered as she knew at that time, or a person in her circumstances would have reasonably known or foreseen, that she may need to cancel her trip due to her mother's health.

Important information

Who issues and insures this product?

Zurich Australian Insurance Limited

ZAIL is the insurer and 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.

Zurich Australian Insurance Limited
PO Box 677, North Sydney NSW 2059

Cover-More and the providing entity

Cover-More Insurance Services Pty Ltd ABN 95 003 114 145, AFSL 241713 (Cover-More) acts on behalf of the insurer under a binder authority from the insurer.

Cover-More administers the policy including customer service, medical assessments and managing claims on behalf of the insurer.

Cover-More and arranges the issue of the insurance, either directly to **The Company** or through the appointment of authorised representatives. Alternatively, another financial services licensee or its authorised representatives may arrange the issue of this insurance.

The person who provides **The Company** with this PDS is the providing entity. The capacity in which they act is displayed in the Financial Services Guide on 45 of this booklet.

Duty to take reasonable care not to make a misrepresentation

This is a consumer insurance contract under the Insurance Contracts Act 1984 (Cth) (Act).

Under the Act, **The Company** has a duty to take reasonable care not to make a misrepresentation to **us**.

Before the **insured person** enters into an application for a variation of cover (i.e. **existing medical condition** cover) with **us**, the **insured person** has a duty to take reasonable care not to make a misrepresentation to **us**.

This duty applies whenever **The Company** or the **insured person** (as applicable) enters into, renews, extends or varies this contract of insurance.

In all cases (as applicable) **we** will ask **The Company** or the **insured person** questions that are relevant to **our** decision to insure **The Company** or the **insured person** and on what terms.

It is important to understand **The Company** is answering **our** questions in this way for **The Company** and anyone else **The Company** wants covered by the contract.

It is important to understand the **insured person** (applying for a variation of cover) is answering our questions in this way for the **insured person**.

As applicable, when **The Company** or the **insured person** answers the questions **The Company** or the **insured person** must give a true and accurate account of matters. **The Company** or the **insured person's** response should tell **us** everything that **The Company** or the **insured person** knows about the question because the response is relevant to whether **we** offer **The Company** or the **insured person** insurance and the terms **we** offer **The Company** or the **insured person**.

A misrepresentation made fraudulently is made in breach of the duty to take reasonable care not to make a misrepresentation.

Circumstances relevant to your duty

Whether or not **The Company** or the **insured person** took reasonable care not to make a misrepresentation will be determined with regard to all the relevant circumstances.

If **we** know, or ought to know about **The Company's** or the **insured person's** particular characteristics or circumstances, **we** will consider these to determine if **The Company** or the **insured person** took reasonable care not to make a misrepresentation to **us**.

We may consider the following matters to determine if **The Company** or the **insured person** (as applicable) took reasonable care not to make a misrepresentation to **us**:

- the type of consumer insurance contract in question, and its target market
- explanatory material or publicity produced or authorised by **us**
how clear, and how specific, the questions **we** asked were
- how clearly **we** communicated to you the importance of answering those questions and the possible consequences of failing to do so
- whether or not an agent/insurance broker was acting for **The Company** or the **insured person**, or
- whether the contract was a new contract or was being renewed, extended, varied or reinstated.

The Company or the **insured person** is not to be taken to have made a misrepresentation merely because **The Company** or they:

- failed to answer a question, or
- gave an obviously incomplete or irrelevant answer to a question.

Consequences if The Company or the insured person fails to take reasonable care and do make a misrepresentation

If **The Company** does not take reasonable care when answering **our** questions and the result is **The Company** does make a misrepresentation to **us**, **we** may cancel **The Company's** contract or reduce the amount **we** will pay **The Company** or the **insured person** if **The Company** or the **insured person** makes a claim, or both.

If the **insured person** does not take reasonable care when answering **our** questions and the result is **The Company** or the **insured person** does make a misrepresentation to **us**, **we** may cancel the **insured person's** variation or reduce the amount **we** will pay the **insured person** if the **insured person** makes a claim, or both.

If **The Company** or the **insured person's** failure to take reasonable care not to make a misrepresentation to **us** is fraudulent, **we** may refuse to pay a claim and treat the contract as if it never existed.

When and how benefits are provided

The benefits for which **The Company** and the **insured person** are insured under this policy issued to **The Company** are payable:

- when an insured event occurs during the **period of insurance** causing **The Company** or the **insured person** to suffer loss or damage or incur legal liability, and the claim is accepted by **us**.

After calculating the amount payable **we** will either:

- pay for specified **additional** expenses
- pay the person to whom **The Company** or the **insured person** is legally liable
- pay the cash value, repair cost or arrange replacement of the **insured person's** personal items (after deducting reasonable depreciation where applicable), or
- pay **The Company** or the **insured person**.

The amount payable for this insurance

The amount **we** charge **The Company** for this insurance policy and an **insured person** for a variation of cover is the total amount of the premium that **we** calculate to cover the risk and any relevant government charges (such as Goods and Services Tax (GST) and stamp duty).

Some factors that **we** take into consideration when calculating **The Company's** premium include:

- the estimated number of **journeys** per annum to both overseas and domestic locations, and
- the average duration per trip (total travel days).

The premium will be detailed on the Certificate of Insurance.

At the end of each annual renewal period, premiums may be adjusted depending on the actual travel undertaken, claims history and currency fluctuations.

The amount The Company or the insured person pay towards a claim

The excess is the first amount of a claim that **we** will not pay for. It is deducted from the claim if it is approved by **us**.

The excess applies per event i.e. if the **insured person** falls over and needs medical treatment, and smashed their smart phone in the fall, the excess will be deducted once.

Unless specified otherwise (for example in writing in this PDS or on the Certificate of Insurance **we** give to **The Company**) the claimant is required to pay the first \$60 arising from any one event on each **journey** in respect of Sections 1, 4, 6, 7, 8, 9 and 10 of the policy and for Section 39 where relevant. For each separate claimable event, a separate excess will be applied.

How various factors affect the amount payable

We consider a number of factors in calculating the **amount payable**. The following is a guide on these key factors, how they combine and how they may impact the assessment of risk and, therefore, **The Company's** and/or **the insured person's** premium.

- **Area** – higher risk areas cost more.
- **Trip duration** – the longer the trip duration, the higher the cost may be.
- **Variation of cover for existing medical conditions and pregnancy** (where available) – an additional premium may apply if a health assessment is completed and cover is offered by us.
- **Extra cover options** (where available) – an additional premium may apply.

How a claim settlement is calculated

When **we** pay a claim **we** consider a number of aspects in calculating the settlement. These include:

- the amount of loss or damage or liability
- the excess
- the maximum benefit limits and sub-limits
- reasonable depreciation, and
- the terms and conditions of the policy.

The following is an example to show how **We** will calculate claim settlement:

- The **insured person's** new video camera with an original purchase price of \$4,500 is stolen from a hotel room
- The **insured person** had not paid an additional amount to **us** to increase the standard item limit.

The claim settlement would be calculated as follows:

- Consider the original purchase price of the video camera – \$4,500 (no depreciation applies because the video camera was new).
- Consider the maximum item limit payable for cameras and video equipment – \$4,000. As **We** will not pay more than the relevant item limit for any one item, the maximum **We** will pay for the video camera in this example is \$4,000.
- Consider the excess. As there is an excess of \$60, this excess is deducted. This results in a claim settlement of \$3,940 (\$4,000 less \$60 excess). Alternatively, **we** may replace the item. **Our** choice will have regard to the circumstances of the claim and consider any preference **The Company** or **the insured person** may have.

Policy wording

The benefits described in this policy wording should be read in conjunction with Age limits and associated cover restrictions (page 8), Policy inclusions and choices (pages 8-9), Travel and health (pages 10-14), Duty to take reasonable care not to make a misrepresentation (pages 14-15), Words with special meaning (pages 16-18), Policy conditions (pages 19-22) and General exclusions (pages 41-42).

THE POLICY IS NOT VALID UNLESS THE CERTIFICATE OF INSURANCE IS ISSUED TO THE COMPANY.

Subject to the payment of the premium (**amount payable**) which includes stamp duty and fees payable to the agent, **we** will provide the protection detailed in the Benefits tables (pages 5-7) for the relevant plan purchased by **The Company** subject to the terms and conditions of this policy. The Plan type purchased will be shown on the Certificate of Insurance.

Most important

The policy will only operate if all of the following conditions are satisfied by **The Company** and **insured persons**:

- a. **The Company** and **insured persons** are not aware of any circumstance that is likely to give rise to a claim.
- b. All **insured persons** are residents of **Australia** with a valid Australian Medicare card or currently living in **Australia** with a visa allowing him/her/them to live, work or study in **Australia** and will be returning to their **home** at the completion of each **journey** and within 6 months of the commencement of each **journey**.
- c. The **insured person** is:
 - i. an employee of **The Company** operating within **Australia** who is travelling at the request of, or with the approval of, **The Company** for a purpose connected with **The Company's** business, and in this case includes up to 4 weeks of leisure/holiday travel incorporated in the same business trip. (e.g. either side of, or within, the business trip)
 - ii. a Director, Chief Financial Officer (CFO), Chief Executive Officer (CEO) or Chief Operating Officer (COO) of **The Company** operating within **Australia** who are travelling at the request of, or with the approval of, **The Company** for a purpose connected with **The Company's** business, and in this case includes up to 6 weeks of leisure/holiday travel incorporated in the same business trip. (e.g. either side of the business trip). Also, in the case of these particular insured persons only, up to 6 weeks of leisure/holiday travel independent of a business trip.
- d. The **insured person's journey** will include international travel, interstate travel or intrastate travel, more than 100 kilometres from **home** or the **insured person's** business.

Words with special meaning

In this booklet words in bold have the meanings shown below. The use of the singular shall also include the use of the plural and vice versa.

we, our, us means Zurich Australian Insurance Limited (ZAIL).

The Company / insured means the principal corporate entity referred to in the Certificate of Insurance i.e. The Company that is policyholder of this policy.

insured person(s) means an employee of the **insured** with which **we** have an insurance contract. This insurance automatically extends to include an **accompanying** spouse or partner and **accompanied children** travelling with the employee. The number of **accompanied children** is limited to 6. **We** may use he/she, him/her, them/their/they, you/your to refer to the insured person. **The Company** may nominate persons travelling at the request of, or with the approval of, **The Company** for a purpose connected with **The Company's** business, who do not fall within the definition described here. However **we** must agree to include that person as a nominated insured person and the required premium must be paid to **us**.

accident means a single event that:

- a. is caused by violent, external and visible means (independently of any other cause)
- b. results in **injury**, which is both unexpected and undesired by an **insured person**, and
- c. occurs during the **journey**.

accompanying means travelling with, or travelling separately from but with the intention to meet, depart from or continue travelling with, the **insured person** employed by **The Company** who is on a **journey**.

accompanied children means the **insured person's** children or grandchildren who are travelling with the **insured person** on the **journey**, provided they are not in full-time employment, they are financially dependent on the **insured person** and they are under the age of 21 years. However, **accompanied children** never means an infant born on the **journey**.

act of terrorism means any act by a person, alone or with an organisation or foreign government, who:

- a. uses or threatens force or violence
- b. aims to create public fear, or
- c. aims to resist or influence a government, or has ideological, religious, ethnic or similar aims.

additional means the cost of the accommodation or transport the **insured person** actually uses less the cost of the accommodation or transport they expected to use had the **journey** proceeded as planned.

amount payable means the total amount payable for this insurance cover shown on Certificate of Insurance **we** provide to **The Company**.

Australia means the area enclosed by the territorial waters of the Commonwealth of **Australia** (including Norfolk Island) where Medicare benefits are payable. Australian has a corresponding meaning.

baggage means personal property and/or **business property** belonging to **The Company** or the **insured person** or for which an **insured person** is legally responsible and taken on or acquired during the **journey** but does not include household furniture or effects.

business property means office equipment and the replacement value of plans, business papers, specifications, manuscripts and stationery for which the **insured person** is legally responsible and taken on, or acquired during, the **journey**.

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 business colleague means:

- a. the **insured person's** fellow employee whose duties and responsibilities directly affect the **insured person's** work, or
- b. a person, who is not a fellow employee but, where the business relationship of that person with the **insured person** necessitates the **insured person's** immediate return, but does not include any travelling companion.

computer system means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the coach, airline, shipping line, cruise line or railway company that the **insured person** was due to travel on.

concealed storage compartment means a boot, glove box, enclosed centre console, or concealed cargo area of a motor vehicle.

conveyance means:

- a. any bus, coach, ferry, helicopter, hovercraft, hydrofoil, ship, taxi, tram, monorail, train or any other non-commercial vehicle provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers, and
- b. any aircraft provided and operated by an airline or an air charter company, which is duly licensed for the regular transportation of fare-paying passengers.

cyber act means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any Computer System.

cyber incident means any:

- a. **cyber act** or error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any **computer system**, or
- b. **cyber act** including any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any **computer system**.

dependent child/children means the **insured person's** unmarried children who are under the age of 21 years and who primarily depend on the **insured person** for their maintenance and support. Also includes the **insured person's** unmarried child of any age who is physically or mentally incapable of self-support.

disabling injury, sickness or disease means a disabling injury, sickness or disease that first shows itself during the **period of insurance** and requires immediate treatment by a qualified **medical practitioner** or dentist.

documents means papers or other items containing references to the **insured person's** identity including, but not limited to, the following:

- Passport
- Driver's licence
- Credit, debit and bank cards
- Share certificates
- Birth certificate
- Bank and/or building society account details
- Insurance documents
- Utilities account details
- Membership numbers of professional bodies.

epidemic means a fast-spreading contagious or infectious disease or illness in an area as documented by a recognised public health authority.

existing medical condition(s) means a disease, illness, medical or dental condition or physical defect that, at the **relevant time**, meets any of the following:

- a. Within the last 12 months, advice, medication or treatment (including investigation or advice for treatment) has been received or prescribed by a **medical practitioner**.
- b. Is a chronic or ongoing (whether chronic or otherwise) disease, illness, medical or dental condition medically documented prior to the **relevant time**.

extortion means any threat or connected series of threats communicated to **The Company** or to the **insured person** for the purpose of demanding **ransom monies** to kill, physically injure or kidnap the **insured person**, provided that **ransom monies** are not in the possession of the **insured person** at the time of the threat.

extortion or ransom monies means a consideration paid for the return of a kidnap victim or consideration paid to terminate or end an extortion, to a person believed to be responsible for the kidnap or extortion (as the case may be) and includes but is not limited to cash, securities, marketable goods or services, property or monetary instruments.

home means the **insured person's** usual place of residence in **Australia**.

identity theft means the theft of personal data or documents relating to the **insured person's** identity, which results:

1. in fraudulent use to obtain **money**, goods or services, or
2. in the **insured person** incurring expenses to:
 - a. stop further fraudulent use
 - b. replace such **documents**
 - c. restore the **insured person's** credit rating and bank/mortgage/loan accounts, and
 - d. amend or rectify records regarding the **insured person's** true name or identity.

injury or injured means loss of life or a disabling bodily injury resulting from an **accident** that occurred during the journey.

Injury does not include any illness, sickness or disease.

insolvency means bankruptcy, provisional liquidation, liquidation, insolvency, appointment of a receiver or administrator, entry into a scheme of arrangement, statutory protection, presentation of a petition for the compulsory winding up of, stopping the payment of debts or the happening of anything of a similar nature under the laws of any jurisdiction.

international waters means waters outside the jurisdiction territory of any country.

journey means the period commencing at the time the **insured person** leaves **home** or his/her normal place of business in **Australia**, whichever occurs last, and ceasing at the time the **insured person** returns **home** or to his/her normal place of business in **Australia**, whichever occurs first.

kidnap, kidnapped or kidnapping means the **insured person** being illegally seized by force and held captive by a previously unknown and unrelated party for the purpose of demanding payment or concessions in return for the release of the **insured person**.

limb means the entire arm (being between the shoulder and wrist) or leg (being between the hip and the ankle).

medical practitioner means a person qualified and registered to practise medicine. **Medical practitioner** does not include the **insured person**, an **insured person's relative** or **The Company's** director or employee.

natural disaster means a major adverse event resulting from natural processes of the Earth; examples are bushfire, hurricane, tornado, volcanic eruption, earthquake, tsunami, falling object from space (including a meteorite), and in general any extraordinary atmospheric, meteorological, seismic, or geological phenomenon. It does not mean an **epidemic** or **pandemic**.

pandemic means an **epidemic** that is expected to affect an unusually large number of people or involves an extensive geographic area.

period of insurance means from the time the **insured person** commences each **journey** until the earliest of the following times:

- a. The time to the time the **insured person** completes each **journey**
- b. The expiry date shown on **The Company's** Certificate of Insurance
- c. To the completion of 6 months from the commencement of each **journey**, whichever occurs first.

Cover under SECTION 7: Amendment or cancellation costs begins from the **relevant time**. The dates on **The Company's** Certificate of Insurance can only be changed with **our** consent.

permanent means a period of time lasting 12 consecutive months after the expiry of which there is no reasonable prospect of improvement.

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.

professional means (in relation to a sporting activity) undertaking any activity for which financial payment is received from another person or party.

public place means any place the public has access to, including but not limited to airports, bus terminals, buses, cruise ships, planes, stations, taxis, trains, wharves and beaches, galleries, hotels, hotel foyers and grounds, museums, private car parks, public toilets, shops, streets, restaurants and general access areas.

relative means a person who is the **insured person's** spouse; parent, parent-in-law, stepparent, guardian; grandparent; child, foster child, grandchild; brother, brother-in-law, half-brother, stepbrother, sister, sister-in-law, half-sister, stepsister; daughter, daughter-in-law, stepdaughter, son, son-in-law, stepson; fiancé, fiancée; uncle, aunt; or niece, nephew.

relevant time means the first time at which any part of the relevant trip is paid for or the time at which the policy is issued, whichever occurs last.

rental car means a campervan/motorhome that does not exceed 6 tonnes, SUV, sedan, station wagon, hatchback, people mover, coupe, convertible, four-wheel drive or mini bus rented from a licensed motor vehicle rental company or agency.

sickness means a disabling sickness or disease that first shows itself during the **period of insurance** and requires immediate treatment by a qualified **medical practitioner**.

spouse or **partner** means a person who is legally married to the **insured person** or a partner of the **insured person** who has been cohabiting with the **insured person** for a period of at least 3 continuous months.

temporary partial disablement means the inability of the **insured person** 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 means the inability of the **insured person** 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.

terminal illness means a medical condition for which a terminal prognosis has been given by a **medical practitioner** and is likely to result in death.

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

transport provider means a properly licensed coach operator, airline, cruise line, shipping line or railway company.

travel documents means passports, travel tickets, visas, entry permits and other similar documents in the possession or control of the **insured person**.

unattended means not on the **insured person** or within his/her/their sight and reach.

valuables means articles made of or containing gold, silver or precious metals; precious stones; jewellery; audio, video or electrical equipment of any kind (including computer games, headphones, hard drives or power banks/battery packs, portable navigation equipment/global positioning (GPS) devices or media); binoculars; computers (including laptops, notebooks and tablets), mobile phones; photographic equipment (including cameras and accessories, video cameras, GoPros), smart phones; telescopes and watches.

Policy conditions

1. Excess

The excess is the first amount of a claim that **we** will not pay for. It is deducted from the claim if it is approved by **us**.

The excess applies per event i.e. if the **insured person** falls over and needs medical treatment, and smashed their smart phone in the fall, the excess will be deducted once.

- a. In respect of Section 1 of the policy, for claims arising from any one event on each **journey**, **we** will not pay the first:
 - i. \$60 if the **insured person who is the subject of the claim** was under 75 years of age at the time the policy was issued to The Company, or
 - ii. \$5,000 if the **insured person who is the subject of the claim** was aged 75 and over at the time the policy was issued to The Company.
- b. In respect of Section 4, 5, 6, 7, 8, 9 and 10, and for Section 39: COVID-19 Benefits where relevant, **we** will not pay the first \$60 arising from any one event on each **journey**.

An additional excess may apply in certain circumstances, such as cover for **existing medical conditions** where the **insured person** does not meet the provisions under Existing medical conditions we automatically include on page 10. If an additional excess applies **we** will notify **The Company** and/or the **insured person** in writing.

2. Limits of liability

The total limits of **our** liability inclusive of **accompanied children** and the **insured person's spouse** or **partner** combined shall be the amounts shown in the Benefits table for each Section of the policy, unless otherwise agreed in writing by **us** or in respect to where additional **baggage** cover has been purchased.

3. Adjustment of premium

We and **The Company** understand and agree that at the end of the **period of insurance**, should the travel days vary from the original estimated days, it will be necessary to adjust the premium. The adjustment will be in the form of extra premium payable to Cover-More or credits in favour of **The Company**. Any additional payments due to **us** apply to both renewals and expired policies. Credits apply only to renewal policies and will not exceed 50% of the total proposed premium. Any credits which bring the renewal premium under **our** minimum policy value will be forfeited.

4. Claims

- a. The **insured person** must report the theft or accidental loss of their **baggage**, personal effects, **business property**, **documents**, travel documents or money to the police, the **transport provider** or accommodation provider as relevant within 7 days of first becoming aware of the loss or theft. The **insured person** should obtain a report confirming the incident to submit to **us** with his/her claim.
- b. If the insured person suffers a **disabling injury, sickness or disease** or an **injury**, **The Company** and/or the **insured person** must:
 - obtain and follow medical advice, including undertaking treatment, as prescribed from a **medical practitioner**, and
 - obtain a certificate from a **medical practitioner** confirming the nature and extent of the **disabling injury, sickness or disease**.

- c. **The Company** and/or the **insured person** must not make any offer, promise of payment, or admit any liability without **our** written consent.
- d. **The Company** and/or the **insured person** must take all reasonable steps to prevent or minimise a claim. This includes the **insured person** taking adequate and reasonable precautions to protect themselves, their **baggage**, personal effects, **business property**, travel documents and money.
- e. **The Company** and/or the **insured person** must advise **us** of any claim, or occurrence that may give rise to a claim, as soon as possible and within 60 days of the **insured person** returning **home** from the relevant **journey**.
- f. If there is a delay in claim notification, or **The Company** and/or the **insured person** does not provide sufficient detail for **us** to consider their claim, **we** can reduce any claim payable by the amount of prejudice **we** have suffered because of the delay.
- g. **The Company** and/or the **insured person** must, at their own expense, supply any documents in support of the claim that **we** may request. This can include proof of an **insured person's** residential status and age, an original police report, a Property Irregularity Report (PIR), travel documents, receipts, valuations, a repair quote, a death certificate and/or medical certificate. If required **we** may ask **The Company** or the **insured person** to translate into English any documents to enable **us** to assess their claim.
- h. For claims relating to a mobile phone or device with phone capabilities **The Company** or the **insured person** must supply **us** with the IMEI (International Mobile Equipment Identity). **The Company** or the **insured person** must block the IMEI number (by Australian telecommunication providers) of the stolen or lost mobile phone or device.
- i. **The Company** and the **insured person** must co-operate fully in the assessment or investigation of their claim.
- j. When making a claim, **The Company** and/or the **insured person** are responsible for assisting **us** and acting in an honest and truthful manner. If **The Company** and/or the **insured person**, or anyone acting on your behalf, use fraudulent, false or exaggerated means to make a claim under this policy, **we** may not pay the claim in whole or in part. **The Company** and/or the **insured person** acknowledge and agree that **we** may report **The Company** and/or the **insured person** to the appropriate authorities and either party may be prosecuted.
- k. If **we** agreed to pay a claim under **The Company's** policy **we** will base any claim payment on the GST inclusive costs (up to the relevant limits of liability). If **The Company** and/or the **insured person** are entitled to claim an input tax credit in respect of a cost for which a claim is made, or would be entitled to an input tax credit if you were to incur the relevant cost (i.e. in replacing a lost or stolen item), the amount **we** would otherwise pay will be reduced by the amount of that input tax credit.
- l. If **The Company** and/or the **insured person** are entitled to claim an input tax credit in respect of the premium **The Company** paid **us** for this insurance, either party must inform **us** of the amount of that input tax credit (as a percentage) at the time a claim is first made.

If **The Company** and/or the **insured person** fails to do so, either party may have a liability for Goods and Services Tax (GST) if **we** pay **The Company** and/or the **insured person** an amount in respect of any of the cover provided.

- m. **We** will be entitled at **our** expense to have any **insured person** medically examined or in the event of death, a post-mortem examination carried out. **We** will give the **insured person** or their legal representative reasonable notice of the medical examination.
- n. If **we** have agreed that a claim is covered by **The Company's** policy **we** will make reasonable progress payments.
- o. In the event that a claim has been approved and paid by **us** under SECTION 8: Luggage and travel documents in respect of any property, **we** will be entitled to take and keep possession of the property and to deal with it in any manner **we** see fit.

5. Claims are payable in Australian dollars

All claims and amounts payable are paid in Australian dollars at the rate of exchange applicable at the time the expenses were incurred. **We** will pay the **insured person**, unless the **insured person** tells **us** to pay someone else, by direct credit to an Australian bank account the **insured person** nominates. In the case of the **insured person's** death **we** will pay their estate.

6. If **The Company** and/or the **insured person** can claim from anyone else, we will only make up the difference

In the case that policy condition 8. Other insurance (on this page) does not apply, if **The Company** and/or the **insured person** can make a claim against someone in relation to a loss or expense in respect of any of the covers provided and they do not pay **The Company** and/or the **insured person** the full amount of your claim, **we** will make up the difference. **The Company** and/or the **insured person** must claim from them first.

7. **The Company** and/or the **insured person** must help us to make any recoveries

We have the right to recover, from any other party in **The Company's** and/or the **insured person's** name, money payable under the policy or to choose to defend any action brought against you. **The Company** and/or the **insured persons** must provide reasonable assistance to **us**.

We will apply any money **we** recover from someone else under a right of subrogation in the following order:

1. To **us**, **our** costs (administration and legal) arising from the recovery
2. To **us**, an amount equal to the amount that **we** paid to **The Company** and/or the **insured person** in respect of any of the covers provided
3. To the **insured person**, their uninsured loss (less the applicable excess)
4. To the **insured person**, their excess.

Once **we** pay **The Company's** and/or the **insured person's** total loss, **we** will keep all money left over.

If **we** have paid **The Company's** and/or the **insured person's** total loss and either of you receive a payment from someone else for that loss or damage, **The Company** and/or the **insured person** must pay **us** the amount of that payment up to the amount of the claim **we** paid you.

If **we** pay you (i.e. **The Company** and/or the **insured person**) for lost or damaged property and you later recover the property or it is replaced by a third party, you must pay **us** the amount of the claim **we** paid you.

8. Other insurance

If **The Company** and/or the **insured person** are insured, or entitled to receive a benefit or make a claim, under any other insurance policy in respect of the same loss as **The Company's** and/or the **insured person's** claim under **our** covers, then:

- **The Company** and/or the **insured person** must give **us** full details of the other insurance policy,
- to the extent permitted by law, **we** will not be liable to provide indemnity until the indemnity amount under any other policy is exhausted, or
- **we** may seek, from the other insurer, contribution for any amounts **we** have paid.

9. Subrogation

We may, at **our** discretion, undertake in **The Company's** and/or the **insured person's** name and on your behalf, control and settlement of proceedings for **our** own benefit to recover compensation or secure indemnity from any party in respect of any of the covers provided.

The Company and/or the **insured person** must assist **us** and give **us** permission to do everything required to recover compensation or secure indemnity from other parties, to which **we** may become entitled or subrogated, upon **us** accepting your claim in respect of any of the covers provided. This is regardless of whether **we** have yet paid your claim, whether or not the amount **we** pay **The Company** and/or the **insured person** is less than full compensation for your loss or whether your claim is paid under a non-indemnity or an indemnity clause.

10. Policy interpretation

The policy will be interpreted in accordance with the law of the Australian State or Territory in which it is issued.

11. Emergency assistance

Where **The Company's** and/or the **insured person's** claim is excluded or falls outside the policy coverage, the giving of emergency assistance will not in itself be an admission of liability.

Medical standards, sanitary conditions, reliability of telephone systems and facilities for urgent medical evacuations differ from country to country. Responsibility for any loss, medical complication or death resulting from any factor reasonably beyond **our** control cannot be accepted by **our** emergency assistance, Cover-More or **us**.

If Your trip involves travel to a country or part of a country the Australian Government on the smartraveller.gov.au website* has issued a "Reconsider your need to travel" or "Do not travel" advice or warning, **We** may not be able to provide You with emergency assistance in that country. For example, in a case where You travel to a war zone the airspace may be closed which may prevent **Us** from arranging emergency repatriation for a covered claim. This condition applies regardless of whether Your claim relates to the warning.

*Or the equivalent authority responsible in Your country of residence for setting advisories for citizens and/or residents.

12. Automatic extension of insurance

Where the **insured person's journey** is necessarily extended due to an unforeseeable circumstance outside their control, the **insured person's period of insurance** will be extended until they are physically able to travel **home** by the quickest and most direct route. The **period of insurance** will not be extended for any other reason.

13. Sanctions

Notwithstanding any other terms, **we** shall not be deemed to provide cover or make any payments or provide any service or benefit to any person or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the person would violate any applicable trade or economic sanctions law or regulation.

14. Special conditions, limitations, excesses and amounts payable

If in the last 5 years the **insured person**:

- a. made 3 or more travel insurance claims
- b. had insurance declined or cancelled or had a renewal refused or claim rejected, or
- c. been in prison or had any criminal conviction (other than driving offences)

cover must be separately applied for and accepted by **us**. It may be subject to special conditions, limitations, excesses and amounts payable.

We will notify **The Company** and/or the **insured person** in writing of these before **we** issue the policy.

15. Automatic reinstatement of sums insured

In respect of the individual cover applying to any one **insured person**, the sums insured will be reinstated on the completion of each **journey**.

16. Policy conditions applying to SECTION 1: Overseas medical and dental expenses and SECTION 4: Additional expenses only

- a. **We** have the option of returning the **insured person** to **Australia** if the cost of medical and/or **additional** expenses overseas are likely to exceed the cost of returning the **insured person** to **Australia**, subject always to medical advice. **We** also have the option of evacuating the **insured person** to another country.
- b. In all cases the cost of evacuation or to bring the **insured person** back to **Australia** will only be met if their claim is approved by **us** and it was arranged by, and deemed necessary by, **our** emergency assistance network.
- c. If **we** request that the **insured person** be moved to another hospital, return to **Australia** or be evacuated to another country and **The Company** or the **insured person** refuses, **we** will only consider:
 - i. your costs and expenses per Sections 1 and 4 (as applicable) incurred up to the time of **our** request, and
 - ii. the lesser of:
 - an amount equivalent to the costs and expenses per Sections 1 and 4 (as applicable) that you would have incurred after **our** request had you moved to another hospital, returned to **Australia** or been evacuated to another country as requested, or
 - your costs and expenses actually incurred after **our** request.

- d. If the **insured person** is hospitalised **we** will pay for a share room. If a share room is not available **we** will pay to upgrade the **insured person** to a single room.
- e. If the **insured person** does not hold a return airline ticket an amount equal to the cost of an economy class one way ticket will be deducted from the **insured person's** claim for repatriation expenses.

17. Policy condition applying to SECTION 12: Kidnap and ransom only

The Company and the **insured person** must take all reasonable precautions to protect the confidentiality of this insurance. This policy is a reimbursement policy only. **We** will not act as negotiator or intermediary or furnish advice in dealing with the kidnappers. In the event of any **kidnapping** occurring, any local law enforcement authorities must be informed of the ransom demand within 24 hours or as soon as possible. These authorities must be also informed of the serial numbers of any currency paid to secure the release of the **insured person** and any other relevant details of property or security used to meet a demand.

18. Policy conditions applying to SECTION 14: Loss of income (due to injury) (due to injury), SECTION 15: Disability and SECTION 16: Accidental death only

- a. If the **conveyance** the **insured person** is travelling in disappears, sinks or crashes and their body has not been found after 12 months they will be presumed to have died.
- b. Where the **insured person** and any number of other people insured by this policy are entitled to claim under this Section as a result of any one occurrence or event, **our** maximum accumulated liability for all policyholders collectively will be limited to \$4,000,000. In this instance, **we** will be entitled to reduce the amount payable on a pro-rata basis if **our** maximum accumulated liability would otherwise be exceeded.
- c. The **insured person** must obtain and follow advice and treatment given by a qualified **medical practitioner** as soon as possible after suffering an **injury** or **sickness**, during the **period of insurance**.
- d. **Our** maximum liability under Section 14, 15 and 16 combined will not exceed \$50,000 on the Essentials Plus plan, \$100,000 on the Ultimate plan and \$250,000 on the Ultimate Plus plan in respect to any one **insured person** unless an additional amount of cover has been approved by **us**.
- e. Refer to "Age limits and associated cover restrictions" on page 8 for limits on cover.

19. Policy conditions applying to SECTION 18: Extra territorial workers compensation only

- a. In the event of any occurrence giving rise to indemnity under this Section, **we** shall be entitled to exercise any right of recovery against any third party in the **insured person's** name or **The Company's** name and for **our** own benefit and the **insured person** and/or **The Company** shall give **us** all such assistance as **we** may reasonably require.
- b. The **insured person** and/or **The Company** shall, if required by **us**, make available to **us** such information and documentation with respect to any claim including medical reports, report of injury forms, claims forms and any other documentation which comes into the **insured person's** or **The Company's** possession and the **insured person** and/or **The Company** shall, if required by **us**, authorise **us** to have access to the files and information held by any Workers' Compensation Insurer with whom **The Company** has effected insurance.

20. Policy conditions applying to SECTION 26: Political unrest and natural disaster evacuation only

If the **insured person** is required to leave the country they are travelling in, **our** emergency assistance service must be contacted beforehand to confirm cover. Where possible, **our** emergency assistance service will make the travel arrangements and, in all cases, **we** will decide where to send the **insured person**.

21. War and civil war

The Company must tell **us** within 7 days of an outbreak of war or civil war in any of the following; Afghanistan, Chechnya, Iraq, Russia, Ukraine, North Korea, Somalia or Syria whether **The Company** has **insured persons** located within or travelling to the war or civil war affected area. **We** will then decide based on the situation at the time whether:

- a. to continue to provide coverage under the policy
- b. reduce the level of benefits provided to the insured person, or
- c. to charge an additional premium.

Unless otherwise agreed in writing by **us**, all cover under the policy will cease after the seventh day of any outbreak of war or civil war within any of the countries declared above.

22. Good faith

Where **our** emergency assistance team provides a service in good faith to any person not insured under this policy, **The Company** shall reimburse **us** for all costs incurred.

The benefits

SECTION 1: Overseas medical and dental expenses

Overseas medical expenses

If during the **period of insurance** the **insured person** suffers a **disabling injury, sickness or disease** **we** will pay the usual and customary cost of medical treatment and ambulance transportation that is provided outside **Australia** by, or on the advice of, a qualified **medical practitioner**.

Overseas dental expenses

If during the **period of insurance** the **insured person** suffers a **disabling injury, sickness or disease** **we** will pay up to \$2,500 for the usual and customary cost of emergency dental treatment provided outside **Australia** by or on the advice of a qualified medical practitioner or dentist to relieve pain or temporarily restore function. For example, if the **insured person** has a sore tooth and need a regular filling or if a capped front tooth breaks and a temporary cap is required.

Please note

Cover applies for a maximum of 18 months from the date of onset of suffering the **disabling injury, sickness or disease**.

If any costs or expenses are incurred without **our** approval and before contacting **us**, **we** will only cover any such costs or expenses or for any evacuation/repatriation or airfares if **we** would have approved them up to an amount **we** would have otherwise incurred, had contact been made and approval provided.

Overseas medical and dental expenses cover may end less than 18 months from the date of suffering the **disabling injury, sickness or disease** as **we** do not provide cover if these expenses are incurred outside the **period of insurance**. In certain circumstances The **period of insurance** will automatically extend for a period of time – see Policy condition 12. Automatic extension of insurance on page 21 for more information.

The maximum benefit limit for Overseas medical expenses is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$10,000,000	\$Unlimited	\$Unlimited	\$Unlimited

The maximum benefit limit for Overseas dental expenses is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$2,500	\$2,500	\$2,500	\$2,500

We will not pay for:

1. medical treatment, dental treatment or ambulance transportation provided in **Australia**.
This exclusion does not apply to medical treatment provided while on a ship (including cruise ship, passenger ship or passenger ferry) even if that ship is within Australian territorial waters. However, this additional benefit does not apply to any medical treatment provided on Australian inland waterways or while the ship is tied up in an Australian port

2. expenses arising from any disease that is transmitted when giving or taking a drug, unless the giving or taking of the drug is supervised by a **medical practitioner** and the disease is not excluded anywhere else in this cover
3. dental expenses involving the use of precious metals, teeth whitening or involving cosmetic dentistry, or preventative or routine dental treatment
4. continuation or follow-up treatment (including medication and ongoing immunisations) started prior to the **journey**
5. medical treatment, dental treatment or ambulance transportation provided in the **insured person's** country of residence
6. claims where the **insured person** received medical care under a Reciprocal Healthcare Agreement, or
7. expenses if, despite the advice given following **The Company's** and/or the **insured person's** call to our 24 hour emergency assistance provider, the **insured person** received private hospital or medical treatment where public funded services or care is available in **Australia** or under any Reciprocal Healthcare Agreement between the Australian Government and the government of any other country.

Also refer to: General exclusions, pages 41-42.
Policy conditions, pages 19-22.

SECTION 2: Hospital incidentals

If the **insured person** is hospitalised for more than 48 continuous hours during the **period of insurance** while he/she/they is/are overseas and his/her/their claim is approved, **we** will also reimburse incidental expenses they pay for such as TV rental, magazines, newspapers and/or hospital phone calls. **We** will reimburse up to \$100 for each 24 hour period.

Original receipts for these expenses must be produced in support of the claim.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$Nil	\$5,000	\$5,000	\$10,000

Also refer to: General exclusions, pages 41-42.
Policy conditions, pages 19-22.

SECTION 3: Alternative staff or resumption of assignment

If, during the **period of insurance**, the insured person suffers a **disabling injury, sickness or disease** or passes away and a claim is approved under SECTION 1: Overseas medical and dental expenses or SECTION 7: Amendment or cancellation costs of this policy **we** will pay under point 1 or point 2 of this Section.

1. Alternative staff

- a. the costs for a replacement employee to complete the original assignment if, a qualified **medical practitioner** and the emergency assistance network deem it necessary that the **insured person** return **home**.

The replacement person will for the purposes of this Travel Insurance be deemed to be entitled to benefits under this policy while on the replacement **journey**, subject to the terms and conditions of the policy and provided he/she/they complies/comply with the requirements of the Duty to take reasonable care not to make a misrepresentation.

2. Resumption of assignment expenses

- a. the costs incurred in returning the **insured person** to re-commence an assignment within 90 days of returning to **Australia**.

In any event, expenses will be limited to a business class air flight (or economy if that was the class of ticket used by the **insured person** on the original **journey**) and other essential expenses incurred in such transportation of the **insured person**.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$Nil	\$10,000	\$15,000	\$15,000

We will not pay for:

1. any expenses that **The Company** or the **insured person** had paid, budgeted for or incurred prior to the commencement of a **journey** as part of the original travel budget allocation for that **journey**.

Also refer to: General exclusions, pages 41-42.
Policy conditions, pages 19-22.

SECTION 4: Additional expenses

1. If the insured person becomes sick

Cover is subject to the written advice of the treating qualified **medical practitioner** and acceptance by **our** emergency assistance team. If the **insured person's** claim is coverable, **we** or **our** emergency assistance team will not unreasonably withhold or delay **our** acceptance.

If during the **period of insurance** the **insured person** suffers a **disabling injury, sickness or disease**, **we** will pay the reasonable **additional** accommodation (room rate only) expenses and **additional** transport expenses, at the same fare class and accommodation standard as originally booked, incurred by:

- a. the **insured person**. The benefit ceases when the **insured person** is able to continue their **journey**, travel **home** or on the completion of the **period of insurance**, whichever is the earlier
- b. the **insured person's** travelling companion who remains with or escorts the **insured person** until the **insured person** is able to continue their **journey**, travel **home** or on the completion of the **period of insurance**, whichever is the earlier, or
- c. up to 2 people (e.g. parent or close relative) who travel to and remain with the **insured person** following them being hospitalised as an inpatient. The benefit ceases when the **insured person** is able to continue their **journey**, travel **home** or on the completion of the **period of insurance**, whichever is the earlier.

Room rate only means that other expenses the **insured person** may incur such as food, drinks, groceries, laundry etc. are not included.

We will also pay the reasonable expenses incurred in returning the **insured person's rental car** to the nearest depot if they suffer a **disabling injury, sickness or disease** provided that, on the written advice of the treating qualified **medical practitioner**, the **insured person** was unfit to drive it.

2. If the insured person dies

If the **insured person** dies during the **period of insurance**, **we** will pay:

- a. the reasonable costs incurred overseas, charged by a funeral director for arranging the **insured person's** funeral service and a cemetery for his/her burial, or a crematorium for the **insured person's** cremation incurred overseas, and
- b. the cost of bringing the **insured person's** remains to **Australia**, including from the inbound port or airport to his/her **home** or nominated funeral home.

In either event:

- the maximum amount **we** will pay in total will not exceed \$20,000, or
- if the **insured person** holds a valid Schengen Visa and he/she/they dies/die in a Schengen member state during the **period of insurance** the maximum amount **we** will pay in total will not exceed 30,000EUR for expenses incurred in that Schengen member state.

3. If a relative or the insured person's business partner not travelling with the insured person becomes sick

We will pay reasonable **additional** transport expenses at the same fare class as originally booked if the **insured person** is required to return **home** due to the sudden **disabling injury, sickness or disease** or death of a **relative** or their business partner.

4. If the insured person's home is destroyed by fire, earthquake or flood

We will pay the reasonable **additional** transport expenses at the same fare class as originally booked for the **insured person's** early return **home** if it is totally destroyed by fire, earthquake or flood while he/she/they is/are on their **journey**.

5. Other circumstances

We will pay the **insured person's** reasonable **additional** accommodation (room rate only) and **additional** transport expenses, at the same fare class and accommodation standard as originally booked, incurred on the **journey** due to an unforeseeable circumstance outside the **insured person's** control and resulting from:

- a. disruption of the **insured person's** scheduled transport because of riot, strike or civil commotion occurring after the commencement of the **journey** provided he/she/they acts/act reasonably in avoiding **additional** costs
- b. disruption of the **insured person's** scheduled transport because of a **cyber incident** provided he/she/they acts/act reasonably in avoiding **additional** costs
- c. loss of passport or **travel documents** except involving government confiscation or articles sent through the mail
- d. a **natural disaster**
- e. a collision of a motor vehicle, watercraft, aircraft or train in which the **insured person** is travelling;

- f. the **insured person's** scheduled transport being delayed for at least 12 hours due to severe weather conditions. **We** will pay up to \$300 providing written confirmation from the **transport provider** has been obtained.

If the **insured person** is unable to provide **us** with a copy of the relevant report confirming the delay, they must provide **us** with a reasonable explanation and details of the time and place the delay occurred, including any contact details you were provided with for the provider of the scheduled transport.

Room rate only means that other expenses the **insured person** may incur such as food, drinks, groceries, laundry etc. are not included.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$10,000,000	\$Unlimited	\$Unlimited	\$Unlimited

We will not pay for:

1. any costs or expenses incurred prior to the **insured person** being certified by a qualified **medical practitioner** as unfit to travel
2. claims under Section 4.3 caused by an **epidemic, pandemic** or outbreak of a contagious disease or any derivative or mutation of such viruses
3. claims caused by the death, injury, sickness or disease of the **insured person's relative** or business partner who is not travelling, unless at the **relevant time** that person:
 - a. in the last 12 months, had not been hospitalised (including day surgery or emergency department attendance) for a condition that was in any way related to, or exacerbated by, the condition that gave rise to the claim
 - b. was not residing in a facility such as a nursing home, an aged care facility, a residential aged care home, a high and/or low care facility, a privately owned accommodation facility such as Supported Residential Services or Facilities (SRS/SRF) or, a residential care facility
 - c. was residing independently at home or in a retirement home or village, including independent living arrangements, and they did not require home care or flexible care services
 - d. was not on a waiting list for, or did not know they needed surgery, inpatient treatment or tests at a hospital or clinic
 - e. did not have a drug or alcohol addiction, and
 - f. did not have a **terminal illness**

If any point a-f cannot be met e.g. if the **insured person's** non-travelling **relative** was in a nursing home or did have a **terminal illness**, which means the **insured person's** claim would otherwise be excluded, **we** will pay no more than \$1,000 under all Sections of the policy combined.

Also refer to: General exclusions, pages 41-42.

Policy conditions, pages 19-22.

SECTION 5: Travel delay

If the **insured person's** pre-booked transport is temporarily delayed for at least 6 hours during the **journey** due to an unforeseeable circumstance outside their control, **we** will reimburse them:

1. up to \$300 for reasonable **additional** hotel accommodation (room rate only) expenses incurred, and
2. the cost of the unused prepaid accommodation (if the insured person has to pay for new accommodation) less any refund they are entitled to from the supplier of the original accommodation.

We will also reimburse up to these limits again for each full 24 hour period that the delay continues beyond initial 6 hour delay.

Room rate only means that other expenses the **insured person** may incur such as food, drinks, groceries, laundry etc. are not included.

The **insured person** must claim from the **transport provider** first, and provide **us** with written confirmation from the **transport provider** of the cause and period of the delay and the amount of compensation offered by them. The **insured person** must also provide **us** with receipts for the expenses incurred.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$1,000	\$2,000	\$Unlimited	\$Unlimited

We will not pay for:

1. claims caused by an **epidemic, pandemic** or outbreak of a contagious disease or any derivative or mutation of such viruses.

Also refer to: General exclusions, pages 41-42.

Policy conditions, pages 19-22.

SECTION 6: Missed transport connection

For missed connections during the **period of insurance**.

Cover applies where **The Company** or the **insured person** has prepaid, scheduled transport or a cruise to meet his/her pre-booked connection. That pre-booked connection is a flight, cruise or multi-night tour.

If within 72 hours of the **insured person's** scheduled departure time, his/her/their prepaid, scheduled transport or cruise is cancelled, delayed or rescheduled which means he/she/they won't make it in time to get the pre-booked connection, **we** will pay:

- a. the reasonable **additional** accommodation (room rate only) expenses and **additional** transport expenses the **insured person** incurs to arrive in time to catch the pre-booked connection or to catch up with his/her/their scheduled itinerary (if he/she/they is/are unable to arrive in time), less any refunds or credits from the scheduled transport or cruise provider. This includes flights and transport to the next port of the **insured person's** cruise and any accommodation costs
- b. \$50 per missed meal of the **insured person's** cruise, and
- c. up to \$300 for accommodation per missed prepaid accommodation or cruise night.

We only cover the **insured person** if he/she/they allowed sufficient time for transferring to the connection. Sufficient time to **us** is at least 90 minutes between connections.

Room rate only means that other expenses the **insured person** may incur such as food, drinks, groceries, laundry etc. are not included.

The **insured person** must provide **us** with written confirmation from the **transport provider** of how much later than originally scheduled the transport arrived. If the **insured person** is unable to obtain confirmation from the **transport provider**, he/she/they must provide **us** with a reasonable explanation and details on their request of this information, including the contact details.

We will deduct from the amount payable any amount of compensation **The Company** or the **insured person** receives or is entitled to receive from the **transport provider** who's transport was delayed.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$Nil	\$0	\$10,000	\$20,000

We will not pay for claims:

1. where the leg of transport that is initially delayed arrives at its destination less than 90 minutes later than originally scheduled
2. where the **transport provider** provides an alternative mode of transportation without additional cost to the **insured person** that would get him/her/their there in time to meet his/her/their connection or to catch up with his/her/their scheduled itinerary
3. caused by an **act of terrorism**, or
4. caused by an **epidemic, pandemic** or outbreak of a contagious disease or any derivative or mutation of such viruses.

Also refer to: General exclusions, pages 41-42.

Policy conditions, pages 19-22.

SECTION 7: Amendment or cancellation costs

If, due to circumstances outside the **insured person's** control and unforeseeable at the **relevant time**:

1. the **insured person** has to rearrange their **journey** prior to leaving **home**, **we** will pay the reasonable cost of doing so (**we** will not pay more for rearranging the **insured person's journey** than the cancellation costs which would have been incurred had the **journey** been cancelled. The cover is limited to the same or similar standard of transport and accommodation as was originally booked), or
2. the **insured person** has to cancel their **journey** (where they cannot rearrange it prior to leaving **home**. **We** will pay the **insured person**:
 - a. the value of the unused portion of the **insured person's** prepaid travel or accommodation arrangements that are non-refundable and not recoverable in any other way
 - b. the travel agent's commission (this is limited to the lesser of \$4,000 or the amount of commission the agent had earned on the prepaid refundable amount of the cancelled travel arrangements), and

- c. the value of frequent flyer or similar flight reward points, air miles, redeemable vouchers or similar schemes lost by the **insured person** following cancellation of the services paid for with those points, if the **insured person** cannot recover their loss in any other way.

The amount **we** will pay is calculated as follows:

- i. For frequent flyer or similar flight reward points, loyalty card points, air miles:
 - The cost of an equivalent booking, based on the same advance booking period as the **insured person's** original booking. **We** will deduct any payment you made towards the booking and multiply it by the total number of points or air miles lost, divided by the total number of points or air miles used to make the booking
- ii. For vouchers, the face value of the voucher up to the current market value of an equivalent booking.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$10,000	\$Unlimited	\$Unlimited	\$Unlimited

We will not pay for claims caused by:

1. **transport provider** caused cancellations, delays or rescheduling other than when caused by strikes. This exclusion does not apply to the unused portion of:
 - a) any accommodation, day tour or car hire;
 - b) an overnight tour or overnight cruise if the leg of transport that is initially delayed or cancelled arrives at it's destination more than 90 minutes later than originally scheduled.
2. the **insured person's** or any other person's unwillingness or reluctance to proceed with the **journey** or deciding to change plans
3. the **insured person** cancelling or amending their **journey** prior to being certified by a qualified medical practitioner as unfit to travel.
4. the death or sudden disabling injury, sickness or disease of a the **insured person's relative** or business partner who is not travelling, unless at the **relevant time** that person:
 - a. in the last 12 months, had not been hospitalised (including day surgery or emergency department attendance) for a condition that was in any way related to, or exacerbated by, the condition that gave rise to the claim
 - b. was not residing in a facility such as a nursing home, an aged care facility, a residential aged care home, a high and/or low care facility, a privately owned accommodation facility such as Supported Residential Services or Facilities (SRS/SRF) or, a residential care facility
 - c. was residing independently at home or in a retirement home or village, including independent living arrangements, and they did not require home care or flexible care services
 - d. was not on a waiting list for, or did not know they needed surgery, inpatient treatment or tests at a hospital or clinic
 - e. did not have a drug or alcohol addiction, and

- f. did not have a **terminal illness**.

If any point a-f cannot be met e.g. if the **insured person's** non-travelling **relative** was in a nursing home or did have a **terminal illness**, which means the **insured person's** claim would otherwise be excluded, **we** will pay no more than \$1,000 under all Sections of the policy combined.

5. the health or death of any other person (not listed in point 4).
6. any contractual or business obligation of **The Company's** or the **insured person's** financial situation. This exclusion does not apply to claims where the **insured person** is involuntarily made redundant from their permanent full-time or permanent part-time employment in **Australia** and where the **insured person** would not have been aware before, or at the **relevant time**, that the redundancy was to occur
7. failure by **The Company**, the **insured person**, or another person to obtain the relevant visa, passport or travel documents
8. errors or omissions by **The Company**, the **insured person**, or another person in a booking arrangement
9. the standards and expectations of the **insured person's** prepaid travel arrangements being below or not meeting the standard expected
10. the failure of **The Company's** or the **insured person's** travel agent, **our** agent who issued this policy, any tour operator, transport or accommodation supplier or provider (including but not limited to peer to peer service such as Airbnb and Uber), person or agency to pass on monies to operators or to deliver promised services
11. a request by the **insured person's** employer, the **insured person's** leave application being denied, or his/her leave being revoked. This exclusion does not apply if the **insured person** is a full-time member of the Australian Defence Force or of federal, state or territory emergency services (e.g. police, fire, ambulance, paramedic) and his/her leave is revoked.
12. a lack in the number of persons required to commence any tour, conference, accommodation or travel arrangements or due to the negligence of a wholesaler or operator
However, if a tour or river cruise, that is prepaid and overnight, is cancelled due to a lack of numbers **we** will pay in respect of the **insured person's** other prepaid arrangements the lesser of:
 - a. reasonable, necessary amendment costs, or
 - b. the non-refundable unused portion of costs if the **insured person** cancels the trip.
 In any case the most **we** will pay is \$800
13. customs and immigration officials acting in the course of their duties or the **insured person** travelling on incorrect travel documents
14. an **act of terrorism**
15. an **epidemic, pandemic** or outbreak of a contagious disease or any derivative or mutation of such viruses, or
16. the breakdown or dissolution of any business, family or personal relationship.

Also refer to: General exclusions, pages 41-42.

Policy conditions, pages 19-22.

Please note: This policy does not cover claims relating to government travel bans; “Do not travel” warnings; government directed border closure; or mandatory quarantine or self-isolation requirements related to cross area, border, region or territory travel.

SECTION 8: Luggage and travel documents

1. Loss, theft or damage

If, during the **period of insurance**, the **insured person’s baggage** or personal effects are lost, stolen or damaged, after deducting depreciation as shown in the depreciation table, **we** will repair the item if it is practical and economic to do so. If it is not practical and economic to repair the item and depreciation is not applicable, **we** will replace the item or provide the **insured person** with a replacement voucher if the item is available from **our** usual suppliers. If the above do not apply, **we** will pay the **insured person** the monetary value of the item.

The same applies to **business property**.

If the **insured person’s** prescription medication is lost, stolen or damaged during the **period of insurance** **we** will pay up to \$500 for expenses incurred overseas to replace that prescription medication.

If the **insured person’s** claim for loss or theft can be approved but the **insured person’s** items are found in the meantime and can be posted to them, **we** will instead pay up to \$500 for postage costs so they can get their items back.

It is **The Company’s** or the **insured person’s** responsibility to provide **us** with evidence to support his/her claim for an item. This is ‘proof of ownership’.

- **We** will accept the original or a copy of a purchase receipt, invoice and/or bank statement showing the purchase, the date of the purchase and the amount paid.
- **We** may consider valuation certificates (issued prior to the Relevant Time), ATM receipts and warranty cards with accompanying bank statement of purchases.
- **We** will not accept photographs, packaging or instruction manuals as proof of ownership.

Depreciation table

This policy operates on an indemnity basis which means settlement of the **insured person’s** claim is based on the value of an item at the time of the loss. Depreciation takes into account the amount paid originally for the item, its age, wear and tear and advances in technology.

We will reduce the value of the items because of age, wear and tear, and advances in technology according to the table following:

Age of item and depreciation that applies	Items		
	Jewellery (not watches or costume jewellery)	Communication devices, all computers, electrical devices, electronics equipment, phones, all, photographic equipment, smart watches, tablet computers	Any other items
New-24 months	0%	0%	0%
25-36 months	0%	60%	36%
More than 36 months	0%	60%	60%

This means depreciation will not be deducted from items less than 2 years old at the time of loss. Items greater than 2 years old will have the percentage amount shown in the depreciation table deducted.

Item limits

Our payment will not exceed the original purchase price of an item with a limit for any one item, set or pair of items including attached and unattached accessories of:

Item	Item limit
Phone	\$1,000
Smart watch	\$1,000
Camera	\$4,000
Video camera	\$4,000
Drone (with or without camera)	\$1,000
Laptop computer	\$4,000
Tablet computer	\$4,000
Artificial limb	\$1,000
Dentures (full or partial)	\$1,000
Removable dental appliance	\$1,000
Medical device	\$1,000
Jewellery	\$1,000
Watch	\$1,000
Any other item	\$1,000

The following are examples of items considered as one item for the purpose of this insurance (an item limit will apply):

- Camera, lenses, tripods and camera accessories (attached or not)
- Phone and cover/case
- Matched or unmatched set of golf clubs, golf bag and buggy
- Necklace and pendant
- Charm bracelet and charms.

Optional cover

The limit can be increased by up to \$10,000 per single item if the item is separately specified and the appropriate additional amount paid. Where an additional premium has been paid to increase the **baggage** item limit for a single item, the claim will be assessed based on the item and item limit specified on the Certificate of Insurance. Reasonable depreciation applies.

2. Travel document replacement

We will pay the **insured person** for the cost of replacing **travel documents** and credit cards lost or stolen on the **journey**.

We will also pay up to \$3,000 for the **The Company's** or the **insured person's** legal liability arising from their illegal use. **The Company** and/or the **insured person** must, however, comply with all the conditions of the issue of the document prior to, and after, the loss or theft.

3. Automatic reinstatement of sum insured

In the event that a claimable loss, or damage to the **insured person's baggage** and personal effects is incurred, **we** will allow the **insured person** one automatic reinstatement of the sum insured stated in the Benefits table while on their **journey**.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$7,500	\$15,000	\$20,000	\$40,000

We will not pay for:

- loss or theft that is not reported to the:
 - police or security personnel
 - responsible **transport provider** (if the **insured person's** items are lost or stolen while travelling with a **transport provider**; or
 - accommodation provider.

All cases of loss or theft must be reported as soon as possible and within 7 days. A copy of the relevant report must be submitted for any claim involving loss or theft. If the **insured person** is unable to provide **us** with a copy of the relevant report, he/she/they must provide **us** with a reasonable explanation and details of the time and place they made the report, including the contact details

- damage, loss or theft of **valuables** placed in the care of a transport provider unless security regulations prevented **insured person** from keeping the **valuables** with them
- items left **unattended** in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle overnight even if they were in a **concealed storage compartment**
- items left **unattended** in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle during daylight hours, unless they were stored in a **concealed storage compartment** of a locked motor vehicle or towed land vehicle and forced entry was gained
- any amount exceeding \$1,000 per item and \$2,000 in total for all items left **unattended** in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle

- items left **unattended** in a **public place**
 - loss, theft or damage to drones (including attached and unattached accessories) while in use
 - sporting equipment (including bicycles) damaged, lost or stolen while in use
 - items that are being sent to **The Company** or the **insured person**, unaccompanied by the **insured person** or under a freight contract. This exclusion for unaccompanied items will be waived if the claim for lost stolen items can be approved but the **insured person's** items are found in the meantime and can be posted to them
 - surfboards or waterborne craft of any description. This exclusion does not apply if the item is lost, stolen or damaged while in the custody of a **transport provider**
 - damage to fragile or brittle articles unless caused by a fire or motor vehicle collision. This exclusion does not apply to spectacles; lenses in cameras and video cameras; laptop and tablet computers; or binoculars
 - damage caused by atmospheric or climatic conditions, wear and tear, vermin or any process of cleaning, repairing, restoring or alteration
 - electrical or mechanical fault or breakdown
 - information stored on any electronic device or other media, including digital photos, downloaded files, electronic applications, programmed data, software or any other intangible asset
 - bonds, coupons, gift cards, stamps, vouchers, warranties, pre-loaded or rechargeable cards including but not limited to phone, debit or stored value cards
 - bullion, deeds, insurance premiums, manuscripts, negotiable instruments, precious metals or securities
 - a mobile phone or device with phone capabilities if you are unable to supply the IMEI (International Mobile Equipment Identity), or
 - items described in SECTION 10: Money.
- Also refer to: General exclusions, pages 41-42.
Policy conditions, pages 19-22.

SECTION 9: Delayed luggage allowance

If all the **insured person's** luggage is delayed by a **transport provider** during the **journey** for more than 12 hours on the Essentials or Essentials Plus plan or for more than 8 hours on the Ultimate or Ultimate Plus plan **we** will pay the **insured person** up to the amount shown in the table for this Section for essential emergency items of clothing and toiletries they purchase while on their **journey**.

The original receipts for the items and confirmation of the length of delay from the **transport provider** must be produced in support of the claim.

This section does not apply on the leg of the **journey** that returns the **insured person home**.

What the insured person needs to do to make a claim

- Notify the **transport provider** or their handling agents of the situation as soon as possible after arriving at the destination. The quicker the **insured person** reports the fact their luggage has been delayed, the better chance the **transport provider** has of finding it and reuniting it with him/her/them promptly.
- Obtain a report from the **transport provider** as soon as possible to give to **us** with your claim so **we** have evidence of what happened.
- The **insured person** should get receipts for the essential items he/she/they bought. The **insured person** needs to give **us** the receipts proving the amount he/she/they spent and that they waited at least 12 hours before buying essential items. **We** need receipts so **we** can reimburse you.

The **insured person** must submit the original receipts for the items purchased and written confirmation of the length of delay from the **transport provider** in support of their claim.

This section does not apply on the leg of the **journey** that returns the **insured person home**.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
Up to \$1,000 after 12 hours	Up to \$2,000 after 12 hours	Up to \$2,000 after 8 hours	Up to \$3,000 after 8 hours

We will not pay for:

1. delay that is not reported to the responsible **transport provider**. All reports must be confirmed in writing by the **transport provider** at the time of making the report. If the **insured person** is unable to provide **us** with a copy of the **transport provider's** report, he/she/they must provide **us** with a reasonable explanation and details of the time and place they made the report, including the contact details.

Also refer to: General exclusions, pages 41-42.

Policy conditions, pages 19-22.

SECTION 10: Money

We will reimburse the **insured person** for cash, bank or currency notes, postal or money orders, petrol and other coupons accidentally lost, or stolen from their person or stolen from a locked safe or safety deposit box, during the **period of insurance**.

In respect of cash held for the purpose of a **journey**, cover will commence at the time of collection from a financial institution or 72 hours prior to commencement of the **journey**, whichever is the later and will continue for 72 hours after termination of the **journey** or until deposit at a financial institution, whichever occurs first.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$Nil	\$1,000	\$3,000	\$3,000

We will not pay for:

1. loss or theft that is not reported to the:
 - a. police or security personnel
 - b. responsible **transport provider** (if the **insured person's** items are lost or stolen while travelling with a **transport provider**; or
 - c. accommodation provider.

All cases of loss or theft must be reported as soon as possible and within 7 days. A copy of the relevant report must be submitted for any claim involving loss or theft. If the **insured person** is unable to provide **us** with a copy of the relevant report, he/she/they must provide **us** with a reasonable explanation and details of the time and place they made the report, including the contact details, or

2. cash, bank or currency notes, postal or money, petrol and other coupons orders not on the **insured person** or stored in a locked safe or safety deposit box at the time of the loss or theft, or

Also refer to: General exclusions, pages 41-42.

Policy conditions, pages 19-22.

SECTION 11: Rental car insurance excess

This cover applies if the **insured person**:

- a. hires a **rental car**
- b. is the nominated driver on the **rental car** agreement, and
- c. has purchased comprehensive motor vehicle insurance for the **rental car** for the hire period.

If the **rental car** is damaged or stolen while in the **insured person's** control during the **journey we** will pay the lower of the **rental car** insurance excess that the **insured person** becomes liable to pay or the repair costs to the **rental car**.

It is the **insured person's** responsibility to provide the final loss/repair report to substantiate their claim.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$4,000	\$8,000	\$10,000	\$12,000

We will not pay for:

1. damage or theft, arising from the operation of a **rental car** in violation of the terms of the rental agreement
2. damage sustained to a **rental car** while it is being driven on an unsealed surface, or
3. administration costs or loss of use penalties.

Also refer to: General exclusions, pages 41-42.

Policy conditions, pages 19-22.

SECTION 12: Kidnap and ransom

If the **insured person** is **kidnapped** during the **journey we** will reimburse the following:

1. The actual value of cash securities or property delivered for the purpose of securing the **insured person's** release
2. Reasonable fees and expenses of trained and accredited negotiators retained to assist in securing the **insured person's** release
3. Loss due to destruction, disappearance, seizure or usurpation of **extortion or ransom monies** while being delivered to a person demanding those monies by anyone who is authorised by **The Company** or the **insured person** to have custody thereof, provided however, that the **kidnap** or **extortion** which gave rise to the delivery is insured under this Section
4. Reasonable payment **The Company** makes to a person providing information which leads to the arrest of the individuals responsible for a **kidnap** or **extortion** insured under this Section
5. Reasonable and customary loan costs **The Company** incurs from a financial institution providing money to be used for payment of **extortion or ransom monies**

Monies paid by way of interest on loans arranged specifically to meet a ransom demand but only for amounts in respect to the principal amount actually paid as ransom and provided the loan is taken out no more than 30 days before payment of the ransom and repaid within 7 days of receiving reimbursement.

The rate of interest shall not exceed by more than 2 percent (2%) the maximum prevailing rate of lending set by ANZ for loans made in **Australia** by way of trading overdraft in the amount of the loan.

6. Reasonable and customary travel and accommodation costs **The Company** or the **insured person** incur as a result of a **kidnap** or **extortion**
7. Salary paid by **The Company**, or on **The Company's** behalf, to the **insured person**
 - a. for up to 60 days after the **insured person's** release from a **kidnap**
 - b. until discovery of the **insured person's** death
 - c. for up to 180 days after **The Company** receives the last credible evidence that the **insured person** is still alive, or
 - d. for up to 60 months from the date of the **kidnap**, if the **insured person** has not been released
8. Payments **The Company** makes for a temporary replacement employee hired to perform the **insured person's** duties for the duration of a **kidnap** and upon release, for a further 30 day period, but does not include payments made more than 60 months from the date of the **kidnap**
9. Personal financial loss suffered by the **insured person**
10. Travel costs for the **insured person**, as the victim of a **kidnap**, to join their family upon release and the travel costs of an employee to replace the **insured person**. Travel costs will be at economy fare and **we** will only pay one fare per **insured person** and replacement person per **kidnap**
11. Reasonable and customary fees and expenses of a qualified interpreter assisting **The Company** or the **insured person** in the event of a **kidnap** or **extortion**
12. Any other reasonable and customary expenses incurred by **The Company** with **our** prior approval in resolving a **kidnap** or **extortion** insured under this Section

A joint **kidnap** of more than one **insured person** will be considered a single **kidnap**.

We will only pay if:

- The **insured person** and **The Company** make every effort to:
 - minimise their loss
 - not disclose the existence of this insurance
 - immediately inform the appropriate law authorities and conform with their recommendations and instructions
 - immediately advise **us** of the situation
 - keep identifying details of the money (e.g. serial numbers) or other property handed over to secure the **insured person's** release, and
 - provide **us** with a police report of the event.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$100,000	\$250,000	\$500,000	\$500,000

We will not pay for:

1. any claim if prior to the issue of the policy, the **insured person**, **The Company**, or related body corporate have:
 - a. had **kidnap** insurance declined, cancelled or issued with special conditions in the past
 - b. suffered a **kidnapping** or attempted **kidnapping** in the past, or
 - c. been subject to an **extortion** demand

2. any claim arising from any **kidnapping** that occurs in the countries or territorial waters of Mexico, the Philippines, Somalia or in any country (or its territorial waters) located in Central America or South America
3. any legal liability for damages and costs, and any legal expenses incurred as a result of any suit, legal claim or proceedings brought by any person and arising out of a **kidnapping** or the manner in which it is responded to or dealt with
4. any losses or expenses arising from the interruption of or interference with business activity
5. any loss resulting from the surrender of money or property as the result of a face-to-face encounter involving the use or threat of force or violence unless such monies or property are **extortion or ransom monies** being stored or transported for the purpose of paying a **kidnap** or **extortion** demand
6. any loss from the **kidnap** or **extortion** if the **insured person** was permanently residing or staying for more than 180 consecutive days in the country where the **kidnap** or **extortion** occurs, or
7. any fraudulent or dishonest act committed by **The Company**, the **insured person**, or any person **The Company** authorises to have custody of **extortion or ransom monies**.

Also refer to: General exclusions, pages 41-42.

Policy conditions, pages 19-22.

SECTION 13: Hijacking

We will pay the **insured person** \$1,000 for each continuous 24 hour period he/she/they is/are forcibly detained against their will on a means of public transport such as:

- a. a bus, coach, ferry, helicopter, hovercraft, hydrofoil, ship, taxi, tram, monorail or train, provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers, or
- b. any aircraft provided and operated by an airline or an air charter company which is duly licensed for the regular transportation of fare-paying passengers

due to it being hijacked by persons using violence or threat of violence during the **insured person's journey**.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$Nil	\$10,000	\$30,000	\$30,000

Also refer to: General exclusions, pages 41-42.

Policy conditions, pages 19-22.

SECTION 14: Loss of income (due to injury)

If, during the **period of insurance**, the **insured person** suffers an **injury** caused solely and directly by an **accident** and:

- a. the **insured person** becomes disabled within 30 days because of the **injury**
- b. the disablement continues for more than 15 consecutive days from the date the **insured person** returned to **Australia**, and

- c. the **insured person** loses their income because they are unable to return to their usual place of employment in **Australia** as a result,

We will pay the **insured person** up to 75% of their usual monthly net of income tax wage, but not in respect of the first 15 days after the **insured person** originally planned to resume their work in **Australia**.

The **insured person** must be under the regular care of, and acting in accordance with the instructions or advice of, a **medical practitioner** who certifies in writing that the disablement prevents him/her/them from gainful employment.

We will only pay up to a maximum duration of 52 weeks or until the benefit limit is reached, whichever comes first.

No benefit is payable for any **accompanied children**.

Income, in respect of:

- a. a salaried **insured person** (not otherwise covered below), means 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. a total employment cost (TEC) or salary packaged **insured person**, means 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. a self-employed **insured person**, means 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 or sickness giving rise to a claim under this policy.

Where bonuses, commissions, overtime payments and other allowances have been made on a more regular basis than annually and form part of an **insured person's** total remuneration or salary package, then these will be included within the **insured person's** gross weekly income.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$Nil	\$36,000 [◇]	\$54,000 [◇]	\$144,000 [◇]

[◇]The cumulative limit for Section 14, 15 and 16 is: \$50,000 on the Essentials Plus plan, \$100,000 on the Ultimate plan and \$250,000 on the Ultimate Plus plan.

Also refer to: General exclusions, pages 41-42.

Policy conditions, pages 19-22.

SECTION 15: Disability

(Not available on the Essentials Plan)

Please see the end of this section for the maximum benefit limit available under this section.

15.1 Bodily injury – disability lump sum benefit

If, during the **period of insurance**, the **insured person** suffers an **injury** caused solely and directly by an **accident** and the **injury** occurs within 12 months of the **accident**, we will pay the benefit amount shown in the table below according to the bodily injury suffered. See the end of this section for the maximum benefit limit to which the percentage is applied.

If the **insured person** sustains more than one **injury** resulting from one event, the disability benefit percentage for the greater **injury** will be paid.

Schedule of disability benefits according to bodily injury type	Disability benefit percentage
1. Permanent total disablement	100%
2. Permanent paraplegia, quadriplegia or incurable paralysis of all limbs	100%
3. Permanent and total loss of sight in one or both eyes	100%
4. Permanent and total loss of use of one or both limbs	100%
5. Permanent and incurable insanity	100%
6. Permanent total loss of hearing:	
a. in both ears	100%
b. in one ear	30%
7. Permanent and total loss of the lens of:	
a. both eyes	80%
b. one eye	60%
8. Permanent and total loss of use of four fingers and the thumb of either hand	75%
9. Permanent disfigurement from third degree burns to:	
a. 20% of the surface area of the head and neck	60%
b. 40% of the surface area of the remainder of the body	40%
10. Permanent and total loss of use of four fingers of either hand	50%
11. Permanent and total loss of use of one thumb (both joints)	30%
12. Permanent and total loss of use of one thumb (one joint)	15%
13. Permanent and total loss of use of one finger:	
a. all three joints	15%
b. two joints	10%
c. one joint	5%
14. Permanent and total loss of use of all toes of either foot	15%
15. 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 toe	1%
16.	Fractured leg or patella with established non-union	10%
17.	Shortening of the leg by at least 5 centimetres	7.5%
18.	Permanent disablement not otherwise provided for above through Injury Types 1-17 inclusive	
	Such percentage of the maximum benefit limit for this section, 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 maximum benefit limit for this section.	

Please note:

- ‘Loss of’, with reference to a hand or foot, means the complete severance through or above the wrist for the hand or the complete severance through or above the ankle joint for the foot
- ‘Loss of’ with reference to an eye, means permanent and irrecoverable loss of the entire sight of the eye

The maximum limit in respect of **accompanied children** is \$20,000 each.

15.2 Sickness resulting in surgery overseas

If during the **period of insurance**, the **insured person** suffers a **sickness**, requiring a surgical procedure listed below, and:

- the surgery is carried out within 12 months of the date of manifestation when the **insured person** first become aware of the **sickness**
- the surgery is undertaken outside of **Australia**, and
- the **insured person** has a valid and approved claim under SECTION 1: Overseas medical and dental expenses for the same procedure, **we** will pay the corresponding benefit amount shown below.

Schedule of disability benefits according to type of surgery overseas as the result of a sickness	\$Amount
25. Open or laparoscopic heart surgical procedure	\$5,000
26. Brain surgery	\$5,000
27. Abdominal surgery carried out under general anaesthetic	\$2,500
28. Any other surgical procedure carried out under a general anaesthetic	\$250

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$Nil	\$50,000 [◆]	\$100,000 [◆]	\$250,000 [◆]

[◆]The cumulative limit for Section 14, 15 and 16 is: \$50,000 on the Essentials Plus plan, \$100,000 on the Ultimate plan and \$250,000 on the Ultimate Plus plan.

Also refer to: General exclusions, pages 41-42.

Policy conditions, pages 19-22.

SECTION 16: Accidental death

If, during the **period of insurance**, the **insured person** suffers an **injury**, caused solely and directly by an **accident**, we will pay the **insured person's** estate the amount shown in the table following for the plan purchased, provided their death occurs within one year as a direct result of the **injury**.

The maximum liability in respect of **accompanied children** is \$20,000 for each child.

In the event that the **insured person's** estate qualifies for this benefit, there is no entitlement to claim benefits under SECTION 14: Loss of income (due to injury) (due to injury) or SECTION 15: Disability or any payments already made under these Sections will be deducted from any payment due under this Section.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$Nil	\$50,000 [◆]	\$100,000 [◆]	\$250,000 [◆]

[◆]The cumulative limit for Section 14, 15 and 16 is: \$50,000 on the Essentials Plus plan, \$100,000 on the Ultimate plan and \$250,000 on the Ultimate Plus plan.

Also refer to: General exclusions, pages 41-42.
Policy conditions, pages 19-22.

SECTION 17: Personal liability

We will provide cover if, as a result of the **insured person's** negligent act occurring during the **period of insurance**, he/she/they becomes/become unintentionally legally liable to pay compensation in respect to damage caused to someone else's property or the **injury** or death of someone else.

Cover is for:

- the compensation (including legal costs) awarded against the insured person, and
- any reasonable legal costs incurred by **The Company** or the **insured person** for settling or defending a claim made against the **insured person**, providing you have our approval, in writing, before incurring these costs.

The Company or the **insured person** must tell us, as soon as you or your personal representatives are aware, or a reasonable person in your circumstances should have been aware, of a possible prosecution, inquest, fatal **injury**, accident or incident that might lead to a claim against the **insured person**.

The Company and/or the **insured person** must not pay, or promise to pay, settle with, admit or deny liability to anyone who makes a claim against you without **our** written consent.

We will be entitled to take over and conduct the defence or settlement of any claim in the **insured person's** name and we will have full discretion in the handling of any proceedings.

We may, at any time, pay to the **insured person**, in connection with any claim or series of claims arising from the one original cause, the limit of liability shown in the table below (after deducting any amount(s) already paid as compensation) or any lesser amount for which such claim(s) can be settled. Upon such payment being made, we will be under no further liability in connection with such claim(s), except for paying costs and expenses recoverable or incurred prior to the date of such payment.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$1,000,000	\$5,000,000	\$5,000,000	\$5,000,000

We will not pay for liability arising:

- where **The Company** or the **insured person** must pay to any person arising in the course of their employment, contract of service, work experience, voluntary work, apprenticeship or consultancy with **The Company** or the **insured person**
- where the **insured person** becomes liable to pay somebody who is a member of their family or travelling party, their travel companion, or employed by the **insured person** or deemed to be employed by the **insured person**
- from loss of, or damage to, property belonging to or in the care, custody or control of **The Company**, the **insured person**, their travel companion, a **relative** or an employee of **The Company** or the **insured person**
- due to injury, loss or damage to property caused by or arising from:
 - the nature of products sold by **The Company** or the **insured person**
 - advice furnished by **The Company** or the **insured person**, or
 - the conduct of **The Company's** business, profession or trade
- out of the use, custody or control, or ownership by the **insured person**, of any aircraft, drone, firearm, weapon, waterborne craft or mechanically-propelled vehicle (with the exception of golf buggies and motorised wheelchairs) or where the pilot is the **insured person** or an agent or employee of **The Company**
- out of occupation or ownership of any land, buildings or immobile property (other than temporary accommodation occupied by the **insured person** in the course of a **journey**)
- out of any wilful or malicious act
- out of the transmission of an illness, sickness or disease
- from punitive, exemplary or aggravated damages or the payment of any fine or penalty
- assumed under a contract or agreement, unless such liability would have arisen if that contract or agreement did not exist
- out of assault and/or battery committed by the **insured person** or at the direction of the **insured person** or **The Company**, or
- out of any act intended to cause bodily **injury**, property damage or liability done by the **insured person** or any person acting with the knowledge, connivance or consent of the **insured person** or **The Company**.

Also refer to: General exclusions, pages 41-42.
Policy conditions, pages 19-22.

SECTION 18: Extra territorial workers compensation

This Section applies if:

1. the **insured person** is employed by **The Company**, or if the **insured person** is deemed by any applicable Workers' Compensation Legislation to be employed by **The Company** and/or the **insured person** is employed or engaged within **Australia** in a managerial, clerical, administrative or a sales capacity and/or the **insured person's** employment or engagement is to be performed substantially within **Australia**
2. **The Company** maintains in force during the currency of this Policy within **Australia**, Workers' Compensation Insurance as required by the law of any Australian State or Territory which applied to the employment of employees by **The Company** or **The Company** is licensed under such laws as a self-insurer, and
3. the **insured person** is working on a temporary basis not exceeding in any event 90 days, (unless otherwise agreed in writing by **us**), outside the Australian State or Territory in which the **insured person's** usual place of employment or employment base is located.

We will indemnify The Company against:

1. **The Company's** liability arising during the **period of insurance** to pay compensation benefits payable under any Workers' Compensation Legislation which provides compensation to the injured **insured person** or their dependants for death, personal injury or occupational disease arising out of or in the course of their employment
2. damages at common law (but not where entitlement arises solely under any statute), arising out of the death, personal injury or occupational disease suffered by the **insured person** as a result of an accident or occurrence happening during the **period of insurance** in the circumstances set out above.

The indemnity provided under this section shall be limited as follows:

1. In the case of a claim for compensation benefits to the difference between the amount payable and the amount which the **insured person** or their dependants are entitled to claim under any Workers' Compensation Insurance which **The Company** was required to effect as described above, but not to exceed the amounts stated in the Benefits table.
2. In the case of a claim for damages at common law, the difference between the damages and law costs payable by **The Company** and the amount of indemnity to which the **insured person** would have been entitled under any Workers' Compensation Insurance which **The Company** was required to effect as described above, but not to exceed the amount shown in the Benefits table.
3. The limit per week for weekly compensation for the **insured person** shall not exceed \$500.
4. The aggregate limit of liability for all compensation, damages, costs and expenses for all occurrences, events and accidents occurring during any one **period of insurance**, whether involving one or more **insured person** shall not exceed \$500,000.

Any benefits otherwise payable under Sections 1, 4, 7, 14, 15 and 16 of this policy with respect to the **insured person** shall be reduced by the amount of any compensation payable to **The Company** under this Section.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$Nil	\$500,000	\$1,000,000	\$1,000,000

We will not pay for:

1. any claim for exemplary, punitive or aggravated damages.
- Also refer to: General exclusions, pages 41-42.
Policy conditions, pages 19-22.

SECTION 19: Identity theft protection

If the **insured person's documents** are stolen while on a **journey** and within 12 months of the date of the theft the **insured person** is the victim of **identity theft** as a result, **we** will reimburse the **insured person** for reasonable legal expenses incurred with **our** prior written consent:

- a. to pursue closure of any disputed areas, accounts or credit facilities
- b. for re-submitting applications for loans, grants, other credit or debit instruments that are rejected solely as a result of the lender receiving incorrect information
- c. for notarising affidavits or other similar **documents**, amending or rectifying records in regard to the **insured person's** true name or identity
- d. to defend any suit brought against the **insured person** by a creditor or collection agency or other entity acting on behalf of a creditor for non-payment of goods or services or default on a loan, or
- e. to remove any civil judgment wrongfully entered against the **injured person**.

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$Nil	\$10,000	\$15,000	\$15,000

We will not pay for:

1. any item, which has been purchased by fraudulent use of the **insured person's** identity
2. any loss arising from any business pursuits or the theft of a commercial identity
3. any loss or liability arising from the use of any car bought, leased or hired by fraudulent use of the **insured person's** identity, where civil or criminal action is, or has been, taken against the **insured person**
4. authorised charges that the **insured person** has disputed based on the quality of goods or services
5. theft of the **insured person's** identity by a **relative** or **close business colleague**
6. authorised account transactions or trades that the **insured person** has disputed, or is disputing, based on the execution (or non-execution) of electronic transfers, trades or other verbal or written instructions or directions
7. any incident of **identity theft** for which the **insured person** has not lodged a report with the police and/or cannot provide a copy of the police report, or
8. any costs or expenses in connection with any claim not agreed to in advance by **us**.

Also refer to: General exclusions, pages 41-42.
Policy conditions, pages 19-22.

Extras

The following extra benefits are available only available if **The Company** purchased the Corporate Ultimate or Ultimate Plus plan.

Also refer to: General exclusions, pages 41-42.
Policy conditions, pages 19-22.

To verify which type of cover you have, contact the providing entity or **The Company**. You can also call Cover-More on 1300 72 88 22.

SECTION 20: Kidnapping and detainment

20.1 Media/image protection

If **we** approve a claim under SECTION 12: Kidnap and ransom **we** will pay reasonable costs (other than **The Company's** own internal costs) incurred by **The Company** for the engagement of image and/or public relations consultants, and/or costs associated with the release of information through the media, to help protect and/or positively promote **The Company** and its corporate image, for any one **kidnap**. Costs must be incurred within 15 days of, and be directly in connection with, such **kidnap**.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$10,000	\$10,000

20.2 Trauma counselling

If **we** approve a claim under SECTION 12: Kidnap and ransom **we** will pay up to \$500 per visit for the cost of trauma counselling which is provided by a **registered psychologist or psychiatrist** (who is not an **insured person** or their **relative**) to the **insured person** as the victim of a **kidnap**, where the treatment is provided outside **Australia** and confirmed as necessary for their wellbeing by a **medical practitioner**.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$5,000	\$5,000

20.3 Personal legal costs as a result of being detained

If **we** approve a claim under SECTION 13: Hijacking **we** will pay the **insured person** any of their own personal legal costs incurred as a result of being detained.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$30,000	\$30,000

SECTION 21: Loss of income (due to sickness)

If, during the **period of insurance**, the **insured person** suffers an incapacitating **sickness** and:

- the **insured person** becomes incapacitated within 30 days because of the **sickness**
- the incapacitation continues for more than 15 consecutive days from the date the **insured person** returned to **Australia**, and

- the **insured person** loses their income because they are unable to return to their usual place of employment in **Australia** as a result,

we will pay the **insured person** up to 75% of their usual monthly net of income tax wage, but not in respect of the first 15 days after the **insured person** originally planned to resume their work in **Australia**.

The **insured person** must be under the regular care of, and acting in accordance with the instructions or advice of, a **medical practitioner** who certifies in writing that the disablement prevents him/her/them from gainful employment.

Cover for loss of income is limited to 52 weeks.

No benefit is payable for any **accompanied children**.

See page 31 for what we mean in respect of income.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$36,000	\$144,000

SECTION 22: Tuition expenses

If **we** approve a claim under SECTION 15: Disability for **temporary total disablement** or **temporary partial disablement** benefits, **we** will also reimburse up to \$500 per month for expenses incurred for tuition 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 benefit limit for this section is:

Ultimate	Ultimate Plus
\$3,000	\$3,000

SECTION 23: Injury resulting in surgery overseas

If, during the **period of insurance**, the **insured person** suffers an **injury**, caused solely and directly by an **accident**, requiring a surgical procedure listed below, and:

- the surgery is carried out within 12 months of the date of the **injury**
- the surgery is undertaken outside of **Australia**, and
- the **insured person** has a valid and approved claim under SECTION 1: Overseas medical and dental expenses for the same procedure, **we** will pay the corresponding benefit amount shown below.

Schedule of disability benefits according to type of surgery overseas as the result of an injury		\$Amount
19	Craniotomy	\$5,000
20	Amputation of a limb	\$5,000
21	Fracture of a limb requiring open reduction	\$2,500
22	Dislocation of a joint requiring open reduction	\$1,250
23	Any other surgical procedure carried out under a general anaesthetic	\$250

SECTION 24: Injury resulting in fractured bones

If, during the **period of insurance**, the **insured person** suffers an **injury**, caused solely and directly by an **accident**, 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.

Schedule of disability benefits according to type of fracture as the result of an injury		\$Amount
29	Neck, skull or spine (complete fracture)	\$5,000
30	Hip	\$3,500
31	Jaw, pelvis, leg, ankle or knee (other fracture)	\$2,500
32	Cheekbone, shoulder or hairline fracture of skull or spine	\$1,500
33	Arm, elbow, wrist or ribs (other fracture)	\$1,250
34	Jaw, pelvis, leg, ankle or knee (simple fracture)	\$1,250
35	Nose or collar bone	\$1,000
36	Arm, elbow, wrist or ribs (simple fracture)	\$500
37	Finger, thumb, foot, hand or toe	\$375

In the case of an established non-union of any of the above fractures, **we** will pay an additional \$250.

The maximum benefit payable for any one **injury** resulting in fractured bones will be \$5,000.

SECTION 25: Injury resulting in loss of teeth or dental procedures

If, during the **period of insurance**, the **insured person** suffers an **injury**, caused solely and directly by an **accident**, resulting in the loss of **teeth** or requiring dental procedures within 12 months of the date of the Injury, **we** will pay the corresponding benefit shown following.

Schedule of disability benefits according to dental injury		\$Amount
38	Loss of teeth or full capping of teeth	\$5,000
39	Partial capping of teeth , per tooth	\$500

The maximum benefit payable for any one **injury** resulting in loss of **teeth** or requiring dental procedures will be \$1,000.

The maximum we will pay for any one **tooth** will be \$500.

SECTION 26: Political unrest and natural disaster evacuation

If, while on a **journey**:

1. the **insured person** is recommended to leave the country in which they are travelling by officials in that country due to political unrest
2. the Australian Government issues a travel warning through its Department of Foreign Affairs and Trade that recommends certain categories of persons, which categories include the **insured person**, should leave that country due to political unrest
3. the **insured person** is expelled from or declared 'persona non grata' in that country

4. there is wholesale seizure, confiscation or expropriation of the **insured person's** property, plant or equipment in that country, or
5. a major **natural disaster** has occurred in the country the **insured person** is in, necessitating their immediate evacuation to avoid risk of them suffering a **disabling injury, sickness or disease**,

we will pay the cost of the **insured person's**:

- a. return to their **home** or the nearest place of safety using the most reasonably available method of transport, which has been pre-approved by **our** emergency assistance service, or
- b. reasonable accommodation costs for up to 14 days if the **insured person** is unable to return **home**.

If **we** repatriate the **insured person** under this section there is no cover under SECTION 3: Alternative staff or resumption of assignment.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$25,000	\$50,000

We will not pay for any claim arising from:

1. the **insured person** violating the laws or regulations of the country they are travelling in
2. any failure on the **insured person's** part to produce or maintain necessary immigration, work, residence or similar visas, permits or other documentation
3. debt, insolvency, commercial failure, repossession of property by a titleholder or any other financial cause
4. failure to honour any contractual obligation or bond or to obey any conditions in a licence
5. the **insured person** being a national of the country from which they are to be evacuated
6. the political unrest or **natural disaster** that resulted in the **insured person's** evacuation being in existence prior to he or she entering the country
7. the political unrest **natural disaster** or its occurrence being foreseeable to a reasonable person before the **insured person** entered the country
8. political unrest in circumstances where there had been published warning prior to the **insured person** entering the country that such events were likely to occur, or
9. any expenses that **The Company** or the **insured person** had paid, budgeted for or incurred as part of the original travel budget allocation for that **journey**, such as cost of meals.

SECTION 27: Personal car—excess and/or repairs

If, during the **period of insurance** and while on a **journey**, the **insured person's** personal car is stolen, or damaged while driving it for business purposes, **we** will reimburse the **insured person**, for:

- a. the prescribed excess they paid under the **insured person's** comprehensive motor vehicle policy of insurance relative to the loss or damage to his or her personal car 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 his or her personal car and which is not legally recoverable from any other source.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$2,000	\$2,000

SECTION 28: Personal car—loss of no claim bonus and/or \$500 per week for a hire car

If, during the **period of insurance** and while on a **journey**, the **insured person's** personal car is stolen, or damaged while driving it for business purposes, **we** will reimburse the **insured person**, for:

- 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 car, and
- the cost of hiring a similar motor vehicle up to \$500 per week, in the event that he or she has lost total use of their personal car.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$2,500	\$2,500

Optional Extra Benefits Package

The following extra benefits are available only available if **The Company** purchased the Corporate Ultimate or Ultimate Plus plan and paid the extra premium required for this package.

Also refer to: General exclusions, pages 41-42.

Policy conditions, pages 19-22.

To verify which type of cover you have, contact the providing entity or **The Company**. You can also call Cover-More on 1300 72 88 22.

SECTION 29: Court attendance benefit

If a court requires the **insured person** to attend court in connection with an event that has resulted in a valid claim under SECTION 17: Personal liability **we** will pay the **insured person** \$100 per day for each day they attend court in relation to that event.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$1,000	\$1,000

SECTION 30: Independent financial advice

If the **insured person** sustains an **injury**, caused solely and directly by an **accident**, for which benefits are payable under SECTION 15: Disability, for any of Injury types 1-9 under the table "Schedule of disability benefits according to bodily injury type", **we** will, in addition to payment of the benefit, pay for professional financial advice in respect of the payment of the benefit.

Such advice will be provided by an independent financial advisor who is not the **insured person's relative** and who is authorised and regulated by the Australian Securities and Investments Commission to provide such financial advice.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$5,000	\$5,000

SECTION 31: Spouse or partner accidental death benefit

If, while the **insured person** is on a **journey**, their spouse or partner (who is not travelling with the **insured person**) dies as the result of an **accident**, **we** will pay the **insured person** a lump sum benefit.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$25,000	\$25,000

SECTION 32: Dependent child assistance

32.1 Education fund supplement

If, while on a **journey**, the **insured person** dies as the result of an **accident** and is survived by **dependent children**, **we** will pay the **insured person's** estate a lump sum benefit for each surviving **dependent child** subject to a maximum aggregate benefit amount of \$15,000 in respect of any one family.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$5,000	\$5,000

32.2 Orphaned benefit

If the **insured person** and the **insured person's spouse** or **partner** dies as the result of the same **accident** and are survived by **dependent children**, **we** will pay the **insured person's** estate, in addition to any benefit payable under "32.1 Education fund supplement", a lump sum benefit for each surviving **dependent child** subject to a maximum aggregate benefit amount of \$30,000 in respect of any one family.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$10,000	\$10,000

SECTION 33: Partner retraining benefit

If, during the **journey**, the **insured person** dies as the result of an **accident**, or suffers a **permanent total disablement**, **we** will pay, up to the amount specified below, towards the actual costs incurred for the training or retraining of the **insured person's spouse** or **partner**:

- a. for 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 **insured person's spouse** or **partner** is aged under 65 years at the commencement of such training
 - ii. the training is provided by a recognised institution with qualified skills to provide such training, and
 - iii. all such expenses are incurred within 24 months from the date the **insured person** suffered the **injury** for which the claim depends.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$10,000	\$10,000

SECTION 34: Corporate image protection

If, an **insured person**, or a group of **insured persons** suffers an **injury** as the result of an **accident** during the **journey**, 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 **The Company** for reasonable costs (other than **The Company's** 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 **The Company's** business and corporate image.

Cover is subject to **The Company** giving **us** a signed undertaking that any amount paid to **The Company** will be repaid to **us**, if it is later found that a valid claim did not or will not eventuate.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$15,000	\$15,000

SECTION 35: Home and/or motor vehicle modification benefit

If, the **insured person** suffers an **injury** as the result of an **accident** during the **journey** that results in a lump sum benefit of 100% being payable (other than for accidental death), **we** will also pay up to up to the amount specified below for costs necessarily incurred to modify the **insured person's home** and/or motor vehicle, or costs associated with relocating them to a suitable home provided that the modifications and/or relocation are certified to be necessary by a **medical practitioner**.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$10,000	\$10,000

SECTION 36: Unexpired membership benefit

If the **insured person** suffers an **injury** as the result of an **accident** during the **journey** that results in benefits being payable for:

- a. a lump sum 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, is certified by a **medical practitioner** as preventing the **insured person** from continuing participation in any sport for which they had 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.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$500	\$500

SECTION 37: Keys and locks

If the **insured person's** identification and keys are accidentally lost, or stolen, at the same time, **we** will reimburse them up to up to the amount specified below for the replacement costs of keys and locks to his/her **home**, office and/or motor vehicle.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$1,000	\$1,000

SECTION 38. Home burglary benefit

If, while on a **journey**, the **insured person's home**, which is completely unoccupied for the duration of the **journey**, is burgled, **we** will reimburse them any prescribed excess paid under their home contents insurance policy.

The maximum benefit limit for this section is:

Ultimate	Ultimate Plus
\$1,000	\$1,000

SECTION 39: COVID-19 benefits

Cover under this policy is extended under the policy Sections listed to include claims arising from COVID-19 in the circumstances, and under the conditions, listed.

Please note:

- This policy does not cover claims relating to government travel bans; “Do not travel” warnings; government directed border closure; or mandatory quarantine or self-isolation requirements related to cross area, border, region or territory travel

SECTION 1: Overseas medical and dental expenses (including emergency repatriation/evacuation)

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$10,000,000~	\$Unlimited~	\$Unlimited~	\$Unlimited~

~Cover will not exceed 12 months from onset of the illness

If the insured person is diagnosed with COVID-19

This section is extended to include cover if the **insured person** is overseas and is diagnosed with COVID-19 by a qualified medical practitioner during the **period of insurance**.

We will not pay for:

- claims arising from COVID-19 if the country or part of the country the **insured person** travelled to was subject to “Do not travel” advice on the smartraveller.gov.au website at the time he/she/they entered the country or part of the country. (This exclusion only applies if the (or one of the) reason(s) for the advice was the presence of COVID-19). This exclusion will not apply if the **insured person’s** trip destination is **Australia** or New Zealand.

SECTION 4: Additional expenses

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$10,000,000	\$Unlimited	\$Unlimited	\$Unlimited

1. If the insured person becomes sick (If the insured person is diagnosed with COVID-19 on their trip and admitted to hospital)

This section is extended to include cover if the **insured person** is diagnosed with COVID-19 by a qualified medical practitioner during the **period of insurance** and is hospitalised as a result.

Cover is for reasonable **additional** accommodation expenses (room rate only) and **additional** transport expenses, at the same accommodation standard and fare class as originally booked. Room rate only means that other expenses the **insured person** may incur such as food, drinks, groceries, laundry etc. are not included.

We will not pay for:

- claims arising from COVID-19 if the country or part of the country the **insured person** travelled to was subject to “Do not travel” advice on the smartraveller.gov.au website at the time the **insured person** entered the country or part of the country. (This exclusion only applies if the (or one of the) reason(s) for the advice was the presence of COVID-19.) This exclusion will not apply if the **insured person’s** trip destination is **Australia** or New Zealand.

SECTION 4: Additional expenses

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
\$5,000	\$5,000	\$5,000	\$5,000

Cover is for reasonable **additional** accommodation expenses (room rate only) and **additional** transport expenses, at the same accommodation standard and fare class as originally booked. Room rate only means that other expenses the **insured person** may incur such as food, drinks, groceries, laundry etc. are not included.

1. If the insured person becomes sick (If the insured person is diagnosed with COVID-19)

This section is extended to include cover if the **insured person** is diagnosed with COVID-19 during the **period of insurance** and he/she/they are certified by a qualified medical practitioner as unfit to travel.

2. If the insured person dies (as a result of COVID-19)

This section is extended to include cover if the cause of death is COVID-19. See Section 4.2 on page 24 for the benefit limit.

3. If a relative or the insured person’s business partner not travelling with the insured person becomes sick (As a result of COVID-19)

This section is extended to include cover if the **insured person** needs to amend or cancel their **journey** because his/her/ their non-travelling **relative** or business partner who resides in **Australia** or New Zealand is diagnosed with COVID-19 and the treating doctor confirms in writing the level of infection is life threatening. The **insured person** must obtain and provide **us** with evidence from the qualified medical practitioner and receipts. Exclusions 2 and 3 of ‘We will not pay for’ on page 24 will be waived in this event.

We will not pay for under (4.1 and 4.2):

- claims where the country or part of the country the **insured person** travelled to was subject to “Do not travel” advice on the smartraveller.gov.au website at the time the **insured person** entered the country or part of the country. (This exclusion only applies if the (or one of the) reason(s) for the advice was the presence of COVID-19.) This exclusion will not apply if the **insured person’s** trip destination is **Australia** or New Zealand.

SECTION 7: Amendment or cancellation costs

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
No cover	No cover	No cover	Overseas trips - \$10,000 Domestic trips - \$5,000

- **If the insured person or his/her/their travelling companion are diagnosed with COVID-19 prior to departure**

This section is extended to include cover if the **insured person** cannot travel because he/she/they or their travelling companion are diagnosed in **Australia** with COVID-19 and certified by a qualified medical practitioner as unfit to travel. Exclusion 15 of 'We will not pay for claims caused by' on page 26 will be waived in this event.

SECTION 7: Amendment or cancellation costs

The maximum benefit limit for this section is:

Essentials	Essentials Plus	Ultimate	Ultimate Plus
Overseas trips- \$10,000 Domestic trips - \$5,000			

- **If the insured person's non-travelling Relative or business partner residing in Australia or New Zealand becomes sick due to COVID-19**

This section is extended to include cover if the **insured person** needs to amend or cancel their **journey** because his/her/their non-travelling **relative** or business partner who resides in **Australia** or New Zealand is diagnosed by a qualified medical practitioner with COVID-19 and the treating doctor confirms in writing the level of infection is life threatening.

Exclusion 4 on page 26 and exclusion 15 of 'We will not pay for claims caused by' on page 26 will be waived in this event.

- **If the insured person is an essential health care worker whose leave is revoked**

This section is extended to include cover if the **insured person** is a pharmacist, nurse, doctor, paramedic or other health care professional and his/her leave is revoked by their employer due to COVID-19 related reasons and that means he/she/they can't go on their trip.

A letter or email from the **insured person's** employer is required to support a claim. Exclusions 11 and 15 of 'We will not pay for claims caused by' on page 26 will be waived in this event.

- **If the insured person or their travelling companion is diagnosed with COVID-19 on his/her/their trip**

This section is extended to include cover if the **insured person** cannot continue their trip because he/she/they is/are diagnosed with COVID-19 and certified by a qualified medical practitioner as unfit to travel or are individually contacted by a local public health authority and are directed into a period of quarantine during the **period of insurance**. Exclusion 15 of 'We will not pay for claims caused by' on page 26 will be waived in this event.

We will not pay for claims caused by:

- or arising from the **insured person** travelling to a country or part of a country, which was subject to "Do not travel" advice on the smartraveller.gov.au website at the time the **insured person** entered the country or part of the country. (This exclusion only applies if the (or one of the) reason(s) for the advice was the presence of COVID-19.) This exclusion will not apply if the **insured person's** trip destination is **Australia** or New Zealand.

End of SECTION 39: COVID-19 benefits

General exclusions

Unless otherwise indicated these exclusions on pages 41-42 apply to all Sections of the policy. They are listed in no particular order.

We will not pay for:

1. any other loss, damage or additional expenses following on from the event for which the **insured person** is claiming that is not covered under this insurance. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of enjoyment
2. claims arising from the **insured person's** failure to take reasonable care or if they put themselves in a situation where a reasonable person could foresee that loss, theft or damage to property, or a death, illness or bodily injury might happen, except in an attempt to protect the safety of a person or to protect property
3. claims involving air travel other than as a passenger on a fully licensed passenger-carrying aircraft operated by an airline or an air charter company
4. claims arising as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power in **Australia**, an **insured person's** country of residence or Afghanistan, Chechnya, Iraq, Russia, Ukraine, North Korea, Somalia or Syria
5. claims which in any way relate to ionising radiation or radioactive contamination caused by nuclear fuel or waste, or the radioactive, toxic explosive or other dangerous properties of any explosive nuclear equipment
6. claims arising from biological and/or chemical materials, substances, compounds or the like used directly for the purpose to harm or to destroy human life and/or create public fear
7. loss or damage caused by detention, confiscation or destruction by customs or other officials or authorities
8. claims arising from any unlawful act committed by **The Company** or an **insured person**
9. claims arising from, or prohibited under, any government intervention, prohibition, sanction, regulation or restriction or court order
10. claims which in any way relate to circumstances **The Company** or the **insured person** knew of, or a reasonable person in **The Company's** or the **insured person's** circumstances would know or foresee, at the **relevant time**, that could lead to the **journey** being delayed, abandoned or cancelled
11. claims which in any way relate to, or are exacerbated by, any physiological or psychological signs or symptoms that the **insured person** was aware of before commencing any cover described in this booklet, if the **insured person**:
 - a. had not yet sought a medical opinion regarding the cause
 - b. was currently under investigation to obtain a diagnosis, or
 - c. was awaiting specialist opinion
12. claims arising from travel booked or undertaken by the **insured person**:
 - a. even though the **insured person** knew, or a reasonable person in their circumstances would know, they were unfit to travel, whether or not they had sought medical advice
 - b. against the advice of a **medical practitioner**
 - c. to seek or obtain medical or dental advice, treatment or review; or
 - d. to participate in a clinical trial.
13. claims which in any way relate to, or are exacerbated by, any **existing medical condition** the **insured person** or their travelling companion has

(For general exclusion 13, see Travel and health pages 10-12 for details of cover available to purchase and the terms that apply)
14. claims arising from pregnancy of the **insured person** or any other person if the **insured person** was aware of the pregnancy at the **relevant time** and:
 - a. where complications of this pregnancy or any previous pregnancy had occurred prior to this time
 - b. it was a multiple pregnancy e.g. twins or triplets, or
 - c. where the conception was medically assisted e.g. using assisted fertility treatment including hormone therapies or IVF

(See Pregnancy page 13 for details of cover available to purchase and the terms that apply)
15. claims arising from:
 - a. pregnancy of the **insured person** or any other person after the start of the 24th week of pregnancy, or
 - b. pregnancy of the **insured person** or any other person where the problem arising is not an unexpected serious medical complication
16. claims arising from childbirth or the health of a newborn child whatever the proximate cause of the claim is. This exclusion applies irrespective of the stage of pregnancy at which the child is born
17. claims arising from the **insured person** having elective medical or dental treatment or surgery, a cosmetic procedure or body modification (e.g. tattoos and piercings) during the **journey**, such as any complication, even if the **insured person's existing medical condition** has been approved by **us** and the required additional premium paid to **us**
18. claims which in any way relate to the **insured person's** wilful or self-inflicted injury or illness, suicide or attempted suicide
19. claims which in any way relate to the **insured person's**:
 - a. chronic use of alcohol
 - b. substance abuse, drug abuse (whether over the counter, prescription or otherwise), or
 - c. ingestion of any non-prescription drug or substance (e.g. marijuana, ecstasy, heroin)

20. claims involving, arising from or related to the **insured person's** impairment due to him/her/them drinking too much alcohol:
- which is evidenced by the results of a blood test which show that the **insured person's** blood alcohol concentration level is 0.19% or above. (The level of alcohol in your blood is called blood alcohol concentration (BAC). As a point of reference, a BAC of 0.19% is almost four times the legal driving BAC limit range in **Australia** which is currently 0.05%), or
 - taking into account the following, where available:
 - the report of a medical practitioner or forensic expert
 - the witness report of a third party
 - the **insured person's** own admission, or
 - the description of events the **insured person** described to **us** or the treating medical professional (e.g. paramedic, nurse, doctor) as documented in their records.
21. claims arising from the failure of any travel agent, tour operator, accommodation provider, airline or other carrier, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their **insolvency** or the **insolvency** of any person, company or organisation they deal with
22. claims involving the **insured person** travelling (during the **journey**) in **international waters** in a private sailing vessel or a privately registered vessel
23. claims involving participation by the **insured person** in hunting; racing (other than on foot); polo playing; hang gliding; off-piste snow skiing or snowboarding; rodeo riding; BASE jumping; motocross; freestyle BMX riding; running with the bulls; sports activities in a **professional** capacity; mountaineering or rock climbing using guides, ropes, rock climbing equipment or oxygen; scuba diving unless the **insured person** holds an Open Water Diving Certificate or is diving with a qualified diving instructor
24. claims involving participation by the **insured person** (during the **journey**) in motorcycling or moped riding if:
- the motorcycle/moped has an engine capacity of more than 250cc
 - the motorcycle/moped was not hired
 - while in control of a motorcycle or moped the **insured person** does not hold a current Australian motorcycle rider's licence or a current Australian motor vehicle driver's licence
 - riding, or travelling as a passenger, on a motorcycle or moped, without wearing a helmet
 - travelling as a passenger on a motorcycle or moped that is in the control of a person who does not hold a licence valid for riding that vehicle
 - participating in a **professional** capacity
 - racing, or
 - participating in motocross
25. any benefit, or provide cover, if the provision of a payment, benefit or cover would result in **us** contravening the Health Insurance Act, the Private Health Insurance Act or the National Health Act or any applicable legislation (whether in **Australia** or not) or where **we** do not have the necessary licenses or authority to provide such cover
26. any costs or expenses incurred if a government or public health authority mandatory quarantine or isolation order is imposed on the **insured person** related to cross area, border, region or territory travel. This exclusion only applies to COVID-19 and applies regardless of the **insured person** being diagnosed with COVID-19 or being directed by a local public health authority into a period of quarantine because they have classified the **insured person** as having close contact with a person diagnosed with COVID-19
27. claims arising from or caused by COVID-19, unless cover is extended as stated in SECTION 39: COVID-19 benefits
28. claims for costs or expenses incurred outside the period of insurance. This exclusion does not apply to benefit Sections SECTION 8: Luggage and travel documents, SECTION 11: Rental Car insurance excess and SECTION 17: Personal liability
29. claims related to any event that is intentionally caused by **The Company** or the **insured person** or by a person acting with the consent of **The Company** or the **insured person**
30. claims arising from the conduct of someone who enters the **insured person's** accommodation with the **insured person's** consent, or whose accommodation the **insured person** chooses to enter, or
31. any expenses recoverable by compensation under any workers compensation or transport accident laws, or by any government-sponsored fund, plan or medical benefit scheme, or any other similar type of legislation required to be effected by, or under, a law.
32. claims directly arising from You not following an advice or warning:
- of a "Do not travel" advice issued by the Australian Government on the [smartraveller.gov.au](https://www.smartraveller.gov.au) website (or the equivalent authority responsible in Your country of residence for setting advisories for citizens and/or residents); or
 - published in the mass media;
- and the subject of the advice or warning is related to the nature of Your claim. This exclusion does not apply to any events which are independent or unrelated to the reason for the advice or warning.

General information

The Financial Claims Scheme

If the insurer becomes insolvent, **The Company** or the **insured person** may be entitled to payment under the Financial Claims Scheme (FCS). Access to the FCS is subject to eligibility criteria. Please visit www.fcs.gov.au for information.

General Insurance Code of Practice

We are a signatory 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 **The Company** and the **insured person**
- 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 **The Company** or the **insured person** make about **us**, and
- to promote continuous improvement of the general insurance industry through education and training.

The Code Governance Committee is an independent body that monitors and enforces insurers compliance with the Code.

Further information about the Code or the Code Governance and **your** rights under it is available at insurancecouncil.com.au/cop/ or by contacting **us**.

Change of terms and conditions

From time to time, and where permitted by law, **we** may change parts of the Combined PDS/FSG. **We** will issue **The Company** with a new Combined PDS/FSG, a Supplementary PDS or FSG or other compliant document to update the relevant details except in limited cases. Any updates, which are not materially adverse to **The Company** from the view of a reasonable person deciding whether to buy this insurance, may be found on www.covermore.com.au. **The Company** can obtain a paper copy of any updated information, without charge, by calling Cover-More on 1300 72 88 22.

We respect your privacy

In this Privacy Notice the use of “**we**”, “**our**” or “**us**” means both Cover-More and the insurer, unless specified otherwise.

Why your personal information is collected

We collect your personal information (including sensitive information) to help **us** in:

- identifying you and conducting necessary checks
- determining what services or products **we** can provide to you and/or others
- issuing, managing and administering services and products provided to you and/or others including claims investigation, handling and payment, and
- improving services and products, e.g. training and developing representatives, product and service research, data analysis and business strategy development.

Cover-More also collects your personal information to provide you with special offers of other services and products that may be of interest to you.

How your personal information is collected

We may collect your personal information through websites, from data you or your travel consultant input directly, or through cookies and other web analytic tools, also via email, fax, telephone or in writing.

We collect personal information directly from you unless:

- you have consented to collection from someone else
- it is unreasonable or impracticable for **us** to do so, or
- the law permits **us** to collect from someone else.

We also collect additional personal information from other third parties to provide you with **our** services and products. If you provide personal information to **us** about another person you must only do so with their consent and agree to make them aware of this Privacy Notice.

Who we disclose your personal information to

We may disclose your personal information to other parties and service providers for the reasons explained above. The other parties and service providers include:

- insurers and reinsurers
- medical providers, travel providers and your travel consultant
- **our** lawyers and other professional advisers
- **our** related companies and other representatives or contractors who **we** have hired to provide services or to monitor the services provided by **us** or **our** agents, **our** products or operations, and/or
- other parties **we** may be able to claim or recover against or other parties where permitted or required by law.

Additional parties and service providers are detailed in the Cover-More Privacy Policy and the insurer’s Privacy Statement. The contractual arrangements that **we** have in place with these parties and service providers generally include an obligation for them to comply with Australian privacy laws.

We may need to disclose personal information about you to other parties and service providers, some of whom may be located overseas. Who they are may change from time to time. Generally these recipients will be located in the overseas countries you travelled to over the duration of your policy and your claim. These recipients would usually be service providers, such as medical providers, providers of travel related services, investigators, assessors and facilitators or our related entities that carry out services on **our** behalf in relation to your policy and your claim. Further details of these types of recipients are set out in the Cover-More Privacy Policy and the insurer’s Privacy Statement.

We may not always be able to take reasonable steps to ensure that these recipients comply with the Privacy Act 1988. Some of the countries where these recipients are based may not offer the same protection or obligations that are offered by the Act in **Australia**. By acquiring the services and products from **us**, you agree that you may not be able to seek redress under the Act, or from **us** and/or from the recipients in overseas countries, or to the extent permitted by law.

You and any other traveller included on the policy consent to these uses and disclosures unless you tell Cover-More, using the contact details following.

Your choices

If you choose not to provide your personal information and/or choose not to consent and/or withdraw your consent to the use and disclosure of your personal information, set out in this Privacy Notice, at any stage, **we** may not be able to provide **our** services or products or manage and administer services and products to you and/or others.

If you wish to withdraw your consent, including for things such as receiving information on products and offers, please contact Cover-More.

More information

For more information about how your personal information is collected, used or disclosed, how to access or seek correction to your personal information or how to make a complaint and how such a complaint will be handled, please contact **us** or refer to the relevant website.

Cover-More Privacy Officer

Cover-More Insurance Services Pty Ltd

Mail: Private Bag 913, North Sydney NSW 2059 Australia

Email: privacy.officer@covermore.com.au

Call: 1300 72 88 22

Website: www.covermore.com.au/covermore_privacy_policy

ZAIL Privacy Officer

Zurich Australian Insurance Limited

Mail: PO Box 677, North Sydney NSW 2059

Email: privacy.officer@zurich.com.au

Call: 132 687

Website: www.zurich.com.au/important-information/privacy

Cancelling The Company's policy

If **The Company** cancels its policy within a cooling-off period of 21 days after **The Company** is issued their Certificate of Insurance, **The Company** will be given a full refund of the premium they paid, provided any **insured person** has not started a **journey** or **The Company** and/or any **insured person** does not want to make a claim.

The Company may still cancel their policy after this period by giving **us** written notice. If **The Company** cancels their policy within 180 days of the inception of cover under this policy, **we** will charge **The Company** an amount based on **The Company's** Actual Travel Days undertaken by **insured persons** while the policy was active. This refund will not exceed 50% of the total proposed premium. Any refund which brings the policy value below **our** minimum policy value will be forfeited. If the policy is cancelled after 180 days of inception **we** will not refund any premium. **We** will not refund any premium if **we** have paid a benefit under **The Company's** policy.

We may cancel the policy at any time in accordance with any applicable law and the premium paid shall be adjusted on the basis of **us** retaining an amount based **The Company's** Actual Travel Days undertaken by **insured persons** while the policy was active.

To cancel **The Company's** cover please contact Cover-More by calling 1300 72 88 22, or email corporate@covermore.com.au.

Complaints and disputes resolution process

We and Cover-More are committed to resolving any complaint or dispute fairly.

If you have a complaint about an insurance product **we** issued or the service you have received (from us or one of our representatives), please contact us. **We** will put you in contact with someone who can help to resolve the complaint. You can talk over the phone, email or write:

Call: Cover-More on 1300 72 88 22

Mail: Private Bag 913, North Sydney NSW 2059 Australia

Email: customerrelations@covermore.com.au

We will acknowledge receipt of your complaint within 24 hours or as soon as practicable.

If you are not satisfied with our initial response, you may use our Internal Dispute resolution process. To obtain a copy of our procedures, please contact us.

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 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:

Australian Financial Complaints Authority

Call: 1800 931 678 (free call)

Email: info@afca.org.au

Mail: The Australian Financial Complaints Authority
GPO Box 3, Melbourne VIC 3001

Website: afca.org.au

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 Services Guide

This FSG is an important document designed to help you decide whether to use the financial services offered.

It contains information about how Cover-More Insurance Services Pty Ltd ABN 95 003 114 145, AFSL 241713 (Cover-More) administers and arranges the policy directly or through its authorised representative or distributor (Agent) and how each of these parties are paid for providing the financial services offered.

What financial services are provided?

Cover-More holds an Australian Financial Services Licence that allows both Cover-More and the Agent to provide **The Company** and/or any **insured person** with factual information (distributors) or general financial product advice (authorised representatives) about this travel insurance product and to arrange this product for **The Company**.

Cover-More is responsible for the provision of these services. The Agent is an authorised representative or distributor of Cover-More.

If **The Company** purchases this travel insurance product from an Agent, the Agent is the providing entity for this FSG.

If **The Company** purchases this travel insurance product from a Cover-More representative, Cover-More is the providing entity for this FSG.

The issuer and insurer of this product is Zurich Australian Insurance Limited. Cover-More acts under a binder authority from the insurer. This means that Cover-More administers the policy including customer service, medical assessments and can also handle or settle claims on behalf of the insurer. You can find full details of Cover-More and the insurer on page 14 of the PDS.

Cover-More and the agent are not authorised to give **The Company** and/or any **insured person** personal advice in relation to travel insurance. Any advice given to **The Company** and/or any **insured person** about travel insurance will be of a general nature only and will not take into account **The Company's** and/or any **insured person's** personal objectives, financial situation or needs. **The Company** needs to determine whether this product meets the travel needs of **The Company** and its **insured persons**.

How are we paid?

Cover-More

Cover-More is paid a commission by the insurer when **The Company** buys this travel insurance policy. This commission is included in the premium that **The Company** pays and is received after **The Company** pays the premium. The commission is a percentage of the premium.

Cover-More may also receive a share of the profit earned by the insurer if the insurer makes an underwriting profit in accordance with the underwriting targets it has set. This amount is calculated and paid retrospectively only when the insurer exceeds its underwriting targets in a given year.

Cover-More employees are paid an annual salary and may be paid a bonus based on business performance.

The Agent, and/or its associates

The Agent and/or its associates are paid a fee and/or commission by Cover-More for arranging this travel insurance policy for **The Company** and its **insured persons**. This commission is a percentage of the premium and is paid out of the commission that Cover-More receives from the insurer.

The Agent's employees may receive salaries, bonuses and/or company dividends in their own business depending on the nature of their employment. Bonuses may be linked to general overall performance, including sales performance and may include all or part of the commission received by the Agent.

The Agent, and/or its associates, may also receive other financial and non-financial incentives from Cover-More for arranging this travel insurance policy for **The Company** and its **insured persons**. Such incentives may depend on a number of performance related or other factors and may include, for example, a share of Cover-More's profit, bonus payments, prize pools, sponsorship of training events and conferences, marketing promotions and competitions.

Referrers

Referrers are paid a fee and/or commission by Cover-More. This amount is paid out of the commission that Cover-More receives from the insurer.

Further information

For more information about remuneration or other benefits received for the financial services provided, please ask Cover-More or the Agent within a reasonable time of receiving this FSG and before You choose to buy this product.

Complaints

If **The Company** has a complaint about the financial services provided by Cover-More or the agent please refer to the Complaints and disputes resolution process on page 44 of the PDS for details of the complaint resolution process.

What professional indemnity insurance arrangements do we have in place?

Cover-More holds professional indemnity insurance covering errors and mistakes relating to the provision of financial services provided by Cover-More, its employees, its Agents and the Agent's employees (even after they cease to be employed). Cover-More's policy meets the requirements of the Corporations Act 2001 (Cth).

Who is responsible for this document?

The Agent is responsible for the distribution of the FSG in this document. The insurer is responsible for the PDS. Cover-More has authorised the distribution of this FSG.

If You purchase this travel insurance product from an Agent the Agent is responsible for the distribution of the FSG in this document and is authorised by Cover-More to do so.

If You purchase this travel insurance product from a Cover-More representative or through a Cover-More website, Cover-More is responsible for the distribution of the FSG in this document.

The insurer is responsible for the PDS.

This Combined PDS and FSG was prepared 19 July 2023.

Corporate quick quote

Multiple travellers - Multiple journeys

Intended commencement date of policy

Annual travel estimates

For your convenience, a worksheet is provided overleaf.

Destination	Estimated number of journeys	Average days per journey
USA, Canada, Central And South America		
UK/Europe		
Middle East, China, Japan, Indian Sub-Continent and all other destinations not stated		
Asia (excluding China and Japan)		
Indonesia, South West Pacific, New Zealand and Domestic cruising		
Australia and Norfolk Island		

Existing Medical Conditions and pregnancy

Please note that this policy does not automatically cover claims arising from, or exacerbated by some Existing Medical Conditions or pregnancies. Please refer to pages 10-13 for more details.

Company contact details

Company name

Company contact name

Company contact email

Company ABN

Company contact fax

Company contact phone

Travel Agent or Broker contact details

Travel or Broker agency name (and Alpha code if known)

Travel or Broker agency contact name

Travel or Broker agency address

Travel or Broker agency phone

Travel or Broker agency contact email

Send this form to your agent or broker or directly to Cover-More by email corporate@covermore.com.au

Combined PDS/FSG Effective 23 August 2023

Cover-More Insurance Services Pty Ltd ABN 95 003 114 145 AFSL 241713

Private Bag 913, North Sydney NSW **Australia** 2059

Call: 1300 72 88 22 Email: corporate@covermore.com.au Website: www.covermore.com.au

(quick quote worksheet)

(quick quote worksheet)

PDS Issue 9 (CMC)
Date prepared: 19 July 2023
Copyright © 2023 Cover-More Insurance Services Pty Ltd
ABN 95003 114 145, AFSL 241713

Contact us

Cover-More Travel Insurance
Private Bag 913, North Sydney NSW 2059
1300 72 88 22
enquiries@covermore.com.au
www.covermore.com.au

Cover·More

TRAVEL INSURANCE

A company of  **ZURICH**