

Accident & Health



# Group Personal Accident & Illness

Combined Product Disclosure Statement and Policy Wording



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## How is Your insurance arranged?

This insurance is issued/insured by:

**AIG Australia Limited (AIG)**

ABN 93 004 727 753, AFSL 381686

Level 13, 717 Bourke Street, Docklands Vic 3008

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

AIG Australia prepared this **Product Disclosure Statement**.

## Retail Clients

Under our AFSL we are required to provide 'Retail Clients' with a Product Disclosure Statement. A Retail Client means an individual or small business.

'Small business' means a business employing less than

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

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**This document contains Your Insurance Policy Terms, Provisos, Exclusions and Conditions. It is important that You read and understand it and retain it in a safe place.**

Date prepared: 10th September 2021

PDS JM 09/00064.8

# Product Disclosure Statement ('PDS')

## Target Market Determinations (TMDs)

From 5 October 2021, AIG Australia Limited (AIG) is required to have Target Market Determinations for its retail client insurance products in accordance with the *Treasury Laws Amendment (Design and Distribution Obligations and Product Intervention Powers) Act 2019*.

## What is a TMD?

A TMD is a document created by AIG which seeks to offer customers, distributors and staff with an understanding of the class of customers for which the product has been designed and sets out:

- who is in the target market and who the product is not designed for;
- any distribution conditions and restrictions for the product;
- review periods and events that may trigger a review of the TMD; and
- reporting obligations for AIG's distributors.

The TMD is not intended and should not be treated as a full summary of the product's terms and conditions and is not intended to provide financial advice. Customers must refer to the Product Disclosure Statement (PDS) and any supplementary disclosure documents for the terms and conditions of the product when making a decision to acquire the product.

TMD's for all AIG retail products are available on AIG's website at [www.aig.com.au/tmd](http://www.aig.com.au/tmd).

AIG is committed to offering high quality insurance products to meet our customer needs and which offer real value. AIG achieve this by taking a consumer-centric approach when designing and distributing our products.

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

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

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

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

## Key Benefits of Your Policy

**You** can select various cover options against a range of Events including:

- **Injury** (as defined) resulting in Death, **Permanent Total Disablement** and specified **Permanent Total Loss** (refer to **Section A** under **Table of Events** in the **Policy Wording**);
- Weekly Injury Benefit for **Injury** resulting in **Temporary Partial Disablement** or **Temporary Total Disablement** (refer to **Section B** under **Table of Events** in the **Policy Wording**);
- Weekly Sickness Benefit, for **Sickness** (as defined) causing **Temporary Partial or Total Disablement** (refer to **Section C** under **Table of Events** in the **Policy Wording**);

- AIG Care Plus benefits may be available under Section D of the policy, these enhanced benefits supplement the Compensation under Sections A, B or C.

Details of the key benefits for all sections of cover are contained in the **Policy Wording** under the **Table of Events**.

Cover for each of the above is subject to acceptance of the risk by the issuer/insurer. Cover is limited to the benefits and maximum sums insured listed in the Policy Schedule and is subject to the terms, conditions and exclusions in the **Policy Wording**.

## Important Information

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

1. The **Policy Wording** contains a **Definitions** section on **page 6** and **Conditions** that apply to this insurance at **page 10**.
2. **Special Provisions** apply to this **Policy Wording** that may impact upon the Compensation payable. It is important that **You** carefully read the sections of the **Policy Wording** titled '**Special Provisions**' and '**Special Provisions – Additional Benefits**' on **pages 8** and **9** of the **Policy Wording**.
3. There are some circumstances where cover cannot be provided. These are covered in the **Policy Wording**. Please take special note of the **Exclusions** applicable to all sections of the policy listed on **page 8** of the **Policy Wording**.
4. **Aggregate limits** and aggregate or **Elimination Periods** may apply to one or more of the sections of cover selected. Details are provided in the **Policy Wording**. Where applicable these will be shown on the Policy Schedule.
5. **Age limits** may apply to this policy. **We** will not be liable for any Event which happens to an **Insured Person** unless at the date of the Event they are between the ages set out in the Policy Schedule.
6. This policy does not apply to any Event arising directly or indirectly out of pregnancy, childbirth or miscarriage.
7. This **PDS** and **Policy Wording** also contains important information about the rights and obligations of **Insured Persons** including information about Privacy, the Duty of Disclosure and General Insurance Code of Practice.
8. If **You** or an **Insured Person** has received or are entitled to receive any Compensation under statute occupation or another insurance, the Compensation payable to **You** might be reduced. Please refer **Special Provisions** for more details.

## Costs

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

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

The premium for this policy may vary during the **Policy Period** if the product issuer/insurer is advised of a change in the above which affects the **Insured Person's** cover, for example a change in:

- occupation; or
- sum(s) insured.

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

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

### Elimination and Aggregate Periods

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

An **Aggregate Period** is the maximum amount of time for which benefits will be payable (generally up to a maximum of 104 weeks for **Sections B** and **C**). Different **Aggregate Periods** may apply based on application details and acceptance. Such periods will be shown in the Policy Schedule.

### Cooling Off Period

If, **You** are a retail client and after reading the Policy, **You** are not satisfied with the cover, **You** may return the Policy within 15 days of receiving it, and obtain a full refund less any non-refundable government charges and taxes that **We** have paid. **You** may notify **Us** in writing or electronically.

If **You** make a claim for any incident within the 15-day period, no cooling off period is permitted.

If the Policy is for an event that will finish within the 15 days cooling off period, **You** can only exercise **Your** right to cancel before the event starts.

### How to Make a Claim

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

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

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

### Code of Practice

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

Information brochures on the Code are available upon request.

## Complaints and Feedback

Learning about **Your** experiences with **Us** and **Our** service partners helps to improve the way **We** do business with **You**. If **You** have feedback, or an issue **You** would like resolved **We** encourage **You** to make contact. Below is information on how to contact **Us** and how **We** will work together to resolve any concerns **You** have.

### How to provide feedback

#### 1. Speak to Our Complaints team

**Our** complaints team can be contacted on 1800 339 669. To get the best out of **Your** call with **Us**, please have **Your** policy and/or claim number available and any specific information about the issue.

#### 2. Provide Your feedback in writing

If **You** would prefer to provide **Your** feedback or complaint in writing **You** can do so by lodging **Your** complaint on **Our** website, or by writing to:

The Complaints Team  
AIG Australia Limited  
Level 13, 717 Bourke Street  
Docklands VIC 3008  
Email: [acomplaints@aig.com](mailto:acomplaints@aig.com)

### What happens if You make a complaint?

If **You** make a complaint, **We** will record **Your** complaint and make sure that **Your** concerns are addressed as quickly as possible and seek to achieve a fair outcome for both parties.

**We** will assess **Your** complaint upon receipt. During the complaints process as set out in this notice, **We** will meet the following requirements in respect of **Your** complaint.

- Acknowledge **Your** complaint within one (1) business day.
- **We** will tell **You** who will handle **Your** complaint and their contact details.
- **We** will, where applicable, keep **You** informed via **Your** preferred method of communication of the progress of **Your** complaint every ten (10) business days, more frequently or necessary or as agreed by both of **Us**.
- **We** will treat **Your** complaint respectfully and handle all personal information in accordance with our Privacy Policy.
- Within 30 calendar days from the date **We** receive **Your** complaint, **We** will provide a response to **Your** complaint.

If **We** cannot meet any of the stated time frames, **We** will communicate to **You** the reasons why this has not been possible. **We** will also advise **You** when **You** should expect to receive a response or decision, **Your** right to complain to the Australian Financial Complaints Authority (AFCA) if **You** are dissatisfied with such reasons and provide **You** with the contact details for AFCA.

### What You can do if You are not happy with Our response or handling of Your complaint

If **You** are not satisfied with **Our** response or the handling of **Your** complaint, **You** may wish to have the matter reviewed by **Our** Internal Dispute Resolution Committee ("Committee").

If **You** wish to have **Your** complaint reviewed by the Committee, please telephone or write to the complaints team as per the details above. As part of **Your** request, please include detailed reasons for requesting the review and the outcome **You** are seeking. This information will assist the Committee in carrying out its assessment and review of **Your** complaint.

A written response setting out the final decision of the Committee and the reasons for this decision will be provided to **You**.

If **We** are unable to provide a response within 30 calendar days of receipt of the initial complaint, **We** will inform **You** of (i) the time frame for when **Your** complaint will be heard by the Committee, (ii) when **You** should expect to receive a response from the Committee; (iii) the reasons for such delay; (iv) **Your** right to complain to AFCA if **You** are dissatisfied with such reasons; and (v) the contact details for AFCA.

**You** can take **Your** complaint to AFCA at any time, including:

- if **We** have been unable to resolve **Your** complaint within 30 calendar days;
- **You** are dissatisfied with the outcome of **Your** complaint; or
- **You** are dissatisfied with the findings of the Committee.

AFCA provides a fair and independent financial services complaint resolution service that is free to consumers. AFCA can make decisions with which AIG is obliged to comply.

Under AFCA Rules, **Your** complaint may be referred back to **Us** if it has not gone through **Our** complaints process.

AFCA's contact details are:

Australian Financial Complaints Authority (AFCA)  
GPO Box 3, Melbourne VIC 3001

Website: [www.afca.org.au](http://www.afca.org.au)

Email: [info@afca.org.au](mailto:info@afca.org.au)

Phone: 1800 931 678 (free call)

The use of AFCA does not preclude **You** from subsequently exercising any legal rights which **You** may have if **You** are still unhappy with the outcome. Before doing so however, **We** strongly recommend that **You** obtain independent legal advice.

If **Your** complaint does not fall within AFCA's Rules, **We** will advise **You** to seek independent legal advice or give **You** information about any other external dispute resolution options where available to **You**.

## The Financial Claims Scheme

The protection provided under the Federal Government's Financial Claims Scheme (the Scheme) applies to the Policy. In the unlikely event that the **Insurer** is unable to meet its obligations under the Policy, persons entitled to make a claim under the insurance cover under the Policy may be entitled to payment under the Scheme (access to the Scheme is subject to eligibility criteria). Information about the Scheme can be obtained from the APRA website at <https://www.fcs.gov.au>.

## Privacy Notice

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

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

**Further information about Our Privacy Policy is available at [www.aig.com.au](http://www.aig.com.au) or by contacting Us at [australia.privacy.manager@aig.com](mailto:australia.privacy.manager@aig.com) or on 1300 030 886.**

### How We collect Your personal information

AIG usually collects personal information from **You** or **Your** agents. AIG may also collect personal information from:

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

### Why We collect Your personal information

AIG collects information necessary to:

- underwrite and administer **Your** insurance cover;
- improve customer service and products including carrying out research and analysis including data analytics functions; and
- advise **You** of **Our** and other products and services that may interest **You**.

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

### To whom We disclose Your personal information

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

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

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

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

### **Access to Your personal information**

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

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

### **Complaints**

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

### **Consent**

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

### **Updating the PDS**

**We** may need to update or change this PDS from time to time if certain changes occur where required and permitted by law.

**We** may update the Policy by either providing a notice on **Our** website, emailing or notifying **You** by other means of such changes and updates.

# Policy Wording

## Policy Conditions

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

## Agreement

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

## Your Duty of Disclosure

Before **You** enter into an insurance contract, **You** have a duty of disclosure under the Insurance Contracts Act 1984.

If **We** ask **You** questions that are relevant to **Our** decision to insure **You** and on what terms, **You** must tell **Us** anything that **You** know and that a reasonable person in the circumstances would include in answering the questions.

**You** have this duty until **We** agree to insure **You**.

### If You do not tell Us something

If **You** do not tell **Us** anything **You** are required to tell **Us**, **We** may cancel **Your** contract or reduce the amount **We** will pay **You** if **You** make a claim, or both.

If **Your** failure to tell **Us** is fraudulent, **We** may refuse to pay a claim and treat the contract as if it never existed.

### Your duty of disclosure for renewals

Before **You** renew this contract of insurance, **You** have a duty of disclosure under the Insurance Contracts Act 1984.

If **We** ask **You** questions that are relevant to **Our** decision to insure **You** and on what terms, **You** must tell **Us** anything that **You** know and that a reasonable person in the circumstances would include in answering the questions.

Also, **We** may give **You** a copy of anything **You** have previously told **Us** and ask **You** to tell **Us** if it has changed. If **We** do this, **You** must tell **Us** about any change or tell **Us** that there is no change.

If **You** do not tell **Us** about a change to something **You** have previously told **Us**, **You** will be taken to have told **Us** that there is no change.

**You** have this duty until **We** agree to renew the contract.

### If You do not tell Us something

If **You** do not tell **Us** anything **You** are required to tell **Us**, **We** may cancel **Your** contract or reduce the amount **We** will pay **You** if **You** make a claim, or both.

**If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.**

## Definitions

- Close Relative** means a **Spouse/Partner**, parent, parent-in-law, step-parent, child, brother, sister, brother-in-law, sister-in-law, daughter-in-law, son-in-law, half-brother, half-sister, fiancé (e), niece, nephew, uncle, aunt, stepchild, grandparent or grandchild.
- Dependant Children** means the unmarried Dependant Children of the **Insured Person** who are:
  - over 6 months of age and under 19 years of age; or
  - under 25 years of age while they are full-time students at an accredited institution of higher learning;and at the time of an Event giving rise to a claim under Special Provisions – Additional Benefits 3. Spouse and Dependant Children Benefit of this Policy - are primarily dependant on the **Insured Person** for maintenance and support.

**Dependant Children** includes step or legally adopted children.
- Doctor** means a medical practitioner or medical specialist who is registered or licenced and is legally qualified to practice medicine under the laws of the country in which they practice other than a medical practitioner or medical specialist who is the **Insured Person**, the **Insured Person's** business partner or agent, the **Insured Person's** employer or employee or a **Close Relative**.
- Elimination Period** means the period, commencing with the first day of Temporary Total or Partial Disablement for which medical treatment was sought, during which no Compensation is payable.
- Fingers, Thumbs Or Toes** means the digits of a hand or foot.
- Foot** means the entire foot below the ankle.
- Hand** means the entire hand below the wrist.
- Hospital** means any institution lawfully operated for the care and treatment of sick or injured persons with organized facilities for diagnosis and surgery (including operating theatres) in the same premises, with 24 hours daily nursing service by registered graduate nurses and operated under the supervision of **Doctor(s)**.
- Income** means
  - as regards to a salaried **Insured Person**, the average gross weekly income earned from personal exertion before personal deductions and income tax, but excluding bonuses, commissions, overtime payments and other allowances; or
  - as regards to a T.E.C. (ie total employee cost) or salary package **Insured Person**, the average gross weekly value of the income package earned from personal exertion (including, but not limited to wages, and/or salary, motor vehicle and/or travelling allowances, club subscriptions and fees, housing loan or rental subsidy, clothing or meal allowances) before personal deductions and income tax, but excluding bonuses, commissions, overtime payments and other allowances; or

- (c) as regards to a self-employed **Insured Person**, the average gross weekly **Income** earned from personal exertion after the deduction of all business expenses necessarily incurred in earning that **Income**;
- all derived during the 12 calendar month period immediately preceding the **Injury or Sickness** giving rise to the claim under this Policy.
10. **Independent Existence** means the ability to dress, bathe, toilet and feed without assistance.
  11. **Injury** means a bodily injury to an **Insured Person** resulting from an accident caused by violent, external and visible means and occurring independently of any other cause including any pre-existing physical or congenital condition (except **Sickness** directly resulting from medical or surgical treatment rendered necessary by such **Injury**), provided the **Injury**:
    - (a) occurs to an **Insured Person** during a **Policy Period**; and
    - (b) occurs on or after the **Insured Person's** Effective Date of Individual Insurance; and
    - (c) results in any of the Events specified in the Table of Events found within this Policy within 12 calendar months from the date of such **Injury**.
  12. **Insured Person** means any person(s) who come within the description of the **Insured Persons** appearing in the Policy Schedule, who are nominated by **You** from time to time for insurance under this Policy and with respect to whom premium has been paid or agreed to be paid.
  13. **Limb** means the entire limb between the shoulder and the wrist or between the hip and the ankle.
  14. **Paraplegia** means **Permanent** and entire paralysis of both legs and part or whole of the lower half of the body.
  15. **Permanent** means lasting 12 consecutive months and at the end of that period is certified by a **Doctor** as being unlikely to materially improve for the remainder of the **Insured Person's** natural life.
  16. **Permanent Total Disablement** means total disablement which continues for 12 consecutive months and at that time is certified by a **Doctor** as being unlikely to materially improve and entirely preventing the **Insured Person** forever from engaging in their usual occupation immediately prior to the **Injury** or any occupation for which he or she is reasonably qualified by training, education or experience.
  17. **Policy Period** means the period shown in the Policy Schedule or subsequent Renewal Notice issued by **Us**.
  18. **Quadriplegia** means **Permanent** and entire paralysis of both legs and both arms.
  19. **Sickness** means sickness or disease first contracted by an **Insured Person**, on or after the **Insured Person's** Effective Date of Individual Insurance, which results independently of any other cause in **Temporary Total Disablement**, provided that the **Temporary Total Disablement** occurs during the **Policy Period** and continues for a period of not less than seven consecutive days from the date of commencement of treatment by a **Doctor** who is not the **Insured Person** or a family member.
  20. **Spouse/Partner** means the husband or wife or any partner of the **Insured Person** who has continuously lived with the **Insured Person** for at least 3 calendar months prior to an Event giving rise to a claim under Special Provisions – Additional Benefits 3. Spouse And Dependant Children Benefit of this Policy.
  21. **Temporary Partial Disablement** means that as a result of **Injury or Sickness** the **Insured Person** is wholly and continuously prevented from engaging in more than 50% of the duties of his or her usual occupation in Australia, and is under the regular care of and acting in accordance with the instructions or professional advice of a **Doctor** who is not the **Insured Person** or a family member.
  22. **Temporary Total Disablement** means that as a result of **Injury or Sickness** the **Insured Person** is wholly and continuously prevented from engaging in his or her usual occupation in Australia, and is under the regular care of and acting in accordance with the instructions or professional advice of a **Doctor** who is not the **Insured Person** or a family member.
  23. **Terrorist Act** means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or committing of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist Acts.  
  
Terrorism shall also include any act which is verified or recognized by the (relevant) Government as an act of terrorism.
  24. **Total Loss** means the **Permanent** and total physical loss of the body part referenced in the Table of Events. Where that body part is a **Limb, Hand, Foot, Finger or Toe**, **Total Loss** means the **Permanent** and total physical loss or loss of use of that body part referenced in the Table of Events, or for an eye entire and irrecoverable loss of sight in that eye or for an ear entire and irrecoverable loss of hearing in that ear or speech entire and irrecoverable loss of speech.
  25. **War** means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
  26. **We/Our/Us/Insurer** means AIG Australia Limited (AIG), ABN 93 004 727 753, AFSL 381686
  27. **You/Your/Insured** means the **Insured** specified in the Policy Schedule and is the policyholder.



## Exclusions

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

1. **War**, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power.
2. The intentional use of military force to intercept, prevent, or mitigate any known or suspected **Terrorist Act**.
3. The **Insured Person** engaging in any aerial activity, except as a passenger and not as a pilot or crew member in any aircraft licenced to carry passengers.
4. Intentional self-injury, suicide, or criminal or illegal act of the **Insured Person** who is the subject of the claim.
5. Pregnancy, childbirth or miscarriage.
6. Sexually transmitted disease, or Acquired Immune Deficiency Syndrome (A.I.D.S.) disease or Human Immunodeficiency Virus (H.I.V.) infection. This Exclusion does not apply to Accidental H.I.V. Infection as described under Special Provisions – Additional Benefits 5. Accidental H.I.V. Infection Benefit.
7. Training for or participating as a professional in any sport.
8. Racing in or on any motor powered device.
9. Radioactive contamination or radioactivity in any form whatsoever whether occurring naturally or otherwise.
10. An **Insured Person** suffering from stress or psychiatric condition, including but not limited to depression, anxiety, neurosis, psychosis, mental or emotional stress, physical fatigue, mental disease or associated disorders unless such conditions are being treated by a registered specialist mental health practitioner.

### In addition to the above Exclusions

The **Insurer** shall not be deemed to provide cover and the **Insurer** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the **Insurer**, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

## Exposure

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

## Disappearance

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

## Special Provisions

1. Compensation payable under Table of Events - Event 1. (Death) is payable to **You**, any other Compensation is payable to the **Insured Person** or as per the benefit terms.
2. In respect to Section A – Capital Benefits:
  - (a) In the event of multiple Injuries sustained in the same accident and more than one Event can be claimed, only the highest one Event will be compensated.
  - (b) If an **Insured Person** suffers an **Injury** resulting in any one of the Events 2 to 8 **We** will not be liable under this Policy for any subsequent **Injury** to that **Insured Person**.
3. Compensation is not payable:
  - (a) For more than one of the Events under Section B and Section C – (Weekly Benefits) in respect of the same period of time.
  - (b) For longer than the Aggregate Period shown in the Policy Schedule in respect of the Events in Section B or Section C – (Weekly Benefits) as regards any one **Injury or Sickness**.
  - (c) Unless as soon as possible after the happening of any **Injury or Sickness** giving or likely to give rise to a claim, the **Insured Person** obtains and follows proper medical advice from a **Doctor** who is not the **Insured Person** or a family member.
4. **Weekly Benefits Limitation**

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

If the **Insured Person**:

- (a) Is entitled to receive weekly or periodical disability benefits under any other policy of insurance; and/or
- (b) Is entitled to receive weekly or periodical disability benefits under any Workcover or Workers Compensation Act or other statutory body or legislation having a similar effect, or under the Wrongs Act, or under any Compulsory Third Party or Motor Vehicle Act, or Transcover or Transport Accident Act or other statutory body or legislation having similar effect; and/or
- (c) Has earned **Income** from any other occupation; and/or
- (d) Has actually received any annual leave, long service leave or sick leave, unless endorsed otherwise; and/or
- (e) Has any sick leave paid as a part of redundancy payments;

then Compensation payable under Section B or Section C – (Weekly Benefits) will be reduced by the amount of the benefits detailed above so as to limit the total of all payments and/or Compensation (inclusive of such benefits) to his or her weekly **Income** or the limit stated in the Policy Schedule whichever is the lesser.

**For Example:**

**Insured Person** has suffered **Temporary Total Disablement** as a result of an **Injury**, making them eligible for Compensation under the Transport Accident Act. In this case the Compensation paid out under Section B of the policy would be computed as under:

	Insured Person A	Insured Person B	Insured Person C	Insured Person D
A Average Weekly Income of the Insured Person (100%)	\$1,200	\$1,700	\$2,000	\$2,500
B Cover Limit on AIG policy Schedule	85% of Average Weekly Income up to a maximum of \$1,500 per week	100% of Average Weekly Income up to a maximum of \$1,500 per week	85% of Average Weekly Income up to a maximum of \$1,500 per week	100% of Average Weekly Income up to a maximum of \$2,000 per week
C Compensation payable under Section B (per week)	\$1,020.00	\$1,500.00	\$1,500.00	\$2,000.00
D Weekly Compensation from Statutory Laws or other Insurance policy	\$600.0	\$0.0	\$900.0	\$900.0
E Income from other occupation	\$200			
F Adjusted Compensation under this policy Section B (per week)	\$220.00	\$1,500.00	\$800.00	\$1,600.00

5. If **You** or the **Insured Person** has lodged a weekly **Income** benefit claim under any weekly or periodical disability benefits under any Workcover or Workers Compensation Act or other Statutory body or legislation having a similar effect, or under the Wrongs Act, or under any Compulsory Third Party or Motor Vehicle Act, or Transcover or Transport Accident Act or other Statutory body or legislation having similar effect and are awaiting determination of the claim, payment of any Compensation under Section B and/or Section C of the Policy shall be calculated with effect from the date of the **Injury** less any applicable **Elimination Period**, subject to the terms and conditions of the Policy.

Payment for Compensation for a claim under Section B and/or Section C will be reduced by the amounts **You** or the **Insured Person** has already received, at the time of the payment of such Compensation as (i) statutory benefits, under applicable laws and statutory bodies referenced above; (ii) **Income** from another occupation; and/or (iii) any annual leave, long service leave or sick leave, unless endorsed otherwise; and/or (iv) sick leave paid as a part of redundancy payments.

When **You** or the **Insured Person** who has received payment of Compensation for a claim under Section B and/or Section C of the Policy subsequently receives benefits under (i) any Workcover or Workers Compensation Act or other Statutory body or legislation having a similar effect, or under the Wrongs Act, or under any Compulsory Third Party or Motor Vehicle Act, or Transcover or Transport Accident Act or other Statutory body or legislation having similar effect; (ii) **Income** from another occupation ; and/or (iii) any annual leave, long service leave or sick leave, unless endorsed otherwise; and/or (iv) sick leave paid as a part of redundancy payments, **You** or the **Insured Person** must reimburse to **Us** any difference between the amount

of Compensation actually paid by **Us** under Section B and/or Section C and the amount of Compensation **We** would have paid had **You** or the **Insured Person** been in receipt of such benefits at the time of payment of the claim for Compensation.

6. **Recurrence of Temporary Total Disablement or Temporary Partial Disablement (Weekly Benefits)**

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

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

7. **Aggregate Limit Of Liability**

- (a) Except as provided under 7.(b), **Our** total liability for all claims arising during any one **Policy Period** will not exceed the amount shown in the Policy Schedule.
- (b) **Our** total liability for all claims arising under this Policy during any one **Policy Period** relating directly to air travel in aircraft whose flights are not conducted in accordance with fixed schedules to and from fixed terminals over established routes will not exceed the amount shown in the Policy Schedule.

8. Age Limits

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

## Conditions

### 1. Cover

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

### 2. Effective Date Of Individual Insurance

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

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

provided always that if such **Insured Person** is not regularly performing all the usual duties of his or her occupation or is not fit to do so on the date his or her proposal for Insurance would otherwise become effective, then this Insurance will only take effect on the date of return to the regular performance of all of his or her usual duties or when he or she is certified fit to do so.

### 3. Individual Terminations

The Insurance of any **Insured Person** will immediately terminate on the earliest of the following dates:

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

### 4. Change Of Occupation

**You** will give immediate written notice to **Us** of any change in the proportion of occupation classes for more than 10% for the **Insured Persons** and agree to pay an additional premium if applicable.

No claim will be payable in respect of:

- (a) any **Injury or Sickness** arising out of or in the course of an occupation of greater risk than the occupation disclosed in **Your** application to **Us**, unless **We** have agreed to the change in occupation; or
- (b) any **Injury or Sickness** where **We** have been prejudiced by such non-disclosure of change in occupation, to the extent that **We** have been prejudiced by such non-disclosure of change in occupation.

### 5. Policy Renewal

This Policy may be renewed with **Our** consent from term to term, by payment of the premium in advance at **Our** premium rate in force at the time of renewal.

### 6. Cancellation

- (a) This Policy may be cancelled by **You** at any time by giving **Us** written notice.
- (b) This Policy may be cancelled by **Us** in accordance with Sections 59 and 60 of the Insurance Contracts Act 1984.

When the Policy is cancelled, **We** will refund the proportion of the premium (if applicable) for the unexpired **Policy Period**, after deducting reasonable allowance for our administration costs, Commonwealth taxes and/or charges **We** cannot recover, and benefits already paid or provided under the Policy for the period the Policy was in force.

### 7. Claims Procedure

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

### 8. Australian Law

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

### 9. Fraudulent Claims

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

### 10. Subrogation

In the event of any payment under this Policy, **We** shall be subrogated to all the **Insured/Insured Person's** rights of recovery thereof against any person or organisation and the **Insured/Insured Person** shall execute and deliver instructions and papers and do whatever else is reasonably necessary to secure such and enable enforcement of such rights. The **Insured/Insured Person** shall take no action to prejudice such rights.

### 11. Tax Or Imposts

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

# Table of Events

## Section A – Capital Benefits

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

The Events		The Compensation
<b>Injury as defined, resulting in:</b>		
1.	Death	100%
2.	Permanent Total Disablement	100%
3.	Permanent <b>Paraplegia</b> or <b>Quadriplegia</b>	100%
4.	Permanent Total Loss of sight of both eyes	100%
5.	Permanent Total Loss of sight of one eye	100%
6.	Permanent Total Loss of use of two <b>Limbs</b>	100%
7.	Permanent Total Loss of use of one <b>Limb</b>	100%
8.	Permanent Total Loss of the lens of both eyes	100%
9.	Permanent Total Loss of the lens of one eye	50%
10.	Permanent Total Loss of hearing in (a) both ears (b) one ear	75% 15%
11.	Third degree burns and/or resultant disfigurement received from fire or chemical reaction which extend to cover more than 40% of the entire external body	50%
12.	Permanent Total Loss of use of four <b>Fingers</b> and <b>Thumb</b> of either <b>Hand</b>	70%
13.	Permanent Total Loss of use of four <b>Fingers</b> of either <b>Hand</b>	40%
14.	Permanent Total Loss of use of one <b>Thumb</b> of either <b>Hand</b> (a) both joints (b) one joint	30% 15%
15.	Permanent Total Loss of use of <b>Fingers</b> of either <b>Hand</b> (a) three joints (b) two joints (c) one joint	10% 7% 5%
16.	Permanent Total Loss of use of <b>Toes</b> of either <b>Foot</b> (a) all – one <b>Foot</b> (b) great – both joints (c) great – one joint (d) other than great, each <b>Toe</b>	15% 5% 3% 1%
17.	Loss of at least 50% of all sound and natural teeth, including capped or crowned teeth, but excluding first teeth and dentures	Per tooth 1% (to \$10,000 in total for all teeth)
18.	Shortening of leg by at least 5cm	7%
19.	Permanent Partial Disablement not otherwise provided for under Events 8 to 18 inclusive	Such percentage of the Capital Sum Insured which corresponds to the percentage reduction in whole bodily function as certified by the <b>Insured Person's</b> treating <b>Doctor</b> , and a <b>Doctor</b> appointed by <b>Us</b> . If the <b>Doctor</b> chosen by <b>Us</b> forms a contrary opinion to that of the <b>Insured Person's</b> treating <b>Doctor</b> , <b>We</b> will seek the opinion of a third independent <b>Doctor</b> who will be appointed by mutual agreement between the parties. In the event of a disagreement between all three (3) <b>Doctors</b> , the percentage reduction in whole bodily function will be the average of the three (3) opinions, subject to the maximum amount <b>We</b> will pay which is seventy-five percent (75%) of the Lump Sum Benefit insured.

## Section B – Weekly Injury Benefit

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

The Events	The Compensation
<b>Injury as defined, resulting in:</b>	
20. Temporary Total Disablement	During such Disablement the amount per week specified in the Policy Schedule or <b>Income</b> as defined, whichever is the lesser.
21. Temporary Partial Disablement	During such Disablement: (a) if the <b>Insured Person</b> returns to work in a reduced capacity, the Compensation payable shall be the difference between the Compensation for Event 20 per week and the weekly <b>Income</b> earned from personal exertion per week; or (b) if the <b>Insured Person</b> does not return to work, the Compensation shall be 25% of the Compensation for Event 20 per week.

## Section C – Weekly Sickness Benefit

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

The Events	The Compensation
<b>Sickness as defined, causing:</b>	
22. Temporary Total Disablement	During such Disablement the amount per week specified in the Policy Schedule or <b>Income</b> as defined, whichever is the lesser.
23. Temporary Partial Disablement	During such Disablement, if the <b>Insured Person</b> returns to work in a reduced capacity, the Compensation payable shall be the difference between the Compensation for Event 22 per week and the weekly <b>Income</b> earned from personal exertion per week.

## Section D – AIG Care Plus Benefits

### 1. Lump Sum Overseas Surgical Benefits for Injury

If an **Insured Person** sustains an **Injury** whilst overseas which directly results in any of the Events listed below, **We** will pay a lump sum benefit as listed:

The Events	Benefit
1. Brain surgery	\$20,000
2. Amputation of a limb	\$20,000
3. Fracture of a limb requiring open reduction	\$5,000
4. Any other surgical procedure performed under general anaesthetic	\$2,500

#### Conditions

- Cover is only provided under this benefit for surgical procedures undertaken outside of Australia.
- The maximum Compensation **We** will pay under this benefit is \$20,000 for any single **Injury**.

#### Exclusions

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

- Any type of illness, disease, infection or contagion, even if contracted through **Injury**, except that this Exclusion shall not apply to any accidental needle stick injuries, medically acquired infections or blood poisoning.

### 2. Lump Sum Overseas Surgical Benefits for Sickness

If an **Insured Person** suffers a **Sickness** whilst overseas which directly results in any of the Events listed below, **We** will pay a lump sum benefit as listed:

The Events	Benefit
1. Open heart surgery	\$20,000
2. Brain surgery	\$20,000
3. Abdominal surgery performed under general anaesthetic	\$5,000
4. Any other surgical procedure performed under general anaesthetic	\$2,500

#### Conditions

- Cover is only provided under this benefit for surgical procedures undertaken outside of Australia.
- The maximum Compensation **We** will pay under this benefit is \$20,000 for any single **Sickness** event.

### 3. Broken Bones

If an **Insured Person** sustains an **Injury** which directly results in any of the Broken Bones listed below as diagnosed by a **Doctor** within 30 days from the date of **Injury**, **We** will pay a lump sum benefit as listed below as a percentage of \$7,500 (maximum benefit):

Broken Bones	Benefit
1. Neck, skull or spine ( <b>Complete Fracture</b> )	100%
2. Hip	75%
3. Jaw, pelvis, leg, ankle or knee ( <b>Complete Fracture</b> or <b>All Other Fractures</b> )	50%
4. (a) Cheekbone, shoulder; or (b) Neck, skull or spine ( <b>Simple Fracture</b> , <b>Hairline fracture</b> or <b>All Other Fractures</b> )	30%
5. Arm, elbow, wrist or rib(s) ( <b>Complete Fracture</b> or <b>All Other Fractures</b> )	25%
6. Jaw, pelvis, leg, ankle or knee ( <b>Simple Fracture</b> or <b>Hairline Fracture</b> )	20%
7. Nose or collar bone	20%
8. Arm, elbow, wrist or rib(s) ( <b>Simple Fracture</b> or <b>Hairline Fracture</b> )	10%
9. (a) Hand, <b>Foot</b> ; (b) <b>Finger(s)</b> and <b>Thumb</b> of the same <b>Hand</b> ; or (c) <b>Toe(s)</b> of the same <b>Foot</b>	7.5%

## Definitions

- i. **Complete Fracture** means a fracture in which the bone is broken completely across and no connection is left between the pieces.
- ii. **Hairline Fracture** means mere cracks on the bone.
- iii. **Simple Fracture** means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of the **Doctor** requires minimal and uncomplicated medical treatment.
- iv. **All Other Fractures** means any fracture other than a **Complete Fracture**, **Simple Fracture** or **Hairline Fracture**.

## Conditions

- i. The maximum Compensation payable for this Benefit is \$7500 for any single **Injury** event.
- ii. **We** will pay for the fracture of a body part listed in the table above only once regardless of the number of fractures sustained to one or more appendages of the same body part of the appendicular skeleton.
- iii. **We** will pay for the fracture of a body part listed in the table above only once regardless of the number of fractures sustained
  - a. to one or more **Fingers or Toes** of the same hand or leg
  - b. to one or more ribs
  - c. to one or more parts of the spine

## 4. Guaranteed Payment Benefit

If an **Insured Person** sustains an **Injury or Sickness** which directly results in Weekly Injury and Sickness Benefits under Section B or Section C for Events 20 or 22, **We** will pay the first twelve (12) consecutive weeks of the applicable Benefit in advance to the **Insured Person** if a **Doctor** certifies with sufficient supporting documentation that due to the severity of the **Injury or Sickness** the total period of the **Temporary Total Disablement** will be a minimum of twenty-six (26) consecutive weeks.

### Conditions

1. Satisfactory medical evidence needs to be provided by a **Doctor**, certifying that the total period of the **Temporary Total Disablement** will be a minimum of twenty-six (26) consecutive weeks.
2. For this benefit to be payable at the time of the original medical assessment of the **Injury or Sickness**, there must be no possibility of earlier return to work through rehabilitation, provision of light duties with the employer, medical treatments or other means.
3. **We** will require a signed undertaking that if the claim does not run for the advance payment period, the **Insured Person** will refund the portion of the guaranteed payment that they were not entitled to receive.

## 5. Loss of Teeth Benefit

If an **Insured Person** sustains an **Injury** which directly results in the loss of at least 50% of all sound and natural teeth, including capped and crowned teeth but excluding first teeth and dentures, **We** will pay \$250 per tooth, up to a maximum of \$2,000 per single **Injury** event.

For the purpose of this Benefit, a tooth means a sound and natural permanent tooth and does not include first or milk teeth, dentures, implants and dental fillings.

### Exclusions

This Benefit is not payable for injuries occurring to unsound and/or unnatural teeth or resulting from eating activities (e.g. biting and chewing).

## 6. Accommodation and Transport Expense Benefit

If an **Insured Person** sustains an **Injury** which results in hospitalisation as an in-patient, which is more than 100 kilometres from the **Insured Person's** normal place of residence, **We** will reimburse the actual and reasonable transport and/or accommodation expenses incurred by their **Spouse/Partner** and/or **Dependant Children** for travel to and from the **Hospital** or to stay with the **Insured Person** during their hospitalisation period, up to a maximum of \$10,000 per single **Injury** event.

## 7. Coma Benefit

If the **Insured Person** sustains **Injury** resulting in a continuous unconscious state which is diagnosed by a **Doctor** to be a comatose state, for a minimum period of 3 consecutive days whilst hospitalised as an inpatient, **We** will pay a benefit of \$50 for each day the **Insured Person** remains in this comatose state during their hospitalisation period, up to a maximum of \$5,000 per single **Injury** event.

### Conditions

1. The **Insured Person** must be in the **Hospital** for the duration of the comatose state for any benefits to be payable.

## 8. Domestic Help Benefit

If an **Insured Person** sustains an **Injury** resulting in a valid claim under Section B – Weekly Benefits - Events 20 or 21, **We** will pay subject to the **Elimination Period** stated on the Policy Schedule, a maximum benefit of up to \$500 per week not exceeding 52 weeks for any one Event, to reimburse up to 80% of actual costs, incurred for reasonable and necessary professional services carried out by persons, other than members of the **Insured Person's** family or **Close Relatives** or other persons permanently residing with the **Insured Person**, to help the injured **Insured Person** with household duties provided such services are certified by the **Insured Person's Doctor** as being necessary for the **Insured Person's** recovery.

## 9. Education Fund Benefit

If the **Insured Person** suffers an **Injury** resulting in a valid claim under Section A – Capital Benefits – Event 1, **We** will reimburse the actual costs of the current year's school or university fees up to \$5,000 for each surviving **Dependant Child**, up to a maximum of 3 **Dependant Children** per **Insured Person**. This benefit has to be claimed within 12 months from the date of Event 1.

## 10. Funeral Expenses Benefit

If an **Insured Person** suffers an **Injury** resulting in a valid claim under Section A – Capital Benefits - Event 1, **We** will either reimburse the necessary and reasonable expenses incurred for:

- a) a burial or cremation or
- b) the cost of returning the **Insured Person's** body or ashes to their home town, up to a maximum of \$10,000.

## 11. Independent Financial Advice Benefit

If an **Insured Person** sustains an **Injury** which results in a valid claim under Section A – Capital Benefits - Events 1 - 8, and at **Your** written request, **We** will pay **You** or the **Insured Person** up to a maximum of \$7,500 for the necessary and reasonable expenses incurred for receiving professional financial, taxation and/or investment advice in respect of the benefit paid under Events 1-8, as applicable.

### Conditions

1. The advice must be provided by a licenced independent financial advisor who is not **Your** employee or a **Close Relative** of the **Insured Person**.

## 12. Executor Emergency Cash Advance

If an **Insured Person** sustains an **Injury** resulting in death, **We** will upon the written request for financial assistance by the executor of the **Insured Person's** estate, advance **You** or the executor up to \$15,000 whilst the administration of the **Insured Person's** estate is being arranged.

### Conditions

1. Any cash advance under this benefit will be subject to reasonable evidence regarding the cause of death being a covered **Injury**.
2. Any payments made by **Us** against this Benefit will be deducted from the final Compensation paid out to the **Insured Person's** estate under Section A – Capital Benefits - Event 1

## 13. Home/Vehicle Modification Benefit

If an **Insured Person** sustains an **Injury** which results in a valid claim under Section A – Capital Benefits - Events 2 to 8 that requires the **Insured Person** to modify their car and/or existing residence including but not limited to the installation of ramps for external or internal wheel chair access, internal guide rails, emergency alert system and similar disability aids necessary for the sole purpose of assisting with their mobility and to perform daily lifestyle activities (i.e. driving, washing, cooking, bathing and dressing), **We** will pay 80% of the cost incurred for such renovations to a maximum of \$10,000.

It is important that **You** tell **Us** if **You** expect to incur costs under this additional benefit before doing so, so that **We** can inform **You** whether **We** agree that they are reasonable.

### Conditions

This Benefit is only payable:

1. where such modifications are undertaken with **Our** prior written confirmation of the **Insured Person's** attending **Doctor**; and
2. in respect of one residence and one personal vehicle only.
3. if the expenses incurred for modifications and installations are submitted to **Us** within 12 consecutive months from the date a claim is paid under the applicable Event 2 to 8.
4. if renovations are carried out by a qualified and licenced tradesperson.



#### 14. Premature Birth/Miscarriage Benefit

If an **Insured Person** sustains an **Injury** which results in either a premature childbirth (prior to 26 weeks gestation) or miscarriage, as certified by the **Insured Person's Doctor**, **We** will pay a maximum Compensation of \$5,000 per single **Injury** event.

#### 15. Spouse/Partner Employment Training Benefit

If an **Insured Person** sustains an **Injury** which results in a valid claim under Section A – Capital Benefits - Events 1 to 8, **We** will pay up to a maximum of \$15,000 for actual and reasonable costs incurred for an **Insured Person's Spouse/Partner** to attend training for the purpose of obtaining or refreshing skills to gain employment and/or improve employment prospects within 24 months from the date of **Injury**.

#### 16. Student Tutorial Benefit

If the **Insured Person**, who is also a student, sustains an **Injury or Sickness** which results in a valid claim under Section B and C – Weekly Benefits - Events 20 to 23 that entirely prevents them from attending registered classes, **We** will reimburse 85% of the costs reasonably and necessarily incurred for home tutorial services up to a maximum of \$500 per week for a maximum of 26 consecutive weeks from the date of **Injury or Sickness** diagnosed.

##### Conditions

1. The **Insured Person** is registered as a full time student at a recognised educational institution.
2. Home tutorial services must be carried out by persons other than the **Insured Person's Close Relative** or persons permanently living with the **Insured Person**.

#### 17. Unexpired Membership Benefit

If an **Insured Person** sustains an **Injury** which results in a valid claim for Events under Section A or for Events under Section B of the Table of Events and where a **Doctor** certifies that the **Injury** prevents the **Insured Person** from continuing their participation in a sport or gym activity for which they have pre-paid an annual membership, association or registration fee, **We** will pay the **Insured Person** a pro-rata refund of the un-refundable portion of such fees paid for the current season or year up to a total maximum of \$3,000.

#### 18. Chauffeur Benefit

If the **Insured Person** sustains an **Injury or Sickness** for which Benefits are payable under Section B and C – Weekly Benefits - Events 20 to 23, **We** will reimburse **You** or the **Insured Person** up to \$100 per day to a maximum of \$2,500 for hiring chauffeur services or a taxi service to and from the **Insured Person's** usual place of work and their usual place of residence if the **Insured Person** recovers sufficiently to return to work but is certified by a **Doctor** as being unable to drive a vehicle or travel on public transport.

#### 19. Childcare Benefit

If an **Insured Person** sustains an **Injury** resulting in a valid claim under Section A – Capital Benefits - Events 2 to 10, rendering them unable to care for their **Dependant Children** as certified by their **Doctor**, **We** will reimburse the **Insured Person** the actual expenses up to a maximum of \$500 per week, regardless of the number of **Dependant Children**, necessarily incurred for the services of a registered childcare provider for their dependant child(ren).

##### Conditions

1. The maximum period this benefit can be claimed for will be 26 weeks and must be incurred within 24 months from the date of the **Injury**.
2. This benefit will only reimburse in respect of additional costs that would not otherwise have been incurred.
3. Any childcare expense subsidy available from the relevant government agencies will be deducted from any benefit payable under this section.

#### 20. Corporate Image Protection

If the **Insured Person** sustains an **Injury**, and in **Our** opinion this is likely to result in a valid claim under Section A – Capital Benefits - Events 1 or 2, **We** will reimburse **You** up to a maximum of \$15,000 for any single **Injury** event, for costs (other than **Your** own internal costs) incurred for the engagement of image and/or public relations consultants; and/or the release of information through the media.

##### Conditions

1. Costs must be incurred directly in connection with such an **Injury**, to protect and/or positively promote **Your** business and image and are subject to **You** giving **Us** a signed undertaking that any amount paid to **You** will be repaid to **Us** if it is later found that a valid claim did not eventuate.

## 21. Replacement Staff/Recruitment Costs

If an **Insured Person** sustains an **Injury** and in **Our** opinion this is likely to result in a valid claim under Section A – Capital Benefits - Events 1 or 2, **We** will pay up to \$5,000 per Event to a maximum of \$20,000 towards the actual and reasonable recruitment costs incurred by **You** in the engagement of a replacement employee.

### Conditions

1. Costs must be incurred within sixty (60) days of the Event and be crucial and necessary for **Your** business to continue.
2. For this Benefit to be payable, **You** must provide a signed undertaking that any amount paid to **You** will be repaid to **Us** if it is later found that a valid claim did not eventuate.

## 22. Visitors Benefit

If during the **Policy Period** a third party visits **Your** premises in a business capacity and sustains an **Injury** which would, had the visitor been a **Insured Person**, have resulted in a Benefit being paid under Section A – Capital Benefits - Event 1 or Event 2, **We** will pay a Compensation of \$15,000 for any one **Injury** event in a **Policy Period**.

## 23. Overseas Bed Care Benefit

If an **Insured Person** sustains an **Injury** resulting in them being confined to a **Hospital** bed outside Australia and usual country of residence, under the regular daily attendance and care of a professional carer (not an **Insured Person** or a member of the **Insured Person's** family) directly resulting from a covered **Injury** and certified as necessary by a **Doctor** (not an **Insured Person** or a member of the **Insured Person's** family), for more than Forty Eight (48) consecutive hours, **We** will reimburse up to \$500 per week (up to a maximum of 26 weeks) that the **Insured Person** remains confined to a bed.

## 24. Rehabilitation Expenses

If an **Insured Person** sustains an **Injury or Sickness** which results in a valid claim under Section B and C – Weekly Benefits - Events 20 to 23, **We** will reimburse for the actual costs incurred for tuition or advice from a licenced vocational school to support their return to work, provided such tuition or advice is undertaken with the agreement of the **Insured Person's Doctor** and **You** tell **Us** before **You** incur costs under this additional benefit, so that **We** can inform **You** whether **We** agree that they are reasonable.

Compensation under this provision will be limited to the actual costs incurred not exceeding \$500 per month and will be payable for a maximum of 6 months.

## 25. Escalation Of Claim Benefit

If an **Insured Person** sustains an **Injury or Sickness** which results in a valid claim under Section B or C – Weekly Benefits and where the Compensation was paid for 12 consecutive months, **We** will pay an increase in the Compensation by 5 percent compound per annum for the subsequent 12 consecutive months.

## 26. Spouse And Dependant Children Benefit

If the **Insured Person** sustains an **Injury** whilst at work which results in Event 1(death) under Section A, **We** will pay the following amounts in addition to the Sum Insured payable on the life of the **Insured Person**:

1. Surviving Spouse Benefit - \$5,000.
2. Dependant Children Benefit - \$5,000 for each Dependant Child, up to a maximum of 3 **Dependant Children**.

## 27. Accidental H.I.V. Infection Benefit

If the **Insured Person** accidentally contracts the Human Immunodeficiency Virus (H.I.V.) infection as a direct result of:

1. an **Injury** sustained by a physical and violent bodily assault by another person on the **Insured Person** while they are covered under this Policy; or
2. the administering of medical treatment provided by a **Doctor** or registered nurse for an **Insured Person's Injury or Sickness** during the **Policy Period**,

**We** will pay the **Insured Person** \$25,000.

### Conditions

- (i) Such Compensation will only be payable if the **Insured Person** is positively diagnosed within 180 days of an event specified in 1 or 2 above which gave rise to the H.I.V. infection.
- (ii) Compensation shall not be payable unless such event leading to or likely to lead to a positive diagnosis of H.I.V. is reported to **Us** and medical tests are carried out by a **Doctor** as soon as reasonably practicable after the **Insured Person** becomes aware that the event has led to or is likely to lead to that diagnosis.



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