



# **INDIVIDUAL PERSONAL ACCIDENT AND SICKNESS INSURANCE PLAN**

Policy wording Version AHI CBUS L PDS 31-7-2015

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# Product Disclosure Statement (PDS)

Preparation Date: 31 July 2015

## The purpose of this PDS

This PDS has been prepared to help You decide:

- Whether this product will meet Your needs; and
- Compare this product with any other products You may be considering.

It sets out the significant features of the insurance policy including its benefits, the risks and information on how the insurance premium is calculated. You must still read the policy wording to ensure it meets Your needs. An index is provided to help You.

This statement and policy wording is only being provided for comparison purposes. We have not considered Your personal needs or financial situation in providing this statement and policy wording and/or quotation. If necessary You should seek separate professional advice.

## The Insurer

The insurer is CGU Insurance Limited, ABN 27 004 478 371, AFS Licence no. 238291 and Accident and Health International Underwriting Pty Ltd, ABN 26 053 952 AFS License No. 238261 as an agent of the Insurer. In this Product Disclosure Statement (PDS) and Policy Wording, unless otherwise stated, the insurer is called 'we', 'us', or 'our'.

Accident and Health International Underwriting Pty Ltd Head Office is located at:

Level 4, 33 York Street  
Sydney, NSW, 2000.

Phone: (02) 9251 8700  
Fax: (02) 9251 8755.

If you need to contact us, have any questions or would like any further information regarding this insurance, contact your intermediary or us using the contact details provided in this document.

## General Insurance Code of Practice

We subscribe to the General Insurance Code of Practice that sets the standards of practice and service for the insurance industry. It is Our aim to provide a quality service to You, Our customer.

In the event We do not achieve Our aim and cannot resolve the matter with You, We have a dispute resolution process that You can access. Full details appear in the policy under Code of Practice.

## Cooling-off Period

You are entitled to end this insurance cover prior to the expiration of 14 days from the earlier of:

- the date You received confirmation of the insurance transaction; or
- the date the policy was issued to you

unless You have made a claim under this policy.

The unexpired portion of the premium less any non-refundable government taxes and duties will then be repaid to you. You can also cancel the policy at other times in accordance with the terms shown in the policy.

## Dispute Resolution

We and AHI will do everything possible to provide a quality service to you. If you have any concern or complaint AHI staff are always available to listen to you and to help where they can.

If, after talking to a staff member, you wish to take the matter further, AHI has a Complaints and Dispute Resolution Procedure which undertakes to provide an answer to you within fifteen (15) working days. Please contact the Disputes Resolution Manager – see contact details in this Product Disclosure Statement.

If you are not happy with any decision and it relates to a claim, you may take your complaint to the Financial Ombudsman Service Limited (FOS), an independent and external dispute resolution body subject to eligibility. Access to the FOS process is free of charge to you.

Please contact AHI if you would like further information about the FOS or contact:

Financial Ombudsman Service Limited  
GPO Box 3  
Melbourne VIC 3001  
Telephone: 1300 780 808  
Email: [info@fos.org.au](mailto:info@fos.org.au)  
Web: [www.fos.org.au](http://www.fos.org.au)

## Your Duty of Disclosure

Before you enter into an insurance contract with us, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance.

The Act imposes a different duty if you enter into a policy by way of renewal to that which applies the first time you enter into the policy with us, or extend, reinstate or replace your policy. We set these two duties out below.

### Your Duty of Disclosure when you enter into this policy with us for the first time:

You will be asked various questions when you first apply for this policy. When you answer these questions, you must:

- give us honest and complete answers,
- tell us everything you know, and
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

### Your Duty of Disclosure when you renew, vary, extend, reinstate or replace your policy:

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.

### Your Duty of Disclosure when you renew

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.

### **What you do not need to tell us for either duty:**

You do not need to tell us about any matter:

- that diminishes our risk,
- that is of common knowledge,
- that we know or should know as an insurer, or
- that we tell you we do not need to know.

### **Who do the above two duties apply to?**

Everyone who is insured under the policy must comply with the relevant duty. What happens if you or they do not comply with either duty? If you or they do not comply with the relevant duty, we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

### **The Purpose of the Cover**

This policy provides personal accident and illness cover for groups of individuals who are between the ages of 16 and 65 at the time of application. Based on individual circumstances, these age limits may be varied by the company. It is an annual renewable cover. The policy is not guaranteed renewable.

### **How to Apply for Insurance**

Complete the application form and forward it to Your Broker, representative or Us. If Your application is accepted, We will send You a schedule that sets out details of the insurance You have taken out. Please keep this policy wording and attach the Schedule to it.

### **How to Make a Claim**

If You wish to make a claim, please contact Your Broker, representative or Us. Details about making a claim are shown in the policy wording.

### **Taxation**

All government charges and taxes are shown separately on the insurance schedule. Details about the Goods and Services Tax are shown in the policy.

### **Excess Period**

In the event of a claim, You may not receive any payment until an Excess Period has expired. The Excess Periods are described in the policy and shown on Your Schedule.

## Significant Features and Benefits

The policy provides for:

- Weekly payments if you are temporarily totally disabled through injury or sickness;
- Weekly payments if you are temporarily partially disabled through injury or sickness;
- A capital sum payment if you lose your hearing, an eye or limb.
- An optional extra benefit of repayment of certain business expenses.

The main benefits are:

- You chose the amount of cover you need;
- The cover is world-wide;
- There is cover for exposure to the elements as a result of injury;
- Death benefits are payable if your body is not found following the sinking or wreckage of the vehicle you are travelling in.

## What is Not Covered

This policy will not provide cover in some circumstances nor for some illnesses or injuries. You should read the policy Exclusions for full details. Some of the main exclusions are injury or sickness by or resulting from:

- Self-infliction
- War and terrorism
- Aerial activities
- Professional sports
- Pregnancy or childbirth
- Criminal acts
- Pre-existing conditions

## Significant Risks

Your duty of disclosure is very important. If You have not disclosed something We may be entitled to refuse to pay a claim and it can have consequences on Your future cover.

## The Total Cost

Your premiums are calculated taking into account the many and varied risk factors. They are payable annually or by instalments if so indicated on the application form.

Your total premium includes all government charges which are shown separately on the schedule.

Premium rates may be changed but only on renewal of the policy. You will be given at least 14 days notice of the annual expiration of the policy and of the renewal terms.

## Policy Wording

### Introduction

This Policy and the attaching Schedule are important documents and provide proof of the contract between You and Us, Accident and Health International Underwriting Pty Ltd, ABN 26 053 952 AFS License No. 238261. Please keep them in a safe place.

Please read the Policy and Schedule carefully and together to ensure that You fully understand them and that they provide You with the protection that You need and that the interests and amounts insured are those that You selected. A copy of this policy document and the attaching Schedule must be made available to all those employees covered under it.

If it is not completely in accordance with Your intentions or You are in doubt as to the meaning or effect of the wording, please contact Your Broker, Agent or representative immediately for clarification.

The Policy Schedule that accompanies this document shows those Sections of the Policy which are in force, the people or organizations covered, the amounts of cover You have, any excess applicable and any special terms that may change the cover provided under the standard Policy.

### Important Notices

#### If You Reduce Our Rights

We will not pay that part of a claim where You or an Insured Person have agreed to limit or exclude their rights to recover their loss from another party.

#### Proving Your Loss

If You make a claim We will ask You or the Insured Person to justify the amount claimed. We suggest that records be kept to make this task easy.

#### Goods And Service Tax (GST)

This policy is subject to a Goods and Services Tax by You in relation to premium.

#### Code Of Practice

CGU Insurance Limited is a signatory to the General Insurance Code of Practice developed by the Insurance Council of Australia. The aim of the code is to raise the standards of practice and service in the insurance industry. Further information is available on request.

#### Privacy

As part of AHI's dealings with you, we may need to collect personal information (and sometimes sensitive information such as health information) about you. We will collect this information directly from you where possible, but there may be occasions when we collect this information from someone else.

AHI will only use your information for the purposes for which it was collected, other related purposes and as permitted or required by law. You may choose not to give us your information, but this may affect our ability to provide you with insurance cover.

We may share this information with other companies within our group and third parties who provide services to us or on our behalf, some of which may be located outside of Australia.

For more details on how we collect, store, use and disclose your information, please read our privacy policy located at [www.acchealth.com.au](http://www.acchealth.com.au) . Alternatively, contact us at [privacy@acchealth.com.au](mailto:privacy@acchealth.com.au) or (02) 9251 8700 and we will send you a copy.

You should obtain a copy of this policy and read it carefully. By applying for, using or renewing any of our products or services, or providing us with your information, you agree to this information being collected, held, used and disclosed as set out in this policy.

Our privacy policy also contains information about how you can access and seek correction of your information, complain about a breach of the privacy law, and how we will deal with your complaint.

## Definitions

**We, Us, Our** means the Insurer CGU Insurance Limited, ABN 27 004 478 371, AFS Licence no. 238291 and Accident and Health International Underwriting Pty Ltd, ABN 26 053 952 AFS License No. 238261 as an agent of the Insurer.

**AHI** means Accident & Health International Underwriting Pty Ltd, ABN 26 053 335 952, AFS Licence No. 238261, of Level 4, 33 York Street, Sydney, New South Wales, 2000, Australia.

**You, Your** means the person or organization shown in the Schedule as the Insured.

**Insured Person** means such persons that are shown in the Schedule as the Insured Person.

**Schedule** means the Schedule We have issued. The Schedule is part of the policy and will show the cover You have chosen plus any Excess or special terms that We may have imposed.

**Injury** shall mean bodily Injury resulting from an accident occurring during the Period of Insurance and caused by violent, external and visible means, but does not include any condition that is also a Sickness.

**Sickness** means illness or disease first manifesting itself during the Period of Insurance and which must continue for a period of not less than seven days from the date the Insured Person first sought treatment from a legally qualified medical practitioner in respect of that Sickness.

**Permanent Total Disablement** means disablement resulting from an Injury and which has lasted for at least twelve calendar months from the date of such Injury and which thereafter is beyond hope of improvement and which entirely prevents the Insured Person from engaging in their usual occupation, profession or business, or any other for which the Insured Person is qualified by education, training or experience.

**Temporary Total Disablement** means disablement that either entirely prevents the Insured Person from engaging in their usual occupation, profession or business or prevents the Insured Person from performing at least one of the duties of their occupation that they must be able to perform to earn their income, while under the regular care of and acting in accordance with the advice of any legally qualified medical practitioner.

**Temporary Partial Disablement** shall mean disablement that entirely prevents the Insured Person from carrying out a substantial part of the duties normally undertaken in connection with their usual occupation, profession or business.

**Loss of Use** means loss of, by physical severance or permanent loss of the full effective use of the part of the body referred to in the Table of Benefits.

**Earnings** means:

If the Insured Person is self-employed:

The Insured Person's gross weekly income derived from personal exertion after deducting any expenses necessarily incurred in deriving that income, averaged over the period of twelve months prior to the date of



disablement commenced or over such shorter period that the Insured Person has been continuously self-employed.

If the Insured Person is an employee:

The Insured Person's gross weekly rate of pay inclusive of overtime payments, bonuses, commissions and allowances averaged over the period of twelve months prior to the date of disablement commenced or over such shorter period that the Insured Person has been continuously employed.

**Business Expenses** means the fixed expenses that You reasonably incur in running Your business being:

1. employees wages and on-costs (for example; superannuation, premiums for accident or workers' compensation, pay-roll tax, amounts payable under awards and regulations)
2. rent, property rates
3. electricity, water, gas or telephone charges
4. laundry and cleaning expenses
5. leasing payments on equipment or motor vehicles
6. other expenses that are usual for the Insured Person's type of business and that would be considered business expenses for income tax purposes.

**Business Expenses** does not mean:

1. Payment of Your personal accounts or withdrawals from Your accounts for personal use
2. Your wages, salary or fees
3. Wages, salary or fees for any person as Your replacement.
4. The cost of stock or merchandise

**Period of Insurance** means the period the insurance policy is in force for which a premium has been paid as shown in the Schedule. This period may be restricted to certain times of the day or week as shown under Scope of Cover.

**Endorsement Period** means the period between the date of a requested change in the policy cover and the expiry date of the policy as shown in the Schedule.

**Excess Period** means the period stated in the Schedule during which no benefits are payable for Temporary, Total or Partial Disablement.

**Benefit Period** means the maximum time for which benefits are payable for Temporary, Total or Partial Disablement.

**Act of Terrorism** means an act, including but not limited to the use of force or violence and or threat thereof, of any person or group of persons, whether acting alone or on behalf of or in connection with any organization or government which from its nature or context is done for, or in connection with, political, religious, ideological, ethnic or similar purposes or reasons, including the intention to influence any government and or to put the public, or any section of the public, in fear.

**Scope of Cover** means a period of time within a Period of Insurance that the cover under this policy is restricted to as shown in the Schedule.

**Aggregate Limit of Liability** means the maximum amount shown in the Schedule that We will pay for any one event giving rise to claims involving more than one Insured Person in any one Period of Insurance.

## Agreement To Cover

Provided You have paid Us the premium, if, as a result solely and directly of:

1. Injury, an Insured Person suffers from Temporary Total Disablement or any of the other conditions set out in the Table of Benefits;
2. Sickness, an Insured Person suffers from Temporary Total Disablement

occurring anywhere in the world, We will pay the benefits set out in the Table of Benefits to You or to the Insured Person shown in the Schedule if so directed by You.

The Injury or Sickness must occur within the Scope of Cover shown in the Schedule.

All conditions in the Table of Benefits must occur within twelve months of the Injury or Sickness as the case may be.

## Additional Benefits

### Exposure

If by reason of an Injury occurring during the Period of Insurance the Insured Person is exposed to the elements and as a result of such exposure suffers a condition for which benefits are payable as set out in the Table of Conditions, such condition will be treated as though it were an Injury for the purpose of this policy.

### Disappearance

If, during the Period of Insurance, a conveyance on which the Insured Person is travelling, sinks or is wrecked and the Insured Person's body has not been found within one year of the date of the disappearance, sinking or wrecking, We will presume that the Insured Person has died as a result of Injury at that time and the benefits will be payable accordingly.

### Rehabilitation Expenses

If We have paid for a claim under a condition listed under the Weekly Benefits section in the Table of Benefits, We will also pay expenses incurred for tuition or advice 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 attending physician.

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

### Home Renovations

If an Insured Person is entitled to claim compensation under The Table of Benefits, Capital Sum Benefits Conditions 5 to 9, and is also as a direct result of such Injury required to renovate their 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) in order to perform daily lifestyle activities such as washing, cooking, bathing, dressing and movement around their existing residence, We will pay 80% of the cost incurred for such renovations to a maximum of \$10,000.

This additional benefit is only payable:

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

## Optional Extras – Business Expenses

If:

1. Your Schedule shows that You are covered for this Optional Extra and
2. We have agreed to pay You a weekly benefit for total disablement,

We will also pay You the lessor of:

1. Your Weekly Business expenses that You actually incur each week, or
2. Your Weekly Business Expenses that You incur periodically for that week. For example if You have to pay a Business Expense every four weeks, then We will pay You one quarter of that amount for each week You are totally disabled.

We will pay Your weekly Business Expenses for each week that You are totally disabled by the Injury or Sickness up to the Benefit Period shown in the Schedule for each claim You make under this Optional Extra in each Period of Insurance.

The weekly amount We will pay is shown in the Schedule less any amount for the Excess Period.

All General Conditions, Exclusions and Definitions apply to Business Expenses.

## Conditions

1. The cover under this policy for an Insured Person shall become effective on the latest of the following dates:

- the commencing date of the first Period of Insurance set out in The Schedule;
- the date such Insured Person becomes eligible for cover under this policy;
- where a proposal is required by Us, on the date of Our acceptance of Your written proposal.

Provided always that, if as a result of medical advice, an Insured Person is not regularly performing all the usual duties of their occupation on the date of their inclusion under this policy, then this Insurance shall only take effect on the date of return to the regular performance of all their usual duties after being medically certified fit to do so.

2. The weekly benefit payable for Temporary Total Disablement shall be reduced by:

- (a) the amount of any worker's compensation entitlement or any other form of statutory compensation
- (b) income earned from any other occupation
- (c) weekly benefits from any other accident and or sickness policy of insurance

in order to limit the total payments to the Insured Person under this policy and items (a), (b) and (c) above, to their weekly income or the limit stated in the policy Schedule, whichever is the lesser.

3. If the Insured Person becomes entitled to a weekly benefit and a capital benefit for the same Injury We will pay You the highest benefit entitlement. If the Insured Person is receiving a weekly benefit at the time the Insured Person becomes entitled to a capital sum benefit for the same Injury and the capital benefit is the higher, then the weekly benefit will cease and any weekly benefit payments already made will not be deducted from the capital sum benefit.

4. Not more than one capital sum benefit shall be payable for any condition resulting from the one Injury. In the event that more than one benefit is payable, We shall pay the highest benefit.

5. Weekly benefits shall not be payable for more than one condition during the same period.

6. No benefits are payable unless as soon as possible after the happening of any Injury or Sickness the Insured Person procures and follows medical advice from a qualified medical practitioner.

7. If an Insured Person suffers an Injury resulting in any one of the conditions under the Table of Benefits, Capital Sum Benefits Section 5 to 9, We will not be liable under this policy for any subsequent Injury to that Insured Person.

8. If an Insured Person received compensation under the Weekly Benefits section of the Table of 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 their return to their occupation on a full time basis, We will consider such Disablement to be continuation of the prior claim period.

The period of recurring Disablement will be aggregated with the prior claim period.

9. You must give Us immediate written notice if You take out any other insurance with another insurer providing for weekly benefits of a similar kind which together with this insurance, will exceed the Insured Person's Earnings.

10. You must give Us written notice containing full particulars of any Injury or Sickness in respect of which a claim is to be made as soon as possible and the Insured Person must, at their own expense, furnish Us with all such documentation and evidence as We may require.

11. In the event of a claim, the Insured Person must submit to any medical or other examination or examinations as We may, at Our expense, require.
12. In the case of the Insured Person's death, We shall be entitled to conduct a post mortem examination.
13. All Weekly benefits will be paid fortnightly in arrears. The underwriter will pay one-seventh (1/7th) of the Weekly Benefit for each day of Disablement.
14. This policy may be cancelled at any time at Your request. We may cancel the Policy only in accordance with the provisions contained in the Insurance Contracts Act 1984.
- If You cancel the policy, We shall retain or be entitled to the proportional premium for the period during which the Policy has been in force plus Our cancellation charge.
15. The insurance cover on any Insured Person shall be immediately cancelled at the earliest of the following times:
- The date the policy is cancelled by You;
  - The date the Insured Person leaves or is dismissed from Your employment;
  - The date You request the Insured Person is to be deleted from cover;
  - The date the Insured Person reaches an age that is outside the age limits specified in the Schedule.
16. If We make any payments under the Policy to an Insured Person, then, to the extent You or the Insured Person may have a cause of action for loss or damage against any third party in respect of the facts, matters and circumstances which gave rise to the payments being made under the Policy, then We have a right of subrogation and repayment including any claim for interest by way of an action which may be brought in the name of You and/or the Insured Person against such third party. Both You and the Insured Person must provide reasonable cooperation to Us in pursuing any such right.
- If the Insured Person brings a claim for loss or damage in their own name against a third party in respect of the facts, matters and circumstances which gave rise to the payments being made under this Policy, then the Insured Person must include in their claim any payments which may be recoverable from the third party including a claim for interest (recoverable payments) and should the Insured Person recover damages against the third party either by way of settlement or judgment then the Insured Person must repay to Us out of any such damages the recoverable payments which the insured received under this Policy. We will provide reasonable cooperation to the Insured Person and their legal advisers in bringing any such action.
- If the insured person has at any time entered into or enters into a contract or agreement with another party that prevents the insured person's entitlement, and hence our entitlement to recover under our right of subrogation then we are entitled to rely on section 54(2) of the Insurance Contracts Act 1984 to deny indemnity and to advise that no compensation is payable by virtue of section 54(2) of the Insurance Contracts Act.
17. Acceptance of this Policy means that you consent that we may provide information, including but not limited to notices, in an email, or any other form of electronic communication.

## Exclusions

No benefits are payable:

1. For any condition resulting from Injury or Sickness which:
  - is deliberately caused by the Insured Person or which is self –inflicted;
  - occurs as a result of war, invasion or civil war;
  - results from being engaged in any aerial activity other than as a passenger in a licensed aircraft;
  - results from taking part in or training for any professional sporting activity.
2. For any condition attributable to pregnancy or childbirth or complications of these unless the Insured Person is continuously confined to bed on advice from a duly qualified medical practitioner and the term of the pregnancy has not exceeded 26 weeks.
3. For any Injury or Sickness that is directly or indirectly caused by any pre-existing condition for which a duly qualified medical practitioner was consulted or for which medication or treatment was prescribed within six months immediately prior to becoming insured under this policy. This time frame includes a condition, the symptoms of which would have caused a reasonable person to seek medical advice or treatment.
4. In respect of any Injury or Sickness directly or indirectly caused by or contributed to by an Act of Terrorism
5. For any Injury or Sickness that results from the illegal or criminal acts of the Insured Person.

## Making A Claim

If You become aware of an event that may lead to a claim You must:

1. Tell Us about it as soon as You can;
2. Within 30 days, assist Us in obtaining full details in writing including any proofs for which We may ask;
3. Tell the Police if the claim was due to a crime.

## Table Of Benefits

The Conditions	The Benefits
<b>Weekly Benefits – Injury</b>	
1. Temporary Total Disablement caused directly and solely by Injury	For each week of Disablement, the weekly sum insured stated in the Schedule or the percentage of the Insured Person's Earnings stated in the Schedule (whichever is the lesser) payable for the period shown in the Schedule and commencing from the first treatment by a duly qualified medical practitioner.
<b>Weekly Benefits – Sickness</b>	
2. Temporary Total Disablement caused by Sickness	For each week of Disablement, the weekly sum insured stated in the Schedule or the percentage of the Insured Person's Earnings stated in the Schedule (whichever is the lesser) payable for the period shown in the Schedule and commencing from the first treatment by a duly qualified medical practitioner.
3. Temporary Partial Disablement caused by Injury or Sickness	Is calculated by reducing the Temporary Total Disablement benefit by the same proportion that the Insured Person's Earnings are reduced as a direct result of being unable to perform their normal hours of duties.
<b>Capital Sum Benefits (payable as a result of Injury only)</b>	
The percentage of the capital sum insured stated in the Schedule as shown hereunder	<b>The Benefits</b>
4. Death	100%
5. Permanent Total Disablement	100%
6. Permanent and incurable paralysis of all limbs	100%
7. Permanent total loss of one or two limbs	100%
8. Permanent total loss of sight in one or both eyes	100%
9. Permanent and incurable insanity	100%
10. Permanent total loss of hearing	
10.1 In one ear	20%
10.2 In both ears	75%
11. Permanent total loss of lens of one eye	50%
12. Permanent total loss of use of fingers:	
12.1 Three joints per finger	10%
12.2 Two joints per finger	8%
12.3 One joint per finger	5%
13. Permanent total loss of use of one thumb of either hand	
13.1 in both joints	30%
13.2 in one joint	15%
14. Permanent total loss of use of toes in either foot	
14.1 All in one foot	15%
14.2 Great both joints	5%
14.3 Great one joint	3%
14.4 Other than great each toe	1%
15. Fractured leg or patella with established non-union	10%
16. Permanent disability not otherwise provided for under conditions 5 to 15 inclusive	An amount that We shall in Our absolute discretion determine and being in Our opinion not inconsistent with the benefits provided under Conditions 5 to 15 inclusive but in no case more than 75% of the Capital Sum Insured shown in the Schedule.
17. Burns or disfigurement extending to more than 50% of the entire body	50%
18. Loss of at 50% of all sound and natural teeth, including capped or crowned teeth per tooth. Maximum \$10,000 per event.	1% per tooth
19. Shortening of leg by at least 5 cm	7.5%
20. Permanent Total Loss of four fingers and thumb of either hand	70%
21. Permanent Total Loss of four fingers of either hand	40%

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