

Student Personal Accident Policy Wording and Product Disclosure Statement (PDS)

School and Sporting Activities

CHUBB®

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1. About this Group Personal Accident & Sickness Insurance PDS

This PDS contains important information about this insurance to assist in the making of a decision in relation to it.

General Advice

Any general advice that may be contained within this PDS or accompanying material does not take into account the Policyholder's individual objectives, financial situation or needs nor those for whom the Policyholder is effecting the Policy. Such matters should be considered in determining the appropriateness of this product. Consideration also needs to be given to whether the limits, type and level of cover are appropriate.

Preparation Date

This PDS was prepared on 1 November 2016. Other documents may form part of Our PDS and if they do, We will tell the Policyholder in the relevant document.

2. How this insurance is arranged

This product is jointly issued by:

Chubb Insurance Australia Limited (Chubb)
ABN 23 001 642 020 | AFSL No. 239687
Grosvenor Place
Level 38, 225 George Street
Sydney NSW 2000

And

Zurich Australian Insurance Limited (Zurich)
ABN 13 000 296 640 | AFSL No. 232507
5 Blue Street
North Sydney NSW 2060

Chubb and Zurich jointly prepare and each takes full responsibility for the Policy Wording and PDS.

Chubb is responsible for the administration, including underwriting assessment and handling of insurance claims, for this product.

This product is jointly issued on a co-insurance basis whereby each insurer provides cover under the same terms and conditions but with a limited share of liability. Chubb provides cover for 85% of the liability under the product and Zurich provides cover for the remaining 15% share of liability. Collectively these covers form the one product.

Cover is arranged and distributed by:

Aon Risk Services Australia Ltd (Aon)
ABN 17 000 434 720 | AFSL No. 241141
Level 33, 201 Kent Street
Sydney NSW 2000
O (02) 9253 7000

If required, Aon will provide the Policyholder with a Financial Services Guide (FSG) to help the Policyholder decide whether they wish to use the services they offer.

General Insurance Code of Practice

We are a signatory to the General Insurance Code of Practice (the Code). The objectives of the Code are to further raise standards of service and promote consumer confidence in the general insurance industry. Further information about the Code and your rights under it is available at www.codeofpractice.com.au and on request.

3. Summary of Insurance

The following provides a summary of the main covers available under the Policy only; it does not form part of the Policy and cannot be relied on as a full description of the cover provided.

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

There are three levels of cover which the Policyholder may choose to purchase. The maximum payable under for each Event will be dependent on the level of cover selected by the Policyholder. The covers are provided only if the Policyholder has selected the benefit and the cover is specified as applicable in the Schedule.

The Policy also defines certain terms used in this summary, either under General Definitions or as definitions specific to certain Sections.

Section 1 Personal Accident and Sickness We pay agreed lump sums or weekly benefits if a Covered Person suffers from an Event included in the Table of Events as a result of a Bodily Injury or Sickness. A number of additional benefits may also be payable under the additional cover provided.

Section 2 Kidnap and Ransom/Extortion and Personal Effects We reimburse the Policyholder for certain Extortion/Ransom Monies and other amounts if a Covered Person is the subject of a covered Kidnapping or Extortion.

Section 3 Trauma Counselling We will pay a benefit for Trauma Counselling for a Covered Person who suffers psychological trauma as a result of being a victim of or eye witnessing a criminal act such as sexual assault, rape, murder, violent robbery or an act of terrorism whilst on Education Activities or Organised Sporting Activities.

The cover in the Policy is subject to certain terms, conditions and exclusions (including limits and excesses). For example:

- Covered Persons are not covered in relation to covered Event(s) that occur before they become a Covered Person or after they cease to be a Covered Person;
- We only pay up to the agreed limits specified in the Policy;

- We will only cover Events which occur within twelve (12) months of the Bodily Injury or date the Covered Person first sought treatment for and/ or advice in relation to the Sickness from a Doctor or Dentist, and – where the Bodily Injury or date the Covered Person first sought treatment and/or advice in relation to the Injury from a Doctor or Dentist occurs during the Period of Insurance,

We will not pay any benefits with respect to any loss, damage, liability, Event, Bodily Injury or Sickness which would result in Us contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth) or the National Health Act, 1953 (Cth); and

All of the above covers are subject to specific terms, conditions and exclusions (including limits and excesses) which are described under each section as well as under the following sections:

- General Conditions Applicable to the Policy
- General Exclusions Applicable to the Policy
- General Provisions Applicable to the Policy

4. The nature of a Covered Person’s right to access cover under the Policy and when it starts and ends

A Covered Person’s access to this Policy is solely by reason of the statutory operation of Section 48 of the Insurance Contracts Act 1984 (Cth). Covered Persons are not contracting insureds (e.g. they cannot cancel or vary the Policy - only the Policyholder can do this) and do not enter into any agreement with Us.

We do not need to provide any notices in relation to this insurance to Covered Persons as they are not a contracting party to the Policy. We only send notices to the Policyholder which is the only entity We have contractual obligations to under the Policy.

Covered Persons are not obliged to accept any of the benefits of this insurance. If a Covered Person makes a claim under the Policy then such person will have the same obligations to Us as if they were the Policyholder and We will have the same rights against the Covered Persons as we would have against the Policyholder.

The insurance cover is subject to the terms, conditions, limitations and exclusions set out in this document.

Neither We nor the Policyholder hold anything on trust for, or for the benefit or on behalf of, Covered Persons under this insurance arrangement. The Policyholder:

- does not act on behalf of Us or a Covered Person in relation to the insurance;
- is not authorised to provide any financial product advice, recommendations or opinions about the insurance; and
- does not receive any remuneration or other benefits from Us.

Any person who may be eligible should consider obtaining advice as to whether the benefits are appropriate or useful for their personal needs from a person who is licensed to give such advice. No advice is provided by Us that the benefits are appropriate or useful for any Covered Person’s own circumstances or needs. Nothing prevents such persons from entering into other arrangements regarding insurance.

A Covered Person’s access to cover:

- begins from the time the relevant person meets the criteria specified in the policy and becomes a Covered Person; and
- ends at the earliest of the following events:
 - when the relevant person no longer meets the criteria specified in the policy for a Covered Person; or
 - at the end of the Period of Insurance; or
 - when the Policy is cancelled by Us or the Policyholder.

Refer to the General Definitions section for the definition of Period of Insurance and other capitalised terms.

5. Our agreement with the Policyholder (the Policy)

Where We have agreed to enter into the Policy with the Policyholder We do so on the terms and conditions and exclusions contained in this PDS, the Schedule We issue to the Policyholder confirming entry into the Policy and any other document that We issue to the Policyholder that We advise will form part of the Policy (e.g. an Endorsement and/or a Supplementary Product Disclosure Statement (SPDS)).

The Schedule contains important information relevant to the insurance, including:

- the Period of Insurance;
- who the Covered Persons entitled to access cover are;
- the Premium payable by the Policyholder;
- the applicable benefits and limits; and
- variations to this PDS and other Policy terms, conditions and exclusions (if any).

We may also issue other documents (e.g. Endorsements or SPDSs) from time to time which may vary this PDS, the Schedule and other Policy terms, conditions and exclusions. All of the above make up the “Policy” the Policyholder has with Us. They are all important documents and must be read together carefully and be kept in a safe place for future reference.

6. Group Insurance Policy

The Policyholder must ensure that a copy of this PDS is made available to each Covered Person.

7. Cooling Off and Cancellation Rights

The Policyholder has twenty-one (21) days after entry into the Policy (including renewals) to decide whether to return it. If the request is made to Us in writing within those twenty-one (21) days, We will cancel the Policy, provided neither the Policyholder nor any Covered Person has exercised a right or power under the terms of the Policy in that period (e.g. a claim has been made or benefit paid). We will provide a full

refund of Premium, less charges or taxes which We are unable to recover. Even after the cooling off period ends the Policyholder has cancellation rights (See page 24 Cancellation clause).

8. Renewal Procedure

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

9. Privacy Statement

We are committed to protecting your privacy. This document provides you with an overview of how We handle your personal information. Our Privacy Policy can be accessed on Our respective websites at www.chubb.com/au and www.zurich.com.au.

Personal Information Handling Practices

Collection, Use and Disclosure

We collect your personal information (which may include sensitive information) when you are applying for, changing or renewing an insurance policy with Us or when We are processing a claim in order to help Us properly administrate your insurance proposal, policy or claim.

Personal information may be obtained by Us directly from you or via a third party such as your insurance intermediary or employer (e.g. in the case of a group insurance policy).

When information is provided to Us via a third party We use that information on the basis that you have consented or would reasonably expect Us to collect your personal information in this way and We take reasonable steps to ensure that you have been made aware of how We handle your personal information.

The primary purpose for Our collection and use of your personal information is to enable Us to provide insurance services to you. Sometimes, We may use your personal information for Our marketing campaigns, in relation to new products, services or information that may be of interest to you.

We may disclose the information We collect to third parties, including service providers engaged by Us to carry out certain business activities on Our behalf (such as assessors and call centres in Australia). In some circumstances, in order to provide Our services to you, We may need to transfer personal information to other entities within the Chubb Group of companies (such as the regional head offices of Chubb located in Singapore, UK or USA), or third parties with whom We or those other Chubb Group entities have sub-contracted to provide a specific service for Us, which may be located outside of Australia (such as in the Philippines or USA). Please note that no personal information is disclosed by Us to any overseas entity for marketing purposes.

In all instances where personal information may be disclosed overseas, in addition to any local data privacy laws, We have measures in place to ensure that those parties hold and use that information in accordance with the consent you have provided and in accordance with Our obligations to you under the Privacy Act 1988 (Cth).

Your Choices

In dealing with Us, you agree to Us using and disclosing your personal information as set out in this statement and Our Privacy Policy. This consent remains valid unless you alter or revoke it by giving written notice to Our Privacy Officer. However, should you choose to withdraw your consent it is important for you to understand that this may mean We may not be able to provide you or your organisation with insurance or to respond to any claim.

How to Contact Us

If you would like a copy of your personal information, or to correct or update it, please contact Our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com.

If you have a complaint or would like more information about how We manage your personal information, please review Our privacy policies on Our respective websites for more details or contact the Privacy Officer, Chubb Insurance Australia Limited, GPO Box 4907, Sydney, NSW, 2001, Tel: +61 2 9335 3200 or email Privacy.AU@chubb.com or for matters relating to Zurich contact The Privacy Officer, Zurich Australian Insurance Limited, PO Box 677, North Sydney, NSW, 2060, Tel: 132 687 or email privacy.officer@zurich.com.au.

Consent of Covered Persons to disclosure of information

The Policyholder confirms that each Covered Person has provided their consent to the use and disclosure of their personal information for the purposes specified in this Privacy Statement and the Policyholder agrees to provide Us with evidence of the Policyholder's procedures in this regard and to advise Us if any consent has not been obtained.

10. Complaints and Dispute Resolution

Chubb is responsible on behalf of both insurers for the administration of any complaints that any person may have in relation to this product.

We are committed to handling any complaints about Our products or services efficiently and fairly. If a person covered under this Policy is dissatisfied with Our Service, they may contact:

- i. Aon who may raise it with Us; or
- ii. Chubb on +61 2 9335 3200 and Chubb will attempt to resolve the matter in accordance with Our Internal Dispute Resolution procedures. To obtain a copy of Chubb's procedures contact Us on +61 2 9335 3200 or email CustomerService.AUNZ@chubb.com.

A dispute can be referred to the Financial Ombudsman Service (FOS) Australia. It provides a free and independent dispute resolution service for consumers.

Financial Ombudsman Service
GPO Box 3 Melbourne, Victoria 3001
Telephone: 1300 780 808 (local call fee applies)
www.fos.org.au
E info@fos.org.au

11. Premium

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

When calculating the Premium for the Policy We take a range of factors into account, including:

- the level of benefits and type of cover requested;
- the number of Insured Persons to which cover is to apply;
- the Insured's prior claims history.

It is important for the Policyholder to know that the Premium varies depending on the information We receive from the Policyholder about the risk to be covered by Us. Based on Our experience, We decide what factors increase Our risk and how they should impact on the Premium.

The Premium also includes amounts that take into account Our obligation to pay any relevant compulsory government charges or taxes (e.g. stamp duty) in relation to the Policy. These amounts will be set out separately in the Schedule as part of the total Premium payable.

When the Policyholder applies for this insurance, the Policyholder will be advised of the total Premium amount, when it needs to be paid and how it can be paid.

We may change the Premium from the renewal date if We notify the Policyholder of the change in writing prior to that date.

Non payment of Premium

If the Policyholder fails to pay the Premium on time, and the Premium remains unpaid for at least ninety (90) days We may cancel the Policy.

12. Financial Claims Scheme

We are an insurance company authorised under the Insurance Act 1973 (Cth) (Insurance Act) to carry on general insurance business in Australia by the Australian Prudential Regulation Authority (APRA) and are subject to the prudential requirements of the Insurance Act. The Insurance Act is designed to ensure that, under all reasonable circumstances, financial promises made by Us are met within a stable, efficient and competitive financial system. Because of this We are exempted from the requirement to meet the compensation arrangements Australian financial services licensees must have in place to compensate retail clients for loss or damage suffered because of breaches by the licensee or its representatives of Chapter 7 of the Corporations Act 2001 (Cth). We have compensation arrangements in place that are in accordance with the Insurance Act.

In the unlikely event that We were to become insolvent and were unable to meet Our obligations under the Policy, a person entitled to claim may be entitled to payment under the Financial Claims Scheme. Access to the Scheme is subject to eligibility criteria. Please refer to <https://www.fcs.gov.au> for more information.

13. Updating this PDS

We may need to update this PDS from time to time if certain changes occur where required and permitted by law. We will issue the Policyholder with a new PDS or a Supplementary PDS or other compliant document to update the relevant information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this insurance, We may issue the Policyholder with notice of this information in other forms or keep an internal record of such changes. A paper copy of any updated information is available to the Policyholder at no cost by contacting Us.

14. How to Contact Us

To contact Us, ask any questions or request any further information regarding the Policy, refer to Our contact details under the heading “How this insurance is arranged”.

15. Duty of Disclosure

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

What You do not need to tell Us.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, 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.

General Definitions

Applicable to all sections of this policy.

For the purpose of the Policy, the following definitions apply:

Access to Cover means the period of time for which a Covered Person is covered under this Policy, starting with the later of the following:

- a) At the time the Period of Insurance commences; or
- b) The date the student becomes a Covered Person;

and ending with the earliest of the following:

- a) When the Period of Insurance ends;
- b) When the Policy is cancelled;
- c) The date the student is no longer deemed to be a Covered Person.

Accident means a sudden, external and identifiable event that happens by chance and could not have been expected from the perspective of the Covered Person. The word Accidental shall be construed accordingly.

Accidental Death means death occurring as a result of a Bodily Injury.

Act of Terrorism means the planning, use, or threat of use of violence against persons or property for the purpose of advancing political, religious or ideological goals.

Air or Road Rage Incident means a violent physical act occurring whilst the Covered Person is occupying an aircraft as a passenger, or any motor vehicle intended for use on public roadways; and intentionally committed by a person who is not:

- a) a Covered Person; or
- b) a Close Relative of the Covered Person.

Benefit Period means the maximum period of time for which a benefit is payable under Bed Care Patient Expenses and Out of Pocket Expenses

Bodily Injury means a bodily injury resulting solely and directly from an Accident and which occurs independently of any illness or any other cause, where the bodily injury and Accident both occur during the Period of Insurance and whilst the person is a Covered Person. Bodily Injury includes illness or disease resulting directly from medical or surgical treatment rendered necessary by any Bodily Injury. It does not mean a Sickness or any Pre-Existing Medical Condition.

Carjacking Incident means the violent theft or attempted theft of a motor vehicle which is under the care and control of, or occupied by or immediately intended to be occupied by a Covered Person.

Civil War means any of the following, whether declared or not: armed opposition, insurrection, revolution, armed rebellion, sedition or usurped power, involving two or more parties belonging to the same country where the opposing parties are of different ethnic religious or idealistic groups.

Claimant means the Policyholder, a Covered Person, Covered Persons Parent/Guardian or any other person entitled to claim under the Policy.

Close Relative means Parent/Guardian, Spouse/Partner, 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.

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

Country of Residence means the country:

- a) of which the Covered Person is a permanent resident (e.g. in relation to which they hold a multiple entry visa or permit which gives the Covered Person resident rights in such country); or
- b) in which the Covered Person is residing on an overseas expatriate assignment.

Covered Person means a student who is enrolled with the Policyholder as a student, including but not limited to full time students, exchange students, childcare attendees, kindergarten or pre-school students, and in respect of whom the Policyholder has paid or has agreed to pay a Premium to Us.

Dentist means a Covered Person's attending dentist or surgeon who is registered or licensed to practice dentistry under the laws of the country in which they practice, other than:

- a) the Policyholder; or
- b) the Covered Person; or
- c) a Close Relative of the Covered Person, a member of the immediate family of the Covered Person; or
- d) an Employee of the Policyholder.

Doctor means a Covered Person's attending doctor or specialist who is registered or licensed to practice medicine under the laws of the country in which they practice, other than:

- a) the Policyholder; or
- b) the Covered Person; or
- c) a Close Relative of the Covered Person, a member of the immediate family of the Covered Person; or
- d) an Employee of the Policyholder.

Domestic Duties means the usual and ordinary domestic duties undertaken by someone as a homemaker and could include child-minding and home help services. Child-minding and home help services must be carried out by persons other than the Covered Person's Close Relatives or persons permanently living with the Covered Person and must be certified by a Doctor as being necessary for the recovery of the Covered Person.

Education Activities means the activities a Covered Person is engaged in, in connection with the Policyholder, including to but not limited to all extracurricular activities, academic, artistic activities, cultural, sporting or non-remunerative work experience or vocational training at all locations around the world including all associated travel to and from such activities. Where the person is a boarder or resident, education activities means in addition to the above, any time a Covered Person is on the property owned or rented by the Policyholder

Employee means any person in the Policyholder's service including directors (executive and non-executive), board members, consultants, contractors, sub-contractors and/or self-employed persons undertaking work on the Policyholder's behalf.

Endorsement means a written alteration to the terms of the Policy.

Event(s) means the Event(s) described in the relevant Table of Events set out in this Policy.

Excess Period means the period of time under Out of Pocket Expenses and/or Bed Care Patient Expenses which must occur before any benefits is payable under the Out of Pocket Expenses and/or Bed Care Patient expenses as specified.

Fingers, Thumbs or Toes mean the digits of a Hand or Foot.

Foot means the entire foot below the ankle.

Hairline Fracture means mere cracks in the bone.

Hand means the entire hand below the wrist.

Insurance Contracts Act means the Insurance Contracts Act 1984 (Cth) as amended from time to time.

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

Loss means in connection with:

- a) a Limb, Permanent physical severance or Permanent total loss of the use of the Limb;
- b) an eye, total, Permanent & partial loss of all sight in the eye;
- c) hearing, total, Permanent & partial loss of hearing;
- d) speech, total, Permanent and Partial loss of the ability to speak; and which in each case is caused by Bodily Injury.

Medical Aids means equipment such as crutches, bandages, traction equipment, walker boots, heat packs etc. that are recommended in the treatment of a Bodily Injury by a Doctor and which are not excluded under General Exclusion 8.

Non-Medicare Medical Expenses means expenses:

- a) incurred within twelve (12) months of sustaining a Bodily Injury; and
- b) paid by a Covered Person or by the Policyholder for Doctor, physician, surgeon, nurse, physiotherapist, chiropractor, osteopath, hospital and/or ambulance services for the following treatments:
 - Medical
 - Surgical
 - X-ray
 - Chiropractic
 - Osteopathic
 - Physiotherapy
 - Hospital
 - Nursing Treatment

But does not include dental treatment, unless such treatment is necessarily required, to teeth other than dentures and is caused by the Bodily Injury referred to in (a) above.

Non-Scheduled Flight(s) means travel in an aircraft whose flights are not conducted in accordance with fixed flying schedules, over specific air routes, to and from fixed terminals.

Organised Sporting activities means when a Covered person is engaged in activities organised by or under the control of an organization that is a member of an established sporting association of which the Covered Person is registered and/or a paid-up participant including all associated travel to and from such activities.

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

Parent/Guardian means parent, parent-in-law, step-parent, guardian or similar person who is one of the Covered Person's primary care givers.

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

Period of Insurance means the period shown on the current Schedule or such shorter time if the Policy is terminated and for which cover applies under the Policy.

Permanent means having lasted twelve (12) consecutive months from the date of the Bodily Injury and at the expiry of that period, being beyond hope of improvement.

Permanent Total Disablement means where in the opinion of a Doctor:

- a) the Covered Person is entirely and continuously unable to engage in, perform or attend to any occupation or business for which they are reasonably qualified by reason of education, training or experience; and
- b) the disability has lasted twelve (12) consecutive months from the date of the Bodily Injury and at the expiry of that period, being beyond hope of improvement.

Policy means this PDS and Policy Wording, the current Schedule and any other documents We may issue to the Policyholder that We advise will form part of the Policy (e.g. Endorsements and SPDSs).

Policyholder means the named educational institution company or organisation listed as the Policyholder in the Schedule with whom We enter into the Policy. They are the contracting insured.

Pre-Existing Medical Condition means any physical defect, condition, illness or disease for which treatment, medication or advice (including advice for treatment) has been received or prescribed by a Doctor or Dentist in the six (6) months immediately prior to becoming a Covered Person under the Policy;

Notwithstanding the above, any physical defect, condition, illness or disease will not be deemed to be a Pre-Existing Medical Condition where the Covered Person has been covered under a AON student accident insurance policy underwritten by Us and held by the Policyholder for the period or periods of insurance immediately prior to the Period of Insurance.

Premium means the premium as shown in the Schedule that is payable in respect of the Policy by the Policyholder.

Professional Sport means any sport for which a Covered Person receives a fee, allowance, sponsorship or monetary reward as a result of their participation, which in totality accounts for more than fifteen percent (15%) of their annual income from all sources.

Quadriplegia means the Permanent loss of use of both arms and both legs.

Renewal Period means the period of insurance applicable to the Renewal Policy.

Renewal Policy means the group personal accident and sickness insurance policy underwritten by Us which takes effect immediately at the end of the Period of Insurance.

Schedule means the schedule listing the benefits and limits which is issued by Us to the Policyholder.

Sickness means any illness or disease of the Covered Person occurring during the Period of Insurance and whilst the person is a Covered Person. It does not mean any Pre-Existing Medical Condition.

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

Specially Designated List means names of a person, entities, groups, or corporate specified on a list who are subject to trade or economic sanctions or other such similar laws or regulations of the United States of America, Australia, United Nations, European Union or United Kingdom.

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.

We/Our/Us means Chubb Insurance Australia Limited (ABN 23 001 642 020, AFSL 239687) and Zurich Australian Insurance Limited (ABN 13 000 296 640, AFSL 232507) who are the insurers/issuers of the Policy.

Other documents issued by Us that form the Policy may also contain general or specific definitions.

Section 1 – Personal Accident Cover

Extent of Cover

Subject to the other terms, conditions and exclusions of the Policy:

If during the Period of Insurance and whilst the person is a Covered Person and engaging in Education Activities or Organised Sporting Activities, the Covered Person suffers from a Bodily Injury or Accidental Death which results directly in the occurrence of one or more of the Events listed in the Table of Events included at the end of the wording, We will pay the corresponding benefit shown on the Policy Schedule, provided:

- a) the Event occurs within twelve (12) months of the date of the Bodily Injury (except for Dental); and
- b) an amount is shown in the Schedule for the Event(s) on the Table of Events; and
- c) in each case the Event is confirmed by a Doctor or Dentist.

Cover for Accidental Death is not limited to whilst the Covered Person is actually engaged in School Activities or Organised Sporting Activities and shall apply on a 24 hours per day, 7 days per week basis.

Notwithstanding the above, with respect to Part E – Loss of Teeth or Dental Procedures – Lump Sum Benefits, We will pay expenses incurred up to five (5) years after the date of the Bodily Injury resulting in Loss of Teeth or Dental Procedures provided the Covered Person has notified Us of the potential future dental expenses costs within twelve (12) months from the date of the Bodily Injury and a Dentist has certified future treatment is likely to be necessary. If We have not been notified within twelve (12) months of the Bodily Injury of potential future dental expenses, We will only pay for expenses incurred in the twelve (12) month period from the Bodily Injury.

Additional Cover Under Section 1

Bed Care Patient Expenses

If during the Period of Insurance and whilst the person is a Covered Person and engaging in Education Activities or Organised Sporting Activities, the Covered Person incurs Bed Care Patient Expenses, We will pay up to the maximum amount shown in the Policy Schedule against Bed Care Patient Expenses.

Out of Pocket Expenses

If during the Period of Insurance and whilst the person is a Covered Person and on a Journey and engaging in Education Activities or Organised Sporting Activities, the Covered Person sustains a Bodily Injury which directly results in otherwise unforeseeable expenses for Medical Aids, local transportation (other than in an ambulance) for the purpose of seeking medical treatment, and other non-medical expenses such as clothing and non-medical equipment, We will pay the actual and reasonable costs incurred up to the maximum amount shown in the Policy Schedule against Out Of Pocket Expenses, provided that those costs are not insured elsewhere under this Policy.

Clothing, Education &/or Sporting Equipment Expenses

If during the Period of Insurance and whilst the Person is a Covered Person, the Covered Person sustains a Bodily Injury requiring treatment by a qualified health care provider, We will pay the Clothing, Educational and/or Sporting Equipment Expenses incurred by the Covered Person due to the Bodily Injury. The maximum amount we will pay is as shown in the Policy Schedule against Clothing, Education and/or Sporting Equipment Expenses.

Emergency Home Help

If during the Period of Insurance and whilst the person is a Covered Person and engaging in Education Activities or Organised Sporting Activities, the Covered Person suffers from a Bodily Injury which a Doctor certifies has caused disablement rendering the Covered Person unable to attend Education Activities for a period of more than seven (7) consecutive days, and a parent/guardian incurs additional Domestic Duties to care for the covered person, We will pay for the cost of reasonably and necessarily incurred Domestic Duties expenses as a result of that Bodily Injury up to the amount shown in the Policy Schedule against Emergency Home Help.

Emergency Transport/Rescue Expenses

If during the Period of Insurance and whilst the Person is a Covered Person and engaging in Education Activities or Organised Sporting Activities, the Covered Person sustains a Bodily Injury resulting in the Covered Person requiring emergency transport, We will pay the Emergency Transport/Rescue Expenses incurred up to the maximum shown in the Policy Schedule against Emergency Transport/Rescue Expenses for any one (1) Accident resulting in the Bodily Injury.

Student Tutorial Costs

If during the Period of Insurance and whilst the person is a Covered Person and engaging in Education Activities or Organised Sporting Activities, the Covered Person suffers from a Bodily Injury which a Doctor certifies has caused disablement rendering the Covered Person unable to attend Education Activities for a period of more than seven (7) consecutive days, We will pay the cost of reasonably and necessarily incurred home tutorial services as a result of that Bodily Injury up to the amount shown in the Policy Schedule against Student Tutorial Costs.

Non-Medicare Medical Expenses

If during the Period of Insurance and whilst the Person is a Covered Person and engaging in Education Activities or Organised Sporting Activities, the Covered Person sustains a Bodily Injury and as a result incurs Non-Medicare Medical Expenses, We will pay the Non-Medicare Medical Expenses incurred up to a maximum shown in the Policy Schedule against Non-Medicare Medical Expenses per Covered Person for any one (1) Accident resulting in the Bodily Injury.

Fee Relief

If during the Period of Insurance and whilst the Covered Person is a Covered Person, the Covered Person's Parent/Guardian dies, We will pay the Covered Person's school fees incurred for tuition and boarding (if applicable) up to a maximum of four (4) terms and maximum amount shown in the Policy Schedule against Fee Relief. This benefit will be paid directly to the education institution the Covered Person is attending at the time of the death of the Parent/Guardian.

Parent/Guardian Visitation Expenses

If during the Period of Insurance and whilst the person is a Covered Person and engaging in Education Activities or Organised Sporting Activities, the Covered Person sustains a Bodily Injury and is admitted as an in-patient of a hospital, which is more than 100 kilometres from the Covered Person's normal place of residence, we will pay the actual and reasonable transport and/or accommodation expenses incurred by their Parent/Guardian to travel to or remain with the Covered Person, up to the amount shown in the Policy Schedule against Parent/Guardian Visitation Expenses, subject to any restriction to do so.

Transport Expenses following an unexpected death of Parent/Guardian

If during the Period of Insurance a Covered Person's Parent/Guardian dies unexpectedly, the Transport Expenses relating to a Covered Person returning home from boarding school operated by the Policyholder are covered provided that the distance between the boarding school and normal residential address of the Covered Person exceeds 100km. We will pay the maximum amount shown in the Policy Schedule against Transport Expenses for the reimbursement of the actual costs incurred for transport expenses.

Exposure

If during the Period of Insurance and whilst the person is a Covered Person and engaging in Education Activities or Organised Sporting Activities, the Covered Person is exposed to the elements as a result of an Accident and within twelve (12) months of the Accident the Covered Person suffers from any of the Events outlined in the Table of benefits) as a direct result of that exposure, the Covered Person will be deemed for the purpose of the Policy to have suffered a Bodily Injury on the date of the Accident.

Disappearance

If during the Period of Insurance and whilst the person is a Covered Person and engaging in Education Activities or Organised Sporting Activities, the Covered Person disappears in any manner whatsoever and the Covered Person's body has not been found within twelve (12) months after the date of that disappearance, the Covered Person will be deemed to have died as a result of a Bodily Injury at the time of their disappearance.

Independent Financial Advice

If during the Period of Insurance and whilst the person is a Covered Person and engaging in Education Activities or Organised Sporting Activities, the Covered Person sustains a Bodily Injury for which benefits are payable under 1-3. We will, in addition to payment of the benefit, and at the request of the Policyholder, the Covered Person or representatives of the Covered Person's estate, pay for professional financial advice in respect of the payment of the benefit for Events 1-3.. Provided, however that such advice is provided by an independent financial advisor who is not a Close Relative of the Covered Person and who is authorised and regulated by the Australian Securities and Investments Commission to provide such financial advice. The maximum benefit payable for any one (1) Event is the amount shown in the Policy Schedule against Independent Financial Advice.

Accidental HIV Infection Benefit

If during the Period of Insurance and whilst the person is a Covered Person and engaging in Education Activities or Organised Sporting Activities, the Covered Person is infected with the Human Immunodeficiency Virus (HIV) or any variation thereof or contracts Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC):

- a) as a direct result of Bodily Injury caused by a violent and physical bodily assault by another person on the Covered Person whilst they are a Covered Person; or
- b) as a direct result of receiving medical treatment provided by a Doctor for a Covered Person's Bodily Injury which was sustained whilst the Covered Person was a Covered Person during the Period of Insurance;

We will pay the Covered Person the amount shown in the Policy Schedule against Accidental HIV Infection Benefit, provided that:

- a) there is a positive diagnosis within 180 days of the event giving rise to the HIV infection;
- b) any event leading to or likely to lead to a positive diagnosis of HIV is reported to Us and medical tests are carried out by a Doctor no more than forty-eight (48) hours from the date and time of the event giving rise to the HIV infection; and
- c) a recognised laboratory carries out medical and clinical tests that conclusively prove that the Covered Person was not HIV positive at the time and date immediately before the event giving rise to the HIV infection. No benefit will be payable if you or the Covered Person fails to comply with or to provide the required level of proof.

Air or Road Rage Benefit

If, during the Period of Insurance and whilst the person is a Covered Person and engaging in Education Activities or Organised Sporting Activities, including travelling to and from such activities the Covered Person is the victim of an Air or Road Rage Incident, We will reimburse the Policyholder or Covered Person for associated Air Rage or Road Rage Expenses (as defined), up to the amount shown in the Policy Schedule against Air or Road Rage Benefit.

Carjacking Benefit – Lump Sum Benefit

If during the Period of Insurance and whilst the person is a Covered Person and on a Journey and engaging in Education Activities or Organised Sporting Activities, the Covered Person sustains a Bodily Injury as a result of being the victim of a Carjacking Incident, We will pay the Covered Person the amount shown in the Policy Schedule against Carjacking Assault Benefit.

Conditions Applicable to Section 1

1. If a Covered Person suffers a Bodily Injury resulting in any one of Events 2-5 listed in the Table of Events, We will not be liable under the Policy for any subsequent Bodily Injury to that Covered Person.
2. Benefits shall not be payable for more than one (1) of Events 1 to 22 listed in the Table of Events in respect of the same Bodily Injury.
3. Benefits shall not be payable:
 - a) for Out of Pocket Expenses and Bed Care Patient Expenses in excess of the Benefit Period as shown in the Schedule in respect of any one (1) Bodily Injury;
 - b) for Out of Pocket Expenses and Bed Care Patient Expenses during the Excess Period;
 - c) unless the Covered Person, as soon as possible after the happening of any Bodily Injury giving rise to a claim under the Policy, procures and follows proper medical treatment and advice from a Doctor or Dentist. Failure to follow proper medical treatment or advice may result in Us reducing or suspending Our liability under the Policy to the extent to which We have suffered any prejudice due to such failure.
4. Where, in relation to benefits payable for Events 2 & 3, We do not agree with the opinion given by the Doctor, We have the right (at Our own expense) to have the relevant Covered Person examined by a Doctor of Our choice. If the Doctor (authorised by Us) forms an opinion that is contrary to the opinion of the initial Doctor, We will obtain an independent Doctor's opinion which will be the opinion used for the purposes of the definitions of Paraplegia, Quadriplegia or Loss of Mental Power.
5. All benefits paid under this Policy shall be payable to the Policyholder or such person or persons and in such proportions as the Policyholder shall nominate, unless otherwise specified in the Policy. We will not pay any medical provider directly for expense incurred.
6. Should a benefit be payable under this section of the Policy that is also payable under any other insurance policy insured with Us, only one (1) policy can be claimed against (i.e. the policy with the greatest benefit).

Specific Exclusions Applicable to Section 1

(Please also see General Exclusions Applicable to All Sections of the Policy on page 23)

The Policy shall not apply to an Event directly or indirectly resulting from:

1. War, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power;
2.
 - i. the Insured Person being a pilot or crew member of any aircraft; or
 - ii. the Insured Person engaging in any aerial activity except as a passenger in any properly licensed aircraft;
3. deliberately self-inflicted injury;
4. sexually transmitted disease, or Acquired Immune Deficiency Syndrome (A.I.D.S.) disease or Human Immunodeficiency Virus (H.I.V.) infection which is sexually transmitted;
5. the Insured Person engaging in professional sport;
6. suicide;
7. pregnancy, childbirth or miscarriage.

Section 2– Kidnap and Ransom/Extortion and Personal Assets

Extent of Cover

Subject to the other terms, conditions and exclusions of the Policy:

If during the Period of Insurance and whilst the person is a Covered Person and engaged in Education Activities or Organised Sporting Activities, the Covered Person is Kidnapped or allegedly Kidnapped, receives Personal Extortion Threats or Property Damage Extortion Threats, is Wrongfully Detained or Hijacked, We will reimburse the Policyholder for:

- a) Extortion/Ransom Monies paid;
- b) In-Transit/Delivery Losses;
- c) Extortion/Kidnap Related Expenses; and
- d) Consultant Fees incurred

up to a maximum amount shown in the Policy Schedule.

Definitions and Interpretation Applicable to Section 2

Advisory means a formal recommendation of the Appropriate Authorities that a Covered Person or a class of persons including them, leave, or refrain from travelling to a particular country or locality.

Appropriate Authorities means the United States Department of State; the Foreign Office of the United Kingdom; the Australian/New Zealand Foreign Office or similar authority of the country where the event has taken place.

Consultants Fees means reasonable fees and expenses incurred solely and directly as a result of an event covered under this Section 2 – Kidnap and Ransom/Extortion and Personal Assets to hire any independent security consultants or other public relations or recall consultants, where the consultant and their fees and expenses have been approved by Us (Such approval not to be unreasonably withheld).

Extortion means Personal Extortion or Property Damage Extortion.

Extortion/Ransom Monies means extortion or ransom monies paid as a direct result of a Kidnapping or Extortion occurring during the Period of Insurance paid by anyone who is authorised by the Policyholder or a Covered Person or a Covered Person's Parent/Guardian to do so with Our approval. The term 'monies' shall include cash, monetary instruments, bullion, or the fair market value of any securities or property of services.

Extortion/Kidnap Related Expenses means any reasonable and necessary expenses incurred and paid by anyone who is authorised by the Policyholder or a Covered Person or a Covered Person's Parent/Guardian to do so with Our approval, solely and directly as a result of an event covered under this Section 2 – Kidnap and Ransom/Extortion and Personal Assets, including but not limited to:

1. the amount paid as reward to an Informant for information relevant to any covered Event; and
2. interest costs for a loan from a financial institution made to the relevant person for the purpose of paying Extortion/Ransom Monies; and
3. reasonable costs of travel and accommodation;
 - a) incurred by anyone who is authorised by the Policyholder a Covered Person or Covered Person's Parent/Guardian while attempting to negotiate an incident covered under this section 2 – Kidnap and Ransom/Extortion and Personal Assets;
 - b) of a Victim to join their immediate family upon their release;
 - c) to evacuate, a Covered Person and/or relatives living in the same household as the Covered Person who is the Victim.

4. reasonable and necessary overseas medical services and hospitalisation costs incurred by the Covered Person as a result of a covered Event under this section 2 – Kidnap and Ransom/Extortion and Personal Assets within thirty-six (36) months of either the release of the Victim or the last credible Extortion threat made during the Period of Insurance. These include but are not limited to any costs for treatment by a neurologist or psychiatrist, cost of cosmetic surgery, and expense of confinement for such treatment. Cover is extended to other persons involved in the handling or negotiation of a covered Event under this section 2 - Kidnap and Ransom/Extortion and Personal Assets.
5. reasonable and necessary fees and expenses of independent forensic analysts engaged by anyone who is authorised by the Policyholder or a Covered Person to do so.
6. rest and rehabilitation expenses, including travel, lodging, meals and recreation of the Victim and relevant person.
7. reasonable and necessary fees and expenses of a qualified interpreter assisting anyone who is authorised by the Policyholder or a Covered Person incurred as a result of an event covered under this section 2 - Kidnap and Ransom/Extortion and Personal Assets.
8. increased costs of security due to a covered Event under this section 2 – Kidnap and Ransom/Extortion and Personal Assets including but not limited to hiring of security guards, armoured vehicles and overtime pay to existing security staff, for a period of up to ninety (90) days, provided however that the independent security consultant(s) approved by Us have specifically recommended such security measures.

Hijacking means the illegal holding under duress, for a period in excess of six (6) hours, of a Covered Person whilst travelling on any aircraft, motor vehicle, waterborne vessel or similar conveyance.

Informant means any person, other than a Covered Person, providing information not otherwise obtainable, solely in return for a reward offered in relation to a Covered Person.

In-Transit/Delivery Loss means loss of Extortion/Ransom Monies due to destruction, disappearance, seizure or usurpation of Extortion/Ransom Monies while being delivered to a person demanding those monies by anyone who is authorised by the Policyholder, Covered Person or a Covered Person's Parent/Guardian to have custody thereof.

Kidnapping/Kidnapped means any event or connected series of events of seizing, detaining or carrying away by force or fraud, of one or more Covered Persons (except a minor by his or her parent or guardian) for the purpose of demanding Extortion/Ransom Monies.

Personal Extortion Threat means any threat or connected series of threats to kill, physically injure or kidnap a Covered Person, communicated for the purpose of demanding Extortion/Ransom Monies, where the Extortion/Ransom Monies are not in the possession of the Covered Person at the time of the threat.

Property Damage Extortion Threat means any threat or connected series of threats to damage the property of a Covered Person, communicated for the purpose of demanding Extortion/Ransom Monies, where the Extortion/Ransom Monies are not in the possession of the Covered Person at the time of the threat.

Premises means that portion of any building occupied by the Policyholder as a place to conduct business or a residence occupied by a Covered Person.

Victim means the Covered Person who is the subject of an event covered under Section 2 – Kidnap & Ransom/Extortion and Personal Assets.

Wrongful Detention means the arbitrary or capricious involuntary confinement of a Covered Person (without demanding Extortion/Ransom Monies) by person(s) acting as agent(s) of or with the tacit approval of any government or government entity, or acting or purporting to act on behalf of any insurgent party, organisation or group. A connected series of wrongful detentions will be considered one (1) Wrongful Detention.

Specific Exclusions Applicable to Section 2

(Please also see General Exclusions Applicable to all Sections of the Policy on page 22)

We will not be liable for loss caused by or resulting either directly or indirectly from or involving:

1. the fraudulent, dishonest, or criminal acts of the Policyholder, any Covered Person, the Parent/Guardian of the Covered Person or any other person authorised to have custody of any Extortion/Ransom Monies. This exclusion will not apply to the payment of Extortion/Ransom Monies in a situation where local authorities have declared such payment illegal; or any loss resulting from the surrender of money or property as the result of a face-to-face encounter involving the use or threat of force or violence unless such monies or property are Extortion / Ransom Monies being stored or transported for the purpose of paying an Extortion or Kidnap demand; or
2. monies or property surrendered on the Premises unless brought onto the Premises because of any Extortion or demand for Extortion/Ransom Monies for the purpose of paying that demand; or
3. Wrongful Detention in the following circumstances only:
 - i. any actual or alleged violation of the laws of the host country by the Policyholder or Covered Person or their failure to maintain and possess duly authorised and issued required documents and visas, unless We determine that the allegation was intentionally false, fraudulent, and malicious and made solely to achieve a political, propaganda, or coercive effect upon or at the expense of the Policyholder or Covered Person;
 - ii. failure of a Covered Person covered by Section 2 – Kidnap & Ransom/Extortion and Personal Assets to comply with an Advisory within ten (10) days after its issue by the Appropriate Authorities. Any person entitled to cover agrees to reimburse Us for any payments made by Us which are ultimately determined not to be covered because of the application of this exclusion.
4. actual loss or damage to property of any description, including intellectual property, as a result of a covered Event or the carrying out of a Personal Extortion or Property Damage Extortion threat. This exclusion does not apply to covered In-Transit/Delivery Loss.

Specific Conditions Applicable to Section 2

1. *Prior to Payment*

If a covered Event occurs, the Policyholder, Covered Person or Covered Person's Parent/Guardian(s) must make every reasonable effort to:

- (i) determine that an Event covered under the Policy has actually occurred; and
- (ii) give immediate notice to Us and provide regular updates of any activity occurring during the incident.

2. *Due Diligence*

Any person entitled to cover will use due diligence and do and concur in doing all things reasonably practicable to avoid or diminish any loss(es) covered under this Section 2– Kidnap & Ransom/Extortion and Personal Assets.

3. Should a benefit be payable under this section of the Policy that is also payable under any other insurance policy insured with Us, only one (1) policy can be claimed against (i.e. the policy with the greatest benefit).

4. *Assistance and Co-operation*

The Policyholder and Covered Person or the Covered Person's Parent/Guardian(s) or other persons entitled to claim will co-operate with Us in all matters relating to this Section 2 – Kidnap & Ransom/Extortion and Personal Assets. This may include attending hearings and trials, securing and giving evidence, obtaining the attendance of witnesses, assisting in achieving settlements and in conducting litigation, arbitration, or other proceedings.

Section 3 – Trauma Counselling Benefit

Extent of Cover

Subject to the other terms, conditions and exclusions of the Policy, If during the Period of Insurance and whilst a Covered Person and engaged in Education Activities or Organised Sporting Activities, the Covered Person is a victim of, or witnesses a criminal act such as kidnapping, hijacking, sexual assault, rape, murder, violent robbery or an act of terrorism and as a result suffers psychological trauma, We will pay the cost of Trauma Counselling up to the amount shown in the Policy Schedule with respect to any (1) event provided that such treatment is certified as necessary by a Doctor for the wellbeing of the Covered Person.

Definitions Applicable to Section 3

Psychologist and/or Psychiatrist means a Covered Person's attending psychologist and/or psychiatrist who is registered or licensed to practice their medical discipline under the laws of the country in which they practice, other than:

- a) the Policyholder; or
- b) the Covered Person; or
- c) a close relative of the Covered Person, a member of the immediate family of the Covered Person; or
- d) an employee of the Policyholder.

Trauma Counselling means the treatment provided and recommended by a Psychologist and/or Psychiatrist.

General Exclusions Applicable to all Sections of the Policy

These general exclusions apply to all covers under the Policy unless they are expressly stated not to apply in relation to the cover or the Policy.

We will not pay benefits with respect to any loss, damage, liability, Event or Bodily Injury which directly or indirectly:

1. results from a Covered Person:
 - a) flying, or engaging in aerial activities other than as a passenger in an aircraft licensed to carry passengers; or
 - b) training for and/or participating in Professional Sport of any kind.
2. results from any intentional self-injury, suicide, reckless misconduct or any illegal or criminal act committed by the Policyholder or a Covered Person.
3. results from a Covered Person suffering from any stress or psychiatric condition, including but not limited to depression, anxiety, neurosis, psychosis, mental or emotional stress, physical fatigue, mental disease or associated disorders except with respect to Section 1 – Personal Accident Cover- Event 3 – Loss of Mental Powers .
4. results from War, Civil War, invasion, act of foreign enemy, rebellion, revolution, insurrection or military or usurped power in Australia or a Covered Person's country of residence, or any of the following countries: Afghanistan, Chad, Chechnya, Côte d'Ivoire (Ivory Coast), Democratic Republic of Congo, Iraq, Israel, Somalia or Sudan.
5. is covered by:
 - a) Medicare;
 - b) any workers compensation legislation;
 - c) any transport accident legislation;
 - d) any common law entitlement;
 - e) any government sponsored fund, plan or medical benefit scheme; or
 - f) any other insurance policy required to be effected by or under law;
6. results from childbirth or pregnancy (except for unexpected medical complications of emergencies arising therefrom);
7. results from a Pre-Existing Medical Condition.
8. would result in Our contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth), Private Health Insurance (Health Insurance Business) Rules 2010 or the National Health Act 1953 (Cth) or any amendment to, or consolidation or re-enactment of, those Acts.
9. results from or is a complication of infection with Human Immunodeficiency Virus (HIV) or any variance including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC) except where the HIV/AIDS was contracted through Bodily Injury.

General Conditions Applicable to all Sections of the Policy

These general provisions apply to all covers and the Policy unless they are expressly stated not to apply in relation to the cover or the Policy.

Aggregate Limit of Liability

1. Except as stated below, Our total liability for all claims arising under the Policy during any one (1) Period of Insurance shall not exceed the amount shown in the Policy Schedule.
2. Our total liability for all claims arising under the Policy during any one (1) Period of Insurance relating directly to a Non Scheduled Flight(s) shall not exceed the amount shown in the Policy Schedule.
3. In the event that claims are made under the Policy which exceed the above Aggregate Limits of Liability, We shall reduce the payments made with respect to each Covered Person in such manner as We may determine. Any determination as to the amount payable in these circumstances shall be made at Our entire discretion and shall not be the subject of any challenge of any kind.

Assistance and Co-operation

The Policyholder, Covered Person and the Covered Person's Parent/Guardian(s) shall co-operate with Us in all matters relating to this Policy and upon Our request, assist in making settlements, in the conduct of suits and in enforcing any right of contribution or indemnity against any person or organisation who may be liable to the Policyholder or Covered Person because of Bodily Injury or damage with respect to which insurance is afforded under the Policy. In that regard, the Policyholder and Covered Persons and the Covered Person's Parent/Guardian(s) (where relevant) shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The Policyholder or Covered Persons shall not, except at the Policyholder's own cost, voluntarily make any payment, assume any obligation or incur any expense other than for first aid to others at the time of the Accident.

Breach of Conditions

If the Policyholder or a Covered Person is in breach of any of the conditions of the Policy (including a claims condition), We may decline to pay a claim, to the extent permitted by law.

Cancellation

The Policyholder may cancel the Policy at any time by notifying Us in writing. The cancellation will take effect at 4.01pm (in the state or territory where the policy was effected) on the day We receive the Policyholder's written notice of cancellation or such time as otherwise agreed. We may cancel the Policy, for any of the reasons set out in Section 60 of the Insurance Contracts Act 1984 by issuing a notice thirty (30) days in advance in writing in accordance with Section 59 of the Insurance Contracts Act 1984. If the Policy is cancelled by either the Policyholder or Us, We will refund the Premium for the Policy less any statutory charges and taxes that cannot be refunded and less a pro rata proportion of the Premium to cover the period for which insurance applied. However, We reserve the right not to refund any Premium, or only a portion of the Premium, if We have paid a benefit under the Policy.

Change of Business Activities

The Policyholder must inform Us as soon as is reasonably practicable of any alteration in the Policyholder's business activities.

Claim Offset

Except for – Accidental Death & Permanent Disabilities - Lump Sum Benefits, there is no cover under the Policy for any loss, damage, liability, event or Bodily Injury which is covered under any other insurance policy, health or medical scheme or Act of Parliament or is payable by any other source. We will however pay the difference between what is payable under the other insurance policy, health or medical scheme or Act of Parliament or such other source and what the Policyholder or the Covered Person would be otherwise entitled to recover under the Policy, where permissible by law.

Currency

All amounts shown on the Policy are in the currency stated in the Schedule. If expenses are incurred in a currency different to the currency shown in the Schedule, then the rate of currency exchange used to calculate the amount payable will be the rate at the time of incurring the expense or suffering a loss.

Due Diligence

The Policyholder and all Covered Person(s) will exercise due diligence in doing all things to avoid or reduce any loss under the Policy.

Headings

Headings have been included for ease of reference and it is understood and agreed that the terms, conditions and exclusions of the Policy are not to be construed or interpreted by reference to such headings.

Notice of Claim

The Claimant must give Us written notice of any occurrence which is likely to give rise to a claim within thirty (30) days or as soon as is reasonably practicable after the date of the occurrence. A Claimant's failure to furnish Us with notice within the time provided in the Policy will not invalidate any claim but We may reduce Our liability under the Policy to the extent to which We have suffered any prejudice due to such failure. The Claimant must at their expense give Us such certificates, information and other documentation as We may reasonably require. We may at Our own expense have any Claimant, who is the subject of a claim under the Policy, medically examined from time to time.

Other Insurance

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

Proper Law

Any dispute arising under the Policy or concerning its formation shall be governed by the laws of the appropriate state or territory of the Commonwealth of Australia. Each party agrees to submit to the jurisdiction of any court of competent jurisdiction within the said state or territory and to comply with all requirements necessary to give such court jurisdiction. All matters arising hereunder shall be determined in accordance with the law and the practice of such court.

Sanctions Clause

This insurance does not cover or pay claims arising directly or indirectly from, caused by, a consequence of, arising in connection with or contributed to by any loss or expenses with respect to a specially designated person, entity, group or company on the Specially Designated List or to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including but not limited to, the payment of claims.

Singular/Plural

If it is consistent with the context of any clause in this Policy, the singular includes the plural and vice versa.

Subrogation

If We pay an amount under the Policy, We shall be subrogated to all of the Claimant's rights to recovery against any person or entity other than the Policyholder, Covered Person or other persons covered by this Policy and a Claimant must execute and deliver any instruments and papers and do whatever else is necessary to enable Us to secure such rights. A Claimant must not take action which will prejudice Our rights to subrogation.

We will not be liable for a loss where the Claimant is a party to an agreement that excludes or limits Our rights to recover damages from a third party in respect of that loss, whenever that agreement was made, i.e. before or after the loss occurred. The effect of this provision is that the Claimant may prejudice the Claimant's rights with regard to a claim if the Claimant makes or has made any agreement with a third party that will prevent Us from recovering the loss from that party or another party.

Student Accident Insurance Table of Events

Please refer to the Policy Schedule for which benefit limit applies

Insured Events	Cover Type-Benefits		
	Gold	Gold Plus	Platinum
Section 1 – Accidental Death			
1. Death as a result of injury	\$50,000	\$50,000	\$50,000
Section 1 – Permanent Disabilities			
2. Quad-Paraplegia	\$750,000	\$1,000,000	\$1,250,000
3. Loss of Mental Powers	\$750,000	\$1,000,000	\$1,250,000
4. Sight of Both Eyes	\$350,000	\$500,000	\$1,000,000
5. Sight of One Eye	\$150,000	\$250,000	\$500,000
6. Up to 35 % Partial Loss of Sight of one or both eyes	\$20,000	\$40,000	\$65,000
7. Between 36% and 65% Partial Loss of Sight of one or both eyes	\$40,000	\$80,000	\$130,000
8. More than 66% Partial Loss of Sight of one or both eyes	\$65,000	\$120,000	\$200,000
9. Loss of use of 2 limbs	\$300,000	\$500,000	\$1,000,000
10. Loss of use of 1 limb	\$150,000	\$300,000	\$500,000
11. Loss of Speech	\$100,000	\$100,000	\$150,000
12. Loss of Hearing in both ears	\$150,000	\$400,000	\$750,000
13. Loss of Hearing in one ear	\$50,000	\$100,000	\$150,000
14. Up to 35 % Partial Loss of Hearing of one or both ears	\$5,000	\$10,000	\$32,500
15. Between 36% and 65% Partial Loss of hearing of one or both ears	\$10,000	\$15,000	\$65,000
16. More than 66% Partial Loss of hearing of one or both ears	\$15,000	\$30,000	\$100,000
17. Total Loss of use of either hand	\$80,000	\$125,000	\$250,000
18. Loss of use of 4 fingers of either hand	\$50,000	\$75,000	\$100,000
19. Loss of use of 1 thumb of either hand	\$30,000	\$50,000	\$100,000

20. Loss of use of fingers of either hand	\$50,000	\$50,000	\$50,000
21. Total loss of use of the toes of either foot	\$20,000	\$50,000	\$75,000
22. Permanent Disability not provided for above	Such percentage of \$75,000 as We in Our absolute discretion shall determine and being in Our opinion not inconsistent with the compensation provided under Permanent Disabilities		

Section 1 – Broken Or Fractured Bones

23. Finger, Thumb, Toe, Hand, Foot or Rib	\$200	\$200	\$200
24. Arm, Elbow, Wrist, Leg, Ankle or Knee	\$500	\$500	\$500
25. Neck, Skull, Spine, Pelvis or Hip	\$3,000	\$3,500	\$5,000
26. All other Breaks	\$500	\$500	\$550
27. Fractured Leg or patella with established Non union	\$20,000	\$20,000	\$20,000
28. Shortening of leg by at least 5cms	\$10,000	\$15,000	\$15,000
The maximum amount payable for any one injury under Broken bones	\$75,000	\$100,000	\$100,000

Section 1 – Disclocation

29. Hip	\$500	\$500	\$500
30. Knee, Elbow, Shoulder blade, collarbone or Jaw	\$250	\$250	\$250
31. All other dislocations	\$150	\$250	\$250

Section 1 – Ligament and Organ Damage

32. Ligament – knee, ankle, hip, spine, neck, shoulder	\$2,000	\$3,000	\$3,000
33. Organ – spleen, kidney, liver, lung, heart	\$2,000	\$3,000	\$3,000
The maximum amount payable for any one injury under ligament and organ damage	\$25,000	\$50,000	\$50,000

Section 1 – Dental

34. Permanent or second teeth (per tooth)	\$300	\$300	\$350
35. Milk or first teeth (per tooth)	\$100	\$100	\$100
36. Crowning of damaged teeth (per tooth)	\$300	\$300	\$300
37. Other damage (per tooth)	\$50	\$50	\$150
Maximum amount payable under Dental for any one accident	\$5,000	\$5,000	\$5,000

Section 1 – Burns

38. 40% of the entire body or greater	\$320,000	\$500,000	\$800,000
39. Between 20% and 40% of the entire body	\$100,000	\$175,000	\$250,000

Section 1 – Others

40. Fee relief	Up to \$15,000	Up to \$20,000	Up to \$20,000
41. Non-Medicare expenses (including overseas medical expenses)	100% of incurred expenses up to \$7,500	100% of incurred expenses up to \$8,000	100% of incurred expenses up to \$10,000
42. Bed care patient expenses	Up to 750 per week maximum 52 weeks		
43. Emergency Transport Rescue Expense	Up to 7,500 per accident per student		
44. Clothing, educational and / or sporting equipment Expenses	Up to \$500 per accident per student		
45. Parent / guardian visitation	Up to \$2,500		
46. Air or Road Rage benefit	Up to \$2,500		
47. Carjacking assault benefit	Up to \$2,500		
48. Transport Expense	Up to \$2,500		
49. Out of pocket expenses	Up to \$1,000		
50. Emergency Home Help	250 per week per benefit max 52 weeks		
51. Student Tutorial Costs	250 per week per benefit max 52 weeks		
52. Independent Financial Advice	\$15,000		
53. Accidental HIV Infection Benefit	\$30,000		

Section 2

Kidnap and ransom/extortion and personal assets	Up to \$300,000	Up To \$300,000	Up to \$400,000
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Section 3

Trauma Counselling benefit	Up to \$20,000	Up to \$20,000	Up to \$20,000
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About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for over 50 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base. Chubb is a major insurer of many of the country's largest companies. With five branches and over 500 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

More information can be found at www.chubb.com/au.

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