

GROUP PERSONAL ACCIDENT POLICY

WE ADVISE YOU TO READ AND RETAIN THIS DOCUMENT

Sydney

Level 4, 33 York Street
SYDNEY NSW 2000
GPO Box 4213, SYDNEY NSW 2001
T: +61 2 9251 8700
F: +61 2 9251 8755

Melbourne

Suite 1507 Exchange Tower
530 Lt Collins Street
MELBOURNE VIC 3000
T: +61 3 9909 7322
F: +61 3 9909 7323

Brisbane

North Suite, Level 9
410 Queen Street
BRISBANE QLD 4000
T: +61 7 3221 1919
F: +61 7 3221 8989

ABN 26 053 335 952

AFS Licence No:238261
Email: enquiries@acchealth.com.au
Website: www.acchealth.com.au
Freecall 1800 618 700
Freefax 1800 618 755

SCHEDULE

Policy Number: 0020071

Insured: Royal Melbourne Institute of Technology trading as RMIT University, its subsidiaries and its controlled entities.

Insured Persons:

Category A: Full and part-time Students who are Members of the Insured Organisation.

Category B: Active life and active associate Members of the Insured Organisation. Alumni Members including graduates who join the organisation and subscribing Members of the Association and RMIT Student Union Council Members.

Category C: Staff of the Insured Organisation and the staff of the University, RMIT Link Staff, RMIT Student Union staff, staff of the Insured Organisation

Category D: Registered Players competing at the Bundoora Netball and Sport Centre.

Category E: All Board Members, Council and Committee Members, Voluntary Workers and Visiting Lecturers of the Insured.

Period of Insurance: From: 1st day of November 2011 at 4.00 pm
To: 1st day of November 2012 at 4.00 pm

Arrangement Date: 1st day of November 2011

Broker: AON Risk Services Australia Limited - VIC

Insured Events

Section	Category of Insured Person	Type of Cover	Sum Insured
1 - 19	Category A,B,C,D	Death & Capital Benefits	\$100,000
	Category E	Death & Capital Benefits	\$250,000
20	Category A,B,C,D	Weekly Benefits	85% of wage to a maximum of \$1,000
20	Category E	Weekly Benefits	\$2,500/104 weeks Elimination Period 14 days
22	All	Domestic Help/Child Minding	\$300 per week/52 weeks
23	All	Surgical Benefits	\$2,000 maximum
24	All	Bed Care Patients	\$300 per week/104 weeks
25	Category A,B,D,E	Non Medicare Medical Expenses	\$5,000 maximum (\$50 excess)
26	All	Home Tutorial Benefit	\$300 per week/104 weeks
27	All	HECS and/or Post Graduate Fees (following PTD and any Capital Injury)	\$10,000 maximum
28	All	Injury Assistance Benefit	\$300 per week/16 weeks
29	All	Modification Benefit	\$10,000 maximum
30	All	Overseas Medical Expenses	\$100,000 maximum

Elimination Period: 5 days

Scope of Cover: The coverage afforded by this Policy shall only apply while an Insured Person is on Campus and/or engaged in University/Course/Sport related activities and/or practical placement or community activities authorised by and under the control of the Insured including direct uninterrupted travel to and from such activities and provided such travel excludes everyday travel to and from University. Coverage extends to include everyday travel to and from their place of work, for staff members of the University only.

Pre-existing Condition: There is no cover for Pre-existing Conditions (as defined) whether or not a proposal form has been received.

Territorial Limits: Worldwide

Age Limits: Over 15 years of age and under 75 years of Age
Students over 75 years of Age – numbers as declared

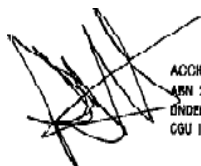
Aggregate Limit of Liability: \$2,500,000

Premium: The premium in the Schedule is flat.

Premium:	\$52,000.00
G.S.T.	\$5,200.00
Stamp Duty:	\$5,720.00
Total:	\$62,920.00

IN WITNESS WHEREOF, this Policy has been countersigned by an authorised officer of A & H International on behalf of the Company at MELBOURNE this 14th day of NOVEMBER 2011.

0020071 11/11 TW



ACCIDENT & HEALTH INTERNATIONAL UNDERWRITING PTY LTD
ABN 26 053 335 952 AFS Licence No. 238251
UNDERWRITTEN FOR AND ON BEHALF OF:
CGU INSURANCE LIMITED ABN 27 084 478 311 100%

**SCHEDULE ATTACHING TO AND FORMING PART OF POLICY NUMBER 0020071
ISSUED TO RMIT UNIVERSITY**

FOOTBALL ENDORSEMENT

It is hereby declared and agreed that the following benefits for Football related injuries apply

Insured Events Each Insured Person

Death & Capital Benefits Sum Insured (Insured Events 1-19) \$25,000

Non-Medicare Medical Expenses

If an Insured Person suffers an Injury during the Period of Insurance and whilst engaged on authorised activities, we will pay the cost of the following expenses, provided they are incurred within twelve (12) months of the Injury, being expenses paid to a legally qualified medical practitioner, nurse, hospital or ambulance service for medical, surgical, x-ray, hospital or nursing treatment, including the cost of medical supplies and ambulance hire, but excluding the cost of dental treatment unless such treatment is necessarily incurred to teeth (excluding dentures) and is caused by Injury, provided that we shall not be liable to make any refund in respect of:

- a. any expenses recoverable by the Insured Person from any other source except for the excess of the amount recoverable from such other source.
- b. the rendering in Australia of a professional service for which Medicare benefit is, or would but for subsection 18(4) of the Health Insurance Act be payable.
- c. any expenses to which section 67 of the National Health Act 1953 (as amended) or any of the regulations made thereunder apply.

Compensation for medical expenses shall be limited to 85% of expenses incurred up to a maximum of \$1,000 and we will not be liable for the first fifty (\$50) dollars of each and every claim

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GROUP/INDIVIDUAL PERSONAL ACCIDENT POLICY

ROYAL MELBOURNE INSTITUTE OF TECHNOLOGY

This Product Disclosure Statement (PDS) contains two parts:

- Important information – contains general information about your Group Personal Accident Policy; and
- The Group Personal Accident Policy – contains terms and conditions of your insurance policy.

If you need more information about this PDS or your policy, please contact your insurance adviser.

IMPORTANT INFORMATION

Accident & Health International (A & H International)

Accident & Health International Underwriting Pty Limited, ABN 26 053 335 952, AFS Licence no. 238261, is an underwriting agency specifically created to provide Personal Accident, Medical and Travel insurance. They have been in operation since March 1998 and act on behalf of CGU Insurance Limited, ABN 27 004 478 371, AFS Licence no. 238291, with full authority to quote and issue contracts of insurance, collect premiums and pay claims.

If you have any queries about this policy you should contact A & H International. Their contact details are in this document.

The Insurer

The Insurer of the Policy is CGU Insurance Limited.

What is a Product Disclosure Statement

This Product Disclosure Statement (PDS) contains information about the policy including the benefits and conditions, your rights as a client and other things you need to know to assist you to make an informed decision when choosing your insurance.

In this PDS:

- 'We', 'Our' or 'Us' means CGU Insurance Limited.
- 'You' means the person who will be named in the policy schedule as the insured and any person nominated by you from time to time for the insurance cover selected by you and for which the premium has been paid. The type of cover chosen will be shown on the policy schedule.

What The Policy Consists Of

Your policy consists of:

- this printed Group Personal Accident Policy Document which sets out details of your cover and its limitations, and
- a schedule, approved by us, which sets out who is insured, the cover(s) selected, the period of insurance, the limits of liability, excesses and other important information. This is referred to as the Schedule/Schedule of Benefits in this policy document.

You should carefully read and retain your insurance policy document and current schedule. These documents should be read together as they jointly form the contract of insurance between you and us. Any new or replacement schedule we may send you, detailing changes to your insurance or the period of insurance, will become the current schedule, which you should carefully read and retain.

Our Agreement With You

We will insure you for:

- injury as a result of one or more of the insured events, and
- the other benefits, as set out in this policy occurring during the period of insurance.

This cover will be given on the basis:

- that you have paid or agreed to pay us the premium for the cover you selected when you applied for cover and which the current schedule indicates is in force,
- of the verbal and/or written information provided by you which you gave after having been advised of your Duty of Disclosure either verbally or in writing. If you failed to comply with your Duty of Disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or we may cancel your policy. If you have told us something which is fraudulent, we also have the option of voiding your policy from the effective date stated in the current schedule. For your assistance we have provided a full explanation of your Duty of Disclosure and the consequences of non-disclosure, under the heading "Your Duty of Disclosure", on page 4.

The Most We Will Pay

The most we will pay for all claims under this Policy during any period of insurance is set out under the Limit of Liability in the policy schedule. Once the Limit of Liability has been paid, you will need to pay us further premium to reinstate the policy cover.

The Cost of Your Policy and Paying For Your Insurance

The cost of your policy will be shown on the quotation provided, once all required information has been received. The cost of your policy is calculated based on age, occupation, claims experience and other information relative to the particular risk. For example, your involvement in an amateur sport such as martial arts.

The cost of the policy is made up of premium, government taxes such as Goods & Services Tax (GST) and Stamp Duty, where applicable.

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 the first time you enter into the policy with us to that which applies when you vary, renew, 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:

When you renew, vary, extend, reinstate or replace the policy your duty is to tell us before the renewal, variation, extension, reinstatement or replacement is made, every matter known to you which:

- you know, or

- a reasonable person in the circumstances could be expected to know, is relevant to our decision whether to insure you and whether any special conditions need to apply to your policy.

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.

Renewal Procedure

Before this policy expires we will normally offer renewal by sending a renewal invitation advising the amount payable to renew this policy. It is important that you check the information shown before renewing each year to satisfy yourself that the details are correct.

Taxation Implications

A claim paid in respect of weekly disability benefits is subject to personal income tax. For example, a payment under Insured Event 20 is subject to income tax and it is your responsibility to declare such benefit when completing your usual tax return.

Consult a tax consultant if you have any questions about the particular circumstances.

Making A Claim and Your Excess (Deferral Period)

An excess or deferral period may apply if you make a claim under this policy. An excess is the amount you pay when you make a claim. We may charge an excess depending on your age, occupation and the extent of cover chosen. The amount of any excess will be shown on your policy schedule.

If you need to make a claim please send a written notice of claim to A & H International within thirty (30) days of the date of the Injury occurring. A & H International will send you a copy of their claim form which will need to be fully completed. We will not be responsible for any payments under the policy unless this form is fully completed and returned. Any costs involved in the collection of information for the form are your responsibility.

You need to ensure that you have seen a qualified medical practitioner as soon as possible after the Injury as your benefits will only be paid from the date you first seek medical attention.

At any time after a claim has been lodged we may:

- request you to undergo medical or related examinations. In the event of death, we may require an autopsy;
- conduct enquiries into the circumstances of the claim;
- request your attending doctor or specialist to provide a progress report.

This will be at our expense.

Any payments under this policy will be to you or, in the event of your death, your legal representative.

Cooling-Off

If you decide that you do not want the policy, you have a cooling off period of twenty-one (21) days from the date the policy was issued to cancel the policy. You must tell Us in writing that you wish to cancel the policy and we will repay the premium.

You cannot use this cooling-off period if the policy has already expired or if you have made a claim under it.

Dispute Resolution

We and A & H International will do everything possible to provide a quality service to you. If you have any concern or complaint A & H International 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, A & H International 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 A & H International 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 Web: www.fos.org.au

Privacy

We are committed to protecting your privacy. We use the information you provide us to quote on your application for a policy, to provide the insurance, administer the policy and assess and manage any claims. We only provide personal information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy.

If you do not provide us with full information, we cannot properly quote for your insurance and we cannot insure you. You can check the personal information we hold about you at any time. Such application should be directed to A & H International in writing where it will be considered by their internal Privacy Disputes Department.

If you provide us with personal information about anyone else, we rely on you to have their consent if you will be providing their information to us, and that you have told them to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about A & H International's Privacy Policy, please visit A & H International's website to obtain a copy: www.acchealth.com.au

Updating the PDS

Information in the PDS may need to be updated from time to time. You can obtain a paper copy of any updated information without charge by calling us on the contact details provided in this policy document. If the update is to correct a misleading or deceptive statement or an omission, that is materially adverse from the point of view of a reasonable person deciding whether to acquire this policy, we will provide you with a new PDS or a supplementary PDS.

Intermediary Remuneration

CGU Insurance Limited pays remuneration to insurance intermediaries when we issue, renew or vary a policy the intermediary has arranged or referred to us. The type and amount of remuneration varies and may include commission and other payments. If you require more information about remuneration we may pay your intermediary, you should ask your intermediary.

Financial Claims Scheme

You may be entitled to payment under the financial claims scheme in the event that CGU Insurance Limited becomes insolvent. Access to the scheme is subject to eligibility criteria. Information about the scheme can be obtained from the Australian Prudential Regulation Authority (APRA) website at www.apra.gov.au and the APRA hotline on 1300 131 060.

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.

Contact Details

Accident & Health International Underwriting Pty Limited

ABN 26 053 335 952

AFS Licence No: 238261

Level 4, 33 York Street

SYDNEY NSW 2000

Telephone: (02) 9251 8700

Fax: (02) 9251 8755

Website: www.acchealth.com.au

Email: enquiries@acchealth.com.au

The Insurer

CGU Insurance Limited

ABN 27 004 478 371

AFS Licence No: 238291

388 George Street

SYDNEY NSW 2000

Telephone: 131532

Website: www.cgu.com.au

This Product Disclosure Statement was prepared on 1st January 2011. A&H International are authorised to distribute this Product Disclosure Statement.

IMPORTANT NOTICE

Accident & Health International Underwriting Pty Ltd (hereinafter called A & H International) gives notice that this contract has been effected under an Authority, given to A & H International by The Company. A & H International has entered into the Contract as an agent of The Company and not an agent of the Insured. A commission is payable by Us to A & H International for arranging the insurance.

All cover under this Policy is subject to:

1. The Payment of premium;
2. The terms and conditions contained in this Policy Document and in the Schedule;
3. The limits of liability referred to in the Policy.

Subject to the terms, conditions, exclusions and limitations contained in this Policy, this Policy provides cover for Disablement caused by Injury only and Benefits are payable in the circumstances set out in the Policy. The particular cover which applies to You and which You selected when You applied for this insurance is referred to in the schedule which forms part of this Policy.

If You are not entirely satisfied with this Policy You may cancel it by returning it to Us within twenty-one (21) days of the date of receipt. We will refund Your premium and the Policy will be treated as though it never existed.

IMPORTANT DEFINITIONS

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

DEFERRAL PERIOD is the period stated in the Schedule during which no Benefits are payable for Temporary, Total or Partial Disablement.

SALARY means

1. Your Guaranteed Income for the twelve (12) months following the Injury;
2. If You have no Guaranteed Income for the twelve (12) months following the Injury, then the average of Your Income (as defined) for the preceding twelve (12) months or over such shorter period provided You have been continuously employed or engaged in Your occupation or business for a period of at least three (3) months.
3. If you do not meet 1 or 2 above, then your salary shall be Nil.

GUARANTEED INCOME means Your Income that you can prove or substantiate.

INCOME means

1. If You are an employee, Your gross weekly rate of pay exclusive of bonuses, commission, overtime payments and any allowances;
2. If You are not an employee, Your gross weekly Income derived from personal exertion after deducting any expenses necessarily incurred by You in deriving that Income.

INJURY means bodily Injury resulting from an accident which is an external event that occurs fortuitously to the Insured Person during the Period of Insurance and results in any of the Insured Events specified in the Table of Benefits within twelve (12) calendar months from the date thereof. Injury does not include:

- a. any consequences of an Injury which are ordinarily described as being a disease including but not limited to any congenital condition, heart condition, stroke or any form of cancer;
- b. an aggravation of a pre-existing Injury;

c. any other Pre-Existing Condition;

d. any degenerative condition.

LOSS OF USE means loss of, by physical severance, or total and permanent loss of the effective use of the part of the body referred to in the Table of Benefits.

PERIOD OF INSURANCE means the period stated in the Schedule.

PERMANENT in relation to disablement means disablement lasting at least twelve (12) consecutive months, and at the end of that time being beyond hope of improvement.

TOTAL DISABLEMENT means disablement which entirely prevents You from engaging in Your usual occupation or employment, or any other occupation or employment for which You are suited by reason of education, training, experience, or skill, or if not employed, from engaging in any and every occupation for the remainder of Your life.

PRE-EXISTING CONDITION means:

1. in respect of Injury:

a condition with which the Insured Person was aware of (whether diagnosed or not) or has sought treatment prior to the inception of his or her Policy.

Any medical condition that you have suffered from or been treated for, irrespective of whether a complete recovery has occurred, is still treated as a Pre-Existing Condition.

ARRANGEMENT DATE is the date cover was arranged by Us.

SCHEDULE includes any current Schedule or renewal or variation of this Policy.

BED CARE PATIENT means You are necessarily confined to bed (such confinement commencing during a Policy Period) for a continuous period of no less than 24 hours and Your confinement is certified necessary by a legally qualified and registered medical practitioner to be under the continuous care of a registered nurse (other than Yourself or a member of Your immediate family). Bed Care does not cover You if You are a patient in any institution used primarily as a nursing or convalescent home, a place of rest, a geriatric ward, a mental institution, a rehabilitation or extended care facility or a place for the care or treatment of alcoholics or drug addicts. For periods of confinement of less than one week, We will pay 1/7th of the weekly benefit payable per day of confinement.

MEDICAL EXPENSES means expenses incurred within twelve (12) months of You sustaining Injury that are not subject to full or partial rebate from Medicare and/or not recoverable by You from any other source, for treatment certified necessary by a legally qualified and registered medical practitioner to a Private Hospital, physiotherapist, nurse or similar provider of medical services including the cost of medical supplies but excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth, excluding dentures, and is caused by Injury.

Medical expenses does not include any or part of any expenses for which a Medicare benefit is paid or is payable including the balance of monies due or payable by You after deduction of any Medicare benefit or rebate from the actual expenses incurred (commonly known as the "Medicare Gap").

Provided that We shall not be liable to make any refund in respect of:

1. any expense recoverable by You from any other source except for the excess of the amount recoverable from such source;
2. any expense to which Section 67 of the National health Act 1953 (as amended) or any of the regulations that may apply thereunder or thereafter;
3. the first \$50.00 of each and every claim

OVERSEAS MEDICAL EXPENSES means expenses incurred outside the territorial limits of Australia within twelve (12) calendar months of sustaining Injury for treatment certified necessary by a legally qualified and registered medical practitioner to a physician, surgeon, nurse, hospital and/or ambulance service for medical, surgical, X-ray,

hospital or nursing treatment but excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth, excluding dentures, and is caused by Injury.

Provided that We shall not be liable to make any refund in respect of:

1. any expense recoverable by You from any other source except for the excess of the amount recoverable from such source;
2. any expense to which Section 67 of the National Health Act 1953 (as amended) or any of the regulations that may apply thereunder or thereafter;

HOSPITAL (for the purpose of Overseas Medical Expenses) means any institution located outside Australia lawfully operated for the care and treatment of sick or injured persons with organised facilities for diagnosis and surgery and having 24 hours a day nursing service and medical supervision, but does not include any institution used primarily as a nursing or convalescent home, a place of rest, a geriatric ward, a mental institution, a rehabilitation or extended care facility or a place for the care or treatment of alcoholics or drug addicts.

DOMESTIC HELP/CHILD MINDING SERVICES means services reasonably and necessarily carried out by persons other than members of Your family or other relatives or persons permanently residing with You for the purposes of providing You with domestic help or child minding services provided such services are certified by Your legally qualified and registered medical practitioner as being necessary for Your recovery.

TOTAL DISABLEMENT means disablement which entirely prevents You from engaging in Your usual occupation or employment, or any other occupation or employment for which You are suited by reason of education, training, experience, or skill, or if not employed, from engaging in any and every occupation for the remainder of Your life.

PRE-EXISTING CONDITION means a condition in respect of which the Insured Person was aware of or has sought treatment for prior to the inception of this Policy.

SCHEDULE includes any current Schedule.

TEMPORARY PARTIAL DISABLEMENT means disablement which entirely prevents You from carrying out a substantial part of the duties normally undertaken by You in connection with Your usual occupation or employment.

TEMPORARY TOTAL DISABLEMENT means disablement which entirely prevents You from engaging in Your usual occupation or employment.

INSURER means CGU Insurance Limited, ABN 27 004 478 371, AFS Licence no. 238291, of 388 George Street, Sydney, New South Wales, 2000, Australia

A & H INTERNATIONAL 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 is the Insured Person named in the Schedule. If the Insured is not the Insured Person, then YOU/YOUR in connection with the payment of premium, the General Conditions and receipt of Benefits means the Insured and in connection with the circumstances in which entitlement to Benefits arise means the Insured Person.

THE COMPANY means CGU Insurance Limited, ABN 27 004 478 371, AFS Licence no. 238291, of 388 George Street, Sydney, New South Wales, 2000, Australia, a company duly incorporated under the laws of Australia and registered in New South Wales, Australia.

WE/OUR/US means CGU Insurance Limited.

EXTENT OF COVER

If, as a result solely and directly of Injury, You suffer from Temporary Total Disablement or any of the following Insured Events set out in the Table of Benefits We will pay the compensation set out in that Table. However, all Insured Events including Disablement must occur within twelve (12) months of the Injury.

TABLE OF BENEFITS

INSURED EVENTS

THE COMPENSATION being a percentage of the Sum Insured stated in the Schedule

Injury resulting directly in:

1. Death	1.	100%
2. Permanent Total Disablement	2.	100%
3. Permanent and incurable paralysis of all limbs	3.	100%
4. Permanent Total Loss of sight of both eyes	4.	100%
5. Permanent Total Loss of sight of one eye	5.	100%
6. Permanent Total Loss of use of two limbs	6.	100%
7. Permanent Total Loss of use of one limb	7.	100%
8. Permanent and incurable insanity	8.	100%
9. Permanent Total Loss of hearing in		
a. both ears	9a.	80%
b. one ear	9b.	20%
10. Permanent Total Loss of four fingers and thumb of either hand	10.	80%
11. Permanent Total Loss of the lens of one eye	11.	60%
12. Permanent Total Loss of use of four fingers of either hand	12.	50%
13. Third degree burns and/or resultant disfigurement which covers more than 40% of the entire external body	13.	50%
14. Permanent Total Loss of use of one thumb of either hand		
a. both joints	14a.	30%
b. one joint	14b.	15%

TABLE OF BENEFITS

INSURED EVENTS

THE COMPENSATION being a percentage of the Sum Insured stated in the Schedule

15. Permanent Total Loss of use of fingers of either hand		
a. three joints	15a.	10%
b. two joints	15b.	7.5%
c. one joint	15c.	5%
16. Permanent Total Loss of use of toes of either foot		
a. all - one foot	16a.	15%
b. great - both joints	16b.	5%
c. great - one joint	16c.	3%
d. other than great, each toe	16d.	1%
17. Fractured leg or patella with established non-union	17.	10%
18. Shortening of leg by at least 5cm	18.	7.5%
19. Permanent Disability not otherwise provided for under Insured Events 9 to 18 inclusive	19.	Such percentage of the Sum Insured as We shall in Our absolute discretion determine and being in Our opinion not inconsistent with the compensations provided under Insured Events 9 to 18 inclusive.

20. Temporary Total Disablement caused directly and solely by Injury	20. During such Disablement, the Weekly compensation as specified or 85% of Your Salary as defined whichever is the lesser.
21. Temporary Partial Disablement caused directly and solely by Injury	21. 40% of the amount payable for Insured Event 20.
22. Domestic Help/Child Minding Services (Non-income earners) Temporary Total Disablement – We will pay for the cost of Domestic Help and/or Child Minding Services, as defined, Subject to the maximum benefit payment period of 104 weeks (52 weeks in relation to Domestic Help/Child Minding) And the Elimination period as stated in The Schedule.	22. \$250 per week Maximum
23. Surgical Benefits	
a. Craniotomy	23a. \$2,000
b. Amputation of a limb	23b. \$1,000
c. Fracture of a limb requiring open reduction	23c. \$1,000
d. Dislocation requiring open reduction	23d. \$500
e. Any other surgical procedure under general anaesthetic	23e. \$100
Maximum compensation any one accident	\$2,000
24. Bed Care Patient You becoming a Bed Care Patient, as defined. The maximum Benefit payable for any single period as a Bed Care Patient Shall be limited to 104 weeks.	24. \$250 per week
25. Medical Expenses You incurring non-Medicare Medical Expenses as defined	25. \$5,000
26. Home Tutorial Benefit (Full time Students only) Temporary Total Disablement – We will pay 80% of the actual Costs incurred for Home Tutorial Expenses certified as Necessary by Your legally qualified and registered medical Practitioner, subject to the maximum benefit payment period of 104 weeks and the Elimination Period as stated in The Schedule.	26. \$250 per week (maximum)

TABLE OF BENEFITS

INSURED EVENTS

**THE COMPENSATION
being a percentage of the Sum
Insured stated in the Schedule**

27. HECS and/or Post Graduate Fees Injury, as defined, resulting in: Capital Benefits – Events 2 – 19 – We will pay a proportion Of Your HECS and/or Post Graduate Fees in accordance with Our Schedule of Benefits for section A, based on the Event Paid and percentage applicable thereto should You be unable To undertake any further studies whatsoever as a result of Your Injury. Subject to the maximum benefit as stated in The Schedule.	27. \$10,000 (maximum)
28. Injury Assistance Benefit Temporary Total Disablement – We will reimburse 100% Of actual additional public transport expenses incurred By You for the procurement of medical services/treatment Certified as necessary by Your legally qualified and registered Medical practitioner. Subject to a maximum benefit payment As stated in The Schedule for a maximum of 16 weeks.	28. \$250 per week (maximum)
29. Modification Benefit Permanent Paraplegia or Permanent Quadriplegia – We will Pay up the amount specified in The Schedule or the actual Costs incurred for modification/s to Your home and/or Motor vehicle subject to the maximum benefit stated.	29. \$10,000 (maximum)
30. Overseas Medical Expenses You incurring Overseas Medical Expenses – We will Reimburse the actual costs incurred for Overseas	30. \$100,000

Medical Expenses, as defined, provided such costs are Incurred whilst You are engaged in Travel in connection With Campus/Course related activities and they exceed \$20.00 for each and every claim. Subject to the maximum benefit as stated in The Schedule.

ADDITIONAL BENEFITS

1. Exposure

If as a result of an Injury occurring during the Period of Insurance You are exposed to the elements and suffer from any of the Insured Events set out in the Table of Benefits as a direct result of that exposure, We will pay compensations accordingly.

2. Disappearance

If You disappear following the disappearance, sinking or wrecking during the Period of Insurance of a conveyance in which You were then travelling and Your body has not been found within one (1) year after the date of disappearance, We will pay a compensation on the assumption that You died as a result of an Injury at the time of the disappearance, sinking or wrecking of the conveyance.

GENERAL CONDITIONS

1. Compensation shall not be payable for more than one of the Insured Events 1-19 in respect of the same Injury, in which case the highest compensations will be payable.
2. Any compensation payable for Insured Events 1-19 shall be reduced by any sum already paid for Insured Events 20 and 21 in respect of the same Injury.
3. Weekly compensation for Temporary Total Disablement shall be limited to the Sum Insured stated in the Schedule or 85% of Your Salary, whichever is the lesser. If You receive benefits/income from any other source Our payments will be reduced by that amount and We will pay the difference up to 85% of Your Salary. If you redeem or commute or settle your entitlement to benefits/income from any other source, Our payments under this Policy will immediately cease.
4. We will pay one-seventh (1/7th) of the Weekly compensation for each day of Disablement where Disablement lasts for less than a week.
5. The Weekly compensation payable for Temporary Total Disablement shall be reduced by the amount of any Workers' Compensation entitlement or any other payment which You are entitled to receive from any insurance policy effected by a person other than You.
6. No Weekly compensation shall be payable for Disablement during the Deferral Period.
7. No further compensation will be payable under this Policy and all cover under this Policy will cease if:
 - 7.1 You become entitled to the payment of a Sum Insured being 100% of the Sum Insured stated in the Schedule.
 - 7.2 You become entitled to the payment of Weekly compensations for the maximum period stated in the Schedule. The maximum period is one hundred and four (104) weeks except for persons sixty (60) years and over where the benefit period is fifty-two (52) weeks. Should You become entitled to weekly compensation at the age of fifty-nine (59) Your benefit period ceases when You turn sixty-one (61). The benefit period ceases at the expiration of the maximum period. The maximum period commences from the time You first sought medical attention following Injury.
 - 7.3 You become entitled to both a Sum Insured as stated in the Schedule and Weekly compensations and You are paid 100% of the Sum Insured stated in the Schedule and Weekly compensations for the total period stated in the Schedule.

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8. No compensations are payable unless as soon as possible after the happening of any Injury You obtain and follow medical advice from a legally qualified medical practitioner. Your benefit commences from the time You first sought medical attention following Your Injury.
 9. You must give Us immediate written notice if You take out any other insurance with any insurer providing for weekly compensations of a similar kind which, together with this insurance, will exceed Your Earnings.
 10. Written notice of claim must be given to Us within thirty (30) days after the occurrence of any circumstances giving rise to a claim or as soon thereafter as is reasonably possible.
 11. Upon receipt of a notice of claim, We shall submit Our usual claim form for completion. We shall not be liable to make any payment under this Policy unless the claim form is properly completed and all information reasonably required by Us has been furnished at Your expense.
 12. The benefits of this policy depend on You or any person covered by this policy giving Us any reasonable information and help We require. This includes giving Us written statements of documents We consider relevant. We may also require You or any person covered by this policy to attend Court to give evidence. You must help Us even when We have paid Your claim. If You do not co-operate Your payments may be suspended.
 13. We may at Our own expense conduct any medical examination or examinations or arrange for an autopsy to be carried out. We may also at any time during Your claim ask for further information or appoint a person to conduct further enquiries into the nature and circumstances of the claim.
 14. We may request a progressive claim form be completed by Your attending physician or specialist.
 15. No action at law shall be brought to recover on this Policy prior to the expiration of sixty (60) days after Our reasonable requirements in connection with a claim have been met. No such action shall be brought after the expiration of three (3) years after the date of the Injury giving rise to the claim.
 16. This Policy may be cancelled by You at any time by giving Us written notice, in which case We shall retain a proportion of the premium calculated at Our usual short-term rates for the time the Policy has been in force. We may cancel this Policy in accordance with the provisions of the Insurance Contracts Act. Upon cancellation by Us, We shall refund a proportion of the premium paid calculated by reference to the unexpired Period of Insurance.
 17. All cover under this Policy shall cease upon Your attaining the age of sixty-five (65) unless otherwise indicated on the Schedule.
 18. All Weekly compensations shall be paid monthly in arrears.
 19. All compensations shall be paid to You, or in the case of Your death, to Your legal personal representative.
 20. If a sum is shown in the Schedule as being the Aggregate Limit of Liability, We shall not be liable to pay compensations under this Policy totalling in all more than the Aggregate Limit of Liability Sum Insured for all claims arising under this Policy during the Period of Insurance shown in the Schedule, including any current Schedule.
 21. Any claim or benefit paid under this policy will be paid in the same currency as premium quoted.

EXCLUSIONS

No compensations are payable under this Policy for any Insured Event resulting from Injury which:

1. is deliberately self-inflicted or caused by You, including suicide or attempted suicide whether sane, insane or under any mental distress;
2. occurs as a result of war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power or confiscation or nationalisation or

requisition or destruction of or damage to property by or under the order of any Government or Public or Local Authority;

3. results from You engaging in air travel except as a passenger in any properly licensed aircraft;
4. results from You engaging in or taking part in naval, military or air force service or operations;
5. results from You engaging in or taking part in or training for professional sports of any kind;
6. occurs as a result of the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel;
7. is a sexually transmitted disease, or Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV) infection.
8. results from a criminal or illegal act committed by You;
9. results from You being under the influence of alcohol or an illegal drug or there is more alcohol or drugs in Your blood than the law permits;
10. results from You directly or indirectly suffering from stress, depression, anxiety or any psychosomatic, psychological, psychotic, mental or nervous disorder;
11. results from any Pre-existing Condition (as defined);
12. results from You receiving any payments after the expiry of the deferral period during which You receive sick leave payments;
13. which results from losses arising from nuclear, chemical or biological terrorism.
terrorism includes, but is not limited to, any act, preparation in respect of action or threat of action, designed to:
 - a. influence a government or any political division within it for any purpose, and/or
 - b. influence or intimidate the public or any section of the public with the intention of advancing a political, religious, ideological or similar purpose;
16. which results from racing and/or time trials of any form, other than on foot.

GOVERNING LAW AND JURISDICTION

This policy shall be governed and construed in accordance with the laws of Australia. Any dispute under this policy shall be resolved in accordance with the laws of Australia.