



point INSURANCE
next gen ACCIDENT & SICKNESS

PRODUCT DISCLOSURE STATEMENT & POLICY DOCUMENT

Date of Issue | October 2024



V.I.P. Home Services
Personal Accident & Sickness
Income Protection Policy

INTRODUCTION.

In this policy booklet You will find all the information You need to know about the type of cover(s) available, Our terms and conditions, and making a claim. Please read this booklet and make sure that You are satisfied with what We offer. Insurance protection only begins when We have agreed to accept the insurance and a policy Certificate has been issued. This booklet and the insurance policy Certificate We send You are Your policy documents and form Your legal contract with Us. Please keep them together in a safe place. You should also keep documents You will need in case of a claim – for example, documents which substantiate Your earnings and medical certificates. Please do not hesitate to contact Your Insurance Adviser if You have any questions about this policy booklet or Your insurance cover.

About Point Underwriting Agency

Point Underwriting Agency Pty Ltd AFSL 477471 (Point) is a niche market underwriter specialising in niche insurance products. We pride ourselves on offering tailored insurance products backed by Our people and professional service.

About the Insurers

Lloyd's is the world's specialist insurance and reinsurance market, bringing together an outstanding concentration of underwriting expertise and talent. Over 80 syndicates underwrite insurance at Lloyd's, covering all classes of business. Together they interact with thousands of brokers daily to create insurance solutions for businesses in over 200 countries and territories around the world.

Our Agreement with You

You have made to Us a written application, which together with all accompanying information shall be the basis of this contract and be considered as incorporated in it. In consideration of the payment of the premium, and subject to the terms and conditions contained in, endorsed or attached to this Policy, if during the Policy Period any of the Events specified in The Schedule happens to an Insured Person, We will pay The Benefit specified in The Certificate, in the manner described.

DUTY OF DISCLOSURE (NOT TO MISREPRESENT)

Before entering into a consumer insurance contract, You have a duty to take reasonable care not to make a misrepresentation to the insurer to enable it to determine whether to insure You and, if so, on what terms.

You have this duty until the insurer agrees to insure You.

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

If You make a misrepresentation to the Insurer.

If You make a misrepresentation to the insurer and it is determined You failed to take reasonable care not to do so, the insurer may cancel Your insurance contract or reduce the amount it will pay You if You make a claim, or both.

If it is determined that Your misrepresentation to the insurer was fraudulent, it may refuse to pay a claim and treat the contract as if it never existed.

Cooling off period

You may return this policy to Us within 14 days of the date We enter into it provided that no right or power under Your policy has been exercised (eg no claim has been made).

Where You return it within the above 14 day period We will cancel the policy and give You a full refund of premium. Please note You still have cancellation rights that You can use after this period expires.

Keeping Us Up to date

You must notify Us immediately if You become aware that You are suffering from any Injury or medical condition which is likely to affect Your ability to work.

If You do not do so, We may

- (a) cancel the policy, or
- (b) reduce or refuse to pay a claim.

Change of Occupation

We only cover You for the Occupation shown in the Application for Insurance so You should notify Us immediately if there is any change in Your Occupation. We will then decide whether to insure You for Your new Occupation and if so on what terms.

Expiry of Your Policy

Your Policy expires at 4pm on the date shown on Your Certificate.

Renewal Terms

We will write to You at least 14 days before Your Policy expires to confirm the date and time Your Policy expires. When We write to You We may offer a new policy on the same terms or on different terms or We may refuse to renew the policy. We will offer You a new policy by sending a renewal notice to You identifying the new premium and any other changes to the terms of this policy. You accept by paying the new premium or giving Us notice of acceptance.

Alterations to this Policy

Alterations to the terms, clauses and/or conditions of this policy are not valid unless agreed by Us in writing.

THE DISPUTE RESOLUTION PROCESS

This insurance is subject to the provisions of the Insurance Council of Australia's General Insurance Code of Practice. For more information see www.codeofpractice.com.au

If You have any concerns or wish to make a complaint in relation to this policy, Our services or Your insurance claim, please let Us know and We will attempt to resolve Your concerns in accordance with Our Internal Dispute Resolution procedure. Please contact Point Underwriting Agency in the first instance:

Point Underwriting Agency

Email: enquiries@pointinsurance.com.au

Telephone: 1300 362 766 or (02) 9970-7378

Post: P.O. Box 744, Manly NSW 1655

We will acknowledge receipt of Your complaint and do Our utmost to resolve the complaint to Your satisfaction within 10 business days.

If We cannot resolve Your complaint to Your satisfaction, We will escalate Your matter to Lloyd's Australia who will determine whether it will be reviewed by their office or the Lloyd's UK Complaints team. Lloyd's contact details are:

Lloyd's Australia Limited

Email: idraustralia@lloyds.com

Telephone: (02) 8298-0783

Post: Suite 1603, Level 16, 1 Macquarie Place, Sydney NSW 2000

A final decision will be provided to You within 30 calendar days of the date on which You first made the complaint.

You may refer Your complaint to the Australian Financial Complaints Authority (AFCA) at any time, and if Your complaint is not resolved to Your satisfaction within 30 calendar days of the date on which You first made the complaint.

AFCA can be contacted as follows:

Australian Financial Complaints Authority (AFCA)

Email: info@afca.org.au Phone: 1800 931 678

Post: GPO Box 3, Melbourne VIC 3001

www.afca.org.au

Your complaint must be referred to AFCA within 2 years of the final decision. Determinations made by AFCA are binding on Us. If Your complaint is not eligible for consideration by AFCA, You may be referred to the Financial Ombudsman Service (UK) or provided with other options.

The Underwriters accepting this insurance agree that:

- If a dispute arises under this insurance, this insurance will be subject to Australian law and practice and the Underwriters will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;
- Any summons notice or process to be served upon the Underwriters may be served upon Lloyd's Underwriters General Representative in Australia (Suite 1603, Level 16, 1 Macquarie Place, Sydney, NSW 2000), who has authority to accept service on the Underwriters' behalf;
- If a suit instituted against any of the Underwriters, all Underwriters participating in this Insurance will abide by the final decision of such Court or any competent Appellate Court

GENERAL INSURANCE CODE OF PRACTICE

The General Insurance Code of Practice was developed by the Insurance Council of Australia to further raise standards of practice and service across the insurance industry through promoting better communication between insurers and customers and outlining a standard of practice and service to be met by insurers.

We keenly support the standards set out in the Code.

You can obtain a copy of the Code from the Insurance Council of Australia website www.insurancecouncil.com.au or by phoning (02) 9253 5100, or by visiting Our website at www.pointinsurance.com.au.

PRIVACY NOTICE

We are committed to protecting Your privacy. We only use the personal information You provide to Us to quote on and insure Your risks. 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. We will not trade, rent or sell Your information.

If You don't provide Us with complete 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.

If You provide Us with personal information about anyone

else, We rely on You to have told them that You will provide their information to Us, 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 our Privacy Policy, ask Us for a copy or visit our website: www.pointinsurance.com.au

GROUP PERSONAL ACCIDENT AND SICKNESS

Schedule Number 1. Working Hours Protection

Insured Person(s)	All members of the Insured listed on the Schedule of Insured Members.	
Scope of Cover	Full Time Cover while an Insured Person is at their place of employment	
Age Limitation	Over 16 years and under 70 years of age	
The benefit applicable under each section of this policy for each Insured Person		
Section		The Benefit
A	Capital Benefits, Events 1-51	As per Schedule of Benefits
B	Weekly Accident Benefit, Events 52	Up to percentage of income shown on the policy schedule.
	Temporary Partial Disablement Event 53	During such disablement 25% of Event 52 per week
	Aggregate Period	104 weeks
	Excess Period	14 days
C	Weekly Sickness Benefit, Event 54	Up to percentage of income shown on the policy schedule.
	Temporary Partial Disablement Event 55	During such disablement 25% of Event 54 per week.
	Aggregate Period	104 weeks
	Excess Period	14 days

SCHEDULE OF BENEFITS
SCHEDULE 1 - WORKING HOURS PROTECTION

SECTION A - CAPITAL BENEFITS

Cover under this Section is included only for the Events specified in The Schedule.

THE EVENTS		THE BENEFIT
Accident as defined, resulting in:		
1	Death by Injury	\$100,000
2	Permanent Total Quadriplegia.	\$100,000
3	Permanent Total Paraplegia.	\$100,000
4	Permanent Total Loss of sight of both eyes.	\$100,000
5	Permanent Total Loss of sight of an only eye.	\$100,000
6	Permanent Total Loss of use of two Limbs.	\$100,000
7	Permanent Loss of Independent Existence.	\$100,000
8	Permanent Total Loss of use of the right arm or the greater part of the right arm.	\$80,000
9	Permanent Total Loss of use of the left arm or of the greater part of the left arm Hand or of the lower part of the left arm.	\$75,000
10	Permanent Total Loss of use of the right Hand or of five Fingers of the right arm.	\$70,000
11	Permanent Total Loss of the use of the left Hand or of five Fingers of the left Hand or of the lower part of the left arm.	\$65,000
12	Permanent Total Loss of use of a leg.	\$75,000
13	Permanent Total Loss of use of a Foot.	\$65,000

14	Permanent Total Loss of use of the lower part of a leg	\$70,000
15	Permanent Total Loss of sight of one eye, together with the various diminution of the sight of the other eye.	\$75,000
16	Permanent Total Loss of sight of one eye	\$40,000
17	Permanent Total Loss of binocular vision.	\$40,000
18	Permanent Total Loss of eyeball (in addition to Benefit for loss of sight of an eye).	\$22,000
19	Permanent Total Loss of hearing.	\$65,000
20	Permanent Total Loss of Speech.	\$60,000
21	Permanent Total Loss of sense of taste or smell.	\$17,000
22	Permanent Total Loss of both taste and smell.	\$34,000
23	Permanent Total Loss of sexual organs.	\$47,000
24	Permanent Total Loss of breasts.	\$47,000
25	Permanent Total Loss of one breast.	\$30,000
26	Permanent Total Loss of use of the thumb of right Hand.	\$30,000
27	Permanent Total Loss of use of the thumb of left Hand.	\$26,000
28	Permanent Total Loss of use of the forefinger of the right Hand.	\$21,000
29	Permanent Total Loss of use of the forefinger of the left Hand.	\$18,000
30	Permanent Total Loss of use of two joints of the forefinger of the right Hand.	\$16,000

31	Permanent Total Loss of use of two joints of the forefinger of the left Hand.	\$12,000
32	Permanent Total Loss of a joint of the Thumb.	\$16,000
33	Permanent Total Loss of use of the first joint of the forefinger of the right Hand.	\$10,000
34	Permanent Total Loss of the use of the first joint of the forefinger of the left Hand.	\$9,000
35	Permanent Total Loss of the use of the first joint of the middle or little or ring Finger of either Hand.	\$6,000
36	Permanent Total Loss of use of the middle finger of either Hand	\$12,000
37	Permanent Total Loss of use of the little finger of either Hand	\$11,000
38	Permanent Total Loss of use of two joints of the middle finger on either Hand	\$10,000
39	Permanent Total Loss of use of two joints of ring Finger of either Hand.	\$9,000
40	Permanent Total Loss of use of the great Toe of either Foot.	\$22,000
41	Permanent Total Loss of use of a joint of the great Toe of either Foot.	\$10,000
42	Permanent Total Loss of use of any Toe.	\$6,000
43	Permanent Total Loss of use of a joint of any other Toe.	\$2,000

44	Permanent Partial Loss of the sight of both eyes or of an only eye.	Such percentage of the maximum Benefit Payable for Total Loss as is equal to the Percentage (being not less than 10) of the diminution of sight measured without the aid of a correcting lens.
45	Permanent Partial Loss of Hearing.	\$4,000
46	Permanent Total Impairment of the entire spine (provided greater than 10% of the spine affected)	\$10,000 - \$100,000
47	Permanent Total Impairment of the back.	\$7,000
48	Permanent Impairment of the neck.	\$7,000
49	Permanent Impairment of the pelvis.	\$10,000 - \$15,000
50	Severe facial disfigurement.	\$10,000 - \$26,000
51	Severe bodily disfigurement.	\$10,000 - \$22,000

For the purpose of Section A Capital Benefits

(a) where an Insured Person habitually uses the left Hand and arm to perform tasks usually performed by a person with the right Hand and arm The Benefit payable for the loss of such left arm or the greater part of the arm or for the total loss of the left Hand or of five Fingers thereof or the lower part of that arm or of a Finger or part of a Finger or the left Hand shall be such amount as would have been payable for a similar loss in respect of the right arm or parts thereof, but in any such case the Benefit for the loss of the right arm or the greater part of that arm or for the total Loss of the right Hand or of five Fingers thereof or of the lower part of that arm or of a finger or part of a Finger of the right Hand shall be such amount as would have been payable for a similar loss in respect of the left arm or the part or parts thereof if the Insured Person did not habitually use the left

Hand and arm to perform tasks usually performed by a person with the right Hand and arm; and

(b) where a percentage range is provided under The Benefit, the highest and lowest percentages shall be reserved for Injuries resulting in maximum or minimal impairment;

(c) in the case of loss of sexual organs (subject to the maximum percentage of 47% per cent and without limiting Benefit for other loss of sexual organs).

(i) the percentage payable for loss of penis is 47%; and

(ii) the percentage payable for loss of 1 testicle is 10%; and

(iii) the percentage payable for loss 2 testicles or an only testicle is 47%

(d) the degree of impairment in the case of Injuries to the back, neck or pelvis, will be assessed according to the methods specified in the American Association Guides to the Evaluation of Permanent Impairment (Second Edition or a subsequent prescribed edition).

ADDITIONAL BENEFIT SECTION D PAIN & SUFFERING BENEFIT

In the event of the payment of a claim under Section A - Events 8 to 51, We will pay an additional percentage of the claimed Capital Sum Insured as We in Our absolute discretion shall determine as being appropriate to the Accident suffered up to a maximum of \$7,000.

SECTION B WEEKLY ACCIDENT BENEFIT

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

THE EVENTS		THE BENEFIT
Accident as defined, resulting in:		
52	Temporary Total Disablement	During such disablement the amount per week specified in The Schedule or Income as defined, whichever is the lesser

53	Temporary Partial Disablement	During such disablement 25% of Event 52 per week. If the Insured Person is able to return to work in a reduced capacity then the compensation payable shall be calculated as the difference between the compensation for Event 52 per week and the current Income received from the reduced work capacity.
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SECTION C

WEEKLY SICKNESS BENEFIT

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

THE EVENTS	THE BENEFIT	
Sickness as defined, resulting in:		
54	Temporary Total Disablement	During such disablement the amount per week specified in the Schedule or Income as defined whichever is the lesser.
55	Temporary Partial Disablement	During such disablement 25% of Event 54 per week. If the Insured Person is able to return to work in a reduced capacity then the compensation payable shall be calculated as the difference between the compensation for Event 54 per week and the current income received from the reduced work capacity.

**SCHEDULE No. 2
JOURNEY PROTECTION**

INSURED PERSON(S)

All Members of the Insured listed.

SCOPE OF COVER

Cover only while an Insured Person is actually engaged in direct travel to or from their normal place of residence and to or from their place of employment.

AGE LIMITATION

Over 16 and under 70 years of age.

The benefit applicable under each section of this policy benefit for each Insured Person.

	The Benefit Applicable	The Benefit
A	Capital Benefits Events 1 - 51	As per Schedule of Benefits
B	Weekly Accident Benefit Event 52	Up to percentage of income shown on the policy schedule.
	Temporary Partial Disablement (Injury only) Event 53	During such disablement 25% of Event 52, per week
	Aggregate Period	52 weeks
	Excess Period	14 days

**SCHEDULE NO. 2 SCHEDULE OF BENEFITS
JOURNEY PROTECTION**

SECTION A – CAPITAL BENEFITS

THE EVENTS		THE BENEFIT
Accident as defined, resulting in:		
1	Death by Injury	\$100,000
2	Permanent Total Quadriplegia.	\$100,000
3	Permanent Total Paraplegia.	\$100,000

4	Permanent Total Loss of sight of both eyes.	\$100,000
5	Permanent Total Loss of sight of an only eye.	\$100,000
6	Permanent Total Loss of use of two Limbs.	\$100,000
7	Permanent Loss of Independent Existence.	\$100,000
8	Permanent Total Loss of use of the right arm or the greater part of the right arm.	\$80,000
9	Permanent Total Loss of use of the left arm or of the greater part of the left arm Hand or of the lower part of the left arm.	\$75,000
10	Permanent Total Loss of use of the right Hand or of five Fingers of the right arm.	\$70,000
11	Permanent Total Loss of the use of the left Hand or of five Fingers of the left Hand or of the lower part of the left arm.	\$65,000
12	Permanent Total Loss of use of a leg.	\$75,000
13	Permanent Total Loss of use of a Foot.	\$65,000
14	Permanent Total Loss of use of the lower part of a leg	\$70,000
15	Permanent Total Loss of sight of one eye, together with the various diminution of the sight of the other eye.	\$75,000
16	Permanent Total Loss of sight of one eye	\$40,000
17	Permanent Total Loss of binocular vision.	\$40,000

18	Permanent Total Loss of eyeball (in addition to Benefit for loss of sight of an eye).	\$22,000
19	Permanent Total Loss of hearing.	\$65,000
20	Permanent Total Loss of speech.	\$60,000
21	Permanent Total Loss of sense of taste or smell.	\$17,000
22	Permanent Total Loss of both taste and smell.	\$34,000
23	Permanent Total Loss of sexual organs.	\$47,000
24	Permanent Total Loss of breasts.	\$47,000
25	Permanent Total Loss of one breast.	\$30,000
26	Permanent Total Loss of use of the Thumb of right Hand.	\$30,000
27	Permanent Total Loss of use of the Thumb of left Hand.	\$26,000
28	Permanent Total Loss of use of the forefinger of the right Hand.	\$21,000
29	Permanent Total Loss of use of the forefinger of the left Hand.	\$18,000
30	Permanent Total Loss of use of two joints of the forefinger of the right Hand.	\$16,000
31	Permanent Total Loss of use of two joints of the forefinger of the left Hand.	\$12,000
32	Permanent Total Loss of a joint of the Thumb.	\$16,000
33	Permanent Total Loss of use of the first joint of the forefinger of the right Hand.	\$10,000

34	Permanent Total Loss of the use of the first joint of the forefinger of the left Hand.	\$9,000
35	Permanent Total Loss of the use of the first joint of the middle or little or ring Finger of either Hand.	\$6,000
36	Permanent Total Loss of use of the middle finger of either Hand	\$12,000
37	Permanent Total Loss of use of the little finger of either Hand	\$11,000
38	Permanent Total Loss of use of two joints of the middle finger on either Hand	\$10,000
39	Permanent Total Loss of use of two joints of ring Finger of either Hand.	\$9,000
40	Permanent Total Loss of use of the great Toe of either Foot.	\$22,000
41	Permanent Total Loss of use of a joint of the great Toe of either Foot.	\$10,000
42	Permanent Total Loss of use of any Toe.	\$6,000
43	Permanent Total Loss of use of a joint of any other Toe.	\$2,000
44	Permanent Partial Loss of the sight of both eyes or of an only eye.	Such percentage of the maximum Benefit Payable for Total Loss as is equal to the Percentage (being not less than 10) of the diminution of sight measured without the aid of a correcting lens.

45	Permanent Partial Loss of Hearing.	\$4,000
46	Permanent total Impairment of the entire spine (provided greater than 10% of the spine affected)	\$10,000 - \$100,000
47	Permanent Total Impairment of the back.	\$7,000
48	Permanent Impairment of the neck.	\$7,000
49	Permanent Impairment of the pelvis.	\$10,000 - \$15,000
50	Severe facial disfigurement.	\$10,000 - \$26,000
51	Severe bodily disfigurement.	\$10,000 - \$22,000

For the purpose of Section A Capital Benefits

(a) where an Insured Person habitually uses the left Hand and arm to perform tasks usually performed by a person with the right Hand and arm The Benefit payable for the loss of such left arm or the greater part of the arm or for the total loss of the left Hand or of five Fingers thereof or the lower part of that arm or of a Finger or part of a Finger or the left Hand shall be such amount as would have been payable for a similar loss in respect of the right arm or parts thereof, but in any such case the Benefit for the loss of the right arm or the greater part of that arm or for the total Loss of the right Hand or of five Fingers thereof or of the lower part of that arm or of a finger or part of a Finger of the right Hand shall be such amount as would have been payable for a similar loss in respect of the left arm or the part or parts thereof if the Insured Person did not habitually use the left Hand and arm to perform tasks usually performed by a person with the right Hand and arm; and

(b) where a percentage range is provided under The Benefit, the highest and lowest percentages shall be reserved for Injuries resulting in maximum or minimal impairment;

(c) in the case of loss of sexual organs (subject to the maximum percentage of 47% per cent and without limiting Benefit for other loss of sexual organs).

(i) the percentage payable for loss of penis is 47%; and

(ii) the percentage payable for loss of 1 testicle is 10%; and

(iii) the percentage payable for loss 2 testicles or an only testicle is 47%

(d) the degree of impairment in the case of Injuries to the back, neck or pelvis, will be assessed according to the methods specified in the American Association Guides to the Evaluation of Permanent Impairment (Second Edition or a subsequent prescribed edition)

SCHEDULE NO. 2 JOURNEY PROTECTION

SECTION B - WEEKLY ACCIDENT BENEFIT

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

THE EVENTS		THE BENEFIT
Accident as defined, resulting in:		
52	Temporary Total Disablement	During such disablement the amount per week specified in The Schedule or Income as defined whichever is the lesser.
53	Temporary Partial Disablement (Injury Only)	During such disablement 25% of the Event 52 per Week. If the Insured Person is able to return to work in a reduced capacity then the compensation payable shall be calculated as the difference between the compensation for Event 52 per week and the current Income received from the reduced work capacity.

SCHEDULE NO 3.

OUTSIDE WORKING HOURS

INSURED PERSON(S)

All Members of the Insured.

SCOPE OF COVER

Full Time Cover while an Insured Person is NOT at their place of employment

AGE LIMITATION

Over 16 and under 70 years of age.

	The Benefit Applicable	The Benefit
A	Capital Benefits Events 1 - 15	As per Schedule of Benefits

B	Weekly Accident Benefit Event 52	Up to percentage of income shown on the policy schedule.
	Temporary Partial Disablement Event 53	During such disablement 25% of the Event 52, per week
	Aggregate Period	104 weeks
	Excess Period	14 days
C	Weekly Sickness Benefit Event 54	Up to percentage of income shown on the policy schedule.
	Temporary Partial Disablement, Event 55	During such disablement 25% of Event 54 per week.
	Aggregate Period	104 weeks
	Excess Period	14 days

SCHEDULE OF BENEFITS OUTSIDE WORKING HOURS SECTION A – CAPITAL BENEFITS

Cover under this Section is included only for the Events specified in The Schedule.

THE EVENTS		THE BENEFIT
1	Death by Injury	\$100,000
2	Loss of Independent Existence.	\$100,000
3	Permanent & Incurable paralysis of all Limbs.	\$100,000
4	Permanent Total Loss of sight of one or both eyes.	\$100,000
5	Permanent Total Loss of use of one or two Limbs.	\$100,000

6	Permanent and incurable insanity	\$100,000
7	Permanent Total Loss of hearing in: (a) Both ears. (b) One ear.	(a) \$100,000 (b) \$ 20,000
8	Permanent Total Loss of lens of one eye	\$60,000
9	Permanent Total Loss of use of Fingers: a) three joints per Finger b) two joints per Finger c) one joint per Finger	\$10,000 \$8,000 \$5,000
10	Permanent and Total Loss of use of one humb of either hand: a) both joints b) one joint	a) \$30,000 b) \$15,000
11	Permanent and Total Loss of use of toes of either foot: all one foot. a) All one Foot b) great-both joints c) great-one joint d) other than great each toe	a) \$15,000 b) \$5,000 c) \$3,000 d) \$1,000
12	Fractured leg or patella with established non union.	\$10,000
13	Permanent Disability not otherwise provided for under Events 5 to 15 inclusive	Such percentage of the Capital Sum Insured that We shall in our absolute discretion determine and being in Our opinion not inconsistent with the benefits provided under Events 4 to 15 inclusive.

14	Burns or disfigurement extending to more than 50% of the entire body.	\$20,000
15	Loss of at least 50% of all sound and natural teeth including capped or crowned teeth per tooth.	\$ 1,000

SCHEDULE NO. 3 OUTSIDE WORKING HOURS SECTION B - WEEKLY ACCIDENT BENEFIT

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

	THE EVENTS	THE BENEFIT
	Accident as defined, resulting in:	
52	Temporary Total Disablement	During such disablement the amount per week specified in The Schedule or Income as defined whichever is the lesser.
53	Temporary Partial Disablement	During such disablement 25% of Event 52 per week. If the Insured Person is able to return to work in a reduced capacity then the compensation payable shall be calculated as the difference between the compensation for Event 52 per week and the current Income received from the reduced work capacity.

SCHEDULE NO. 3 OUTSIDE WORKING HOURS SECTION C - WEEKLY SICKNESS BENEFIT

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

	THE EVENTS	THE BENEFIT
	Sickness as defined, resulting in:	
54	Temporary Total Disablement	During such disablement the amount per week specified in The Schedule or Income as defined whichever is the lesser
55	Temporary Partial Disablement	During such disablement 25% of the Event 54 per week. If the Insured Person is able to return to work in a reduced capacity then the compensation payable shall be calculated as the difference between the compensation for Event 54 per week and the current Income received from the reduced work capacity.

POLICY WORDING

DEFINITIONS

The words below have a special meaning for the purposes of this policy.

Accident: means a physical accident caused by a violent, external and visible means, which occurs fortuitously whilst this insurance is in force and which results in any of the Events specified in the Policy, within twelve (12) calendar months from the date of its occurrence, but does not include any condition, which is also a Sickness.

Business Expenses: means Your fixed business expenses of the kind incurred in producing Your income in the twelve (12) months immediately prior to Your disablement and which continues to be incurred while You are receiving a

Weekly Accident or Sickness Benefit.

- Business Expenses include:
- Employee Wages, superannuation, workers compensation premiums, payroll tax;
- Rent, property rates, electricity, water, gas or telephone charges;
- Lease payments for equipment or motor vehicles;
- Cleaning expenses;
- Depreciation

Other expenses that are usual for Your type of business and for which You are entitled to claim as business expenses for income taxation purposes.

They do not include:

- Cost of purchase of capital equipment;
- Personal accounts or expenses;
- Withdrawals or cash drawings from the business for personal use;
- Wages, salaries or fees for You or Your replacement for any person who is not Your employee; or
- The cost of stock or merchandise

Dependants means an Insured Persons:

- Legal or defacto spouse or partner with whom the Insured Person has cohabited for not less than 3 consecutive calendar months whose gross earnings are less than \$25,000 per year in the 12 calendar months immediately prior to the date that a weekly benefit becomes payable as a result of the Insured Person suffering an Injury or Sickness that results in a covered Condition; or
- Financially dependent children who are unmarried and who are 16 and under years of age or 26 and under years of age if they are a full time student.

Excess Period: means the period commencing with the first day of Temporary Total Disablement or Temporary Partial Disablement for which medical treatment was sought in respect of an Accident or Sickness and for which no Benefit is payable.

Fingers, Thumb or Toes: means the digits of a hand or foot.

Foot: means the entire foot below the ankle.

Hand: means the entire hand below the wrist.

Income: means the Insured Person's pre-tax income derived from personal exertion, after deduction of all expenses incurred in connection with the derivation of that income, averaged over the period of twelve (12) months

immediately preceding the commencement of the disability or over such shorter period as You have been self-employed.

Independent Existence: means the ability to dress, bathe, toilet and feed without assistance.

Injury: means a physical injury which:

- a) is caused by an Accident, and
- b) which occurs solely and independently of any other cause; and
- c) is not a Pre-Existing Condition.

Insured Person: means the Insured Person shown in The Certificate. Cover under this policy for an Insured Person shall start from the commencement date of the Policy Period as shown in The Certificate and for new members from the date he or she commences employment with You.

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

Mental Health Condition: means where in the opinion of a Medical Practitioner a person suffers from any stress related conditions, psychological conditions, and/or physical fatigue conditions caused by stress related or psychological conditions. Mental Health Conditions include but are not limited to: depression, neurosis, psychosis, mental or emotional stress or anxiety conditions, fibromyalgia, chronic fatigue syndrome or other associated disorders.

Paraplegia: means Permanent and entire paralysis of both legs and part or whole of trunk.

Permanent: means lasting twelve calendar months and at the expiry of that period being beyond hope of improvement.

Pre-Existing Condition: means any medical condition, side effect or symptom of a condition for which You were aware, or which a reasonable person in Your circumstances could have been expected to be aware, or for which You have undergone tests, or required treatment or advice from a medical practitioner, chiropractor or physiotherapist, or for which the Insured has taken prescribed drugs, in the twelve (12) month period before the individual members commencement date of cover under this policy.

Premium Due Date: means in the case of monthly paid premium the beginning of each 4 weekly or other period when the premium instalment is payable; or in the case of

annually paid premiums at the beginning of each 12 month period when the annual premium is payable.

Policy Period: means the period specified in The Certificate attached, or any subsequent period in respect of which You pay and We accept the premium required for the continuation of this Policy as provided in Condition 3.

Quadriplegia: means Permanent and entire paralysis of both legs and both arms.

Schedule: the policy schedule, policy certificate, endorsement certificate or any renewal certificate.

Scope of Cover: means the operative time of the cover under each cover section of this policy as specified in the policy Schedule.

Sickness: Any illness or disease which first manifests itself during the period of insurance (other than as excluded by the Exclusions section of this policy) which results within twelve (12) calendar months from the date of the first occurrence or manifestation of the illness in any of the Events specified in the Policy, for a period of not less than fourteen (14) consecutive days from the date of commencement of medical treatment by a legally qualified medical practitioner. Sickness excludes any Pre-Existing Condition.

Student: means an Insured Person who is either a full time or part time student and is under the age of 25 years.

Temporary Partial Disablement: means that as a result of an Accident or Sickness, the Insured Person is temporarily unable to perform a substantial part of their usual occupation in Australia, and is under the regular care of and acting in accordance with the instructions or professional advice of a registered and legally qualified medical practitioner other than themselves.

Temporary Total Disablement: means that as a result of an Accident or Sickness the Insured Person is wholly and continuously prevented from engaging in their usual occupation in Australia, and is under the regular care of and acting in accordance with the instructions or professional advice of a registered and legally qualified medical practitioner other than themselves.

Total Loss: means the Permanent and total physical loss of the body part referenced in the Table of Events. Where that body part is a Limb, Hand, Foot, Finger or Toe, Total Loss means the Permanent and total physical loss or loss of use of that body part referenced in the Table of Events, or for an

eye entire and irrecoverable loss of sight in that eye or for an ear entire and irrecoverable loss of hearing in that ear or speech entire and irrecoverable loss of speech.

Under the Influence: in relation to a person, means that the person is under the influence of alcohol or a drug to the extent that the person's capacity to exercise proper care and skill is impaired.

We/Our/Us: means the insurer, certain Underwriters at Lloyd's of London, acting through its agent Point Underwriting Agency Pty Ltd, ABN 53 605 479 070

You/Your:

(a) The Insured Person named in the Certificate. All benefits will be paid to this person except for the death benefit which will be paid to their legal personal representative.

(b) If the person who applied for this insurance and paid the premium

- I. is someone other than the Insured Person and
- II. is shown in the Certificate as the insured all benefits will be paid to the insured and for the purpose of making a claim, paying a premium and receiving benefits, You/Your will also refer to the insured.

EXCLUSIONS

Exclusions apply to all parts of this policy.

Notwithstanding any provision to the contrary within this insurance, or any endorsement thereto, it is agreed that this insurance excludes any loss or expense of whatsoever nature directly or indirectly caused by, or resulting from, or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss;

- a) War, whether war be declared or not, hostilities or any act of war or civil war;
- b) the actual or threatened use of pathogenic or poisonous biological or chemical materials by any person(s), committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public or any section of the public in fear;
- c) nuclear reaction, nuclear radiation or radioactive contamination;

- d) any act of terrorism, or any action taken in controlling, preventing, suppressing or in any way relating to an act of terrorism.

This Policy does not cover claims arising directly or indirectly from:

1. Driving a motor vehicle whilst having a percentage of alcohol in Your breath or blood in excess of that permitted by law;
2. Professional sporting activities, which includes participation in, or training for, any such activity.
3. This Policy does not cover any claims arising directly or indirectly from
 - a. racing of any kind, other than on foot, or
 - b. any combat sports (including but not limited to full body contact or competitive Boxing, Wrestling or Martial Arts), or
 - c. mountaineering, rock climbing, speleology, sky-diving, hang gliding, bungee jumping, or
 - d. motor sports or recreations involving heights or
 - e. Underwater sports (including but not limited to scuba diving)
4. Engaging in Air Travel except as a passenger in a properly licensed multi-engined aircraft being operated by a licensed commercial air carrier or owned and operated by a commercial concern;
5. Suicide or attempted suicide or intentional self-injury or organ donation or cosmetic surgery; or
6. Driving or riding on motor cycles or motor scooters of any kind (i.e Bi, Tri or Quad) if the Insured Person is a;
 - a. A probationary, learner or unlicensed motor cycle rider,
 - b. A rider whilst the motor cycles is being ridden on other than a permanent sealed surface which is constructed of bitumen or concrete
 - c. A rider of any motor cycle engaging in any form of competition, race or trial.
 - d. A rider of any motorcycle on a racetrack during a racetrack open date whether they paid for access or otherwise
7. The use, existence or escape of nuclear weapons material or ionising radiation, or contamination by radioactivity from any nuclear fuel or other nuclear substance ;
8. Deliberate exposure to exceptional danger (except in an attempt to save human life), or the Insured Person's own criminal act, or the Insured Person being Under the Influence of alcohol or drugs (other than drugs

prescribed by a registered medical practitioner and taken in accordance with the registered medical practitioners instructions);

9. Childbirth or pregnancy;
10. Venereal disease or Acquired Immune Deficiency Syndrome (AIDS) or AIDS related Complex (ARC) howsoever this syndrome has been acquired or may be named and HIV;
11. A Pre-Existing Condition;
12. Any claim which is contributed to or caused by the long-term affects of drug or alcohol abuse, other than a drug taken or administered by or in accordance with the advice of a duly qualified Medical Practitioner.
13. This Insurance will not indemnify the Insured for any losses whatsoever arising from Occupational Disease. The following definitions apply:
'Occupational Disease' means any abnormal condition, howsoever it may be named, that fulfils both of the following conditions:-
 - a. It is not traceable to an Accident occurring over a period of twenty four (24) hours or less during the course and scope of employment and during the period of this insurance.
 - b. It has been caused by exposure to a disease producing agent or agents present in the Insured Person's occupational environment.The Insurer retains the right of subrogation and repayment in respect of regular payments made under the Policy where the Insured Person is entitled to benefit under Transport Accident Legislation, other statutory compensation scheme or at common law.
14. Radioactive Contamination & Explosive Nuclear Assemblies Exclusion Clause:
(Approved by Lloyd's Underwriters' Non-Marine Association)

This Policy does not cover:

- a. loss or destruction of or damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss
- b. any legal liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from
 - (i) ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
 - (ii) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

SPECIAL PROVISIONS GENERAL

1. Benefit shall not be payable:

- a. (i) Under more than one of the Events 2 to 7 (Schedule 1 & 2) or Events 2-7a (Schedule 3) in respect of the same period of time or;
(ii) If an Insured Person suffers multiple Injuries in the same Accident and is entitled to Benefit under more than one of Events 8 to 51 (Schedules 1 and 2) or events 7b-15 (Schedule 3) – We will pay Benefit for more than one Event – providing the total Benefit payable in respect of this Provision (ii) shall not exceed \$80,000 or 65%, whichever is the lesser.
- b. Under any Events in excess of the Aggregate Period shown against such Events in respect of any one Accident or Sickness.
- c. For the Excess Period.
- d. Beyond the date of the Insured Person's Death
- e. CAPITAL BENEFITS LIMITATION

SCHEDULE 2 – Journey protection benefits reduced by workers' compensation or transport. Benefit payable under this Policy in respect of Capital Benefits – Events 1-51 in schedule 2 shall be reduced by any amount the Insured Person is entitled to receive under any Motor Vehicle Act or Transport or Transport Accident Act or WorkCover or Workers Compensation Act or other Statutory body having similar effect.

SCHEDULE 3 – OUTSIDE WORKING HOURS BENEFITS REDUCED BY WORKERS COMPENSATION OR TRANSPORT ACT
Benefit payable under this Policy in respect of Capital Benefits – Events 1-15 in schedule 3 shall be reduced by any amount the Insured Person is entitled to receive under any Motor Vehicle Act or Transport or Transport Accident Act or WorkCover or Workers Compensation Act or other Statutory body having similar effect

f. WEEKLY BENEFITS LIMITATION

Benefit payable under Section B (Weekly Accident Benefit) or Section C (Weekly Sickness Benefit) is limited to the amount insured or the Insured Person's weekly Income whichever is the lesser. If an Insured Person is entitled to receive:

- (i) disability benefits under any other policy of insurance; and/or

- (ii) disability benefits under the Wrongs Act or under any Compulsory Third Party or Motor Vehicle Act, or Transcover or Transport Accident Act or WorkCover or Workers Benefit Act or other Statutory body having similar effect; and/or
- (iii) compensation or damages whether by way of settlement (including any lump sum settlement) or judgment in relation to, arising out of or in connection with the same Sickness or Accident or circumstances giving rise to the Sickness or Accident; and/or
- (iv) has earned or earns income or any other payment (not including sick leave) from any occupation during the Benefit period.

Then the Benefit payable under Section B or Section C will be reduced by the amount necessary to limit Our payments to the difference between the amount insured or the Insured Person's weekly Income (whichever is lesser) and the amount of such other entitlement (even if not claimed by the Insured Person) and/or other income earned by the Insured Person.

g. MAXIMUM BENEFIT - PERIOD OF INSURANCE

The maximum amount payable for any Insured Person in respect of Section A - Capital Benefits for any Event or series of Events occurring during a Period of Insurance is limited to The Benefit shown in The Schedule(s).

2. Benefit for a period of less than one week will be paid at the rate of one-seventh (1/7th) of the Weekly Benefit for each day during which disability continues.

3. If an Insured Person suffers a recurrence of Temporary Total or Temporary Partial Disablement from the same or related cause or causes, the subsequent period of disablement will be deemed a continuation of the prior period unless between such periods the Insured Person has worked on a full-time basis for at least six (6) consecutive months, in which case the subsequent period of disablement shall be deemed to have resulted from a new Accident or Sickness and a new Waiting Period shall apply.

4. AGGREGATE LIMIT OF LIABILITY

(a) Except as provided under 4(b), Our total liability for all claims arising under this Policy during any Policy Period shall not exceed the amount set out in the Schedule.

(b) Our total liability for claims arising under this Policy during any Policy Period relating directly to air travel in aircraft whose flights are not conducted in accordance

with fixed schedules to and from fixed terminals over established routes shall not exceed the amount set out in The Schedule.

5. INSURED PERSON - LIMIT OF LIABILITY \$250,000

Our total liability during any 24 months period in respect of any Accident & Sickness to an Insured Person arising out of any one Event, shall not exceed \$250,000.

6. INSPECTION CLAUSE

You must at regular intervals enter the name and earnings of every employee insured by this policy in a proper wages book. The insurers, through their authorised Coverholder shall be permitted to examine all the earnings records and Wage Book of the policy holder, relating to this policy at any reasonable time and from time to time until two years after expiration of this policy or until final adjustment (if applicable) and settlement of all claims hereunder, whichever is the later.

7. MENTAL HEALTH CLAIMS LIMITATION

Where an Insured Person suffers an Injury or Sickness that results in a disablement for a Mental Health Condition that occurs whilst cover is in force, the maximum Benefit Period will be limited to 26 weeks only.

ADDITIONAL BENEFITS

REHABILITATION AND RETURN TO WORK ASSISTANCE

In the event of the payment of a claim under Section A, (Schedules 1,2,3) of this Policy, We at Our absolute discretion may elect to assist the Insured Person in arranging for tuition or advice from a licensed vocational school, provided such tuition or advice is undertaken with the agreement of the Insured Person's attending physician. Assistance may also include arranging for professional assistance to improve their physical and/or emotional condition, special equipment for and/or modifications to the Insured Person's normal home or workplace or family counselling to help the Insured Person and their family cope with the Insured Person's disability and to enable the Insured Person to live an independent life, up to a maximum of \$10,000.

EXCLUDED HEALTH SERVICES

Excluded health services are expenses for surgical, diagnostic, nursing, dental, chiropody, chiropractic, eye therapy, occupational therapy, physiotherapy, speech therapy or similar medical services or treatment.

EXCLUDED BENEFITS

Excluded benefits are services involving the supply, alteration, maintenance or repair of hearing aids, spectacles, contact lenses, artificial teeth, artificial eyes or limbs or other medical or surgical prosthetic or dental aids, equipment or appliances, drugs or medical preparations, ambulance services and other care services.

ADVANCE PAYMENTS

We will pay the Weekly Benefit in advance for some injuries regardless of whether You are disabled. Subject to the condition that Your Excluded Period of Claim is 14 days or less the amount We will pay by way of advance as stated in the table below, represented in terms of the Weekly Benefit. Should You remain disabled after the period specified in the table, the normal Weekly Benefits will commence after expiry of the Excluded Period of Claim and the period of the Weekly Benefit paid in advance.

FRACTURE OF (involving a pin, traction, a plaster cast or other immobilising structure)	ADVANCE PAYMENT
Femur (thigh)	8 weeks
Pelvis (excluding coccyx)	8 weeks
Fibula or Tibia	4 weeks
Humerus (upper arm)	8 weeks
Ulna or Radius (lower arm)	4 weeks
Wrist	3 weeks
Ankle	4 weeks
Patella (kneecap)	4 weeks
Clavicle (Collarbone)	3 weeks
Foot (excluding toes)	3 weeks

BROKEN BONES BENEFIT

If an Insured Person suffers an Injury resulting directly (and within 12 months of the date of the Injury) in:

- a) Broken or fractured bones
- b) Any surgical procedure

We will pay to the Insured Person the corresponding benefits specified in the Benefits column below (subject to the terms and conditions of this Policy);

THE CONDITIONS	THE BENEFITS
A. Broken or fractured bones	
Neck, skull or spine (full break)	\$ 2,000
Hip	\$ 1,500
Jaw, pelvis, leg, ankle or knee (other fracture)	\$ 1,000
Cheekbone, shoulder or hairline fracture of skull or spine	\$ 600
Arm, elbow or wrist (other fracture)	\$ 500
Leg, ankle or knee (simple fracture)	\$ 400
Nose or collarbone	\$ 400
Arm, elbow, wrist or rib (simple fracture)	\$ 200
Finger, Thumb, Foot, Hand or Toe	\$ 150

In the case of an established non-union of any of the above breaks or fractures, We will pay an additional benefit of 5% of the relevant Benefit shown in the Table of Benefits above.

Where an Insured Person suffers from more than one incident of broken or fractured bones as listed above arising from any one Injury, the maximum Benefit payable shall be the largest Benefit specified in the Table of Benefits for the relevant condition suffered.

'Simple Fracture' means a fracture in which there is a basic and uncomplicated break of bone and which in the opinion of a legally qualified medical practitioner requires minimal and uncomplicated medical treatment and 'Other Fracture' means any fracture other than a Simple Fracture.

TRAUMA BENEFITS

THE CONDITIONS	THE BENEFITS
In the event of an Injury, we will pay the Lump Sum Benefit shown in the column headed 'THE BENEFITS', if an Insured Person suffered from a Condition specified in the column headed 'THE CONDITIONS' set out below.	
Terminal Injury	\$ 5000
Severe Burns	\$ 5000
Major Head Trauma	\$ 5000
Chronic Lung Disease	\$ 5000

Chronic Liver Disease	\$ 5000
Chronic Renal Failure	\$ 5000
Paralysis	\$ 5000
Blindness	\$ 5000
Major Organ Transplant	\$ 5000

STUDENT TUTORIAL BENEFITS

In the event of an Injury students are entitled to reimbursement of student tutorial fees provided that:

- a) such fees are paid to a professionally qualified tutor who continues teaching the student during the period in disability
- b) such fees must be certified by a legally qualified medical practitioner

The compensation payable for student tutorial benefits shall be limited to \$5,000.

HOUSEHOLD HELP

In the event of an Insured Person suffering Injury or Sickness We will pay for the cost of hiring domestic help and/or child minding services reasonably and necessarily incurred provided that:

- a) such child-minding services and domestic help are carried out by persons other than members of the Insured Person's family or other relatives or persons permanently living with the Insured Person.
- b) such child-minding services and domestic help is certified by a legally qualified medical practitioner as being necessary for the recovery of the Insured Person payable from the 30th day of treatment by a legally qualified medical practitioner.

The compensation payable for emergency home help shall be limited to \$200 per week payable for an aggregate period of 26 weeks.

Out of Pocket Expenses

Where an Insured Person is entitled to benefits under Temporary Total or Partial Disablement from an Injury this Policy extends to include such reasonable costs incurred for Out of Pocket expenses. They are only payable upon receipts furnished by the Insured, to a maximum of \$5,000 at the absolute discretion of the Insurer.

Out of Pocket Expenses covered are;

- a) Travelling expenses necessary to travel directly to hospital and medical appointments.

- b) Home cleaning and cooking (services related to home duties to a recognised home help agency/ professional carer).
- c) Hire of medical aids determined as necessary expenses by a qualified health care provider, (medical expenses not claimable either partially or totally from Medicare or a private health fund if a member).

Extended Between Job Cover:

Coverage under this Policy continues for a period of no more than thirty (30) days from the date the Insured Person ceases their current employment with their Employer provided that the Insured Person has accepted a position with another employer prior to ceasing their employment with his or her Employer. Cover will cease on commencement of the new employment. If the Insured Person does not have a position to go to with another employer and ceases employment with their Employer, then cover will cease under this Policy on the date he or she leaves their employment.

Accidental Dental Expenses:

In the event an Insured Person and/or Family Member suffer an Accidental Dental Injury We will pay the costs incurred up to \$2,500 per Event, limited to 4 events on any one Policy Period of insurance for remedial dentistry.

Exposure

If You are injured during this policy from an Accident and that Injury causes you to be exposed to the weather:

- a) We treat any additional Injury You suffer because of that exposure as if it were Injury caused by the original Accident; and
- b) We will pay a Weekly Benefit or, if the Injury qualifies, a Lump Sum Benefit as long as You are totally disabled as a result of the Injury as to satisfy the conditions and other requirements set out in this policy for payment of those benefits.

Disappearance

We will presume that You have died from an Injury and pay any Lump Sum Benefit You are entitled to upon death from accidental Injury if:

- a) transport on which You are travelling disappears, sinks, or is wrecked during this policy; and
- b) Your body is not found within 1 year from the date of that Accident; and
- c) Your presumed death is not excluded.

Emergency Transport

If an Insured Person or any of their Dependents, suffers an Injury or manifestation of an illness during both the Period of Insurance and while the Insured Person is either:

- a) engaged in a sporting activity in the capacity of a participant, adjudicator, judge, referee or umpire or in a similar capacity;
- b) acting as an official at or otherwise assisting in the conduct of a sporting activity, or acting in their capacity as an elected or appointed official of a sporting organisation or while that person is travelling to or from that activity; or
- c) the place where that person acts in that capacity as an elected or appointed official,

We will pay the costs of emergency ambulance services provided by road.

The compensation shall only be payable where in the opinion of the attending ambulance officers there is a serious threat to the Insured Person's life or health and the Insured Person requires immediate treatment and transportation by ambulance to hospital.

We will not provide compensation for pre-booked, non emergency ambulance charges or charges for inter-hospital transfer. The most We will pay is \$10,000 any one occurrence.

Vocational Training/Retraining

If We agree that the Insured Person's Total or Partial Disablement will be assisted by the following, We at Our absolute discretion and in accordance with the agreement of your qualified medical practitioner.

We will also pay up to an additional \$10,000:

- a) vocational assessment advice and assistance; and
- b) retraining to enable employment in another occupation if it is appropriate.

Conditions Applicable To All Sections Of This Policy

1. **Complying with Policy Conditions:** The due observance and fulfilment of the terms of this Policy and the truth of the statements and answers in the Application, and in any statements and medical evidence required from You and/or an Insured Person in connection with this Insurance, shall be conditions precedent to Our liability to make any payment under this Policy.
2. **Fraud:** Any fraud, mis-statement or concealment by You or an Insured Person in relation to any matter affecting this insurance or in connection with the making of any claim under it will give Us the rights

provided for in the Insurance Contracts Act, including where appropriate the right to reduce or refuse payment of any claim or to cancel or avoid the Policy.

3. Premium Instalments: If Your premium for this insurance is to be paid by instalment and;
You fail to make the payment in the specified manner;
or

You fail to make payment in the specified manner and the payment is thirty (30) days overdue;
We will not pay any claim that first arises after the instalment became due.

This condition applies as each and every premium instalment becomes due and cannot be disregarded because We may have previously accepted an instalment after thirty (30) days.

The effect of this is that this insurance will be cancelled by Us if Your instalment is not received within thirty (30) days of being due and claims for Events occurring after the Premium Due Date will then be denied.

We have the right to vary Policy Benefits and Compensation at the end of each 12 month Period of Insurance.

Such Benefit and/or Compensation variation will be notified to You in writing at least thirty (30) days before the Premium Due Date.

AUTOMATIC ADDITIONS AND DELETIONS CLAUSE

This Policy extends to include automatically all Members as nominated in the Insured's books during the course of the Policy Period, a listing of which is to be forwarded to Us on a monthly basis.

INJURY

If You are entitled to both a Weekly Benefit and a Capital Benefit (other than for Death) for the same Injury, We will pay You whichever Benefit We decide is the higher, but not both. To work out which Benefit is higher:-

We compare:

- a) the value of the Capital Benefit, with
- b) the amount of the following:

Weekly Benefit times the lesser of:

The period that You are likely to be Totally Disabled by the Injury; and the Maximum Benefit Period set out in the Schedule.

If We decide to pay You the Capital Benefit:

- a) We will stop paying You the Weekly Benefit
- b) We will not deduct from the Capital Benefit any amount We have paid You as the Weekly Benefit.

You cannot ask Us to delay paying You a Capital Benefit because You want to continue to receive Weekly Benefits. We will pay a Capital Benefit as soon as We believe You qualify to receive it.

If We decide to keep paying the Weekly Benefit We will no pay the Capital Benefit.

If We are paying You a Weekly Benefit and You die from the same Injury We stop paying the Weekly Benefit and only pay the Capital Benefit. The total benefit shall not exceed \$156,000 (refer special provisions general No 5).

DISAPPEARANCE

If You are travelling on a journey and Your means of transportation disappears, sinks or is wrecked and Your body has not been found within one year, We will presume that You have died as a result of Injury.

CAPITAL BENEFITS

If Injury results in any of the conditions You have selected (as shown in the Schedule) within twelve (12) months of the Injury, We will pay the Benefit shown as a percentage of the Capital Sum Insured shown in the Schedule.

Please note:

1. The Benefit payable in the case of death will be reduced by any Capital Benefit paid for the same Injury.
2. If You suffer more than one Injury or both Injury and Death as a result of the same Accident, We will pay You the highest Capital Benefit that You qualify to receive for any one of the Injuries (or Death if You die as a result of the Accident) but not both)
3. We will not pay any Capital Benefit for more than one condition at any one time.
4. You can only claim one Capital Benefit for any one condition.

Recurrent Injury or Sickness Where You suffer recurrence of an Injury or Sickness for which You have claimed Weekly Benefits while this policy is in force and there has been a period of less than 6 months between Your return to work and the recurrence, it will be treated as a continuation of the original claim.

If it is 6 months or more between when You last qualified for a Weekly Benefit for that Injury or Sickness and when you again qualify to receive a Weekly Benefit for that Injury or

Sickness under this policy, We will treat the later Injury or Sickness as a new Injury or Sickness. This means that a new Excluded Period of Claim applies and there is a new Maximum Benefit Period and the maximum amount We pay is not reduced by payments for the original Injury or Sickness.

However, We do not pay further Capital Benefits for any recurring Injury if We have paid a Capital Benefit for that Injury.

Who can cancel this Policy

- a) You may cancel Your policy at any time by notifying Us in writing. The cancellation will take effect from the date of Your written cancellation or at 12.01am Australian Eastern Standard Time on the date We receive Your written cancellation, whichever is the earlier. If You cancel We will refund the premium for Your policy at our standard short term rates less any amount which covers the period for which You were insured. We will not refund Your premium if We have paid any claim made by You prior to receipt of Your written cancellation.
- b) We may cancel this policy by giving three working days notice in writing to You at Your address on our file upon breach by You of any of its conditions, including a condition relating to the payment of premium, or for any other reason available to Us at law.
- c) Upon cancellation of the policy by Us, We will refund the premium for the unexpired period of insurance.

Condition If the consequences of an Accident or Sickness shall be aggravated by any condition or physical disability of the Insured Person which existed before the Accident or Sickness occurred, the amount of any compensation payable under this Insurance in respect of the consequences of the Accident or Sickness shall be the amount which it is reasonably considered would have been payable if such consequences had not been so aggravated.

Claims Notice must be given to Us as soon as reasonably practicable of any Accident or Sickness which causes or may cause disablement of the Insured Person. Notice must be given to Us as soon as reasonably practicable in the event the death of the Insured Person resulting from an Accident.

If You or Your legal representative want to make a claim You or they must complete Our claim form

- a) You must get proper medical advice from a qualified medical practitioner as soon as possible after sustaining Injury or Sickness and provide Us, at your own expense with any medical and other certificates and evidence required by Us that is reasonably required to assess Your claim.
- b) You must give Us details of any other insurance covering the same Injury or Sickness.
- c) You must undergo any medical examination We may reasonably require to assess the claim; and which We will arrange at our own expense.
- d) You must continue to be a resident of Australia.
- e) We must be furnished with such evidence as We require, including in respect of Your state of health, level of disability and medical history, otherwise no Benefits will be payable.
- f) No new claim will be considered if notification of the claim has not been received 12 months after this Policy has expired.
- g) Report of Claim Forms: We will, upon receipt of a notice of claim furnish such forms as are usually required by Us for filing Proof of Claim.
- h) Proof of Claim: Written Proof of Claim must be furnished to Us at Our office within ninety (90) days after the date of the Event. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to do so, provided that the proof is furnished as soon as is reasonably possible and in no event except in the absence of legal capacity, later than twelve (12) calendar months from the time it would normally be required.

When We pay the Weekly Benefit We pay the Weekly Benefit fortnightly in arrears following the end of each month calculated at 1/7th of the Weekly Benefit for each day that You are entitled to receive it in that month.

Sanction Limitation and Exclusion Clause No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Australia, United Kingdom or United States of America.

Disclaimer All information in this PDS is current at the time of issue. We may change the information from time to

time that is not materially adverse by preparing a product information update.

Service of Suit Clause The underwriter hereon agrees that: (a) in the event of a dispute arising under this policy, Underwriters at Your request will submit to the jurisdiction of any competent court in the Commonwealth of Australia. Such dispute shall be determined in accordance with the law and practice applicable in such Court; (b) Any summons notice or process to be served upon the Underwriters may be served upon: Lloyds's General Representative in Australia, Lloyd's Australia Limited, Level 9, 1 O'Connell Street, Sydney NSW 2000, Australia, who has the authority to accept service and to enter an appearance on Underwriters behalf and who is directed at Your request to give a written undertaking to You that he will enter an appearance on Underwriters behalf; (c) if a suit is instituted against any one of the Underwriters all underwriters hereon will abide by the final decision of such Court or any competent Appellate court.

Several Liability The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

Subrogation We are entitled to commence or take over legal proceedings in Your name for the defence or settlement of any claim, or to sue or prosecute any other person to recover any monies payable by them at law. You must not take any action to prejudice any such right of recovery and must co-operate and do all things necessary to enable the recovery action to be prosecuted. This includes providing any statements, documents or assistance We require, including the giving of evidence in court.

Other Policy Conditions A reference to legislation, statutory order, section, subsidiary instrument or part in this document includes a reference to any replacement or re-enacting or amending or equivalent legislation, statutory order, section, subsidiary instrument or part.

Cyber Risks Endorsement Any benefits for bodily injury or illness due to:
i. the use of, or inability to use, any application, software, or programme in connection with any electronic equipment

(for example a computer, smartphone, tablet or internet capable electronic device);

- ii. any computer virus;
- iii. any computer related hoax relating to i and/or ii above

are payable, subject to the terms, conditions, limitations and exclusions of this policy.

Lloyds Syndicate Information You or Your representative can obtain further details of the syndicate numbers and the proportions of this insurance for which each of the Underwriters at Lloyd's is liable by requesting them from Point Underwriting Agency. In the event of loss, each Underwriter (and their Executors and Administrators) is only liable for their own share of the loss.

Territorial Exclusion: Russia, Ukraine and Belarus

Notwithstanding anything to the contrary in this Policy, this Policy excludes any loss, damage, liability, cost or expense of whatsoever nature, directly or indirectly arising from or in respect of any:

- i. entity domiciled, resident, located, incorporated, registered or established in an Excluded Territory;
- ii. property or asset located in an Excluded Territory;
- iii. individual that is physically in an Excluded Territory;
- iv. claim, action, suit or enforcement proceeding brought or maintained in an Excluded Territory;
- v. payment in an Excluded Territory.

This exclusion will not apply to any coverage or benefit required to be provided by the insurer by law or regulation applicable to that insurer, however, the terms of any sanctions clause will prevail.

For purposes of this exclusion, "Excluded Territory" means:

- Belarus (Republic of Belarus); and
- Russian Federation; and
- Ukraine (including any disputed regions of Ukraine and including the Crimean Peninsula)

All other terms, conditions and exclusions remain unchanged.



point INSURANCE
next gen ACCIDENT & SICKNESS

How to make a claim with Point Underwriting Agency.

When you sustain an injury or a sickness which prevents you from attending your place of work, you must as soon as possible seek and follow medical advice from a qualified medical practitioner.

As soon as possible contact Point Underwriting Agency direct on: 1300 362 766 and obtain a claim form.

Complete all questions on the claim form as required and have the doctor who first attended to you complete the medical certificate.

Forward the completed claim form including all medical certificates/reports to:

Point Underwriting Agency Pty Ltd
PO Box 744, Manly NSW 1655

T: 1300 362 766

F: (02) 9913 8078

E: claims@pointinsurance.com.au

W: pointinsurance.com.au

ABN: 53 605 479 070 AFSL: 477471