blend
INSURANCE SOLUTIONS

Personal Accident & Sickness Insurance

PRODUCT DISCLOSURE STATEMENT & POLICY WORDING

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Important Information

Introduction

This Product Disclosure Statement ('PDS') contains important information about this insurance to assist in the making of a decision in relation to it.

This PDS was prepared on 01 September 2025.

The Insurer

This Policy is underwritten by the Australia branch of Allied World Assurance Company, Ltd (ABN 54 163 304 907, AFS Licence No. 548668) of 264 George Street, Australia Square Level 21, Sydney, NSW 2000 (Phone: +61 2 8015 2500) ('Allied World', or unless otherwise specified or unless the context otherwise requires, "We", "Us" or "Our"). Allied World is authorised to carry on insurance business in Australia under the Insurance Act 1973 (Cth) and is regulated by the Australian Prudential Regulation Authority ("APRA") as an insurer.

Financial Claims Scheme

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

Blend Insurance Solutions

Blend Insurance Solutions Pty Ltd (ABN 47 617 346 353, AFS Licence No. 500768) ('Blend') acts under a binding authority provided by Allied World to issue, alter, renew and otherwise to administer policies. In all aspects of arranging this Policy, Blend acts as an agent of Allied World and not as agent for You.

Important information about Blend's advice

Any advice Blend gives about this Policy is General Advice only. General Advice is advice that has been prepared without considering Your individual objectives, financial situation or needs. For this reason, before You act on this General Advice, You should consider the appropriateness of the General Advice having regard to Your individual objectives, financial situation and needs.

Before You make any decisions about whether to acquire this Policy, Blend recommends You read this Product Disclosure Statement.

If the Insured has any queries in relation this Policy, contact Blend in any of the following ways:

Email:	customerservice@blendinsurance.com.au
Website:	www.blendinsurancesolutions.com.au
Phone	+61 2 9158 6629
Postal Address:	Level 4, 97-99 Bathurst Street, Sydney, NSW 2000

General Insurance Code of Practice

Blend supports the General Insurance Code of Practice. The purpose of the Code is to raise the standards of practice and service in the general insurance industry. For further information on the Code, please visit www.codeofpractice.com.au.

Our contract with You

This Policy is a contract of insurance between You and Us and contains all the details of the cover that We provide.

The Policy consists of:

- the Policy Schedule;
- this PDS and Policy Wording;
- any proposal or application completed by You;
- any endorsement or other document We tell You forms part of the Policy which may vary or modify the above documents.

These documents should be read together as they jointly form the contract of insurance between You and Us.

Your Duty to take reasonable care not to make a misrepresentation

You must take reasonable care not to make a misrepresentation to Us. This responsibility applies until We issue You with a Policy for the first time or agree to renew, extend, vary/change, or reinstate Your Policy.

You must answer Our questions honestly, accurately and to the best of Your knowledge. A misrepresentation includes a statement that is false, partially false, or which does not fairly reflect the truth. It is not misrepresentation if You do not answer a question or if Your answer is obviously incomplete or irrelevant to the question asked.

The responsibility to take reasonable care not to make a misrepresentation applies to everyone who will be insured under the policy. If You are answering questions on behalf of anyone, We will treat Your answers or representations as theirs.

Whether or not You have taken reasonable care not to make a misrepresentation is to be determined having regard to all relevant circumstances, including the type of insurance, who it is intended to be sold to, whether You are represented by a broker, Your characteristics and circumstances We are aware of.

If You do not meet the above Duty

We may reject or not fully pay Your claim and/or cancel Your Policy. If the misrepresentation was deliberate or reckless, this is an act of fraud, and We may treat Your Policy as if it never existed.

If Our information or questions are unclear, You can contact Blend on +61 2 9158 6629 or visit www.blendinsurancesolutions.com.au.

The Cost of the Policy and Paying for the Insurance

Premium

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

The Premium payable by You will be shown in the Policy Schedule. The Premium is calculated taking into consideration several risk factors including Your occupation, age, the Waiting Period chosen, the sums insured and Your previous medical and insurance history.

Premiums are subject to Commonwealth and State taxes and/or charges where applicable. They can include GST, stamp duty, and any other charges.

Non-Payment of Premium

If You fail to pay the Premium within the period of time stipulated in the quotation or one hundred and twenty (120) days of inception of the policy, whichever occurs first, ("the due date") or if the payment method is dishonoured and therefore We have not received the payment by the due date, We will have the right to cancel the Policy. Unless We tell You, any payment reminder We send does not change the expiry of the cover or the due date of the Premium.

Other costs, fees and charges

Other costs, fees and charges which may be applicable to the purchase of this Policy include:

Commission: Blend may receive a commission payment from Us when the Policy is issued, varied or renewed. For details of the relevant commission paid, please refer to the Policy Schedule, the Financial Services Guide or contact Blend directly.

Agency Fee: An agency fee may be charged by Blend for administration and compliance costs associated with Blend's role in the distribution of this product. This agency fee is in addition to the Premium and is noted separately in the tax invoice issued. The agency fee is not refundable in the event of cancellation unless the Policy is cancelled within the cooling-off period or is a full-term cancellation. For details of the Agency Fee payable, please refer to the Financial Services Guide or contact Blend directly.

Instalment Policies

Where We have agreed that you may pay Your Premium by instalments there are special conditions apply to Your Policy.

If You have not paid Your Premium instalment by the due date without reasonable and/or justifiable cause, We may do the following:

- Cancel Your Policy if any Premium instalment is unpaid for one month or more;
- In the event of a claim, not pay for any benefits You may be entitled to if an instalment is more than 14 days overdue;
- If an instalment is less than 14 days overdue, deduct the overdue amount from any claim settlement;
- For claims, deduct all outstanding Premium instalments which are unpaid from the settlement amount.

You are responsible for any bank fees or charges imposed or associated with lack of sufficient funds in Your account.

If You are renewing Your Policy and You paid Your previous Policy by instalments, We will continue to deduct instalments for Your renewed Policy, unless You tell Us otherwise.

Taxation Implications

For the purposes of the below provisions for Taxation Implications, the use of 'We', 'Us' and 'Our' means Allied World and Blend.

The following taxation information is only a guide. Your individual circumstances will be important to and may affect the tax treatment of any Premiums You pay or benefits You receive. You should consult Your tax adviser regarding Your individual circumstances.

Income Tax

Generally, if You are entitled to receive weekly benefits for lost salary or wages under an income protection, sickness or accident insurance policy or workers' compensation scheme, the Premium You pay may be tax deductible. Premiums may also be tax deductible if You have taken out Your Policy for a revenue purpose.

Generally, if You receive weekly benefits as noted above, these benefits may be assessable to You and subject to tax at Your marginal income tax rate. However, lump sum amounts that You receive are generally not taxable provided certain conditions are met.

Pay As You Go Withholding Taxes ('PAYGW') may be withheld from any payments to You deemed to be taxable income in Your hands.

Goods and Services Tax

Generally, You will not be required to pay GST on any benefits You receive under Your Policy. However, You must advise Us if You are entitled to claim an input tax credit in relation to any GST payable on Your Premium and the extent of that entitlement. If You do not provide this information to Us, You may be liable to pay an amount of GST on benefits You receive.

If You are registered for GST, any payment We make may be reduced by the amount of any input tax credit You or another person are entitled to for those expenses.

Cooling–Off Period

There is a twenty-one (21) day-cooling off period. If You wish to cancel the Policy, You can cancel it by contacting Blend in writing within twenty-one (21) days of its date of issue.

We will refund all the Premium(and Agency Fee if applicable) less any non-refundable government charges, taxes and levies that We have paid.

You cannot exercise this right if You have made a claim under the insurance during the cooling-off period.

Even after this cooling-off period ends, You still have cancellation rights. See General Provisions.

Receiving Your Policy Documents

You will receive the Policy documents electronically, including but not limited to email.

When sending by email, Blend will send them to the email address that You have provided. Each electronic communication will be deemed to be received by You twenty-four (24) hours after it leaves Blend's information system.

You are responsible for ensuring that the email and contact details that Blend has is up to date. Please contact Blend to change Your email or contact details.

Updating the Policy

We will not make any material change to the Policy after the start of the Period of Insurance. Where a change is made to the Policy We will issue You with new Policy documents or other compliant document to update the relevant information except in limited cases.

A paper copy of any updated information is available to the Insured at no cost by contacting Blend.

Renewal Procedure

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

How to Notify a Claim

You must notify a claim as soon as reasonably possible but in any event no later than within thirty (30) days of an event that is likely to give rise to a claim. A failure to furnish Us with notice within the time provided in the Policy will not invalidate any claim but the amount payable under Your contract may be reduced to the extent to which We have suffered any prejudice due to such failure.

You can find more information on how to notify a claim via the claims page on the Blend website:

https://blendinsurancesolutions.com.au

At the time of notifying Your new claim or as soon as possible after notifying, You must fully complete and return the claim forms together with such other information and documentation that is required to consider the claim. This information can include health certificates, medical practitioners' reports, financial documents, employer reports and related evidence of the claim.

If you need help with notification of a claim, please contact Us:

Phone	+61 2 9158 6629
Email	customerservice@blendinsurance.com.au

Complaints and Dispute Resolution Process

Allied World and Blend are committed to meeting and exceeding our clients' reasonable expectations whenever possible and would like to know if your reasonable expectations haven't been met. You are entitled to make a complaint about any aspect of your relationship with Blend or Allied World including the conduct of our agents and authorised representatives. Blend or its agent, or in the case of Allied World, its agent, will attempt in good faith to resolve any complaint/dispute in a fair, transparent and timely manner.

We aim to align with the General Insurance Code of Practice and comply with any relevant Australian Securities and Investments Commission (ASIC) guidelines.

Any complaint relating to this insurance should be referred to Blend in the first instance:

Email:	feedback@blendinsurance.com.au
Phone:	+ 61 2 91586629
Postal Address:	Blend Complaints Officer, PO Box A2016, Sydney South NSW 1235

If we do not make a decision within the period that we tell you we will respond, we will tell you about your right to lodge a complaint with an external dispute resolution scheme. If you are not happy with our response, you can refer your complaint to the Australian Financial Complaints Authority ('AFCA') subject to its rules. AFCA provides a free and independent dispute resolution service for consumers who have general insurance disputes falling within its rules.

AFCA's contact details are:

Email:	info@afca.org.au
Phone:	1800 931 678
Postal Address:	Australian Financial Complaints Authority – GPO Box 3, Melbourne VIC 3001
Website:	www.afca.org.au

Privacy Statement

In this Privacy Statement the use of: 'We', 'Us' and 'Our' means Allied World and Blend unless specified otherwise.

We are committed to protecting Your privacy. We are bound by the obligations of the *Privacy Act 1988* (Cth). This sets out basic standards relating to the collection, use, storage and disclosure of personal information.

The primary purpose for Our collection, use, storage and disclosure of Your personal information is to enable Us to provide insurance services to You.

We need to collect, use and disclose Your personal information (which may include sensitive information) to consider Your application for insurance and to provide the cover You have chosen, administer the insurance and assess any claim. You can choose not to provide Us with some of the details or all Your personal information, but this may affect Our ability to provide the cover, administer the insurance or assess a claim.

We may disclose the personal information We collect to third parties who assist Us in providing the above services, such as related entities, distributors, agents, insurers, reinsurers and service providers. Some of these third parties may be located outside of Australia, for example Singapore or the United Kingdom. In all instances where personal information may be disclosed to third parties who may be located overseas, We will take reasonable measures to ensure that the overseas recipient holds and uses Your personal information in accordance with the consent provided by You and in accordance with Our obligations under the *Privacy Act 1988* (Cth).

Personal Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from Your insurance intermediary or co-insureds).

If You provide personal information for another person You represent to Us that:

- You have the authority from them to do so and it is as if they provided it to Us;
- You have made them aware that You will or may provide their personal information to Us, the types of third parties We may provide it to, the relevant purposes We and the third parties We disclose it to will use it for, and how they can access it. If it is sensitive information We rely on You to have obtained their consent on these matters. If You have not done or will not do either of these things, You must tell Us before you provide the relevant information.

You are entitled to access Your personal information and request correction if required.

By providing Us with Your personal information, You consent to Our collection, use and disclosure, as well as outlined above and in accordance with Allied World's and Blend's Privacy Policies.

This consent remains valid unless You alter or revoke it by giving written notice to Allied World's and Blend's Privacy Officer. Should you wish to withdraw your consent, We may not be able to provide insurance services to You.

Allied World's Privacy Policy contains information on the kinds of personal information Allied World collects and holds, how Allied World does so and the purposes for which Allied World collects, holds, and discloses personal information. It also contains information on how Allied World can access Your personal information, how You can seek correction of such information or make a privacy related complaint and when Allied World is likely to disclose personal information to third parties and overseas recipients, including the countries in which Allied World is likely located.

You can download a copy of Allied World's Privacy Policy by visiting http://www.alliedworldinsurance.com/australia or request a copy to be sent to You by calling (02) 8015 2500.

Blend's Privacy Policy sets out how:

- Blend protects Your personal information;
- You may access Your personal information;
- You may correct Your personal information held by Us;
- You may complain about a breach of the *Privacy Act 1988* (Cth) or Australian Privacy Principles and how Blend will deal with such a complaint.

If You would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact Blend's Privacy Officer by:

Email: privacy@blendinsurance.com.au
Phone: +61 2 9307 6656
Postal Address: PO Box A2016,
Sydney South, NSW 1235

You can download a copy of Blend's Privacy Policy by visiting www.blendinsurancesolutions.com.au.

Selecting Your Cover

Eligibility Criteria

To purchase a Policy, You must be at least eighteen (18) years of age and under eighty (80) years of age on the Start Date You selected when You apply.

You must have a permanent residence in Australia and:

- be legally resident in Australia; or
- be on a skilled and/or temporary working visa but not a working holiday visa; or
- have a partner/spouse visa which allows you to stay in Australia for at least two (2) years; or
- have a New Zealand passport.

Employment Status

During the application process You will be asked what Your employment status is, and available cover may differ based on this:

- Employed Full-Time;
- Employed Part-Time;
- Self Employed; or
- Contractor.

Commencement and Period of Insurance

During the application process you will select the start date for Your Policy. The start date may be up to forty-five (45) days after the Issue Date.

Cover under Your Policy will cease on the end date of Your Period of Insurance unless You renew Your Policy prior to the end date.

Tailoring Your Coverage

During the application process You may be provided with a selection of optional benefits as well as the option to vary the level of cover for some benefits. The Summary of Benefits table provides a summary of the coverage sections available.

You can select Your Waiting Period from the available options. If You reduce Your Waiting Period Your premium will increase and if You increase Your Waiting Period Your premium will reduce, subject to minimum premiums. The Waiting Period You select will be specified on Your Policy Schedule.

Participation in Dangerous Activities

You will not be covered for any claim that arises directly or indirectly due to Dangerous Activities unless We have specifically agreed to extend the cover as specified on Your Policy Schedule.

The definition of Dangerous Activities is:

Dangerous Activities means activities and/or sports which present a high level of inherent danger, a high risk of physical harm, and it will typically involve a high level of expertise, exceptional physical exertion, highly specialised gear or involves stunts.

Examples of Dangerous Activities include but are not limited to:

- Caving
- Diving at a depth of more than 30 metres
- Horse-riding related
- Hunting or shooting
- Martial arts, boxing, wrestling or judo
- Motor sports, rallies or competitions
- Motorcycling unless You are on a public road, wearing a helmet and have appropriate license
- Mountaineering, abseiling or rock climbing when ropes or guides need to be used
- Parachuting, parasailing or parascending
- Rafting, canoeing or kayaking in white-water rapids
- Speedboating/powerboating, Waterskiing and Yachting
- Winter sport.

If You would like Us to consider providing cover for Dangerous Activities You participate in You need to tell Us during the application process. We may request additional information to assess Your request. The information provided will be reviewed and where We agree to extend the cover it may result in a higher Premium and/or a reduction in coverage.

Pre-Existing Medical Conditions

You will not be covered for any claim that arises directly or indirectly due to a Pre-existing Medical Condition unless We have specifically agreed to extend the cover as specified on Your Policy Schedule.

The definition of a Pre-existing Medical Condition is:

Pre-Existing Medical Condition means any physical or mental condition, sickness, illness, disease, injury or condition:

a. for which You have received or sought medical attention, treatment, testing or advice; or

b. of which You are aware or a reasonable person in the circumstances could be expected to be aware of;

in the twelve (12) months prior to either:

c. Your current Period of Insurance; or

d. where You have held continuous cover (with no time gap) under a Policy issued by Us which provides a weekly Injury and Sickness benefit, Your first Period of Insurance.

For the avoidance of doubt Pre-Existing Medical Conditions include congenital or degenerative conditions and ongoing or recurring medical conditions (conditions that keep coming back).

Medical conditions will remain a Pre-Existing Medical Condition if they are congenital, degenerative or ongoing recurring medical conditions (conditions that keep coming back) or terminal.

Medical conditions will no longer be considered a Pre-Existing Medical Condition after the expiry of six (6) consecutive months from the cessation of any advice or recommended treatment by Your Doctor and Your Doctor considers the medical condition to have been recovered from.

If You would like us to consider providing cover for Pre-Existing Medical Conditions You need to tell Us during the application process. We may request additional information to assess Your request. The information provided will be reviewed and where We agree to extend the cover it may result in a higher Premium and/or a reduction in coverage.

Summary of Benefits and Exclusions

This is a general summary only and does not form part of the Policy and cannot be relied on as a full description of the cover provided.

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

Note that You only have cover for the benefits listed below if specified as applicable in Your Policy Schedule.

Summary of Benefits Table

Section	Name	Benefit Availability
Weekly Benefits		
1	**Weekly Benefit for Accidental Injury** Provides cover for Your weekly Salary if You suffer an Accidental Injury that within twelve (12) months directly results in You being temporarily disabled and unable to attend Your Occupation. There are a few Terms and Conditions that apply and in addition to the General Exclusions we will not pay for claims resulting from childbirth or pregnancy apart from any unexpected and unforeseen medical complications or emergencies.	Mandatory
2	**Weekly Benefit for Sickness** Provides cover for Your weekly Salary if You suffer a Sickness that directly results in You being temporarily disabled and unable to attend Your Occupation. There are a few Terms and Conditions that apply and in addition to the General Exclusions we will not pay for claims resulting from childbirth or pregnancy apart from any unexpected and unforeseen medical complications or emergencies.	Optional
3	**Weekly Benefit for Spouse/Partner Care** Provides cover for Your Spouse/Partner's weekly Salary where they have ceased permanent employment and no longer earning a Salary because they are providing You with full-time care whilst You are receiving a payment under Section 1 – Weekly Benefit for Accidental Injury or Section 2 – Weekly Benefit for Sickness. Note that a Doctor needs to certify that full-time care is necessary for Your recovery.	Automatic if Section 2 is selected
4	**Weekly Benefit for Fixed Business Expenses** An extension of cover for Your Fixed Business Expenses whilst You are receiving a benefit paid under Section 1. This benefit is only available to be selected if You are self-employed. Note that You will be required to provide evidence of the Fixed Business Expenses being incurred prior to receiving the benefit and Your business's accountant certifies that the Fixed Business Expenses will continue.	Optional if You are self-employed
Lump Sum Benefits		
5	**Coma Benefit** Provides a lump sum payment due to You being in a coma for ten (10) days or more due to an Accidental Injury.	Automatic
6	**Lump Sum Benefits** Provides a lump sum payment due to an Accidental Injury that within twelve (12) months results in one (1) or more of the specified Events.	Optional
7	**Lump Sum Benefit for Fractured Bones** Provides a lump sum payment due to an Accidental Injury that results in one (1) or more of the specified Events.	Automatic if Section 6 is selected
8	**Lump Sum Benefit for Loss or Damage to Teeth** Provides a lump sum payment due to an Accidental Injury that results in one (1) or more of the specified Events.	Automatic if Section 6 is selected
Reimbursement Benefits		
9	**Tuition or Advice Benefit** Provides for the reimbursement of reasonable costs necessarily incurred for tuition or advice from a licensed vocational school for You if a payment has been made under Section 1 – Weekly Benefit for Accidental Injury or Section 2 – Weekly Benefit for Sickness and where Your Doctor certifies the tuition or advice is necessary in order to get You back to Your Occupation or alternative work. Such costs may only be incurred with Our prior written agreement, prior to incurring costs.	Automatic
10	**Independent Financial Advice** Provides for the reimbursement of reasonable costs necessarily incurred for professional financial planning advice within six (6) months of a payment being made for Events 1 to 8 under Section 6 – Lump Sum Benefits. The financial planning advice must be provided by someone who is authorised and regulated by ASIC to provide such financial advice and is not You or Your Spouse/Partner or relative.	Automatic if Section 6 is selected

11	**Modification Benefit** Provides for the reimbursement of reasonable costs necessarily incurred for modifying Your home and/or motor vehicle or relocating You to a more suitable home and where a payment has been made for Event 2, 3 or 4 under Section 6 – Lump Sum Benefits. Note that medical evidence from a Doctor certifying the modification and/or relation is necessary is required.	Automatic if Section 6 is selected
12	**Funeral Benefit** Provides for the reimbursement of reasonable funeral, burial or cremation and associated expenses or returning Your body or ashes to a nominated place following Your Accidental Death.	Optional

Other Benefits

13	**Lifestyle Protection Benefits**	Optional
	A. Commuting to Work Benefit Provides for the reimbursement of reasonable costs necessarily incurred for the hire of a suitable chauffeured vehicle or taxi to transport You between Your normal place of residence and normal place of work where this is required to return to Your Occupation in a reduced capacity. Note that medical evidence from a Doctor certifying You are unable to operate a motor vehicle or travel on other available modes of public transport is required.	
	B. Domestic Support Benefit Provides for the reimbursement of reasonable costs necessarily incurred for arranging a provider to do ordinary day to day domestic activities and other light household duties where a payment is being or is paid under Section 1 – Weekly Benefit for Accidental Injury, Section 2 – Weekly Benefit for Sickness or Section 6 – Lump Sum Benefits, Events 2 to 8. Note that medical evidence from a Doctor certifying that completing day to day domestic activities will impact Your recovery is required and the activities must be carried out by persons who are not Your relative, spouse or partner, or someone permanently living with You.	
	C. Out of Pocket Expenses Benefit Provides for the reimbursement of unexpected costs for medical aids, local transportation (other than ambulance) to seek medical treatment, and other non-medical expenses such as clothing and non-medical equipment because of You suffering an Accidental Injury.	
	D. Unexpired Membership Benefit Provides for pro-rata reimbursement of the unusable period of sport or gym activity membership, association or registration fees due to due to suffering an Accidental Injury or Sickness and are receiving a payment under Section 1 – Weekly Benefit for Accidental Injury, Section 2 – Weekly Benefit for Sickness or Events 1 to 8 of Section 3- Lump Sum Benefits. Note that medical evidence from a Doctor certifying that You are unable to continue participation in any sport or gym activity is required.	
14	**Family Protection Benefits**	Optional
	A. Transport & Accommodation Provides for the reimbursement of reasonable and necessary transport and/or accommodation costs incurred by Your Spouse/Partner and/or Dependent Children to visit You as an in-patient at a hospital which is more than one hundred (100) kilometres from Your normal place of residence.	
	B. Dependent Children Care Provides for the reimbursement of additional reasonable and necessary costs (that wouldn't have otherwise been incurred) for the services of a registered childcare provider to look after Your Dependent Children whilst You are receiving a benefit under Section 1 – Weekly Benefit for Accidental Injury or Section 2 – Weekly Benefit for Sickness or a benefit is paid under Section 6 – Lump Sum Benefits for Events 2 to 8. Note that medical evidence from a Doctor certifying that You are unable to care for Your Dependent Children is required and the childcare must be carried out by persons who are not Your relative or permanently living with You.	
	C. Dependent Children / Orphan Benefit Provides a lump sum payment due to You suffering an Accidental Death and You are survived by Dependent Children. The payment will be doubled if both You and Your Spouse/Partner suffer an Accidental Death resulting from the same accident.	

General Exclusions

As with all insurance coverage We don't provide cover for everything, the following provides a summary of the General Exclusions that apply to this Policy:

We will not pay for any claims arising directly or indirectly from:

1. Pre-Existing Medical Conditions;
2. any intentional self-injury, suicide, reckless act, misconduct or any illegal or criminal act committed by You;
3. You engaging in, taking part in, participating or training for professional sport of any kind or Dangerous Activities;
4. Us contravening the *Health Insurance Act 1973* (Cth), the *Private Health Insurance Act 2007* (Cth) or the *National Health Act 1953* (Cth) or any amendment to, or consolidation or re-enactment of those Acts;
5. which is covered by Medicare, any workers' compensation legislation, any transport accident legislation, any common law entitlement, any government sponsored fund, plan or medical benefit scheme, or any other insurance policy required to be effected by or under law;
6. the use, existence or escape of nuclear weapons, materials or ionising radiation from or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel;
7. War, Civil War or war like operations, and civil or political unrest except Passive War;
8. Your exposure to the Utilisation of Nuclear, Chemical or Biological Weapons of Mass Destruction;
9. an epidemic or pandemic (as announced by the government of Australia or the World Health Organization), that was in existence prior to the commencement of Your travel outside of Australia or which was reasonably foreseeable to a person in Your circumstances before the commencement of Your travel including the assumption You will consider the "World Health Organisation" website or the Australian Government 'Smartraveller' website: www.smartraveller.gov.au; or
10. a sexually transmitted disease or is a complication of infection with Human Immunodeficiency Virus or any variance including Acquired Immune Deficiency Syndrome and AIDS Related Complex.

Key Reductions or Limitations

For some of the benefits in this Policy there are Terms and Conditions that apply which reduce or limit coverage. The following summarise the key ones:

- Waiting Period: No weekly benefits are payable during the Waiting Period stated in Your Policy Schedule.
- Failure to follow medical advice: If You fail to follow the advice of or undertake the recommended treatment by a Doctor.
- Ability to return to work in a reduced capacity: Weekly benefits will be reduced to twenty-five percent (25%) if You are able to return to work but You elect not to.
- Fit to return to work: Weekly benefits will cease once You are deemed fit to return to work by a Doctor.
- Death: Weekly and other benefits will cease upon Your death.
- Lump Sum Benefits: Where more than one (1) Event occurs from the same Accidental Injury We will only pay for the Event with the highest amount payable.

General Definitions

For the PDS and Policy, the following important definitions apply. Any word or expression to which a specific meaning has been given in any part of this document shall bear this meaning wherever it begins with a capital letter.

Accidental Death means death occurring because of an Accidental Injury and includes Disappearance.

Accidental Injury means a physical bodily injury suffered as a result of an incident that happens unexpectedly and unintentionally during the Period of Insurance, which is not a Sickness and:

a. includes sickness directly resulting from medical or surgical treatment rendered necessary by an accident; and

b. may include a bodily injury caused by You being directly and unavoidably exposed to the elements because of an accident.

Civil War means a state of armed opposition, whether declared or not, between two (2) or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups, including armed rebellion, revolution, sedition, insurrection, civil unrest, coup d'état and the consequences of martial law.

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

Dangerous Activities means activities and/or sports which present a high level of inherent danger and a high risk of physical harm, and it will typically involve a high level of expertise, exceptional physical exertion, highly specialised gear or involves stunts

Dependent Children means Your unmarried child or children of (including step or legally adopted children) who are:

a. up to and including eighteen (18) years of age; or

b. up to and including twenty-three (23) years of age whilst they are full-time students at an accredited institution of higher learning and primarily dependent upon You for maintenance and support.

Disappearance means disappearance a body has not been found within twelve (12) months after the date of that disappearance.

Doctor means an attending doctor or specialist who is registered or licensed to practice medicine under the laws of the country in which they practice and who is a person other than You, Your relative, business partner, shareholder or employee.

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

Finger(s), Thumb(s) or Toe(s) means the digits of a Hand or Foot.

Fixed Business Expenses means Your regular business overhead expenses that generally stay the same no matter what goods or services are provided by You (for example rates, rent, telephone costs, business insurance premiums, accounting fees) but excludes alterations to fixed assets, depreciation and Your Salary). Fixed Business Expenses must be:

a. incurred as part of Your business' operations that have been continuously incurred for a period of no less than six (6) months You have been operating as a self-employed person; and

b. certified by Your accountant.

Foot means the entire foot below the ankle.

Geographical Limit means the region specified on Your Policy Schedule. For avoidance of doubt cover outside of Australia is not available where sanction limitation(s) and exclusion(s) apply (see 'Sanctions Limitations and Exclusion Clause' in General Provisions).

Hairline Fracture means mere cracks in the bone.

Hand means the entire hand below the wrist.

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

Medical Evidence means medical tests, results, opinions and notes of medical professionals and a Doctor that documented Your incapability in terms of activities You can perform and degree of damage/loss.

Occupation means full or part time employment, including self-employment, which You are engaged in immediately preceding Accidental Injury or Sickness.

Operative Time means the operative time within the Period of Insurance that the cover under this Policy applies, as stated in the Policy Schedule.

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

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

Passive War means a claim as the result of or contributed to by War or Civil War outside Australia whilst You are undertaking any travel outside Australia.

Period of Insurance means the period stated in the Policy Schedule or such shorter time if the Policy is cancelled or We agree with You to change the period.

Permanent means having lasted twelve (12) consecutive months and at the expiry of that time being in the opinion of a Doctor beyond hope of improvement.

Permanent Total Disablement means having lasted twelve (12) consecutive months and at the expiry of that time total disablement which entirely prevents You forever from engaging in, performing or attending any business, profession, occupation or employment for which You are reasonably qualified by training, education or experience.

Policy means:

a. the Policy Schedule;

b. this PDS and Policy Wording;

c. any proposal or application completed by You;

d. any endorsement or other document We tell You forms part of the Policy which may vary or modify the above documents.

Policy Schedule means the Policy Schedule showing details of the cover attaching to and forming part of the Policy or any subsequently substituted Policy Schedule.

Pre-Existing Medical Condition means any physical or mental condition, sickness, illness, disease, injury or condition:

e. for which You have received or sought medical attention, treatment, testing or advice; or

f. of which You are aware or a reasonable person in the circumstances could be expected to be aware of;

in the twelve (12) months prior to either:

g. Your current Period of Insurance; or

h. where You have held continuous cover (with no time gap) under a Policy issued by Us which provides a weekly Injury and Sickness benefit, Your first Period of Insurance.

For the avoidance of doubt Pre-Existing Medical Conditions include congenital or degenerative conditions and ongoing or recurring medical conditions (conditions that keep coming back).

Medical conditions will remain a Pre-Existing Medical Condition if they are congenital, degenerative or ongoing recurring medical conditions (conditions that keep coming back) or terminal.

Medical conditions will no longer be considered a Pre-Existing Medical Condition after the expiry of six (6) consecutive months from the cessation of any advice or recommended treatment by Your Doctor and Your Doctor considers the medical condition to have been recovered from.

Premium means the Premium as shown in the Policy Schedule, or such other document we may issue You, that is payable in respect of this Policy.

Quadriplegia means the Permanent loss of use of all four limbs.

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

Salary means the average weekly pre-tax personal income derived from Your exertion during the twelve (12) months immediately preceding You being temporarily disabled or during such shorter period You have been employed (or self-employed) in Your Occupation, subject to:

a. in the case of an employee remunerated by wages or salary: income includes overtime and any allowances that are payable to You as part of Your remuneration, whether in addition to Your wage or salary or not, but does not include any bonuses, commissions or other allowances before any salary sacrifice deductions; or

b. if self-employed: Your gross weekly income after deducting any expenses necessarily incurred in deriving that income.

Seek Employment means You are registered with the government agency or department which is responsible for providing employment services and/or a recruitment agency and actively looking for employment by providing Us with proof of submitting a minimum of two (2) new job applications per week to the agency or department.

Sickness means any illness or disease suffered by You, which is not a Pre-Existing Medical Condition.

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

Spouse/Partner means Your husband or wife living with You or any person irrespective of gender living in a de facto marital relationship with You.

Tooth/Teeth means a sound and natural permanent tooth but does not include first or milk teeth, dentures or implants.

Utilisation of Nuclear, Chemical or Biological Weapons of Mass Destruction means:

a. the use of any explosive nuclear weapon or device; or

b. the emission, discharge, dispersal, release or escape of:

i. fissile material emitting a level of radioactivity, or

ii. any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins), or

iii. any solid, liquid or gaseous chemical compound which, when suitably distributed;

which is capable of causing incapacitating disablement or death amongst people or animals.

Waiting Period means the period specified in Your Policy Schedule during which no benefits are payable by Us.

War means a state of armed conflict, whether declared or not, between different nations, states, or armed groups using military force to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

We/Our/Us means the Australian branch of Allied World Assurance Company, Ltd (ABN 54 163 304 907) ('Allied World').

You/Your means the person listed as Insured in the Policy Schedule.

Policy Wording

Cover

For each section of cover 'What is Covered', 'What We Will Pay', 'What is Not Covered' and 'Terms and Conditions' is clearly outlined.

Where We have agreed to enter a Policy with You, in return for You paying Us or agreeing to pay the required Premium, We will provide You with cover for what You have selected and agreed by Us as specified on Your Policy Schedule.

Cover is only provided for each applicable benefit:

- where the relevant covered Event occurs in the Geographical Limit and during the Operative Time specified in Your Policy Schedule;
- up to the maximum limits and maximum periods as applicable specified in Your Policy Schedule;
- subject to the applicable Waiting Period as applicable as shown on Your Policy Schedule; and
- subject to the terms, conditions, provisions and exclusions of the Policy.

Section 1 | Weekly Benefit for Accidental Injury

What is Covered

If during the Period of Insurance, You suffer an Accidental Injury and:

1. within twelve (12) months directly results in You being temporarily disabled; and
2. You are unable to perform the duties required by Your Occupation as certified by Your Doctor or Our Doctor; and
3. whilst You are under Your Doctors or Our Doctors care, and acting in accordance with their instructions and/or advice.

What we will Pay

1. We will pay You Your weekly Salary (less any amount of current earnings whilst working in a reduced capacity):
   a. after the Waiting Period;
   b. up to the weekly benefit amount, not exceeding the percentage of Salary; and
   c. up to the maximum benefit period;

   as specified in Your Policy Schedule against Section 1 - Weekly Benefit for Accidental Injury.
2. The weekly benefit amount payable will be reduced by the amount of any periodic compensation benefits payable under:
   a. any compensatory damages, or workers' compensation or accident compensation scheme; and
   b. the amount of any sick pay received or any disability entitlement.
3. The benefit payable will be reduced to twenty-five percent (25%) of the weekly benefit amount payable when You:
   a. can perform the duties required by Your Occupation, as certified by Your Doctor or Our doctor, in a reduced capacity but elect not to do so; or
   b. become unemployed and You are fit for light or partial duties but don't actively Seek Employment consistent with a Doctor's certified level of capacity.
4. The weekly benefit shall be paid to You fortnightly in arrears. For a period of less than one (1) week the benefit will be paid at the rate of one-seventh (1/7th) for each day during which the disability continues.
5. Where We are presented with medical evidence from a Doctor certifying that You will be unable to perform the duties required by Your Occupation and unable to work at all or in a reduced capacity for at least twenty-six (26) weeks, we will pay You twelve (12) weeks benefit in advance.
6. Where We have been paying Your weekly Salary continuously for a period of fifty-two (52) weeks we will increase the weekly benefit amount by five percent (5%) per annum for subsequent payments subject to the weekly amount not exceeding the percentage of Salary as shown in Your Policy Schedule.

What is not Covered

In addition to the General Exclusions We will not pay for claims resulting from childbirth or pregnancy apart from any unexpected and unforeseen medical complications or medical emergencies.

Terms and Conditions

The following terms and conditions apply:

1. Your temporary disablement must occur during the Period of Insurance or any Renewal Period.
2. You must provide Us with Medical Evidence of Your temporary disablement and Your inability to perform the duties required by Your Occupation.
3. We may require at any time for You to attend and complete a medical examination by a Doctor of Our choosing and expense, to obtain a second opinion as to Your temporary disablement and Your ability to attend Your Occupation.

If the second opinion is contrary to the opinion of Your Doctor, We will obtain a third and independent Doctor's opinion which will be the opinion used for the purposes of assessing Your claim.We may require at any time for You to attend and complete a medical examination by this Doctor.

Where You fail to co-operate with Our Doctor's medical examination or provide Us with Medical Evidence We are entitled to conclude that no temporary disablement has occurred.

4. Failure to attend and complete a medical examination may result in suspension or cessation of Your benefits.
5. Weekly benefits shall not be payable:
   a. unless as soon as possible following Your Accidental Injury giving rise to a claim under the Policy You obtain and follow medical treatment and/or advice from a Doctor. Failure to follow medical treatment and/or advice may result in Us reducing or suspending payments under this Section to the extent we have suffered any prejudice;
   b. once You are deemed fit to return to Your Occupation by Your Doctor or by one of the Doctors referred to in paragraphs 1 and 2 above;
   c. from the date of entitlement to a benefit under Events 2, 3 or 19 in Section 6 – Lump Sum Benefits;
   d. upon the date of Your death.
6. If You suffer a recurrence of being temporarily disabled and You are unable to perform the duties required by Your Occupation from the same or related cause or causes:
   a. a new Waiting Period will not apply if the recurrence occurs within six (6) months of Your weekly benefit ceasing and while the Policy or Renewal Policy is in force;
   b. a new Waiting Period will apply if You have worked on a full-time unrestricted basis for at least six (6) continuous months from Your weekly benefit ceasing;
7. Where an Accidental Injury requires surgical treatment or follow up treatment:
   a. which cannot be performed within twelve (12) months from the date of Accidental Injury; and
   b. You can demonstrate that such treatment was known as necessary during the twelve (12) month period from the date of Accidental Injury and a Doctor certifies this,

   We will treat this as a continuation of the first Accidental Injury regardless of whether You been able to return to work for six (6) months and provided surgery or follow up treatment does not occur in a period more than twenty-four (24) months from the original date of the Accidental Injury and continue to be covered under a personal accident and sickness insurance policy underwritten by Us.
8. For recurrence or continuation of benefits the maximum benefit period still applies such that the aggregate benefit period for the Period of Insurance shall not exceed the maximum benefit period.

Section 2 | Weekly Benefit for Sickness

This Section is optional and only included if You have selected it during the application process and agreed by Us as evidenced on Your Policy Schedule

What is Covered

If during the Period of Insurance, You suffer from Sickness, and

1. within twelve (12) months of the date You first sought treatment for and/or advice in relation to the Sickness from a Doctor, directly results in You being temporarily disabled; and
2. You are unable to perform the duties required by Your Occupation as certified by Your Doctor or Our Doctor; and
3. whilst under their care, and acting in accordance with their instructions and/or advice.

What we will Pay

1. We will pay You Your weekly Salary (less any amount of current earnings whilst working in a reduced capacity):
   a. after the Waiting Period;
   b. up to the weekly benefit amount, not exceeding the percentage of Salary; and
   c. up to the maximum benefit period;

   as specified in Your Policy Schedule against Section 2 - Weekly Benefit for Sickness.
2. The weekly benefit amount payable will be reduced by the amount of any periodic compensation benefits payable under:
   a. Any compensatory damages or workers' compensation scheme; and
   b. the amount of any sick pay received or any disability entitlement.

3. The benefit payable will be reduced to twenty-five percent (25%) of the weekly benefit amount payable when You:
   a. can perform the duties required by Your Occupation, as certified by Your Doctor or Our doctor, in a reduced capacity but elect not to do so; or
   b. become unemployed and You are fit for light or partial duties but don't actively Seek Employment consistent with a Doctor's certified level of capacity.
4. The weekly benefit shall be paid to You fortnightly in arrears. For a period of less than one (1) week the benefit will be paid at the rate of one-seventh (1/7th) for each day during which the disability continues.
5. Where We are presented with medical evidence from a Doctor certifying that You will be unable to perform the duties required by Your Occupation and unable to work in a reduced capacity for at least twenty-six (26) weeks we will pay You twelve (12) weeks benefit in advance.
6. Where We have been paying Your weekly Salary continuously for a period of fifty-two (52) weeks we will increase the weekly benefit amount by five percent (5%) per annum for subsequent payments subject to the weekly amount not exceeding the percentage of Salary as shown in Your Policy Schedule.

What is not Covered

In addition to the General Exclusions We will not pay for:

1. claims which are by You suffering long-term effects of drug or alcohol abuse, other than a drug taken or administered by or in accordance with the advice of a duly qualified Doctor;
2. claims resulting from childbirth or pregnancy apart from any unexpected and unforeseen medical complications or emergencies.

Terms and Conditions

The following terms and conditions apply:

1. Your temporary disablement must occur during the Period of Insurance or any Renewal Period.
2. You must provide Us with Medical Evidence of Your temporary disablement and Your inability to perform the duties required by Your Occupation.
3. We may require at any time for You to attend and complete a medical examination by a doctor of Our choosing, at Our expense, to obtain a second opinion as to Your temporary disablement and Your perform the duties required by Your Occupation.

   If the second opinion is contrary to the opinion of the Your Doctor, We will obtain a third and independent Doctor's opinion which will be the opinion used for the purposes of assessing Your claim. Failure to complete a medical exam may result in suspension or cessation of benefits. We may require at any time for You to attend and complete a medical examination by this doctor.

   Where You fail to co-operate with Our Doctor's medical examination or provide Us with Medical Evidence We are entitled to conclude that no temporary disablement has occurred.
4. Failure to attend and complete a medical examination may result in suspension or cessation of Your benefits.
5. Weekly benefits shall not be payable:
   a. unless as soon as possible following the first date of treatment for or advice in relation to any Sickness giving rise to a claim under the Policy You obtain and follow medical treatment and/or advice from a Doctor. Failure to follow medical treatment and/or advice may result in Us reducing or suspending payments under this Section to the extent we have suffered any prejudice;
   b. once You are deemed fit to return to Your Occupation by a Your Doctor or by one of the Doctors referred to in paragraphs 1 and 2 above;
   c. upon the date of Your death.
6. If You suffer a recurrence of being temporarily disabled during the policy period and unable to perform the duties required by Your Occupation from the same or related cause or causes:
   a. a new Waiting Period will not apply if the recurrence occurs within six (6) months of Your weekly benefit ceasing and while the Policy or Renewal Policy is in force;
   b. a new Waiting Period will apply if You have worked on a full-time unrestricted basis for at least six (6) continuous months from Your weekly benefit ceasing;
7. For recurrence or continuation of benefits the maximum benefit period still applies such that the aggregate benefit period for the Period of Insurance shall not exceed the maximum benefit period.

Section 3 | Spouse/Partner Care Benefit

This Section is automatic if You have selected to be covered under Section 2 – Weekly Benefit for Sickness during the application process and agreed by Us as evidenced on Your Policy Schedule

What is Covered	If a benefit is being paid under Section 1 – Weekly Benefit for Accidental Injury or Section 2 – Weekly Benefit for Sickness, and Your Spouse/Partner ceases permanent employment and is no longer earning a Salary because they are providing You full-time care.
What we will Pay	We will pay the lesser of: 1. Your Spouse/Partner's weekly Salary that they would have earned if You had not required full time care; or 2. the weekly benefit amount specified in Your Policy Schedule against Section 3 – Spouse/Partner Care Benefit; for a maximum period of twelve (12) weeks.
What is not Covered	Refer to General Exclusions.
Terms and Conditions	The following terms and conditions apply: 1. Your full-time care must be certified by a Doctor as being necessary for Your recovery. 2. Proof of resignation by the Spouse/Partner of their permanent employment and their weekly Salary. 3. Cover is limited to one Spouse/Partner.

Section 4 | Weekly Benefit for Fixed Business Expenses

This Section is optional and available to select if You are self-employed, it is only included if You have selected it during the application process and agreed by Us as evidenced on Your Policy Schedule

What is Covered	If You are self-employed and You have Fixed Business Expenses which continue to be incurred whilst You are receiving a benefit paid under Section 1 – Weekly Benefit for Accidental Injury or Section 2 – Weekly Benefit for Sickness.
What we will Pay	We will reimburse You for Your Fixed Business Expenses: 1. after the Waiting Period; 2. up to the weekly benefit amount; and 3. up to the maximum benefit period; as specified in Your Policy Schedule against Section 4 - Weekly Benefit for Fixed Business Expenses.
What is not Covered	Refer to General Exclusions.
Terms and Conditions	You will be required to provide evidence of the Fixed Business Expenses being incurred prior to receiving the benefit and the continuation of the expense whilst receiving the benefit as certified by Your business's accountant.

Section 5 | Coma Benefit

What is Covered	If during the Period of Insurance, You suffer an Accidental Injury that directly results in You being in a coma for more than ten (10) days, as certified by a Doctor.
What we will Pay	We will pay You the lump sum amount as shown in Your Policy Schedule against Section 5 – Coma Benefit.
What is not Covered	Refer to General Exclusions.
Terms and Conditions	You must provide Us with Medical Evidence of You being in a coma for more than ten (10) days.

Section 6 | Lump Sum Benefits

This Section is optional and only included if You have selected it during the application process and agreed by Us as evidenced on Your Policy Schedule.

You will be provided with the option to select one of the following combinations of Events:

Event 1 Only | Events 1-8 Only | Events 1-19

What is Covered

If during the Period of Insurance, You suffer an Accidental Injury that directly results in one (1) or more of the Events listed below within twelve (12) months of the date of Accidental Injury:

Event		Benefit
1.	Accidental Death	100%
2.	Permanent Total Disablement	100%
3.	Paraplegia or Quadriplegia	100%
4.	Permanent and incurable paralysis of all Limbs	100%
5.	Permanent and total loss of sight of one (1) or both eyes	100%
6.	Permanent physical severance or Permanent total loss of the use of one (1) or more Limbs	100%
7.	Permanent and incurable insanity	100%
8.	Permanent and total loss of:	
	a. use of lens of both eyes	100%
	b. hearing of both ears	100%
9.	Permanent and total loss of:	
	a. use of lens of one (1) eye	60%
	b. hearing of one (1) ear	30%
10.	Burns:	
	a. third degree burns and/or resultant disfigurement which covers more than thirty (30) percent of the entire external body	60%
	b. second degree burns and/or resultant disfigurement which covers more than thirty (30) percent of the entire external body	30%
11.	Permanent total loss of use of four (4) Fingers and Thumb of either Hand	80%
12.	Permanent total loss of use of four (4) Fingers of either Hand	50%
13.	Permanent total loss of use of the Thumb of either Hand;	
	a. both joints	40%
	b. one (1) joint	20%
14.	Permanent total loss of use of Fingers of either Hand;	
	a. three (3) joints	20%
	b. two (2) joints	15%
	c. one (1) joint	10%
15.	Permanent total loss of use of Toes of either Foot;	
	a. all – one (1) Foot	15%
	b. great – both joints	15%
	c. great – one (1) joint	3%
	d. other than great Toe – each Toe	1%
16.	Fractured leg or patella with established non-union	10%
17.	Loss of at least fifty (50) percent of all Teeth	1% per Tooth up to a maximum of $10,000 in total
18.	Shortening of leg by at least five (5) centimetres	10%

19.	Permanent partial disablement not otherwise provided for under Events 2 – 18.	Such percentage of the lump sum amount as We in Our discretion having regard to Your interests, shall determine, but not more than 75%, and being in Our opinion not inconsistent with the benefits provided under Events 2 to 18.

What we will Pay

We will pay You or Your legal representative a lump sum amount calculated as the amount specified in Your Policy Schedule against Section 6 – Lump Sum Benefits multiplied by the corresponding percentage for the Event.

Where the Accidental Death benefit is payable because of a Disappearance, We will only pay that benefit after the legal representatives of Your estate have provided Us a signed undertaking that the benefit will be repaid to Us if, after Our payment, it is found that You did not die because of an Accidental Injury. Once the payment is made to Your estate Our liability for any other payment under this policy is hereby discharged.

Where an Accidental Injury results in more than one (1) Event we will only pay for the Event with the highest percentage up to the maximum limits as applicable specified in Your Policy Schedule.

What is not Covered

Refer to General Exclusions.

Terms and Conditions

The following terms and conditions apply:

1. You must provide Us with Medical Evidence of the Event(s).
2. If You receive a benefit payment for Events 2 to 8, there is no cover under this Section related to any subsequent Accidental Injury You suffer.

Section 7 | Lump Sum Benefit for Fractured Bones

This Section is automatic if You have selected to be covered under Section 3 – Lump Sum Benefits during the application process and agreed by Us as evidenced on Your Policy Schedule

What is Covered

If during the Period of Insurance, You suffer an Accidental Injury that directly results in one (1) or more of the Events listed below:

Event		Benefit
1.	Complete Fracture of neck, spine or skull	100%
2.	Hip Fracture	75%
3.	Other Fracture of jaw, pelvis, leg, ankle or knee	50%
4.	Cheekbone, shoulder or Hairline Fracture of neck, skull or spine	40%
5.	Other Fracture of arm, elbow, wrist or ribs (per rib)	30%
6.	Simple Fracture of jaw, pelvis, leg, ankle or knee	25%
7.	Nose or collarbone	25%
8.	Simple Fracture of arm, elbow, wrist or ribs (per rib)	25%
9.	Finger (per finger), Thumb (per Thumb), Foot, Hand or Toe	10%

What we will Pay

We will pay You a lump sum amount calculated as the amount specified in Your Policy Schedule against Section 7 – Lump Sum Benefits for Fractured Bones multiplied by the corresponding percentage for each Event.

In the case of an established non–union fracture for Events 2-9, We will pay an additional benefit of five percent (5%).

The maximum benefit payable for any one (1) Accidental Injury resulting in fractured bones shall be the amount specified in the Policy Schedule against Section 7 – Lump Sum Benefits for Fractured Bones.

What is not Covered

Refer to General Exclusions.

Terms and Conditions

You must provide Us with Medical Evidence of the Event(s).

Section 8 | Lump Sum Benefit for Loss or Damage to Teeth

This Section is automatic if You have selected to be covered under Section 3 – Lump Sum Benefits during the application process and agreed by Us as evidenced on Your Policy Schedule

What is Covered

If during the Period of Insurance, You suffer an Accidental Injury that directly results in one (1) or more of the Events listed below:

	Event	Benefit
1.	Loss of or full capping of Teeth	100% maximum $500 per Tooth
2.	Chipped or broken Teeth requiring partial capping	50% maximum of $250 per Tooth

What we will Pay

We will pay You a lump sum amount calculated as the amount shown in Your Policy Schedule against Section 8 – Lump Sum Benefit for Loss or Damage to Teeth multiplied by the corresponding percentage for each Event.

The maximum benefit payable for any one (1) Accidental Injury resulting in loss or damage to teeth shall be the amount shown in the Policy Schedule against Section 8 – Lump Sum Benefit for Loss or Damage to Teeth.

What is not Covered

Refer to General Exclusions.

Terms and Conditions

You must provide Us with Medical Evidence of the Event(s).

Section 9 | Tuition or Advice Benefit

What is Covered

If a benefit is being paid under Section 1 – Weekly Benefit for Accidental Injury or Section 2 – Weekly Benefit for Sickness and You incur costs for tuition or advice from a licensed vocational school.

What we will Pay

We will reimburse You the necessary, reasonable and actual costs incurred up to the amount specified in Your Policy Schedule against Section 9 – Tuition or Advice Benefit.

What is not Covered

Refer to General Exclusions.

Terms and Conditions

Medical evidence is required from a Doctor certifying the tuition or advice is necessary in order to get You back to Your Occupation or alternative work and Our written agreement must be obtained prior to incurring costs.

Section 10 | Independent Financial Advice

This Section is automatic if You have selected to be covered under Section 6 – Lump Sum Benefits during the application process and agreed by Us as evidenced on Your Policy Schedule

What is Covered

If within six (6) months of a benefit being paid for Events 1 to 8 under Section 6 – Lump Sum Benefits, You or legal representatives of Your estate incur costs to obtain professional financial planning advice in respect to the payment of the benefit.

What we will Pay

We will reimburse You or legal representatives of Your estate the reasonable and actual costs incurred up to the amount specified in Your Policy Schedule against Section 10 – Independent Financial Advice.

What is not Covered

Refer to General Exclusions.

Terms and Conditions

The professional financial planning advice must be provided by someone who is authorised and regulated by the Australian Securities and Investments Commission to provide such financial advice and who is not You or Your Spouse/Partner or relative.

Section 11 | Modification Benefit

This Section is automatic if You have selected to be covered under Section 6 – Lump Sum Benefits during the application process and agreed by Us as evidenced on Your Policy Schedule

What is Covered	If a benefit is paid for Event 2, 3 or 4 under Section 6 – Lump Sum Benefits and You incur costs to: 1. modify Your home and/or motor vehicle; or 2. relocate You to a more suitable home.
What we will Pay	We will reimburse You the necessary, reasonable and actual costs incurred up to the amount specified in Your Policy Schedule against Section 11 – Modification Benefit.
What is not Covered	Refer to General Exclusions.
Terms and Conditions	Medical evidence is required from a Doctor certifying the modification to Your home and/or motor vehicle and/or relocation of You to a more suitable home is necessary.

Section 12 | Funeral Benefit

This Section is optional and only covered if You have selected it during the application process and agreed by Us as evidenced on Your Policy Schedule.

What is Covered	If during the Period of Insurance You suffer Accidental Death and costs are incurred for: 1. funeral, burial or cremation and associated expenses; or 2. returning Your body or ashes to a place nominated by the legal representatives of Your estate.
What we will Pay	We will reimburse the legal representative of Your estate reasonable actual costs incurred up to the amount shown in Your Policy Schedule against Section 12 – Funeral Benefit.
What is not Covered	Refer to General Exclusions.
Terms and Conditions	Proof of Accidental Death.

Section 13 | Lifestyle Protection Benefits

This Section is optional and only covered if You have selected it during the application process and agreed by Us as evidenced on Your Policy Schedule.

13A. Work Commuting Benefit

What is Covered	If a benefit is being paid under Section 1 – Weekly Benefit for Accidental Injury or Section 2 – Weekly Benefit for Sickness; and 1. You can return to Your Occupation to work in a reduced capacity; and 2. You incur costs for the hire of a suitable chauffeured vehicle or taxi to transport You directly to and from Your normal place of residence and normal place of work.
What we will Pay	We will reimburse or pay You the reasonable, actual costs incurred up to the amount shown in Your Policy Schedule against Section 13A – Work Commuting Benefit.
What is not Covered	Refer to General Exclusions.
Terms and Conditions	Medical evidence is required from a Doctor certifying You are unable to operate a motor vehicle or travel on other available modes of public transport.

13B. Domestic Support Benefit

What is Covered	If a benefit is being paid under Section 1 – Weekly Benefit for Accidental Injury or Section 2 – Weekly Benefit Sickness; or is paid for Event 2 to 8 under Section 6 – Lump Sum Benefits and You are unable to carry out Your usual and ordinary day to day domestic activities including cleaning, vacuuming, dusting, polishing, general tidying, washing up, laundry, ironing and other light household duties and You incur costs for these services to be completed by a provider.
What we will Pay	We will reimburse You reasonable and actual costs incurred up to the maximum amount and for the maximum period specified in Your Policy Schedule against Section 13B – Domestic Support Benefit.
What is not Covered	Refer to General Exclusions.
Terms and Conditions	Day to day domestic activities must be carried out by persons other than Your Spouse/Partner or relative or persons permanently living with You and must be certified by a Doctor as being necessary for Your recovery.

13C. Out of Pocket Expenses Benefit

What is Covered	If during the Period of Insurance, and as a direct result of You suffering an Accidental Injury You incur unexpected costs for medical aids, local transportation (other than in an ambulance) to seek medical treatment, and other non-medical expenses such as clothing and non-medical equipment.
What we will Pay	We will reimburse or pay the reasonable and actual costs up to the amount shown in Your Policy Schedule against Section 13C – Out of Pocket Expenses Benefit.
What is not Covered	Refer to General Exclusions.
Terms and Conditions	Proof of actual costs incurred.

13D. Unexpired Membership Benefit

What is Covered	If during the Period of Insurance You are being paid a benefit under Section 1 – Weekly Benefit for Accidental Injury, Section 2 – Weekly Benefit Sickness or Events 2 to 8 in Section 6 – Lump Sum Benefits and You are unable to continue participating in any sport or gym activity for which You have paid (or are contractually obliged to pay) a membership, association or registration fee.
What we will Pay	We will reimburse You for the pro-rata amount of such fees related to the unusable period of the current season or fee period up to the amount shown in Your Policy Schedule against Section 13D – Unexpired Membership Benefit.
What is not Covered	Refer to General Exclusions.
Terms and Conditions	The following terms and conditions apply: 1. Medical evidence is required from a Doctor certifying You are unable to continue participating in the sport or gym activity. 2. Proof of membership and payment.

Section 14 | Family Protection Benefits

This Section is optional and only covered if You have selected it during the application process and agreed by Us as evidenced on Your Policy Schedule.

14A. Transport & Accommodation Benefit

What is Covered	If during the Period of Insurance, You sustain an Accidental Injury and are admitted as an in-patient of a hospital which is more than one hundred kilometres (100km) from Your normal place of residence.
What we will Pay	We will reimburse the reasonable and actual transport and/or accommodation costs incurred by Your Spouse/Partner and/or Dependent Children to travel and remain with You up to the amount shown in Your Policy Schedule against Section 14A –Transport & Accommodation Benefit.
What is not Covered	Refer to General Exclusions.
Terms and Conditions	Proof of actual costs incurred.

14B. Dependent Children Care Benefit

What is Covered	If a benefit is being paid under Section 1 – Weekly Benefit for Accidental Injury, Section 2 – Weekly Benefit for Sickness or is paid for Event 2 to 8a. under Section 6 – Lump Sum Benefits and You incur costs for the services of a registered childcare provider to look after Your Dependent Children, who are living with You, which are additional to costs that would not have otherwise been incurred.
What we will Pay	We will reimburse the necessary, reasonable and actual additional costs incurred by You up to the amount specified in Your Policy Schedule against Section 14B – Dependent Children Care Benefit.
What is not Covered	Refer to General Exclusions.
Terms and Conditions	The following terms and conditions apply: 1. Childcare must be carried out by persons other than Your Spouse/Partner or relatives or persons permanently living with You and must be certified by a Doctor as being necessary for Your recovery. 2. Proof of actual costs incurred.

14C. Dependent Children/Orphan Benefit

What is Covered	If during the Period of Insurance, You suffer an Accidental Death and You are survived by Dependent Children.
What we will Pay	We will pay Your estate the amount specified in Your Policy Schedule against Section 14C – Dependent Children/Orphan Benefit for each Dependent Child, up to the maximum amount per family shown in Your Policy Schedule. If You and Your Spouse/Partner both suffer an Accidental Death resulting from the same accident the amount We pay will be twice the specified benefit amount.
What is not Covered	Refer to General Exclusions.
Terms and Conditions	Proof of relationship and dependence.

General Exclusions

We will not pay for any claims arising directly or indirectly from:

1. Pre-Existing Medical Conditions;
2. any intentional or reckless act, self-injury, suicide, misconduct or any illegal or criminal act committed by You;
3. You engaging in, participating in, training for or taking part in:
    a. Dangerous Activities;
    b. flying in an aircraft or aerial device other than as a passenger in an aircraft licensed to carry passengers; or
    c. participating in professional sport of any kind or the sport where You earn majority of Your income;
4. Us contravening the *Health Insurance Act 1973* (Cth), the *Private Health Insurance Act 2007* (Cth) or the *National Health Act 1953* (Cth) or any amendment to, or consolidation or re-enactment of those Acts;
5. which is covered by:
    a. Medicare;
    b. any workers' compensation legislation;
    c. any transport accident legislation;
    d. any common law entitlement;
    e. any government sponsored fund, plan or medical benefit scheme; or
    f. any other insurance policy required to be effected by or under law;
6. any loss resulting from War, Civil War or war like operations, civil or political unrest, except Passive War;
7. the use, existence or escape of nuclear weapons, materials or ionising radiation from, or contamination by, radioactivity from any nuclear waste from the combustion of nuclear fuel;
8. Your exposure to the Utilisation of Nuclear, Chemical or Biological Weapons of Mass Destruction;
9. an epidemic or pandemic (as announced by the government of Australia or the World Health Organization), that was in existence prior to the commencement of Your travel outside Australia or which was reasonably foreseeable to a person in Your circumstances before the commencement of Your travel including the assumption You will consider the "World Health Organization" website or the Australian Government 'Smartraveller' website: www.smartraveller.gov.au;
10. a sexually transmitted disease or is a complication of infection with Human Immunodeficiency Virus or any variance including Acquired Immune Deficiency Syndrome and AIDS Related Complex.

General Provisions

Access to Cover

You must be at least eighteen (18) years of age and under eighty (80) years of age on the Start Date You selected when You apply. You must have a permanent residence in Australia and:

- be legally an Australian resident; or
- be on a skilled or temporary working visa but not a working holiday visa; or
- have a partner/spouse visa which allows you to stay in Australia for at least two (2) years; or
- have a New Zealand passport (together the "Eligibility Criteria")

Your cover will end on the earlier of:

1. the end of the Period of Insurance; or
2. when this Policy is cancelled by You at Your request or by Us pursuant to the *Insurance Contracts Act 1984* (Cth); or
3. You no longer meet the Eligibility Criteria.

Aggregate Limit of Liability

Our total liability under this Policy for all claims arising from any one (1) Accidental Injury or Sickness shall not exceed the amount specified in Your Policy Schedule against Aggregate Limit of Liability.

Alteration of Risk

You must advise Us as soon as is reasonably practical of any alteration to Your occupation or activities You engage or participate in which increase the risk of damage, Accidental Injury, liability, loss or Sickness.

Assistance and Co-operation

You shall co-operate with Us and upon Our reasonable request, assist in making settlements, in the conduct of law suits and in enforcing any right of contribution or indemnity against any person or organisation who may be liable to You because of bodily injury or damage with respect to which insurance is afforded under the Policy. In that regard, You may be requested to attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. You shall not voluntarily make any payment, assume any obligation or incur any expense other than for first aid to others at the time of an accident.

Cancellation

You may cancel this Policy at any time by notifying Us in writing. The cancellation will take effect from 4:00 pm on the day We receive Your notice of cancellation or such time as may be otherwise agreed.

We may cancel the Policy or any Section thereof, for any of the reasons set out in Section 60 of the *Insurance Contracts Act 1984* (Cth). Cancellation by Us takes effect from 4:00 pm on the day which is three (3) business days from the date We notify You in writing.

If the Policy is cancelled by either You or Us, We will refund the Premium for the Policy less a pro-rata proportion of the Premium to cover the period for which insurance applied less any non-refundable statutory and government charges, taxes and levies that We have paid.

However, We will not refund any Premium if a claim has been made by You under the Policy.

Blend may not refund any applicable Agency Fee if the Policy has been cancelled outside the cooling-off period.

Instalment Policies

Where We have agreed that you may pay Your Premium by instalments there are special conditions apply to Your Policy.

If You have not paid Your Premium instalment by the due date without justifiable cause, We may do the following:

- Cancel Your Policy if any Premium instalment is unpaid for one month or more;
- In the event of a claim, not pay for any benefits You may be entitled to if an instalment is more than 14 days overdue;
- If an instalment is less than 14 days overdue, deduct the overdue amount from any claim settlement;
- For claims, deduct all outstanding Premium instalments which are unpaid from the settlement amount.

You are responsible for any bank fees or charges imposed or associated with lack of sufficient funds in Your account.

If You are renewing Your Policy and You paid Your previous Policy by instalments, We will continue to deduct instalments for Your renewed Policy, unless You tell Us otherwise.

Currency

All amounts shown in the Policy are in Australian Dollars (AUD).

Reasonable Care

You must take all reasonable care to prevent or minimise loss, damage, Accidental Injury, Sickness or liability under this Policy.

Fraudulent Claims

If You or any person covered under this Policy makes a claim or arranges for another party to make a claim that is in any way false, dishonest or fraudulent, then We may refuse to pay any such claim.

Notice of Claim

You or any person entitled to claim under this Policy must give notice of any event which is likely to give rise to a claim as soon as is reasonably practicable but no later than thirty (30) days from the date of the event. A failure to furnish Us with notice within the time provided in the Policy will not invalidate any claim but the amount payable under Your contract may be reduced to the extent to which We have suffered any prejudice due to such failure.

Other Insurance

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

Should a benefit be payable under the Policy is also payable under any other policy issued by Us, the benefit will only be payable under one (1) of the policies, which shall be the policy with the highest benefit amount.

Sanctions Limitation and Exclusion Clause

Allied World shall not be deemed to provide cover nor be liable to pay any Claim or provide any benefit under this Policy of Insurance to the extent that the provision of such cover, payment of such Claim or provision of such benefit would expose the Insurers or their parent or affiliate or ultimate holding company to any sanction, prohibition or restriction under United Nations resolutions, or the trade or economic sanctions, laws or regulations of Australia, the European Union, United Kingdom or United States of America.

Subrogation

Save as to the circumstances set out in Sections 65(5) and (6) of the *Insurance Contracts Act 1984*, when We pay any amount under this Policy, You or Your legal representative agree that We shall be subrogated to all of Your or Your legal representative rights to recover against any person or entity and You or Your legal representative agree to execute and deliver any certificates, information and other documentation as We may reasonably require and do whatever else is reasonably necessary to enable Us to secure such rights. Neither You nor Your legal representative shall take action or wilful inaction after We have paid any amount, which will prejudice Our rights to subrogation.

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