



Combined Product Disclosure Statement and Policy Wording

# Personal Accident Insurance Policy

## EBM StudentCover

# Contents

## How is Your insurance arranged?

This insurance is issued/insured by:

### **AIG Australia Limited (AIG)**

ABN 93 004 727 753, AFSL 381686

Level 19, 2 Park Street, Sydney NSW 2000

AIG issues this product pursuant to an Australian Financial Services Licence ('AFSL') granted to **Us** by the Australian Securities and Investments Commission.

This **Product Disclosure Statement ('PDS')** contains information about key benefits and significant features of **Your** Policy. It also contains important information about **Your** rights and obligations such as **Your** duty of disclosure, cooling-off and complaint procedures. Its purpose is to assist both **Your** decision to purchase this insurance and ability to compare it with other products. **We** recommend **You** read the **PDS** carefully before deciding whether to acquire this product.

AIG prepared this **PDS** on 30 September 2023. The information in this document is current as at the date of this **PDS**. **We** may change some of the information in the **PDS** that is not materially adverse from time to time where permitted by the law, without needing to notify **You**. **You** may review the current version of the **PDS** at any time by visiting [www.aig.com.au](http://www.aig.com.au). Should **You** require it, **We** will provide **You** with a paper version of this **PDS** free of charge upon receipt of such request. If it becomes necessary, **We** will issue a supplementary or replacement **PDS**.

Cover is arranged and distributed by:

### **Elkington Bishop Molineaux Insurance Brokers Pty Ltd ('EBM')**

ABN 31 009 179 640, AFSL 246986

1162 Hay Street, West Perth WA 6005

Phone: 1300 783 878

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

## Retail Clients

'Retail Clients' are required to be provided with a Product Disclosure Statement prepared by AIG.

A Retail Client means an individual or small business.

'Small business' means:

- (a) a manufacturing entity with 100 employees or fewer, or
- (b) a non-manufacturing entity employing 20 individuals or less.

**This document contains Your Insurance Policy Terms, Special Provisions, Exclusions and Conditions. It is important that You read and understand it and retain it in a safe place**

Date prepared: 30th September 2023

PDS TC 30092023

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# Product Disclosure Statement ('PDS')

## What is The Product Disclosure Statement?

The **Product Disclosure Statement ('PDS')** contains information about key benefits and significant features of this StudentCover Personal Accident Insurance.

The purpose of the **PDS** is to assist **Your** purchasing decision and ability to compare this product with other similar insurance products. This document also contains important information about **Your** rights and obligations including the Cooling Off Period. Please retain this document in a safe place.

The terms and conditions of **Your** insurance are contained in the **Policy Wording**.

Details about AIG Australia Limited can be found on **page 1** of this document under '**How this insurance is arranged**'.

## Target Market Determinations (TMDs)

AIG Australia Limited (AIG) is required to have Target Market Determinations for its retail client insurance products in accordance with the Part 7.8A of the Corporations Act 2001.

### WHAT IS A TMD?

Under the law AIG are required to provide **You** with a Target Market Determination ("TMD"). The TMD provides details about the class of customers this product has been designed for, taking into consideration their likely needs, objectives and financial situation.

The TMD is not a **PDS** and should not be used as a summary of policy benefits, terms or conditions. The information in this TMD is general advice only and does not take into consideration the needs, objectives and financial situation of individual customers. Customers should review the **PDS** for full details on benefits, terms, conditions and exclusions before deciding to purchase this Product.

For a copy of the TMD for this product, visit [www.aig.com.au/target-market-determination](http://www.aig.com.au/target-market-determination).

## Key Benefits of Your Policy

Cover is provided against a range of events. Details of the key benefits for all sections of cover are contained in the **Policy Wording** under the **Table of Events and Compensation**. Cover options are summarised below.

**OPTIONS ONE, TWO and THREE** (The difference between Options One, Two and Three is the amount of Compensation payable, the Benefits are the same in each Option, as summarised below);

SECTION TITLE	COVER DESCRIPTION
<b>SECTION A – CAPITAL BENEFITS</b>	Covers the <b>Accidental</b> death, <b>Permanent</b> disability and specified <b>Permanent Total Loss</b> to an <b>Insured Person</b> as a result of <b>Injury</b>
<b>SECTION B – ADDITIONAL BENEFITS</b>	
<b>Bed Care Patient Benefit</b>	Provides a set daily benefit if an <b>Insured Person</b> becomes a <b>Bed Care Patient</b> as a result of an <b>Injury</b>
<b>Injury Assistance Benefit</b>	Provides a limited weekly payment for the reasonable costs incurred of hiring <b>Domestic Help and/or Child Minding Services</b> or extra transportation expenses as a result of <b>Injury</b> of an <b>Insured Person</b>
<b>Broken and/or Fractured Bones Benefit</b>	Provides a lump sum payment for specific broken and/or fractured bones of an <b>Insured Person</b> as a result of <b>Injury</b>
<b>Dislocation Benefit</b>	Provides a lump sum payment for specific dislocations of an <b>Insured Person</b> as a result of <b>Injury</b>
<b>Dental Cash Benefit</b>	Provides a lump sum payment for the loss of a natural tooth/teeth of an <b>Insured Person</b> as a result of <b>Injury</b> (excluding milk teeth)
<b>Student Tutoring Expenses Benefit</b>	Provides a weekly payment for tutoring of an <b>Insured Person</b> as a result of <b>Injury</b>
<b>Fee Relief Benefit</b>	Provides a limited payment for school term tuition fees in the event of the death of an <b>Insured Person's</b> guardian as a result of <b>Injury</b>
<b>Overseas Medical Expenses Benefit</b>	Provides limited payment of <b>Overseas Medical Expenses</b> incurred by an <b>Insured Person</b> whilst travelling outside Australia
<b>Emergency Transport Benefit</b>	Provides limited costs for an <b>Insured Person</b> to travel in emergency transportation as a result of an <b>Injury</b>
<b>Non-Medicare Medical Expenses Benefit</b>	Provides payment of Non-Medicare Medical Expenses incurred by an <b>Insured Person</b> as a result of <b>Injury</b> during school activities only
<b>Rehabilitation Expenses Benefit</b>	Provides limited payment of expenses necessarily incurred for tuition, advice and/or treatment of an <b>Insured Person</b> as a result of <b>Injury</b> , by a licensed vocational or occupational rehabilitation institution

Cover for each of the above is subject to acceptance of the risk by AIG. Cover is limited to the benefits and maximum sums insured listed in the Policy Schedule for the option selected in the **Table of Events and Compensation** and are subject to the terms, conditions, special provisions and exclusions in the **Policy Wording**.

## Important Information

Please read the **Policy Wording** carefully for full details about lodging a claim, when benefits are payable, the terms, conditions, special provisions and exclusions that apply to this insurance. Take special note of the following:

1. The **Policy Wording** contains a **Definitions** section starting on **page 9** and **Conditions** that apply to this insurance starting on **page 12**.
2. **Special Provisions** apply to this **Policy Wording** that may impact upon the compensation payable. It is important that **You** carefully read the section of the **Policy Wording** titled '**Special Provisions – General**' starting on **page 11** of the **Policy Wording**.
3. There are some circumstances where cover cannot be provided. These circumstances are covered in the **Policy Wording** under Exclusions. Please take special note of the **Exclusions** applicable to all sections of the policy listed on **page 11** of the **Policy Wording**.
4. **Aggregate Limit**, **Aggregate Period**, **Elimination Period** or **Excess** may apply to one or more of the sections of cover selected. Details are provided in the **Policy Wording**.

An **Aggregate Limit of Liability** is the maximum amount **We** will pay for all claims arising during one **Policy Period**. Limits will be shown in the Policy Schedule.

An **Aggregate Period** is the maximum amount of time for which benefits will be payable. Different **Aggregate Periods** may apply based on application details and acceptance. Such periods will be shown in the **Table of Events and Compensation**.

An **Elimination Period** is a period under the policy for which no Compensation is payable. Different **Elimination Periods** apply to particular events covered under this policy. Details will be shown in the **Table of Events and Compensation**.

**Excess** is the amount shown in the **Table of Events and Compensation** that will be deducted for each and every loss payable to **You** or the **Insured Person** under the applicable section of the policy.

5. **Age limits** apply to this policy as based upon actuarial or statistical data and is reasonable having regard to the risk in insuring persons of a particular age and other relevant factors. **We** will not be liable for any **Injury** leading to an insured event which happens to an **Insured Person** unless at the date of the **Injury** they are between the ages set out in the **Policy Wording** or Policy Schedule.
6. This **PDS** and **Policy Wording** also contains important information about the rights and obligations of **Insured Persons** including information about Privacy, Duty of Disclosure and General Insurance Code of Practice.
7. Cover is limited to the benefits and maximum sums insured listed in the Policy Schedule and is subject to the terms, conditions and exclusions in the **Policy Wording**. The attached **Policy Wording** may be varied by way of endorsement. Where applicable any such endorsement will be provided to **You** with the quotation.

## Costs

The premium will be calculated on an application basis. The factors taken into account in calculating the premium include the level of cover selected, the state the school is located and the number of students to be insured.

The premium for this Policy may need to be varied during the **Policy Period** to take into account the factors enumerated above, for example a change in sums insured or the number of students.

The premium amount will be shown on **Your** Policy Schedule. All applicable government charges such as Stamp Duty and GST will also be shown on the Policy Schedule.

Please note that only one option may be selected on the behalf of the entire school. This cover is compulsory for all students within that school.

## Cooling Off Period

If, **You** are a retail client and after purchasing the Policy, **You** are not satisfied with the cover, **You** may return the Policy within 21 days of purchasing it, and obtain a full refund less any non-refundable government charges and taxes that **We** have paid. **You** may notify **Us** in writing or electronically.

If **You** make a claim for any incident within the 21-day period, no cooling off period is permitted.

If the Policy is for an event that will finish within the 21 days cooling off period, **You** can only exercise **Your** right to cancel before the event starts.

## How to Make a Claim

Information on claims can be found under the section titled 'Conditions – 4. Claims Procedure' in the **Policy Wording**. Please read this carefully.

Claims need to be submitted with supporting documentation reasonably required by **Us** in relation to the claim, such as **Doctor's** reports, receipts, and where requested, additional proof of loss. Claims should be delivered to the address shown on the outside cover of this document. For claims under some policy sections, an **Elimination and/or** Aggregate Period or an **Excess** may apply.

Please refer to the **Policy Wording** and Policy Schedule for further details about the above.

## Confirmation of Transaction for Claims

Under the law if **You** are a retail client\* **You** are entitled to confirmation information (**the Confirmation**) as when AIG Australia Ltd (**AIG**) accepts or settles a claim made by **You** under this insurance coverage (**the Transaction**).

AIG has established a facility under which **You** can send an email to us at ClaimsAdmin@aig.com requesting the Confirmation of the Transaction. **We** will aim to provide Confirmation of the Transaction to **You** as soon as reasonably practicable.

**We** will assume that **You** agree to the use of the facility to obtain the Confirmation of the Transaction, unless **You** advise us at the above email address **You** do not agree to the use of the facility and that **You** wish to obtain Confirmation of the Transaction in another way.

\* A retail client means an individual or small business. A small business means:

- (a) a manufacturing entity with 100 employees or fewer; or
- (b) a non-manufacturing entity employing 20 individuals or less

## General Insurance Code of Practice

AIG is a signatory to the General Insurance Code of Practice ("Code"). The Code sets out the minimum standards of service that can be expected from the insurance industry and requires insurers to be open, fair and honest in their dealings with customers.

**We** are committed to adhering to the objectives of the Code and to uphold these minimum standards when providing services covered by this Code. The Code objectives will be followed having regards to the law and acknowledging that a contract of insurance is a contract based on the utmost good faith.

The Code Governance Committee is the independent body that monitors and enforces insurers' compliance with the Code. Their purpose is to drive better Code compliance and helping the insurance industry to improve its service to consumers.

For more information on the Code please visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

For more information on the Code Governance Committee please visit [insurancecode.org.au](http://insurancecode.org.au).

## Complaints and Feedback

Learning about **Your** experiences with **Us** and **Our** service partners helps to improve the way **We** do business with **You**. If **You** have feedback, or an issue **You** would like resolved **We** encourage **You** to make contact. Below is information on how to contact **Us** and how **We** will work together to resolve any concerns **You** have.

How to provide feedback

### 1. Speak to Our Complaints team

**Our** complaints team can be contacted on 1800 339 669. To get the best out of **Your** call with **Us**, please have **Your** policy and/or claim number available and any specific information about the issue.

### 2. Provide Your feedback in writing

If **You** would prefer to provide **Your** feedback or complaint in writing **You** can do so by lodging **Your** complaint on **Our** website, or by writing to:

The Complaints Team AIG Australia Limited  
Level 13, 717 Bourke Street  
Docklands VIC 3008

Email: [aucomplaints@aig.com](mailto:aucomplaints@aig.com)

## WHAT HAPPENS IF YOU MAKE A COMPLAINT?

If **You** make a complaint, **We** will record **Your** complaint and make sure that **Your** concerns are addressed as quickly as possible and seek to achieve a fair outcome for both parties.

**We** will assess **Your** complaint upon receipt. During the complaints process as set out in this section, **We** will meet the following requirements in respect of **Your** complaint.

- Acknowledge **Your** complaint within one (1) business day.
- **We** will tell **You** who will handle **Your** complaint and their contact details.
- **We** will, where applicable, keep **You** informed via **Your** preferred method of communication of the progress of **Your** complaint every ten (10) business days, more frequently or necessary or as agreed by both of **Us**.
- **We** will treat **Your** complaint respectfully and handle all personal information in accordance with **Our** Privacy Policy.
- Within 30 calendar days from the date, **We** receive **Your** complaint, **We** will provide a response to **Your** complaint.

If **We** cannot meet any of the stated timeframes, **We** will communicate to **You** the reasons why this has not been possible and when **You** should expect to receive a response or decision from **Us**. **We** will also advise **You** when **You** should expect to receive a response or decision, **Your** right to complain to the Australian Financial Complaints Authority (AFCA) if **You** are dissatisfied with such reasons and provide **You** with the contact details for AFCA.

## WHAT YOU CAN DO IF YOU ARE NOT HAPPY WITH OUR RESPONSE OR HANDLING OF YOUR COMPLAINT

If **You** are not satisfied with **Our** response or the handling of **Your** complaint, **You** may wish to have the matter reviewed by **Our** Internal Dispute Resolution Committee (“Committee”).

If **You** wish to have **Your** complaint reviewed by the Committee, please telephone or write to the complaints team as per the details above. As part of **Your** request, please include detailed reasons for requesting the review and the outcome **You** are seeking. This information will assist the Committee in carrying out its assessment and review of **Your** complaint.

A written response setting out the final decision of the Committee and the reasons for this decision will be provided to **You**.

If **We** are unable to provide a response within 30 calendar days of receipt of the initial complaint, **We** will inform **You** of (i) the time frame for when **Your** complaint will be heard by the Committee, (ii) when **You** should expect to receive a response from the Committee; (iii) the reasons for such delay; (iv) **Your** right to complain to AFCA if **You** are dissatisfied with such reasons; and (v) the contact details for AFCA.

**You** can take **Your** complaint to AFCA at any time, including:

- if **We** have been unable to resolve **Your** complaint within 30 calendar days;
- **You** are dissatisfied with the outcome of **Your** complaint; or
- **You** are dissatisfied with the findings of the Committee.

AFCA provides a fair and independent financial services complaint resolution service that is free to consumers. AFCA can make decisions with which AIG is obliged to comply.

Under AFCA Rules, **Your** complaint may be referred back to **Us** if it has not gone through **Our** complaints process.

AFCA’s contact details are:

Australian Financial Complaints Authority (AFCA)  
GPO Box 3  
Melbourne VIC 3001  
Website: [www.afca.org.au](http://www.afca.org.au)

Email: [info@afca.org.au](mailto:info@afca.org.au)  
Phone: 1800 931 678 (free call)

The use of AFCA does not preclude **You** from subsequently exercising any legal rights which **You** may have if **You** are still unhappy with the outcome. Before doing so however, **We** strongly recommend that **You** obtain independent legal advice.

If **Your** complaint does not fall within AFCA’s Rules, **We** will advise **You** to seek independent legal advice or give **You** information about any other external dispute resolution options where available to **You**.

## Privacy Notice

This notice sets out how **AIG** collects, uses and discloses personal information about:

- **You, if an individual; and**
- **other individuals You provide information about.**

Further information about our Privacy Policy is available at [www.aig.com.au](http://www.aig.com.au) or by contacting us at [australia.privacy.manager@aig.com](mailto:australia.privacy.manager@aig.com) or on 1300 030 886.

### HOW WE COLLECT YOUR PERSONAL INFORMATION

**AIG** usually collects personal information from **You** or **Your** agents.

**AIG** may also collect personal information from:

- **Our** agents and service providers;
- other insurers;
- people who are involved in a claim or assist **Us** in investigating or processing claims, including third parties claiming under **Your** policy, witnesses and medical practitioners;
- third parties who may be arranging insurance cover for a group that **You** are a part of;
- providers of marketing lists and industry databases; and
- publicly available sources.

### WHY WE COLLECT YOUR PERSONAL INFORMATION

**AIG** collects information necessary to:

- underwrite and administer **Your** insurance cover;
- improve customer service and products including carrying out research and analysis including data analytics functions; and
- advise **You** of **Our** and other products and services that may interest **You**.

**You** have a legal obligation under the Insurance Contracts Act 1984 to disclose certain information. Failure to disclose information required may result in **AIG** declining cover, cancelling **Your** insurance cover or reducing the level of cover, or declining claims.

### TO WHOM WE DISCLOSE YOUR PERSONAL INFORMATION

In the course of underwriting and administering **Your** policy **We** may disclose **Your** information to:

- **You** or **Our** agents, entities to which **AIG** is related, reinsurers, contractors or third party providers providing services related to the administration of **Your** policy;
- banks and financial institutions for policy payments;
- **You** or **Our** agents, assessors, third party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim;
- entities to which **AIG** is related and third party providers for data analytics functions;
- other entities to enable them to offer their products or services to **You**; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

**AIG** is likely to disclose information to some of these entities located overseas, including in the following countries: Canada, Bermuda, Ireland, Belgium, the Netherlands, Germany, France, United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as any country in which **You** have a claim and such other countries as may be notified in our Privacy Policy from time to time.

**You** may request not to receive direct marketing communications from **AIG**.

### ACCESS TO YOUR PERSONAL INFORMATION

**Our** Privacy Policy contains information about how **You** may access and seek correction of personal information **We** hold about **You**. In summary, **You** may gain access to **Your** personal information by submitting a written request to **AIG**.

In some circumstances permitted under the Privacy Act 1988, **AIG** may not permit access to **Your** personal information. Circumstances where access may be denied include where it would have an unreasonable impact on the privacy of other individuals, or where it would be unlawful.

### COMPLAINTS

**Our** Privacy Policy also contains information about how **You** may complain about a breach of the applicable privacy principles and how **We** will deal with such a complaint.



## The Financial Claims Scheme

The protection provided under the Federal Government's Financial Claims Scheme ("Scheme") applies to the Policy. In the unlikely event that **We** are unable to meet our obligations under the insurance, persons entitled to make a claim under the insurance cover under the Policy may be entitled to payment under the Scheme (access to the Scheme is subject to eligibility criteria). Information about the Scheme can be obtained from the APRA website at <https://www.fcs.gov.au>.

# Policy Wording

## Important Policy Matters

### POLICY COVERAGE

The **Insured Persons** specified in the Application Form/Policy Schedule are insured for **Injury** in respect of the events as shown in the Policy Schedule and Table of Events and Compensation on the following terms.

### Your Duty of Disclosure

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

**You** have this duty until **We** agree to insure **You**.

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

**You** do not need to tell us anything that:

- reduces the risk **We** insure **You** for; or
- is common knowledge; or
- **We** know or should know as an insurer; or
- **We** waive **Your** duty to tell us about.

### IF YOU DO NOT TELL US SOMETHING

If **You** do not tell us anything **You** are required to, **We** may cancel **Your** contract or reduce the amount **We** will pay **You** if **You** make a claim, or both.

If **Your** failure to tell us is fraudulent, **We** may refuse to pay a claim and treat the contract as if it never existed.

## Definitions

Words with a special meaning are shown in this **Policy Wording** by using capital letters and **bold** font and, except where words are defined within a Section of this Policy, have the meanings given below:

1. **Accident** or **Accidental** means a sudden, fortuitous, violent, visible and specific event caused external to the body which occurs at an identifiable time and place during the **Policy Period**.
2. **Bed Care Patient** means an **Insured Person** who is necessarily confined to bed during a **Policy Period** for a continuous period for more than twenty-four (24) hours and the **Insured Person's** confinement is certified as necessary by a **Doctor** to be under the continuous care of a registered nurse (other than the **Insured Person** or a member of the **Insured Person's** immediate family). Bed Care does not cover the **Insured Person** as a patient in any institution used primarily as a nursing or convalescent home, a place of rest, a geriatric ward, a mental institution, rehabilitation or extended care facility or a place for the care or treatment of alcoholics or drug addicts.
3. **Doctor** means a medical practitioner or medical specialist who is registered or licenced and is legally qualified to practice medicine under the laws of the country in which they practice other than a medical practitioner or medical specialist who is the **Insured Person**, the **Insured Person's** business partner or agent, the **Insured Person's** employer or employee or a close relative of the **Insured Person**.
4. **Domestic Help and/or Child Minding Services** means the actual costs incurred for reasonable and necessary professional services carried out by persons other than members of the **Insured Person's** family or other relatives or persons permanently residing with the **Insured Person**, to help the parent(s) or guardian of the **Insured Person** with household duties or to look after and tend the needs of the Injured **Insured Person** that are normally carried out by the **Insured Person's** parent(s) or guardian but due to the **Insured Person's Injury** the parent(s) or guardian are unable to do so, provided such services are certified by the **Insured Person's Doctor** as being necessary for the **Insured Person's** recovery.
5. **Elimination Period** means the period commencing with the first day for which medical treatment was sought in respect of such **Injury** and during which no Compensation is payable.
6. **Emergency Transport** means the actual reasonable costs incurred by the **Insured Person**, as a result of an **Injury**, to travel in a vehicle, vessel or aircraft licensed to transport sick or injured persons for the purpose of obtaining urgent medical treatment at a registered medical facility.

7. **Excess** is the amount shown in the Table of Events and Compensation that will be deducted each and every loss payable to **You** or the **Insured Person** under the applicable section of the Policy.
8. **Extra Public Transport Expenses** means the additional public transport costs reasonably incurred by the **Insured Person** to travel to and/or from the medical practitioner's surgery to have treatment for the **Injury** or travel to and/or from school as a result of **Injury**.
9. **Hospital** (in respect of **Overseas Medical Expenses**) means any institution (located outside Australia) lawfully operated for the care and treatment of sick or injured persons with organised facilities for diagnosis and surgery and having twenty-four (24) hours a day nursing service and medical supervision, but does not include any institution used primarily as a nursing or convalescent home, a place of rest, a geriatric care facility a mental institution, a rehabilitation or extended care facility or a place for the care or treatment of alcoholics or drug addicts.
10. **Injury** means a physical injury resulting from an **Accident** and which results independently of any pre-existing conditions or other cause in any of the Events specified in the Table of Events and Compensation within twelve (12) calendar months from the date of its occurrence.
11. **Insured/You** means the educational institution specified in the Policy Schedule and is the policyholder.
12. **Insured Person** means a class of persons as specified in the Policy Schedule.
13. **Limb** means any part of the arm between the shoulder and the wrist or any part of leg between the hip and the ankle.
14. **Non Medicare Medical Expenses** means expenses that are not subject to any full or partial Medicare rebate nor recoverable by **You** or the **Insured Person** from any other source and must be incurred within twelve (12) calendar months of the **Insured Person** sustaining **Injury** and which have been paid by the **Insured Person** or **You** on that **Insured Person's** behalf, for treatment certified necessary by a **Doctor**, to a private hospital, physiotherapist, chiropractor, osteopath, nurse or similar provider of medical services, including the cost of medical supplies but excluding the cost of dental treatment unless such treatment is necessarily incurred to sounds and natural teeth (excluding milk or first teeth and dentures) and is caused by **Injury**;
15. **Overseas Medical Expenses** means expenses incurred outside the territorial limits of Australia within twelve (12) calendar months of an **Insured Person** sustaining **Injury** and paid by the **Insured Person**, their parent or guardian or the **Insured** on that **Insured Person's** behalf, for treatment certified necessary by a **Doctor**, to a physician, surgeon, nurse, **Hospital** and/or ambulance service for medical, surgical, x-ray, **Hospital** or nursing treatment, but excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth (excluding first teeth and dentures) and is caused by **Injury**.
16. **Paraplegia** means **Permanent** and entire paralysis of both legs and part or whole of the lower half of the body.
17. **Permanent** means lasting 12 consecutive months and at the end of that period is being certified by a **Doctor** as being unlikely to materially improve for the remainder of the **Insured Person's** natural life.
18. **Policy Period** means the period shown in the Policy Schedule or subsequent Renewal Notice issued by **Us**.
19. **Quadriplegia** means **Permanent** and entire paralysis of both legs and both arms.
20. **Terrorist Act** means any actual or threatened use of force or violence directed at or causing damage, **Injury**, harm or disruption, or committing of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim (s) shall not be considered **Terrorist Acts**.  
Terrorism shall also include any act, which is verified or recognised by the (relevant) Government as an act of terrorism.
21. **Total Disablement** means as a result of **Injury** an **Insured Person** is wholly and continuously prevented from attending all of that **Insured Person's** usual school classes and school activities and is under the regular care of and acting in accordance with the instructions or professional advice of a **Doctor** other than an **Insured Person** or immediate family member of an **Insured Person**. **We** will pay commencing immediately following the **Elimination Period** the Compensation stated in the Table of Events and Compensation.
22. **Total loss** means, in relation to:
  - (i) an **Insured Person's** body part or **Limb**, hand, foot, finger or toe, the physical severance or entire loss of the use thereof;
  - (ii) an eye, the entire and irrecoverable loss of all sight in the eye;
  - (iii) hearing, the entire and irrecoverable loss of hearing; and
  - (iv) speech the irrecoverable loss of the ability to speak.
23. **War** means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
24. **We/Our/Us/Insurer** means AIG Australia Limited (AIG), ABN 93 004 727 753, AFSL 381686
25. **You/Your/Insured** means the **Insured** specified in the Policy Schedule and is the policyholder.

## Exposure

If any of the Events listed in the Table of Events and Compensation, Section A or B occurs as the result of unexpected exposure to the elements following an **Injury**, **We** will pay the Compensation specified for such Event.

## Disappearance

If an **Insured Person's** body has not been found within twelve (12) calendar months after the date of the disappearance, sinking or wrecking of the conveyance in which that **Insured Person** was travelling at such date, **We** will pay the Compensation specified under the Table of Events and Compensation – Section A, Capital Benefits, Event 4 (Death) of this Policy, subject to such disappearance being reported to the relevant authorities and receipt of a signed undertaking by the **Insured** or a representative of the **Insured Person's** estate that any such Compensation shall be refunded if it is later demonstrated that the **Insured Person** did not die as a result of an **Injury**.

## Age Limits

**We** will not be liable for any event, which happens to an **Insured Person** unless at the date of the event they are students attending from grade Kindergarten to Year 12 and are between three (3) years and twenty-one (21) years of age.

## Exclusions

This Policy shall not apply to any event directly or indirectly arising out of:

- (a) **War**, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power.
- (b) the intentional use of military force to intercept, prevent, or mitigate any known or suspected **Terrorist Act**.
- (c) any loss arising out of any **Terrorist Act**.
- any consequence of an **Insured Person** engaging in:
  - naval, military or air force operations.
  - racing in or on any motor propelled conveyance (whether as a driver, rider or passenger).
  - any aerial activity, except as a passenger and not as a pilot or crew member in any aircraft licensed to carry passengers.
  - hang gliding, sky diving or parachuting.
- intentional self-injury, suicide, or criminal or illegal act of the **Insured Person** who is the subject of the claim .
- a consequence of any kind of sickness or disease.
- pregnancy, childbirth or miscarriage.
- sexually transmitted diseases.
- radioactive contamination or radioactivity in any form whatsoever whether occurring naturally or otherwise.

In addition to the above Exclusions

- The **Insurer** shall not be deemed to provide cover and the **Insurer** shall not 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 the **Insurer**, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America or the Commonwealth of Australia.

## Special Provisions – General

- The Compensation payable under the Table of Events and Compensation – Section A, Capital Benefits, Event 4 (Death) shall be payable to an **Insured Person's** parent(s) or next of kin. Any other Compensation payable under the Policy shall be payable to an **Insured Person** or the **Insured Person's** parent(s) or guardian if they have incurred the expense on behalf of the **Insured Person**.
  - Compensation shall not be payable for more than one of the Events 1-21 listed in Section A in respect of the same **Injury**, in which case the Event with the highest compensation amount will be paid.
  - Should an **Insured Person** sustain **Injury**, which results in any one of the Events 1 to 6 (inclusive), 8 to 10 (inclusive) and Event 21 as described in Section A – Capital Benefits, there shall be no further liability for that **Insured Person** under the Policy for any **Injury** sustained thereafter.

2. Compensation shall not be payable:
  - (a) in excess of the Aggregate Period shown against such Events in respect of any one **Injury**.
  - (b) to the extent a claim results from the **Insured Person** failing to obtain and follow medical advice from a **Doctor** as soon as reasonable practicable after the happening of the **Injury** which gave rise to the claim.
3. Compensation payable to an **Insured Person** as a result of **Injury** under the Table of Events and Compensation – Section B – Additional Benefits, Events 22, 23 and 27 to 32 will be reduced by any amount of Compensation which the **Insured Person** is legally entitled to receive under any Workers Compensation Act or other statutory body or legislation having a similar effect, or under any civil wrongs legislation, or under any Compulsory Third Party or Motor Vehicle Act, or Transport Accident Act or other statutory body or legislation having similar effect or policy of insurance required by law, irrespective of whether such entitlement is accepted or waived.
4. If, as a result of **Injury** compensation is payable under the Table of Events and Compensation – Section B – Additional Benefits hereunder and if during the **Policy Period**, an **Insured Person** suffers recurrence of **Total Disablement** from the same or related cause or causes, the subsequent period of **Total Disablement** will be deemed a continuation of the prior period unless in between such periods an **Insured Person** has been certified fit for at least six (6) consecutive months, in which case such **Total Disablement** shall be deemed the result of a new **Injury** and subject to a new **Elimination Period** and Aggregate Period.
5. In relation to the Table of Events and Compensation – Section B – Additional Benefits, Event 29 – Overseas Medical Expenses of this Policy, an **Insured Person** will not be covered for any expenses incurred overseas where that **Insured Person** has spent more than ninety (90) consecutive days overseas following their departure from Australia. Where a claim is made in relation to a benefit available under this Event of this Policy, where reasonably possible the **Insured Person** must follow Travel Guard™ advice or instruction. In the event of an emergency overseas, Travel Guard™ can be contacted (reverse charge) on 61 (2) 9251 4298.
7. In relation to the Table of Events and Compensation – Section B – Additional Benefits, Event 29 – Overseas Medical Expenses of this Policy, **We** shall not make any payment in respect of:
  - (a) any expense, which **We** are prohibited by law from paying; or
  - (b) any expenses not incurred within ninety (90) consecutive days of the **Insured Person's** departure from Australia.

**Our** total liability shall not exceed the amount specified in the Table of Events and Compensation.
8. In relation to the Table of Events and Compensation – Section B – Additional Benefits, Event 31 – Non-Medicare Medical Expenses of this Policy, **We** shall not make any payment in respect of:
  - (a) any expense recoverable by **You** or by the **Insured Person** from any other insurance scheme or any plan providing medical/physiotherapy or similar coverage or from any other source except for the excess of the amount recoverable from such other insurance plan or source;
  - (b) any expense to which the Private Health Insurance Act 2007 (as amended), or similar legislation or any of the regulations made under it apply;
  - (c) more than the specified percentage of each claim less all deductions and the Policy **Excess**;
  - (d) any dental treatment expense unless it is necessarily incurred to sound and natural teeth, other than first teeth or dentures, and is caused by **Injury**.
  - (e) any expense which **We** are prohibited by law from paying.

**Our** total liability shall not exceed the amount specified in the Table of Events and Compensation
9. **Aggregate Limit**
  - (a) Except as provided under 9(b), **Our** total liability for all claims arising under this Policy during any **Policy Period** shall not exceed the amount set out in Policy 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 Policy Schedule.

## Conditions

### 1. Australian Law

This Policy is governed by the laws of the New South Wales, Australia and any dispute or action in connection therewith shall be conducted and determined in Australia.

### 2. Cancellation or curtailment of a Policy Period

- (a) The **Insured** may cancel this Policy at any time by giving **Us** written notice of cancellation.

(b) **We** may cancel the Policy at any time in accordance with Sections 59 & 60 of the Insurance Contracts Act 1984,

When the Policy is cancelled, or a renewal date is brought ahead due to a curtailment of the **Policy Period**, **We** will refund the proportion of the premium (if applicable) for the unexpired **Policy Period**, after deducting a reasonable allowance for our administration costs, Commonwealth taxes and/or charges **We** cannot recover, and benefits already paid or provided under the Policy for the period the Policy was in force.

### 3. **Claims Procedure**

- (a) Written notice of claim and supporting medical evidence in the form reasonably required by **Us**, and proof of identity where possible, must be given to **Us** at any of **Our** offices in Australia within thirty (30) days, where reasonably practicable or as soon as possible, after the occurrence of any **Injury** event in respect of which a claim has arisen or may arise.
- (b) All certificates and evidence reasonably required by **Us**, for example medical reports and **Doctor** certificates, in relation to the claim shall be furnished at the expense of the **Insured Person** or **Insured** for any claim hereunder.
- (c) **We** may have the **Insured Person** medically examined at **Our** expense when and as often as **We** may reasonably require after a claim has been made, or in the Event of the **Insured Person's** Death arrange an autopsy unless this is illegal in the country in which the autopsy is to be performed.

### 4. **Currency**

All amounts shown in this Policy are in Australian currency (AUD). If expenses or losses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount payable in Australian currency (AUD) will be the rate at the time of incurring the expense or suffering the loss.

### 5. **Effective Date Of Individual Insurance**

The insurance of any **Insured Person** shall become effective on the latest of the following dates:

- (1) on the commencing date of the initial **Policy Period** set out in the Policy Schedule;
- (2) on the date the **Insured Person** becomes eligible for Insurance hereunder;
- (3) where required in terms described in the Policy Schedule, the date **We** communicate acceptance of the **Insured's** Application Form.

### 6. **Effective Date of Individual Cessation**

The insurance of any **Insured Persons** shall immediately terminate on the earliest of the following dates:

- (a) on the date this Policy is cancelled;
- (b) on the date that an **Insured Person** leaves or ceases to be a registered student of the **Insured\***;
- (c) on the date an **Insured Person** ceases to be eligible for insurance hereunder.

\* Cover for students engaged in authorised activities of the **Insured** extends for up to two (2) school terms after officially leaving the school they have been attending.

### 7. **Fraudulent Claims**

If any claim is in any respect fraudulent or if any fraudulent means or devices are used by **You** or the **Insured Person** or anyone acting on **Your** or the **Insured Person's** behalf to obtain any benefit under this Policy then any amount payable in respect of such claim shall be refused in accordance with relevant law.

### 8. **Policy Renewal**

This Policy may be renewed with **Our** consent from term to term, by payment of the Premium in advance at **Our** Premium rate in force at the time of renewal.

### 9. **Subrogation**

In the event of any payment under this Policy, **We** shall be subrogated to all the **Insured/Insured Person's** rights of recovery thereof against any person or organisation and the **Insured/Insured Person** shall execute and deliver instructions and papers and do whatever else is reasonably necessary to secure such and enable enforcement of such rights. The **Insured/Insured Person** shall take no action to prejudice such rights.

### 10. **Tax Or Imposts**

Where **We** are, or reasonably believe **We** will become liable for any tax or other impost levied by any Commonwealth or State Government, authority or body in connection with this Policy, **We** may reduce, vary or otherwise adjust any amounts (including but not limited to premiums, charges and benefits), to take account of the tax or impost.

# Table of Events And Compensation

## Option One

THE EVENTS	THE COMPENSATION (EACH INSURED PERSON)
INJURY AS DEFINED, RESULTING IN:	
<b>SECTION A – CAPITAL BENEFITS</b>	
1. <b>Quadriplegia</b>	\$500,000
2. <b>Paraplegia</b>	\$500,000
3. <b>Permanent Total Loss</b> of entire sight of one eye and loss of use of one <b>Limb</b>	\$100,000
4. Death	\$20,000
5. <b>Permanent</b> and incurable loss of mental capacity resulting in total inability to work except in a sheltered workshop or in occupations reserved for mentally handicapped persons	\$100,000
6. <b>Permanent Total Loss</b> of entire sight of both eyes	\$100,000
7. <b>Permanent Total Loss</b> of entire sight of one eye	\$75,000
8. <b>Permanent Total Loss</b> of use of two limbs	\$100,000
9. <b>Permanent Total Loss</b> of use of both feet	\$100,000
10. <b>Permanent Total Loss</b> of use of both hands	\$100,000
11. <b>Permanent Total Loss</b> of use of one <b>Limb</b>	\$50,000
12. <b>Permanent Total Loss</b> of use of one hand	\$50,000
13. <b>Permanent Total Loss</b> of use of one foot	\$50,000
14. <b>Permanent Total Loss</b> of hearing in both ears	\$50,000
15. <b>Permanent Total Loss</b> of hearing in one ear	\$25,000
16. <b>Permanent Total Loss</b> of Speech	\$50,000
17. <b>Permanent Total Loss</b> of use of one thumb of either hand	
17.1 Both joints	\$20,000
17.2 One joint	\$10,000
18. <b>Permanent Total Loss</b> of use of fingers of either hand	
18.1 Three joints	\$20,000
18.2 Two joints	\$10,000
18.3 One joint	\$5,000
19. <b>Permanent Total Loss</b> of use of toes of either foot	
19.1 All – one Foot	\$20,000
19.2 Great – both joints	\$15,000
19.3 Great – one joint	\$10,000
19.4 Other than great, each Toe	\$5,000

THE EVENTS	THE COMPENSATION (EACH INSURED PERSON)
<b>INJURY AS DEFINED, RESULTING IN:</b>	
20. Third degree burns and/or resultant disfigurement due to fire or chemical burns, which extends to more than 40% of the entire body.	\$250,000
Third degree burns and/or resultant disfigurement due to fire or chemical burns, which extends to between 20-40% of the entire body.	\$125,000
21. <b>Permanent</b> partial disablement not otherwise provided for Under Event 1 to 20 inclusive. Such percentage of \$75,000 which corresponds to the percentage reduction in whole bodily function as certified by not less than two (2) <b>Doctors</b> one of whom shall be the <b>Insured Person's</b> treating <b>Doctor</b> and the other shall be nominated by <b>Us</b> . In the event of a disagreement between them, a third <b>Doctor's</b> opinion shall be obtained and the percentage awarded shall be the average of the three (3) opinions.	\$75,000
<b>SECTION B – ADDITIONAL BENEFITS</b>	
22. <b>Bed Care Patient</b> Benefit for a period of more than twenty-four (24) hours as a result of <b>Injury</b> Aggregate Period for this Benefit is up to fifty-two (52) weeks.	\$200 per week
23. Injury Assistance Benefit – <b>We</b> will pay the actual and reasonable <b>Domestic Help and/or Child Minding Services</b> and/or <b>Extra Public Transport Expenses</b> incurred as certified as necessary by the <b>Insured Person's Doctor</b> . <b>Elimination Period</b> is seven (7) days per <b>Injury</b> Aggregate Period for this Benefit is up to fifty-two (52) weeks	Up to \$200 per week
24. Broken and/or fractured bones	
(a) Finger or toe	\$200
(b) Hand or foot	\$500
(c) Arm, elbow, wrist, leg, ankle or knee;	
(i) simple fractures	\$500
(ii) compound or complicated fractures	\$1,000
(d) Collarbone	\$500
(e) Breastbone	\$500
(f) Rib (one or more)	\$500 total
(g) Shoulder, cheekbone or nose	\$500
(h) Hip or jaw	\$750
(i) Skull, pelvis, vertebrae of the neck or spine	\$3,000
The maximum amount payable for any one <b>Injury</b> is	\$3,000
25. Dislocation Benefit	
(a) Hip	\$500
(b) Knee	\$250
(c) Shoulder Blade	\$250
(d) Collarbone or Jaw	\$250
(e) Ankle, Elbow or Wrist	\$100
The maximum amount payable for any one <b>Injury</b> is	\$2,000
26. Dental Cash Benefit Loss of teeth or crowning of damaged teeth with cast metal or porcelain or similar restorations. Lump sum payment, provided the Event occurs within twelve (12) calendar months from the date of <b>Injury</b> to sound and natural teeth (no cover is provided for milk or first teeth, dentures or fillings). The maximum amount payable for any one <b>Injury</b> is	\$300 per tooth \$2,000



THE EVENTS

THE  
COMPENSATION  
(EACH INSURED  
PERSON)

INJURY AS DEFINED, RESULTING IN:

<p>27. Student Tutoring Expenses reasonably incurred as a result of <b>Total Disablement</b> and certified necessary by the <b>Insured Person's Doctor</b>. <b>Elimination Period</b> is seven (7) days per <b>Injury</b> Aggregate Period for this Benefit is up to fifty-two (52) weeks</p>	<p>Up to \$200 per week</p>
<p>28. Fee Relief – Following the death by <b>Injury</b> of the <b>Insured Person's</b> parent or guardian, <b>We</b> will pay the annual school tuition fees up to \$3,000 for each of the remaining school terms of the current school year.</p>	<p>\$7,500 maximum in all</p>
<p>29. <b>Overseas Medical Expenses</b> – payment of medical expenses incurred outside of Australia as a result of <b>Injury</b> provided such expenses are incurred within ninety (90) consecutive days following an <b>Insured Person's</b> departure from Australia. <b>Excess</b> each and every loss is \$20</p>	<p>\$5,000</p>
<p>30. <b>Emergency Transport</b> – payment of reasonable expenses incurred.</p>	<p>\$5,000 maximum per <b>Injury</b></p>
<p>31. <b>Non-Medicare Medical Expenses</b>, (School Activities Only) e.g. Physiotherapy and/or Chiropractic expenses as certified necessary by the attending <b>Doctor</b>. <b>Excess</b> each and every loss is \$20</p>	<p>\$5,000</p>
<p>32. Rehabilitation Expenses <b>We</b> will pay after the happening of an Event listed in Section B of this Policy, expenses incurred for tuition, advice and/or treatment from a licensed vocational school or occupational rehabilitation institution, provided such tuition, advice and/or treatment is certified as necessary by the <b>Insured Person's</b> attending <b>Doctor</b>. <b>You</b> must, to the extent it is reasonably possible, seek <b>Our</b> prior written agreement, which <b>We</b> will not unreasonably withhold or delay, before any incurring any costs towards this benefit. Subject to the extent of <b>Our</b> prejudice, not doing may reduce the amount payable under the Policy. <b>Elimination Period</b> is seven (7) days per <b>Injury</b> Aggregate Period for this Benefit is up to fifty-two (52) weeks</p>	<p>Up to \$200 per week</p>

# Table of Events And Compensation

## Option Two

THE EVENTS	THE COMPENSATION (EACH INSURED PERSON)
INJURY AS DEFINED, RESULTING IN:	
<b>SECTION A – CAPITAL BENEFITS</b>	
1. <b>Quadriplegia</b>	\$750,000
2. <b>Paraplegia</b>	\$750,000
3. <b>Permanent Total Loss</b> of entire sight of one eye and loss of use of one <b>Limb</b>	\$200,000
4. Death	\$30,000
5. <b>Permanent</b> and incurable loss of mental capacity resulting in total inability to work except in a sheltered workshop or in occupations reserved for mentally handicapped persons	\$750,000
6. <b>Permanent Total Loss</b> of entire sight of both eyes	\$325,000
7. <b>Permanent Total Loss</b> of entire sight of one eye	\$150,000
8. <b>Permanent Total Loss</b> of use of two limbs	\$300,000
9. <b>Permanent Total Loss</b> of use of both feet	\$100,000
10. <b>Permanent Total Loss</b> of use of both hands	\$100,000
11. <b>Permanent Total Loss</b> of use of one <b>Limb</b>	\$150,000
12. <b>Permanent Total Loss</b> of use of one hand	\$80,000
13. <b>Permanent Total Loss</b> of use of one foot	\$50,000
14. <b>Permanent Total Loss</b> of hearing in both ears	\$150,000
15. <b>Permanent Total Loss</b> of hearing in one ear	\$50,000
16. <b>Permanent Total Loss</b> of Speech	\$100,000
17. <b>Permanent Total Loss</b> of use of one thumb of either hand	
17.1 Both joints	\$30,000
17.2 One joint	\$15,000
18. <b>Permanent Total Loss</b> of use of fingers of either hand	
18.1 Three joints	\$50,000
18.2 Two joints	\$25,000
18.3 One joint	\$12,500
19. <b>Permanent Total Loss</b> of use of toes of either foot	
19.1 All – one Foot	\$25,000
19.2 Great – both joints	\$20,000
19.3 Great – one joint	\$12,500
19.4 Other than great, each Toe	\$7,500

THE EVENTS	THE COMPENSATION (EACH INSURED PERSON)
<b>INJURY AS DEFINED, RESULTING IN:</b>	
20. Third degree burns and/or resultant disfigurement due to fire or chemical burns, which extends to more than 40% of the entire body.	\$320,000
Third degree burns and/or resultant disfigurement due to fire or chemical burns, which extends to between 20-40% of the entire body.	\$175,000
21. <b>Permanent</b> partial disablement not otherwise provided for Under Event 1 to 20 inclusive. Such percentage of \$75,000 which corresponds to the percentage reduction in whole bodily function as certified by not less than two (2) <b>Doctors</b> one of whom shall be the <b>Insured Person's</b> treating <b>Doctor</b> and the other shall be nominated by <b>Us</b> . In the event of a disagreement between them, a third <b>Doctor's</b> opinion shall be obtained and the percentage awarded shall be the average of the three (3) opinions.	\$150,000
<b>SECTION B – ADDITIONAL BENEFITS</b>	
22. <b>Bed Care Patient</b> Benefit for a period of more than twenty-four (24) hours as a result of <b>Injury</b> Aggregate Period for this Benefit is up to fifty-two (52) weeks.	\$200 per week
23. Injury Assistance Benefit – <b>We</b> will pay the actual and reasonable <b>Domestic Help and/or Child Minding Services</b> and/or <b>Extra Public Transport Expenses</b> incurred as certified as necessary by the <b>Insured Person's Doctor</b> . <b>Elimination Period</b> is seven (7) days per <b>Injury</b> Aggregate Period for this Benefit is up to fifty-two (52) weeks	Up to \$200 per week
24. Broken and/or fractured bones	
(a) Finger or toe	\$200
(b) Hand or foot	\$500
(c) Arm, elbow, wrist, leg, ankle or knee;	
(i) simple fractures	\$500
(ii) compound or complicated fractures	\$1,000
(d) Collarbone	\$500
(e) Breastbone	\$500
(f) Rib (one or more)	\$500 total
(g) Shoulder, cheekbone or nose	\$500
(h) Hip or jaw	\$750
(i) Skull, pelvis, vertebrae of the neck or spine	\$3,000
The maximum amount payable for any one <b>Injury</b> is	\$3,000
25. Dislocation Benefit	
(a) Hip	\$500
(b) Knee	\$250
(c) Shoulder Blade	\$250
(d) Collarbone or Jaw	\$250
(e) Ankle, Elbow or Wrist	\$100
The maximum amount payable for any one <b>Injury</b> is	\$2,000
26. Dental Cash Benefit	
Loss of teeth or crowning of damaged teeth with cast metal or porcelain or similar restorations. Lump sum payment, provided the Event occurs within twelve (12) calendar months from the date of <b>Injury</b> to sound and natural teeth (no cover is provided for milk or first teeth, dentures or fillings).	\$400 per tooth
The maximum amount payable for any one <b>Injury</b> is	\$3,000

THE EVENTS

THE  
COMPENSATION  
(EACH INSURED  
PERSON)

INJURY AS DEFINED, RESULTING IN:

<p>27. Student Tutoring Expenses reasonably incurred as a result of <b>Total Disablement</b> and certified necessary by the <b>Insured Person's Doctor</b>. <b>Elimination Period</b> is seven (7) days per <b>Injury</b> Aggregate Period for this Benefit is up to fifty-two (52) weeks</p>	<p>Up to \$200 per week</p>
<p>28. Fee Relief – Following the death by <b>Injury</b> of the <b>Insured Person's</b> parent or guardian, <b>We</b> will pay the annual school tuition fees up to \$3,000 for each of the remaining school terms of the current school year.</p>	<p>\$12,000 maximum in all</p>
<p>29. <b>Overseas Medical Expenses</b> – payment of medical expenses incurred outside of Australia as a result of <b>Injury</b> provided such expenses are incurred within ninety (90) consecutive days following an <b>Insured Person's</b> departure from Australia. <b>Excess</b> each and every loss is \$20</p>	<p>\$5,000</p>
<p>30. <b>Emergency Transport</b> – payment of reasonable expenses incurred.</p>	<p>\$5,000 maximum per <b>Injury</b></p>
<p>31. <b>Non-Medicare Medical Expenses</b>, (School Activities Only) e.g. Physiotherapy and/or Chiropractic expenses as certified necessary by the attending <b>Doctor</b>. <b>Excess</b> each and every loss is \$20</p>	<p>\$7,500</p>
<p>32. Rehabilitation Expenses <b>We</b> will pay after the happening of an Event listed in Section B of this Policy, expenses incurred for tuition, advice and/or treatment from a licensed vocational school or occupational rehabilitation institution, provided such tuition, advice and/or treatment is certified as necessary by the <b>Insured Person's</b> attending <b>Doctor</b>. <b>You</b> must, to the extent it is reasonably possible, seek <b>Our</b> prior written agreement, which <b>We</b> will not unreasonably withhold or delay, before any incurring any costs towards this benefit. Subject to the extent of <b>Our</b> prejudice, not doing may reduce the amount payable under the Policy. <b>Elimination Period</b> is seven (7) days per <b>Injury</b> Aggregate Period for this Benefit is up to fifty-two (52) weeks</p>	<p>Up to \$200 per week</p>

# Table of Events And Compensation

## Option Three

THE EVENTS	THE COMPENSATION (EACH INSURED PERSON)
INJURY AS DEFINED, RESULTING IN:	
<b>SECTION A – CAPITAL BENEFITS</b>	
1. <b>Quadriplegia</b>	\$1,000,000
2. <b>Paraplegia</b>	\$1,000,000
3. <b>Permanent Total Loss</b> of entire sight of one eye and loss of use of one <b>Limb</b>	\$200,000
4. Death	\$40,000
5. <b>Permanent</b> and incurable loss of mental capacity resulting in total inability to work except in a sheltered workshop or in occupations reserved for mentally handicapped persons	\$750,000
6. <b>Permanent Total Loss</b> of entire sight of both eyes	\$325,000
7. <b>Permanent Total Loss</b> of entire sight of one eye	\$200,000
8. <b>Permanent Total Loss</b> of use of two limbs	\$300,000
9. <b>Permanent Total Loss</b> of use of both feet	\$200,000
10. <b>Permanent Total Loss</b> of use of both hands	\$200,000
11. <b>Permanent Total Loss</b> of use of one <b>Limb</b>	\$150,000
12. <b>Permanent Total Loss</b> of use of one hand	\$100,000
13. <b>Permanent Total Loss</b> of use of one foot	\$100,000
14. <b>Permanent Total Loss</b> of hearing in both ears	\$150,000
15. <b>Permanent Total Loss</b> of hearing in one ear	\$50,000
16. <b>Permanent Total Loss</b> of Speech	\$150,000
17. <b>Permanent Total Loss</b> of use of one thumb of either hand	
17.1 Both joints	\$30,000
17.2 One joint	\$15,000
18. <b>Permanent Total Loss</b> of use of fingers of either hand	
18.1 Three joints	\$50,000
18.2 Two joints	\$25,000
18.3 One joint	\$12,500
19. <b>Permanent Total Loss</b> of use of toes of either foot	
19.1 All – one Foot	\$25,000
19.2 Great – both joints	\$20,000
19.3 Great – one joint	\$12,500
19.4 Other than great, each Toe	\$7,500

20.	Third degree burns and/or resultant disfigurement due to fire or chemical burns, which extends to more than 40% of the entire body.	\$500,000
	Third degree burns and/or resultant disfigurement due to fire or chemical burns, which extends to between 20-40% of the entire body.	\$175,000
21.	<b>Permanent</b> partial disablement not otherwise provided for Under Event 1 to 20 inclusive. Such percentage of \$75,000 which corresponds to the percentage reduction in whole bodily function as certified by not less than two (2) <b>Doctors</b> one of whom shall be the <b>Insured Person's</b> treating <b>Doctor</b> and the other shall be nominated by <b>Us</b> . In the event of a disagreement between them, a third <b>Doctor's</b> opinion shall be obtained and the percentage awarded shall be the average of the three (3) opinions.	\$150,000

## SECTION B – ADDITIONAL BENEFITS

22.	<b>Bed Care Patient</b> Benefit for a period of more than twenty-four (24) hours as a result of <b>Injury</b> Aggregate Period for this Benefit is up to fifty-two (52) weeks.	\$300 per week
23.	Injury Assistance Benefit – <b>We</b> will pay the actual and reasonable <b>Domestic Help and/or Child Minding Services</b> and/or <b>Extra Public Transport Expenses</b> incurred as certified as necessary by the <b>Insured Person's Doctor</b> . <b>Elimination Period</b> is seven (7) days per <b>Injury</b> Aggregate Period for this Benefit is up to fifty-two (52) weeks	Up to \$300 per week
24.	Broken and/or fractured bones (a) Finger or toe (b) Hand or foot (c) Arm, elbow, wrist, leg, ankle or knee; (i) simple fractures (ii) compound or complicated fractures (d) Collarbone (e) Breastbone (f) Rib (one or more) (g) Shoulder, cheekbone or nose (h) Hip or jaw (i) Skull, pelvis, vertebrae of the neck or spine The maximum amount payable for any one <b>Injury</b> is	\$200 \$500 \$500 \$1,000 \$500 \$500 \$500 total \$500 \$750 \$3,000 \$3,000
25.	Dislocation Benefit (a) Hip (b) Knee (c) Shoulder Blade (d) Collarbone or Jaw (e) Ankle, Elbow or Wrist The maximum amount payable for any one <b>Injury</b> is	\$500 \$250 \$250 \$250 \$100 \$2,000
26.	Dental Cash Benefit Loss of teeth or crowning of damaged teeth with cast metal or porcelain or similar restorations. Lump sum payment, provided the Event occurs within twelve (12) calendar months from the date of <b>Injury</b> to sound and natural teeth (no cover is provided for milk or first teeth, dentures or fillings). The maximum amount payable for any one <b>Injury</b> is	\$500 per tooth \$3,000
27.	Student Tutoring Expenses reasonably incurred as a result of <b>Total Disablement</b> and certified necessary by the <b>Insured Person's Doctor</b> . <b>Elimination Period</b> is seven (7) days per <b>Injury</b> Aggregate Period for this Benefit is up to fifty-two (52) weeks	Up to \$300 per week

28. Fee Relief – Following the death by <b>Injury</b> of the <b>Insured Person’s</b> parent or guardian, <b>We</b> will pay the annual school tuition fees up to \$3,000 for each of the remaining school terms of the current school year.	\$15,000 maximum in all
29. <b>Overseas Medical Expenses</b> – Payment of medical expenses incurred outside of Australia as a result of <b>Injury</b> provided such expenses are incurred within ninety (90) consecutive days following an <b>Insured Person’s</b> departure from Australia. <b>Excess</b> each and every loss is \$20	\$5,000
30. <b>Emergency Transport</b> – payment of reasonable expenses incurred.	\$7,500 maximum per <b>Injury</b>
31. <b>Non-Medicare Medical Expenses</b> , (School Activities Only) e.g. Physiotherapy and/or Chiropractic expenses as certified necessary by the attending <b>Doctor</b> . <b>Excess</b> each and every loss is \$20	\$7,500
32. Rehabilitation Expenses <b>We</b> will pay after the happening of an Event listed in Section B of this Policy, expenses incurred for tuition, advice and/or treatment from a licensed vocational school or occupational rehabilitation institution, provided such tuition, advice and/or treatment is certified as necessary by the <b>Insured Person’s</b> attending <b>Doctor</b> . <b>You</b> must, to the extent it is reasonably possible, seek <b>Our</b> prior written agreement, which <b>We</b> will not unreasonably withhold or delay, before any incurring any costs towards this benefit. Subject to the extent of <b>Our</b> prejudice, not doing may reduce the amount payable under the Policy. <b>Elimination Period</b> is seven (7) days per <b>Injury</b> Aggregate Period for this Benefit is up to fifty-two (52) weeks	Up to \$300 per week

This Policy shall not be binding unless Policy Schedule is countersigned by **Our** Authorised Signatory.

END OF WORDING



In Australia, insurance is issued by AIG Australia Limited ABN 93 004 727 753 AFSL 381686.

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