Contents

Expatriate Medical Insurance Product Disclosure Statement (PDS) 4
Expatriate Medical Insurance Policy Wording 10
Section 1 - Medical and Additional Expenses 13
Section 2 - Medical & Emergency Evacuation 16
Section 3 - Chubb Assistance 18
Section 4 - Personal Accident & Sickness 20
Section 5 - Personal Liability 26
Section 6 - Luggage, Money & Portable Electronic Equipment 28
Section 7 - Kidnap, Ransom, Extortion, Hijack & Detention 30
Section 8 - Political Unrest & Natural Disaster Evacuation 33
Lifestyle Protection Benefits 34
Corporate Protection Benefits 38
General Conditions & Provisions Applicable to this Policy 39
General Exclusions Applicable to this Policy 41
How to Make a Claim 42
About Our Expatriate Medical Insurance

Insurer
The policy is underwritten and issued by Chubb Insurance Australia Limited ABN: 23 001 642 020 AFSL: 239687 (Chubb also referred to as us, we or our).

Paragraph Headings
The paragraph headings used throughout this PDS, the policy wording, and the policy schedule are intended for reference purposes only and do not inform policy interpretation.

What is the Product Disclosure Statement?
The policy is underwritten and issued by Chubb. The PDS provides general information only, and should be read in conjunction with the attached policy wording and any endorsements attaching to it. The PDS and policy contain important information that you should read carefully before deciding to take out any insurance cover.

Policy Terms and Conditions
The information contained in the PDS is general information only and does not form part of your contract with us. The policy is our legal contract with you and contains the terms, conditions and exclusions relating to the insurance cover to be provided by us.

The PDS and the policy, which includes the policy schedule, are important documents, so please check them carefully for the coverage they provide and retain them safely for future reference. Certain types of cover under the policy require you or an insured person to provide documentary evidence to us where a claim is made.
(e.g. medical certificates, proof of earnings). You should also keep those documents in a safe place in case we need them to settle a claim.

Should you require any further information about this or any other product, please contact your authorised financial services provider.

Updating Our PDS

We may need to update the information contained in our PDS from time to time (where allowed or required by law). We will issue you with a new PDS or a Supplementary PDS when this happens.

Group Insurance Policies

If you are a corporation or any type of group, association or organisation obtaining the policy for the benefit of your members or employees, you must ensure that a copy of this PDS and the policy is provided to each member or employee in your organisation.

If new members or employees join your organisation you must ensure they are provided with this PDS and the policy when they join.

Significant Risks and Benefits of the Expatriate Medical Insurance Policy

This document has been prepared to assist you in understanding the Expatriate Medical Insurance provided by the policy and to help you make an informed choice about it. You must decide what cover you need, so please read this PDS, the policy which includes the policy schedule, the Table of Events and the Benefit Amounts, and any other documents that we tell you form part of your policy, carefully. You should be aware of what the policy covers, the limits on cover and the exclusions from cover. There are also conditions of cover with which you must comply; if you do not, we may be able to refuse payment for any claim you make.

We may be prohibited by law from providing cover where trade or economic sanctions or other laws or regulations apply to us, our parent company or its ultimate controlling entity.

We will not pay benefits, loss, costs or expense arising out of any claim for benefits under the Medicare regime or private health insurance laws or regulations in Australia including the Health Insurance Act 1973 (Cth), National Health Act 1953 (Cth), Private Health Insurance Act 2007 (Cth) and Private Health Insurance (Health Insurance Business) Rules 2010 or any similar legislation.

Some of the significant benefits of the Expatriate Medical Insurance policy include:

- cover is available for persons up to seventy (70) years of age;
- Medical and Additional Expenses benefits including:
  - Medical Care Expenses
  - Maternity Care Expenses
  - Dental Care Expenses
  - Extra Care Expenses
- Medical & Emergency Evacuation coverage
- a range of Lifestyle Protection Benefits and Corporate Protection Benefits as stated in the policy.

Operation of Cover

The cover provided by the policy will only apply during the period of insurance stated in the policy schedule, as limited by the Operation of Cover stated in the policy schedule.

Policy Excesses

If you or an insured person makes a claim under the policy you may be required to pay an excess. This is the amount you must first contribute towards each claim.

For example, if an insured person has cover provided under Section 6 - Luggage, Portable Business Equipment & Money - Personal Luggage, and makes a claim for personal luggage in the amount of one thousand dollars ($1,000) and an excess of fifty dollars ($50) applies, then the insured person will be asked to pay fifty dollars ($50) towards their loss and we will pay nine hundred and fifty dollars ($950).

Premium

All cover is subject to payment of premium. In calculating the premium for the policy we take into account a range of factors including but not limited to:

- the duration and location of assignments to be undertaken;
- occupation and previous insurance history; and
- the limits, excesses and/or annual aggregates chosen.

The premium varies depending on the information you give us in relation to the risks to be covered by us. We decide the amount of premium on the basis of our experience and the factors that increase our risk.

The premium also includes amounts that take into account our obligation to pay any relevant compulsory government charges, taxes or levies (e.g. stamp duty) in relation to your policy. These amounts will be set out separately in the policy schedule as part of the total premium payable.
If a claim is made on the policy and the premium is outstanding, we may deduct any outstanding premium from the claim payment. This will not remove or absolve you from the obligation to pay us any remaining or outstanding premium due.

Non-Payment of Premium

You must pay your premium or any additional premium we request from you on time otherwise your policy may not operate. We have the right to cancel your policy for non-payment of premium.

If a claim is made on the policy while any premium is outstanding, we reserve the right to treat the policy as never having been in force or agree in our absolute discretion to accept the claim subject to payment of the premium, or deduction of any claim payment from the premium due, or we may deduct any outstanding premium from the claim payment.

A Claim May be Refused

We may refuse to pay or reduce the amount we pay under a claim if you do not comply with the policy conditions, if you do not comply with your Duty of Disclosure, or if you or the insured person makes a fraudulent claim.

Cancelling Your Policy Before it Expires

The policyholder 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 the policyholder’s written 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) and in accordance with Section 59 of the Insurance Contracts Act 1984 (Cth).

Cover in respect to an insured person will end on the earlier of:

1. the date the insured person no longer meets the criteria for an insured person set out in the policy schedule;
2. the end of the period of insurance; or
3. when the policy is cancelled by you at your request or by us pursuant to the Insurance Contracts Act 1984 (Cth).

Cover in respect to an insured person’s spouse or partner and/or dependent child(ren) will end on the earlier of:

1. the date insurance cover in respect of the insured person is terminated in accordance with the above; or
2. the date such spouse or partner and/or dependent child(ren) ceases to be a spouse or partner and/or dependent child(ren) of the insured person.

Confirmation of Transactions

If you wish to confirm that the policy is in place, and obtain a Certificate of Currency we provide a telephone confirmation service.

To use this service, call us on:
Adelaide +61 8 8418 3000
Brisbane +61 7 3221 1699
Melbourne +61 3 9242 5111
Perth +61 8 9325 2399
Sydney +61 2 9335 3200

and we will send you written confirmation.

If you do not wish to use our telephone confirmation service but require confirmation of cover, you can request this by writing directly to Chubb at the addresses appearing in the ‘About the Insurer’ section at the end of the PDS.

Duty of Disclosure

Your Duty of Disclosure

Before You enter into this contract of insurance, You have a duty of disclosure under the Insurance Contracts Act 1984.

The duty applies until We first agree to insure You, and where relevant, until We agree to any subsequent variation, extension, reinstatement or renewal (as applicable).

Answering our questions

In all cases, if We ask You questions that are relevant to Our decision to insure You and on what terms, You must tell Us anything that You know and that a reasonable person in the circumstances would include in answering the questions.

It is important that You understand You are answering Our questions in this way for Yourself and anyone else that You want to be covered by the contract.

Variations, extensions and reinstatements

For variations, extensions and reinstatements, You have a broader 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.

Renewal

Where We offer renewal, We may, in addition to or instead of asking specific questions, give You a copy of anything You have previously told Us and ask You to tell Us if it has changed. If We do this, You must tell Us about any change or tell Us that there is no change.
If You do not tell Us about a change to something You have previously told Us, You will be taken to have told Us that there is no change.

**What Do You need to tell Us**

You do not need to tell Us anything that:

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

**If You do not tell Us something**

If You do not tell Us anything You are required to tell Us, 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.

---

**Privacy Statement**

Chubb Insurance Australia Limited (Chubb) is committed to protecting your privacy. This document provides you with an overview of how we handle your personal information. Our Privacy Policy can be accessed on our website at www.chubb.com/au.

**Personal Information Handling Practices**

*Collection, Use and Disclosure*

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

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

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

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

We may disclose the information we collect to third parties, including service providers engaged by us to carry out certain business activities on our behalf (such as assessors and call centres in Australia). In some circumstances, in order to provide our services to you, we may need to transfer personal information to other entities within the Chubb Group of companies (such as the regional head offices of Chubb located in Singapore, UK or USA), or third parties with whom we or those other Chubb Group entities have sub-contracted to provide a specific service for us, which may be located outside of Australia (such as in the Philippines or USA).

Please note that no personal information is disclosed by us to any overseas entity for marketing purposes.

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

**Your Choices**

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

**How to Contact Us**

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

If you have a complaint or would like more information about how we manage your personal information, please review our Privacy Policy for more details or contact the Privacy Officer, Chubb Insurance Australia Limited, GPO Box 4907, Sydney NSW 2001, O +61 2 9335 3200 or email Privacy.AU@chubb.com.

**General Insurance Code of Practice**

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

**How to Make a Claim**

If you wish to make a claim or, if you prefer, your financial services provider can make a claim on your behalf. Details of what you must do for us to consider your claim are provided in the Policy. In accordance with the Code, we will keep your informed about the progress of your claim at least every 20 business days and respond to routine requests made by you about your claim within 10 business days.
Cooling Off Period

You have twenty-one (21) days to consider the information contained in your policy. This is your cooling off period. If you would like, and provided a claim has not been made under your policy, you have the right to cancel your insurance. We will refund in full any premium you have paid.

To exercise this right you must notify us in writing or electronically within twenty-one (21) days from the date your policy takes effect.

Complaints and Dispute Resolution

We take the concerns of our customers very seriously and have detailed complaint handling and internal dispute resolution procedures that you can access. Please note that if we have resolved your initial complaint to your satisfaction by the end of the 5th business day after we have received it, and you have not requested that we provide you a response in writing, the following complaint handling and internal dispute resolution process does not apply. This exemption to the complaints process does not apply to complaints regarding a declined claim, the value of a claim, or about financial hardship.

Stage 1 – Complaint Handling Procedure

If you are dissatisfied with any aspect of your relationship with Chubb including our products or services and wish to make a complaint, please contact us at:

The Complaints Officer
Chubb Insurance Australia Limited
GPO Box 4065
Sydney NSW 2001
O 1800 815 675
E Complaints.AU@chubb.com

The members of our complaint handling team are trained to handle complaints fairly and efficiently.

Please provide us with your claim or policy number (if applicable) and as much information as you can about the reason for your complaint.

We will investigate your complaint and keep you informed of the progress of our investigation. We will respond to your complaint in writing within fifteen (15) business days provided we have all necessary information and have completed any investigation required. In cases where further information or investigation is required, we will work with you to agree reasonable alternative time frames and, if We cannot agree, you may request that your complaint is taken to Stage 2 and referred to Our internal dispute resolution team. We will otherwise keep you informed about the progress of our response at least every ten (10) business days, unless you agree otherwise.

Please note if your complaint relates to Wholesale Insurance (as defined in the General Insurance Code of Practice), we may elect to refer it straight to Stage 2 for review by our Internal Dispute Resolution team.

Stage 2 – Internal Dispute Resolution Procedure

If you advise us that you wish to take your complaint to Stage 2, your complaint will be reviewed by members of our internal dispute resolution team, who are independent to our complaint handling team and are committed to reviewing disputes objectively, fairly and efficiently.

You may contact our internal dispute resolution team by phone, fax or post (as below), or email at:

Internal Dispute Resolution Service
Chubb Insurance Australia Limited
GPO Box 4065
Sydney NSW 2001
O +61 2 9335 3200
F +61 2 9335 3411
E DisputeResolution.AU@chubb.com

We will investigate your complaint and keep you informed of the progress of our investigation. We will respond to your complaint in writing within fifteen (15) business days provided we have all necessary information and have completed any investigation required. In cases where further information or investigation is required, we will work with you to agree reasonable alternative time frames. If we cannot agree, you may refer your dispute to the Financial Ombudsman Service Australia (FOS) as detailed under Stage 3 below, subject to its Terms of Reference. If your complaint or dispute falls outside the FOS Terms of Reference, you can seek independent legal advice or access any other external dispute resolution options that may be available to you.

Stage 3 – External Dispute Resolution

If you are dissatisfied with our internal dispute determination, or we are unable to resolve your complaint or dispute to your satisfaction within forty-five (45) days, you may refer your complaint or dispute to FOS, subject to its Terms of Reference.

FOS is an independent external dispute resolution scheme approved by the Australian Securities and Investments Commission. We are a member of this scheme and we agree to be bound by its determinations about a dispute. Where a dispute is covered by the FOS Terms of Reference, the General Insurance Division of FOS offers a free and accessible dispute resolution service to consumers.

You may contact FOS at any time at:

Financial Ombudsman Service Australia
GPO Box 3
Melbourne VIC 3001
O 1800 367 287
If you would like to refer your dispute to FOS you must do so within 2 years of the date of our internal dispute determination. FOS may still consider a dispute lodged after this time if FOS considers that exceptional circumstances apply.

Insurance Council of Australia

Where we cannot provide you with insurance cover, we will refer you to the Insurance Council of Australia (the ICA) for information about alternative insurance options (unless you already have someone acting on your behalf). The ICA has established a referral service called ‘Find an Insurer’. Information on finding alternative insurers can be found at www.findaninsurer.com.au.

Financial Claims Scheme

We are an insurance company authorised under the Insurance Act 1973 (Cth) (Insurance Act) to carry on general insurance business in Australia by the Australian Prudential Regulation Authority (APRA) and are subject to the prudential requirements of the Insurance Act.

The Insurance Act is designed to ensure that, under all reasonable circumstances, financial promises made by Us are met within a stable, efficient and competitive financial system.

Because of this We are exempted from the requirement to meet the compensation arrangements Australian financial services licensees must have in place to compensate retail clients for loss or damage suffered because of breaches by the licensee or its representatives of Chapter 7 of the Corporations Act 2001 (Cth).

We have compensation arrangements in place that are in accordance with the Insurance Act.

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

About the Insurer

The policy is issued by Chubb Insurance Australia Limited ABN: 23 001 642 020 AFSL: 239687 of Grosvenor Place, Level 38, 225 George Street Sydney NSW 2000. Our Offices:

Adelaide
Level 7, 147 Pirie Street
Adelaide SA 5000
O +61 8 8418 3000

Brisbane:
Level 30, 1 Eagle Street
Brisbane QLD 4000
O +61 7 3221 1699
Postal address:
PO Box 1007, Brisbane, QLD 4001

Melbourne:
Level 12,
720 Bourke Street
Melbourne VIC 3000
O +61 3 9242 5111

Perth:
Level 18,
44 St George’s Terrace
Perth WA 6000
O +61 8 9325 2399
Postal address:
PO Box 7105, Cloisters Square
Perth, WA 6850

Sydney:
Grosvenor Place
Level 38, 225 George Street
Sydney NSW 2000
O +61 2 9335 3200

Our Website: www.chubb.com/au

This PDS is dated 1 November 2016.
Coverage

Subject to the terms, conditions and exclusions contained in this policy, we will cover insured persons and/or the policyholder for the insurable events described in this policy, provided that:

1. the policyholder has paid or agreed to pay the premium required for this insurance as set out in the policy schedule; and

2. the type of cover is specified in the policy schedule as applying to that insured person and/or policyholder.

Cover for each insured person under this policy commences on the insured person's effective date of coverage, however a claim cannot be made under this policy for any event which occurs prior to the date and time an insured person arrives in their country of assignment.

General Definitions

The following general definitions apply for the purpose of this policy:

Accident

accident means a single physical event that occurs during the period of insurance and which:

1. is caused by sudden, external and visible means; and

2. results solely, directly and independently of any other cause in an injury that is both unforeseen and unsolicited by an insured person.

Bodily Injury

bodily injury means bodily injury resulting solely from an accident and which occurs independently of any illness or any other cause where:

1. the bodily injury and accident both occur during the period of insurance and whilst the person is an insured person under the policy; or

2. the ongoing treatment of a bodily injury occurs prior to the insured person's effective date of coverage where the takeover provisions have been met, provided that the treatment was covered and accepted as being covered under the policy of the preceding recognised health provider or by us.

It does not mean:

1. a sickness; or

2. any pre-existing conditions (except where the takeover provisions or the applicable waiting periods have been met in relation to the pre-existing condition).

Civil War

civil war means a state of armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition is armed rebellion, revolution, sedition, insurrection, civil unrest, coup d'état and the consequences of martial law.

Close Relative

close relative means the insured person's spouse or partner, fiancé(e), child, step-child, daughter-in-law, son-in-law, grandchild, parent, step-parent, parent-in-law, grandparent, brother, brother-in-law, half-brother, sister, sister-in-law, half-sister, aunt, uncle, niece or nephew.

Country of Assignment

country of assignment means the country where the insured person(s) is/are residing temporarily on a foreign business assignment on the business of the policyholder during the period of insurance.

Country of Residence

country of residence means the country
in or of which the insured person is naturalised, a citizen or permanent resident (i.e. holder of a multiple entry visa or permit which gives the insured person resident health care rights in such country) at the effective date of coverage and each subsequent period of insurance.

Coup d’état
coup d’état means the overthrow of an existing government by a group of its citizens or subjects.

Dependent Child(ren)
dependent child(ren) means the insured person’s and their spouse or partner’s unmarried children (including step or legally adopted children) who are under the age of nineteen (19) years and living with the insured person; or under the age of twenty-five (25) years and a full time student at an accredited institute of higher learning, and who are primarily dependent on the insured person for their maintenance and support.

Dependent children also include an insured person’s unmarried children of any age who are permanently living with the insured person and are mentally or physically incapable of self-support.

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

1. the policyholder;
2. an insured person;
3. a close relative of the insured person; or
4. an employee or director of the policyholder.

Domestic Duties
domestic duties means the usual and ordinary domestic duties undertaken by someone as a homemaker and could include childminding, home help services and outdoor household activities.

Effective Date of Coverage
effective date of coverage means the date during the period of insurance on which an insured person first meets the criteria set out for an insured person in the policy schedule.

Employee
employee means any person in the policyholder’s service including directors (executive or non-executive) and includes consultants, contractors, sub-contractors and/or self-employed persons undertaking work on the policyholder’s behalf.

Excess
Excess means the amount we will not pay in any one period of insurance per claim and which the insured person is required to bear themselves. In respect to:

1. an Event Excess, we will not pay this amount of each and every loss arising from the same event; and
2. an Annual Excess, we will not pay this amount for the total of all losses in a period of insurance.

The applicable excess and monetary amount is shown on the policy schedule and will be excluded from any payment we make.

Home Leave
home leave means the period not exceeding sixty (60) days during which the insured person temporarily returns to their country of residence. Home leave is effective from the date of arrival of the insured person in their country of residence and ends upon their departure from their country of residence to return to their country of assignment.

Insured Person
insured person means any person shown in the policy schedule as an insured person and/or as nominated by the policyholder and agreed to by us for eligibility under this policy with respect to whom premium has been paid or agreed to be paid. Unless otherwise specified in the policy schedule, insured person includes the spouse or partner and/or dependent child(ren) residing with the insured person in the county of assignment where insurance for the spouse or partner and/or dependent child(ren) has been purchased.

Period of Insurance
period of insurance means the period stated in the current policy schedule, as limited by the Operation of Cover stated in the policy schedule or such shorter time if the policy is terminated.

Policy
policy means this policy wording, the current policy schedule and any other documents we may issue to you that we advise will form part of the policy (e.g. endorsements).

Policy Schedule
policy schedule means the relevant policy schedule issued by us to the policyholder.

Policyholder
policyholder means the named organisation or person listed as the policyholder in the policy schedule.

Pre-Existing Condition
pre-existing condition means any illness, disease, syndrome, disability or other condition including any symptoms or side effects of these:

1. of which the insured person is aware or a reasonable person in the circumstance would be expected to have been aware; or
2. for which the insured person has sought or received medical attention, undergone tests or taken prescribed medication, in the twelve (12) months prior to that insured person’s effective date of coverage under this policy.
**Premium**
premium means the premium as shown in the policy schedule that is payable in respect of the policy by the policyholder.

**Professional Sport**
professional sport means any sport in which an insured person receives a financial reward, fee, sponsorship or gain as a result of their participation.

**Recognised Health Provider**
recognised health provider means any Australian general insurer who has a licence to underwrite expatriate insurance or other international health providers, including Australian registered health funds.

**Rehabilitation Expenses**
rehabilitation expenses means the actual, necessary and reasonable charges incurred by an insured person during the period of insurance for their rehabilitation, treatment and/or occupational therapy as prescribed by the treating doctor or specialist as a result of bodily injury or sickness.

**Sickness**
sickness means:

1. any illness, disease or syndrome suffered by the insured person first manifesting itself during the period of insurance and after the insured person's effective date of coverage, but does not include any pre-existing condition; or

2. the ongoing treatment of an illness, disease or syndrome suffered by the insured person first manifesting itself before the insured person’s effective date of coverage where takeover provisions have been met, provided always that the treatment was covered and accepted as being covered under the policy of the preceding recognised health provider or by us.

**Specialist**
specialist means a doctor recognised for their experience, qualifications and training in a particular branch of medicine or surgery or in the treatment of a specific bodily injury or sickness, to whom the insured person has been referred by another doctor and includes optometrists.

**Spouse or Partner**
spouse or partner means the insured person's husband or wife and includes a de-facto and/or life partner of any sex with whom the insured person has continuously cohabited for a period of three (3) months or more and who is residing with the insured person in the country of assignment.

**Takeover Provisions**
takeover provisions means coverage under Sections 1, 2 and 3 of this policy is extended to include all pre-existing conditions including pregnancy, provided an insured person has been continuously insured with a recognised health provider in the twelve (12) calendar months immediately prior to being an insured person under this policy. Such cover shall not extend to any conditions or treatments that were excluded under the insured person's previous insurance held with a recognised health provider.

**Very Seriously Ill**
very seriously ill means a medical condition certified by the attending doctor or specialist to be of such a serious nature as to warrant a notification to close relatives that their attendance is desirable in view of the serious nature of the condition and threat to the insured person's life.

**Waiting Period**
waiting period means the period of twelve (12) calendar months from the relevant insured person's effective date of coverage, but does not apply to an insured person where the takeover provisions have been met by the insured person.

**War**
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**
we/our/us means Chubb Insurance Australia Limited ABN 23 001 642 020AFSL 239687 who is the insurer/issuer of this policy.

**You/Your**
you/your means the policyholder listed in the policy schedule.
Section 1 - Medical and Additional Expenses

Cover
We will pay the actual, necessary and reasonable expenses incurred outside of the country of residence by an insured person, during the period of insurance and after an insured person’s effective date of coverage, for those Medical and Additional Expenses described in the Table of Benefits below including:

1. Medical Care Expenses;
2. Maternity Care Expenses;
3. Dental Care Expenses; and
4. Extra Care Expenses;

up to the maximum amounts or sub-limited amounts shown in the policy schedule against Section 1 - Medical and Additional Expenses.

Table of Benefits

Part A - Medical Care Expenses
The amounts shown in the policy schedule under Section 1 - Medical Care Expenses are the maximum payable per insured person for any one (1) period of insurance.

Part B - Maternity Care Expenses
The amounts shown in the policy schedule under Section 1 - Maternity Care Expenses are the maximum payable per insured person for any one (1) period of insurance.

Insured persons are only covered for Maternity Care Expenses if:

1. the pregnancy commences during the period of insurance and after their effective date of coverage and no waiting period applies (or the waiting period has expired); or
2. the takeover provisions have been met.

Part C - Dental Care Expenses
The amounts shown in the policy schedule under Section 1 - Dental Care Expenses are the maximum payable per insured person for any one (1) period of insurance.

Maternity Care Expenses - Routine
Maternity Care Expenses - Emergency
Newborn Child Expenses - Routine
Newborn Child Expenses - Congenital Defects

Dental Expenses - Emergency
Dental Expenses - General
Dental Expenses - Special
Part D - Extra Care Expenses
The amounts shown in the policy schedule under Section I - Extra Care Expenses are the maximum payable per insured person for any one (1) period of insurance.

Definitions

Congenital Defect
congenital defect means a physiological or structural abnormality that develops at or before birth and is present at the time of birth, especially as a result of faulty development, infection, heredity, or injury.

Dental Expenses - Emergency
dental expenses - emergency means charges made by a dentist for emergency dental treatment necessary to restore or replace sound natural teeth lost or damaged as a result of a bodily injury to resolve acute, spontaneous and unexpected onset of pain only.

Dental Expenses - General
dental expenses - general means charges made by a dentist for examinations, scaling and cleaning, dental filling and restorations, diagnostic services, x-rays, injections and extractions of teeth.

Dental Expenses - Special
dental expenses - special means charges made by a dentist for oral surgery, anaesthetic services, root treatment, endodontic treatment, periodontics surgery, interceptive orthodontic services, installation of and repairs to crowns and bridges, dental repairs, new dentures and remodelling and other specialist and orthodontic services.

Dentist
dentist means a dentist or specialist who is registered or licensed to practice dentistry under the laws of the country in which they practice, other than:

1. the policyholder;
2. an insured person;
3. a close relative of the insured person;
4. an employee or director of the policyholder.

Home Nursing
home nursing means charges incurred by an insured person for the treatment of their bodily injury or sickness, provided the care is considered necessary as evidenced by a doctor or specialist's written statement and provided by a person registered as a nurse who is not:

1. the policyholder;
2. an insured person;
3. a close relative of the insured person; or
4. an employee or director of the policyholder.

Hospital
hospital means an institution (public or private) that is registered as a hospital for the care and treatment of sick or injured persons and which:

1. has organised diagnostic and surgical facilities, either on premises or in facilities available to the hospital on a pre-arranged basis;
2. provides twenty-four (24) hours a day nursing services by registered nurses;
3. is under the supervision of a doctor; and
4. is not primarily a clinic, a place for custodial care, a place for the treatment of alcoholics or drug addicts, a nursing, rest or convalescence home or home for the aged or similar establishment.

Maternity Care Expenses - Emergency
maternity care expenses - emergency means emergency and/or complicated delivery charges (in addition to maternity care expenses - routine charges) resulting from pregnancy or childbirth, including emergency or unplanned caesarean procedures, complications relating to placentation and intrapartum complications, provided such expenses are certified by the treating doctor and/or specialist as being incurred as a result of an emergency and/or complicated delivery.

Maternity Care Expenses - Routine
maternity care expenses - routine means charges for routine pre-natal, delivery (including elective caesarean) and post-natal charges (up to six (6) months after birth) for the care of the mother from the date of conception (or known conception).

Medical Care Expenses - Inpatient
medical care expenses - inpatient means charges incurred for a hospital room and/or bed, anaesthesia and its administration, use of operating theatre, medicines, dressings, splinter casts, rental of wheelchair or other prosthetic devices and/or miscellaneous...
hospital equipment, for services provided to an insured person by a doctor and/or specialist in a hospital for treatment of a bodily injury or sickness which is not otherwise more specifically defined within this policy.

Medical Care Expenses – Outpatient
medical care expenses – outpatient means charges incurred for services provided to an insured person by a doctor and/or specialist outside of a hospital for treatment of a bodily injury or sickness which is not otherwise more specifically defined within this policy.

Medical Care Expenses – Preventative
medical care expenses – preventative means charges incurred for diagnosis, treatment, x-ray or laboratory examinations for prevention of a sickness as referred by a doctor or specialist including but not limited to breast examinations, pap smears, prostate checks, skin cancer checks and associated doctor’s fees.

Newborn Child Expenses – Congenital Defects
newborn child expenses – congenital defects means charges for the reasonable medical expenses incurred for the treatment of a congenital defect of an insured person’s child from birth up to six (6) months of age who is eligible for cover under Part B – Maternity Care Expenses.

Newborn Child Expenses – Routine
newborn child expenses means charges for the routine medical care of an insured person’s child from birth up to six (6) months of age who is eligible for cover under Part B – Maternity Care Expenses.

Optical
optical means charges for eye examinations, spectacles and/or contact lenses as prescribed by the treating doctor or specialist.

Prescribed Medicines
prescribed medicines means medicines which have been prescribed by a doctor or specialist. It does not mean oral contraception unless a doctor or specialist has certified it medically necessary for the treatment of a condition other than the prevention of pregnancy.

Prosthesis
prosthesis means an artificial replacement for a missing body part such as an artificial limb or total joint replacement and includes a device designed and applied to improve function.

Psychiatry & Psychology
psychiatry & psychology means expenses charged by a duly qualified psychiatrist or psychologist for the provision of mental health services provided that the insured person is referred by their treating doctor or specialist for such treatment as a result of them suffering a bodily injury or sickness.

Rehabilitation & Occupational Therapy
rehabilitation & occupational therapy means reasonable and necessarily incurred charges for rehabilitation or occupational therapy as prescribed by the insured person’s treating doctor or specialist for treatment of a bodily injury or sickness.

Conditions
In addition to the General Conditions applicable to all Sections:

1. if an insured person sustains a bodily injury or sickness during the period of insurance which results in their return to their country of residence, we will pay, where permissible by law, those medical and additional expenses described in the above Table of Benefits up to the maximum amounts and/or sub-limits shown in the policy schedule for a maximum period of twelve (12) months.

Exclusions
In addition to the General Exclusions applicable to all Sections, we will not pay benefits, losses, costs or expenses arising out of any:

1. claim for benefits under the Medicare regime or private health insurance laws or regulations in Australia including the Health Insurance Act 1973 (Cth), National Health Act 1953 (Cth), Private Health Insurance Act 2007 (Cth) and Private Health Insurance (Health Insurance Business) Rules 2010 or any similar legislation;

2. non-medical incidental services including but not limited to telephone, television, newspapers and the like;

3. cosmetic, elective or plastic surgery (except and to the extent that it is necessary for the cure or alleviation of bodily injury to or sickness suffered by the insured person);

4. sexually transmitted diseases, assisted reproductive treatments, infertility treatments, sterilisation or abortion (unless certified necessary by the treating doctor or specialist);

5. congenital defects diagnosed prior to the insured person’s effective date of coverage, not otherwise covered under the benefit for Newborn Child Expenses – Congenital Defects or where takeover provisions have not been met; or

6. claim where the policyholder or the insured person, or any of your or the insured person’s representatives, refused to follow our or Chubb Assistance’s instructions and directions.
Section 2 - Medical & Emergency Evacuation

Coverage

Subject to the terms, conditions and exclusions contained in this policy, we will pay the actual, necessary and reasonable expenses incurred outside of the country of residence by an insured person, during the period of insurance and after an insured person's effective date of coverage, for those Medical & Emergency Evacuation expenses described in the Table of Benefits below including:

1. Evacuation & Repatriation Expenses;
2. Pre- and Post-Hospitalisation & En-Route Accommodation Expenses; and
3. Accompanying Person Accommodation Expenses;

up to the maximum amounts or sub-limited amounts shown in the policy schedule against Section 2 - Medical & Emergency Evacuation, provided that prior to the expenses being incurred:

1. contact is made and approval is granted by Chubb Assistance; and
2. written certification is provided by the treating doctor and/or specialist stating that the insured person is suffering a bodily injury or sickness and must obtain specialised treatment, surgery or post-operative attention that is not available in the country of assignment.

Table of Benefits

Part A - Evacuation & Repatriation Expenses

The annual maximum sums insured for Section 2, Part A - Evacuation & Repatriation Expenses are stated in the policy schedule and are the maximums payable per insured person for any one (1) period of insurance.

Part B - Pre- and Post-Hospitalisation & En-Route Accommodation Expenses

The annual maximum sums insured for Section 2, Part B - Pre- and Post-Hospitalisation & En-Route Accommodation Expenses are stated in the policy schedule and are the maximums payable per insured person for any one (1) period of insurance.

Part A - Evacuation & Repatriation Expenses

i. Charges for economy airfares (where available) on a scheduled airline to transport the insured person to the nearest airport to the recommended hospital where the insured person will receive specialised treatment, surgery or post-operative supervision. This includes ground transport required from the airport to the nearest hospital and return economy airfares (where available) to return the insured person to their country of assignment following evacuation.

ii. Charges incurred to evacuate the insured person to the nearest hospital for specialised treatment, surgery or post-operative supervision if a scheduled aircraft is not available and the insured person requires evacuation via the charter of an aircraft, air ambulance or any other available means of transport.

iii. Charges for a medically equipped road vehicle to transport the insured person to the nearest hospital for specialised treatment, surgery or post-operative supervision.

Part B - Pre- and Post-Hospitalisation & En-Route Accommodation Expenses

i. Charges incurred which are certified by the insured person’s treating doctor and/or specialist as medically necessary for pre- and post-hospitalisation periods whilst undergoing or waiting for medical tests and/or examination results.

ii. Charges not recoverable from the airline for hotel accommodation where an insured person is required to stay overnight en-route to the hospital due to airline schedule.
Part C - Accompanying Person Accommodation Expenses

The annual maximum sums insured for Section 2, Part C - Accompanying Person Accommodation Expenses are stated in the policy schedule and are the maximums payable per insured person for any one (1) period of insurance.

Conditions

In addition to the General Conditions applicable to all Sections:

1. we and/or Chubb Assistance must be promptly notified of any potential claims under this Section;

2. the policyholder and/or the insured person must advise us or Chubb Assistance before attempting to resolve any problems encountered;

3. the policyholder shall reimburse us for all costs incurred in the event of emergency assistance services being provided by Chubb Assistance in good faith to any person not insured for those costs under this policy; and

4. we reserve our rights against the policyholder or any insured person who does not make contact with us and/or Chubb Assistance and/or prejudices our rights.

5. congenital defects diagnosed prior to the insured persons effective date of coverage not otherwise covered under the benefit for Newborn Child Expenses - Congenital Defects or where takeover provisions have not been met;

6. claim where the policyholder or the insured person, or any of your or the insured person's representatives, refused to follow our or Chubb Assistance's instructions and directions; or

7. claim where an insured person has been advised by a doctor or specialist against travelling.

Exclusions

In addition to the General Exclusions applicable to all Sections, we will not pay benefits, losses, costs or expenses arising out of any:

1. claim for benefits under the Medicare regime or private health insurance laws or regulations in Australia including the Health Insurance Act 1973 (Cth), National Health Act 1953 (Cth), Private Health Insurance Act 2007 (Cth) and Private Health Insurance (Health Insurance Business) Rules 2010 or any similar legislation;

2. non-medical incidental services including but not limited to telephone, television, newspapers and the like;

3. cosmetic, elective or plastic surgery (except and to the extent that it is necessary for the cure or alleviation of bodily injury to or sickness suffered by the insured person);

4. sexually transmitted diseases, assisted reproductive treatments, infertility treatments, sterilisation or abortion (unless certified necessary by the treating doctor or specialist);

5. congenital defects diagnosed prior to the insured persons effective date of coverage not otherwise covered under the benefit for Newborn Child Expenses - Congenital Defects or where takeover provisions have not been met;

6. claim where the policyholder or the insured person, or any of your or the insured person's representatives, refused to follow our or Chubb Assistance instructions and directions; or

7. claim where an insured person has been advised by a doctor or specialist against travelling.
Section 3 - Chubb Assistance and Security Advice

The Policy provides 24/7 worldwide travel, medical and security assistance during the Period of Insurance whilst the Covered Person is on a Journey as well as travel security advice prior to commencing a Journey.

In the event a Covered Person is on a Journey and requires travel, medical or security advice or assistance, as soon as practicable they should call the emergency response team on +61 2 8907 5995 to get immediate assistance and help accessing vital services in the local area.

Chubb Assistance - Travel and Medical Assistance

Chubb Assistance supports the Covered Person travelling around the world with emergency advice and assistance services 24 hours a day, seven days a week. Chubb Assistance has a team of medical and travel specialists based in Australia and have access to international resources via a global network that will assist in an emergency.

red24 - Travel Security Advice and Assistance

Chubb has partnered with red24, a crisis management assistance company, to provide a range of services to prepare the Covered Person for a Journey prior to its commencement as well as offer support whilst on a Journey to assist with a safe, uneventful and successful trip. Please note these services can only be accessed if the Covered Person has registered, therefore early registration is highly recommended. Refer to the registration details on the next page.

Assistance Benefits and who to call and for what

The following travel, medical and security assistance benefits are available to the Policyholder and Covered Person by calling +61 2 8907 5995 (by reverse charge if required):

24/7 Travel Assistance
select option 1 - Chubb Assistance for:

- Visa requirements or extensions;
- assistance with what to do in the event of lost or stolen passports, travel documents, credit cards or luggage;
- assistance with what to do in the event of missed or cancelled connections;
- assistance with emergency travel arrangements;
- assistance locating embassies or consulates;
- translation and interpreting services;
- emergency message transmission and funds transfer;
- support and communication to employers, friends and family.

24/7 Medical Assistance
select option 1 - Chubb Assistance for:

- immediate access to doctors or nurses for assistance and advice;
- arranging emergency medical consultation, ongoing monitoring and support;
- advice on the location of suitable, nearby medical clinics or other facilities;
- hospital admissions, emergency evacuations and repatriations;
- payment guarantees hospital/medical expenses;
- oversee dispatch of medications or medical supplies;
- liaison with family doctor;
- support and communication to employers, friends and family.
24/7 Security Assistance
select option 2 - red24 for:

- immediate access to security experts or any security or safety concerns;
- ground support and/or evacuation assistance in the event of civil unrest, natural disaster or a terrorist incident;
- concerns about identity being compromised due to a data breach.

red24 - Travel Security Advice and Assistance
Registration: To access and register for the services provided for under the Policy:

1. log onto www.chubbassistance.com/au
2. click on the red24 link.

The Policyholder and Covered Person will be required to complete a one-off registration process using the Policy number as stated on the Schedule and then will continue to access the services utilising their email address and chosen password.

Additional Cover Under Section 3

The following benefits and services provided by red24 are available to the Policyholder and Covered Person:

Country Intelligence
Access to useful information for Covered Persons to help prepare for a journey to another country including - overall risk ratings and individual risk ratings for terrorism, conflict, political, kidnap and infrastructure. Also included is a detailed overview of the country, city guides, security issues, travel logistics, cultural factors, health advisories, useful information such as weather, maps and contact numbers for emergencies and contact details of various embassies.

A section on identity theft helps to provide an understanding of how fraudsters work and how to avoid becoming a victim in the first instance.

Daily News
A subscription email, delivered to the user’s email inbox once a day during weekdays, provides a news summary of incidents that have occurred worldwide in the last 24 hours which may have an impact to the Covered Person’s travel or security.

Travel Alerts
By registering to receive the red24 alerts for the country and dates of travel, the Covered Person can receive alerts by email, which could significantly affect their travel or security in a specific country, region or city such a terrorist incidents - bombing, assassination or kidnapping, natural hazards, disease outbreaks, airport closures, road closures, upcoming demonstrations and other situations which may impact them whilst on a Journey.

High Risk Travel Safety Briefings
Customised reports for high and extreme risk regions as classified by red24, subject to Condition 3 below. Written by red24’s in-house regional analysts and security specialists, these briefings take into account key factor in assessing the security threats posed to a Covered Person’s Journey. These can be requested on an ad-hoc basis.

Annual Threat Forecast
Compiled by the red24 risk analyst team, the forecast focuses on a number of key issues globally providing thoughtful insights for the year ahead into how these concerns will affect the different geographical areas in respect of political and security environments and how that will impact Covered Person’s travel and security.

Security Briefings
Briefings offer in-depth analysis on topical or upcoming political or security events. These are sent on an ad-hoc basis and it is recommended that Covered Persons register to receive these. At a minimum, it is recommended that the Policyholder’s risk managers and human resource managers should be registered to receive these to assist in the mitigation of risk.

Podcasts
red24’s team of analysts discuss a range of security and political issues affecting countries across the globe.

red24Global app
A downloadable app which will provide some of the above information to the Covered Person’s smart phone or tablet.

Conditions Under Section 3

1. In the event of assistance being provided by Chubb Assistance and/or red24 in good faith to any person not insured under the Policy, the Policyholder shall reimburse Us for all costs incurred.

2. Chubb Assistance and/or red24 will provide the Covered Person with such emergency assistance as deemed necessary by them.

3. The Policy provides for two (2) ‘High Risk Travel Safety Briefings’ per month at no additional charge. Policyholders may contact red24 directly to obtain further reports but will be invoiced direct by red24 at a cost agreed at the time of the request. Furthermore, if the Policyholder requires reports for medium to low risk countries then these need to be arranged directly with red24 as these do not form part of the service provided for under this Policy.
Section 4 - 
Personal Accident & Sickness

Cover

Personal Accident
If, during the period of insurance and after an insured person’s effective date of coverage, an insured person suffers an accident outside of the country of residence which directly results in bodily injury, we will pay corresponding amounts shown in the Table of Events below where:

1. the bodily injury occurs within twelve (12) months of the accident;

2. the bodily injury occurs after the insured person’s effective date of coverage; and

3. both the accident and the bodily injury occur during the period of insurance.

Sickness
When Part C - Weekly Sickness Benefit is specified in the policy schedule, we will pay the corresponding amounts shown in the Table of Events below, in the event an insured person suffers sickness during the period of insurance, and after the insured person’s effective date of coverage.

Table of Events

Part A - Accidental Death and Disablement
Cover for an event under this Part applies only if an amount is shown in the policy schedule against Part A - Accidental Death and Disablement.
### Part A - Accidental Death and Disablement

Cover for an event under this Part applies only if an amount is shown in the policy schedule against Part A - Accidental Death and Disablement.

<table>
<thead>
<tr>
<th>The Events</th>
<th>Benefit Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following event(s) must occur within 12 months of the date of the accident.</td>
<td>The amounts shown below are a percentage of the amount shown in Part A - Accidental Death and Disablement in the policy schedule</td>
</tr>
<tr>
<td>1. Accidental Death</td>
<td>100%</td>
</tr>
<tr>
<td>2. Permanent Total Disablement</td>
<td>100%</td>
</tr>
<tr>
<td>3. Permanent Paraplegia or Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>4. Permanent and incurable paralysis of all limbs</td>
<td>100%</td>
</tr>
<tr>
<td>5. Permanent Total loss of sight of one or both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>6. Permanent Total loss of use of one or more limbs</td>
<td>100%</td>
</tr>
<tr>
<td>7. Permanent and incurable insanity</td>
<td>100%</td>
</tr>
<tr>
<td>8. Permanent Total loss of the lens of:</td>
<td></td>
</tr>
<tr>
<td>a) both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>b) one eye</td>
<td>60%</td>
</tr>
<tr>
<td>9. Permanent Total loss of hearing of:</td>
<td></td>
</tr>
<tr>
<td>a) both ears</td>
<td>80%</td>
</tr>
<tr>
<td>b) one ear</td>
<td>30%</td>
</tr>
<tr>
<td>10. Burns:</td>
<td></td>
</tr>
<tr>
<td>a) third degree burns and/or resultant disfigurement which covers more than twenty percent 20% of the entire external body</td>
<td>50%</td>
</tr>
<tr>
<td>b) second degree burns and/or resultant disfigurement which covers more than twenty percent 20% of the entire external body</td>
<td>25%</td>
</tr>
<tr>
<td>11. Permanent Total loss of use of four fingers and thumb of either hand</td>
<td>80%</td>
</tr>
<tr>
<td>12. Permanent Total loss of use of four fingers of either hand</td>
<td>50%</td>
</tr>
<tr>
<td>13. Permanent Total loss of use of the thumb of either hand:</td>
<td></td>
</tr>
<tr>
<td>a) both joints</td>
<td>40%</td>
</tr>
<tr>
<td>b) one joint</td>
<td>20%</td>
</tr>
<tr>
<td>14. Permanent Total loss of use of fingers of either hand:</td>
<td></td>
</tr>
<tr>
<td>a) three joints</td>
<td>15%</td>
</tr>
<tr>
<td>b) two joints</td>
<td>10%</td>
</tr>
<tr>
<td>c) one joint</td>
<td>5%</td>
</tr>
<tr>
<td>15. Permanent Total loss of use of toes of either foot:</td>
<td></td>
</tr>
<tr>
<td>a) all - one foot</td>
<td>15%</td>
</tr>
<tr>
<td>b) great - both joints</td>
<td>5%</td>
</tr>
<tr>
<td>c) great - one joint</td>
<td>3%</td>
</tr>
<tr>
<td>d) other than great - each toe</td>
<td>1%</td>
</tr>
<tr>
<td>16. Fractured leg or kneecap with established non-union</td>
<td>10%</td>
</tr>
<tr>
<td>17. Loss of at least fifty percent (50%) of all sound and natural teeth, including capped or crowned teeth, but excluding first teeth and dentures</td>
<td>1% to a maximum of $10,000 in total</td>
</tr>
</tbody>
</table>
## Part A - Accidental Death and Disablement (continued)

Cover for an event under this Part applies only if an amount is shown in the policy schedule against Part A - Accidental Death and Disablement.

<table>
<thead>
<tr>
<th>The Events</th>
<th>Benefit Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following event(s) must occur within 12 months of the date of the accident.</td>
<td>The amounts shown below are a percentage of the amount shown in Part A - Accidental Death and Disablement in the policy schedule</td>
</tr>
</tbody>
</table>

18. Shortening of leg by at least five centimetres (5 cm) 7.5%

19. Permanent Partial Disablement not otherwise provided for under events 8 to 18.

Such percentage of the amount shown in Part A - Accidental Death and Disablement in the policy schedule as we at our absolute discretion determine being not inconsistent with the Benefit Amount provided under events 8 to 18. The maximum amount payable under event 19 (Permanent Partial Disablement) is fifty thousand dollars ($50,000).

## Part B - Weekly Injury Benefit

Cover for an event under this Part applies only if an amount is shown in the policy schedule against Part B - Weekly Injury Benefit.

<table>
<thead>
<tr>
<th>The Events</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Temporary Total Disablement</td>
<td>Where an insured person suffers temporary total disablement as a result of a bodily injury and where that temporary total disablement persists, after the excess period, we will pay up to the amounts shown in the policy schedule against Part B - Weekly Injury Benefit, but not exceeding the percentage of income shown in the schedule for that insured person.</td>
</tr>
</tbody>
</table>

21. Temporary Partial Disablement                                           | Where an insured person suffers temporary partial disablement as a result of a bodily injury and where that temporary partial disablement persists, after the excess period, we will pay up to the amounts shown in the policy schedule against Part B - Weekly Injury Benefit, less any amount of current earnings as a result of working in a reduced capacity with the policyholder, but not exceeding the percentage of income shown in the policy schedule for that insured person. Should the insured person be able to return to work with the policyholder in a reduced capacity, but elect not to do so then the benefit payable will be 25% of Event 20 - Temporary Total Disablement. |
Part C - Weekly Sickness Benefit

Cover for an event under this Part applies only if an amount is shown in the policy schedule against Part C - Weekly Sickness Benefit.

The Events

<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Temporary Total Disablement</td>
<td>Where an insured person suffers temporary total disablement as a result of a sickness and where that temporary total disablement persists, after the excess period, we will pay up to the amounts shown in the policy schedule against Part C - Weekly Sickness Benefit, but not exceeding the percentage of income shown in the schedule for that insured person.</td>
</tr>
<tr>
<td>23. Temporary Partial Disablement</td>
<td>Where an insured person suffers temporary partial disablement as a result of a sickness and where that temporary partial disablement persists, after the excess period, we will pay up to the amounts shown in the policy schedule against Part C - Weekly Sickness Benefit, less any amount of current earnings as a result of working in a reduced capacity with the policyholder, but not exceeding the percentage of income shown in the policy schedule for that insured person. Should the insured person be able to return to work with the policyholder in a reduced capacity, but elect not to do so then the benefit payable will be 25% of Event 22 - Temporary Total Disablement.</td>
</tr>
</tbody>
</table>
Definitions

Accidental Death
accidental death means the death of an insured person as a result of an accident.

Event(s)
 event(s) means the event(s) described in the relevant Table of Events set out under Section 4 - Personal Accident & Sickness in this policy.

Excess Period
excess period means a period of time directly following an event giving rise to a claim for which no benefits are payable as specified in the policy schedule.

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

Permanent
permanent means having lasted twelve (12) consecutive months and at the expiry of that time being without hope of improvement.

Permanent Total Disablement
permanent total disablement means total disablement as a result of an accident which continues for twelve (12) consecutive months and at that time is certified by a doctor as being beyond hope of improvement and entirely preventing the insured person forever from engaging in any business, profession, occupation or employment for which he or she is reasonably qualified by training, education or experience.

Temporary Partial Disablement
temporary partial disablement means that in the opinion of a doctor, the insured person is temporarily unable to engage in any part of their usual occupation whilst an insured person and under the regular care of, and acting in accordance with, the instructions or advice of a doctor.

Temporary Total Disablement
temporary total disablement means that in the opinion of a doctor, the insured person is temporarily unable to engage in any part of their usual occupation while an insured person and under the regular care of, and acting in accordance with, the instructions or advice of a doctor.

Conditions

In addition to the General Conditions applicable to all Sections:

1. any Benefit payable for Events 1 to 19 will be paid in addition to any Benefit already paid for under Events 20 and 21 in respect of the same bodily injury;

2. after the occurrence of any of the Events 2 to 8(a) all cover with respect to that insured person under Section 4 - Personal Accident & Sickness will cease;

3. if as a result of bodily injury, the insured person is entitled to any Benefit under Events 20 and/or 21 or Events 22 and/or 23 and subsequently becomes entitled to a Benefit Amount under the Table of Benefits for Event 2 or 3, all benefits payable for Events 20 and/or 21 or Events 22 and/or 23 will cease from the date of such entitlement;

4. where an insured person claims benefits in respect of Events 20 and/or 21 or Events 22 and/or 23, the insured person agrees upon our written request to:
   i. participate and co-operate with us in establishing and following a plan comprising activities and procedures for the purpose of achieving or expediting their return (either in full or in substantial part) to their usual occupation;
   ii. provide us with any medical reports that are relevant to Events 20 and/or 21 or Events 22 and/or 23 or relevant to a plan to achieve or expedite their return to their usual occupation;

iii. consent to their treating doctors, their employer, us or service providers that we nominate associating with each other or exchanging information for the purpose of achieving or expediting their return to their usual occupation; and

iv. undertake reasonable medical investigations or attend medical examinations as requested by us.

5. no Benefit will be payable for Events 20 and/or 21 or Events 22 and/or 23 in respect of any one bodily injury or sickness or disease at all unless the insured person shall as soon as possible after the happening of a bodily injury or sickness or disease giving rise to a claim under this Section, procure and follow proper medical advice from a doctor;

6. the amount of the Benefits payable for Events 20 and/or 21 or Events 22 and/or 23 as set out in the policy schedule will be paid monthly in arrears. Any Benefits payable for a period of less than one week will be paid at a rate of one-seventh (1/7th) of the weekly entitlement;

7. if a claim occurs for an insured person under Events 20 and/or 21 or Events 22 and/or 23 as a result of bodily injury or sickness, and whilst during the period of insurance the insured person suffers from the same or an associated disablement, the subsequent period of disablement will be deemed a continuation of the prior period unless, between such periods, the insured person has worked on a full-time basis for at least six (6) consecutive months, in which case the subsequent period of disablement will be deemed to have resulted from a new bodily injury or sickness and a new excess period will apply;
8. if as a result of a bodily injury or sickness or disease the insured person is entitled to receive a disability income Benefit under any workers’ compensation legislation or transport accident legislation or any legislation having a similar effect, the Benefit payable for Events 20 and/or 21 or Events 22 and/or 23 will be reduced by the amount necessary to limit the total of all such disability income benefits and the Benefit under this Section to the insured person’s income;

9. if the Benefit payable with respect to Events 1 to 19 is salary linked, the actual Benefit payable for an insured person or a spouse or partner who is not in receipt of a salary will be limited to the lesser of the maximum sum insured stated in the policy schedule or $250,000; and

10. the Benefit payable to insured persons under 18 years of age for Event 1 (Accidental Death) will be 10% of the sum insured shown in the policy schedule or $25,000, whichever is less, and with respect to Events 2 to 19, the Benefit will be limited to the lesser of the sum insured stated in the policy schedule or $250,000, unless otherwise specified.

Exclusions

In addition to the General Exclusions, we will not be liable to pay loss, cost or expense arising from or attributable to:

1. any claim for more than one of the Events 1 to 19 in respect of the same bodily injury;

2. any claim for Events 20 and/or 21 or Events 22 and/or 23 in excess of the total number of weeks stated on the policy schedule in respect of any one bodily injury or sickness or disease except for insured persons who have attained the age of sixty-five (65) years where the total Benefit Period is limited to a maximum of 52 weeks unless otherwise stated in the policy schedule;

3. any claim for Event 2, permanent total disablement for insured persons who have attained the age of sixty-five (65) years unless otherwise stated in the policy schedule;

4. any more than one Benefit for Events 20 and/or 21 or Events 22 and/or 23 that occur at the same period of time; or

5. any claim for Events 20 and/or 21 or Events 22 and/or 23 which is in any way attributable to childbirth or pregnancy with the exception of any unexpected and unforeseen medical complications or emergencies arising therefrom.
Section 5 - Personal Liability

Cover

Personal Liability
If an insured person becomes legally liable to pay damages, compensation or legal expenses after their effective date of coverage as a result of causing:

1. bodily injury, including death, to any other person; or
2. loss of or damage to physical property;

and such bodily injury or damage is as a result of an accident occurring outside of the country of residence during the period of insurance and after their effective date of coverage, we will pay the insured person the cost of such damages, compensation or expenses, up to the limit stated in the policy schedule for Section 5 - Personal Liability.

Conditions

In addition to the General Conditions applicable to all Sections:

1. no admission of fault or liability may be made without our prior written consent;
2. we will be permitted to take over the settlement of any claim or conduct the defence in the insured person's name;
3. we will have full discretion in the handling of all proceedings; and
4. we may at any time pay to the insured person, in connection with any claim or series of claims arising from the one original cause, the amount shown on the policy schedule as the limit for Section 5 - Personal Liability (after deduction of any amount(s) already paid as compensation) or any lesser amount for which such claim(s) can be settled. Upon such payment being made, we will be under no further liability in connection with such claim(s), except for the payment of costs and expenses recoverable or incurred prior to date of such payment subject to the amount shown on the policy schedule as the limit for Section 5 - Personal Liability.

Exclusions

In addition to the General Exclusions applicable to all Sections, we will not be liable to pay any damages, loss, cost or expense arising from or attributable to:

1. bodily injury to the insured person or any member of the insured person's family ordinarily residing with them;
2. bodily injury to any person which occurs in the course of their employment, service contract or apprenticeship with the insured person;
3. loss of or damage to property owned by or in the control of the insured person or any member of the insured person's family ordinarily residing with them;
4. loss of or damage to property or bodily injury, caused directly or indirectly by, through or in connection with the ownership, use or possession of any mechanically propelled vehicle (with the exception of electronic wheelchairs and golf buggies), aircraft or watercraft;
5. bodily injury, loss of or damage to property caused by or arising from the insured person's business or trade, or from professional advice given by the insured person;
6. liability assumed under contract unless such liability would have arisen in the absence of such contract;
7. exemplary, punitive or aggravated damages, payment of any penalty or fine or multiple portion of any multiplied damages award; or
8. any sexually transmitted or transmissible disease, or infection or virus of any sort emanating from a sexually transmitted or transmissible disease.
Section 6 - Luggage, Money & Portable Electronic Equipment

Cover

Deprivation of Luggage
If, during the period of insurance and after an insured person’s effective date of coverage, an insured person is in transit and their accompanying personal luggage is delayed, misdirected or temporarily misplaced by any transport carrier for more than eight (8) consecutive hours, we will pay reasonable expenses incurred by an insured person up to the amount stated in the policy schedule against Section 6 - Luggage, Money & Portable Electronic Equipment - Deprivation of Luggage for the emergency replacement of clothing and toiletries.

Personal Luggage
If, during the period of insurance and after an insured person’s effective date of coverage, an insured person is in transit and incurs loss of, damage to or theft of their accompanying personal luggage we will pay in respect of such loss or damage up to the maximum amount shown in the policy schedule against Section 6 - Luggage, Money & Portable Electronic Equipment - Personal Luggage.

Personal Money & Travel Documents
If, during the period of insurance and after an insured person’s effective date of coverage, an insured person is in transit and incurs loss of, damage to or theft of their accompanying personal money and/or travel documents we will pay in respect of such loss or damage up to the maximum amount shown in the policy schedule against Section 6 - Luggage, Money & Portable Electronic Equipment - Personal Money & Travel Documents.

Portable Electronic Equipment
If, during the period of insurance and after an insured person’s effective date of coverage, an insured person is in transit and incurs loss of, damage to or theft of their accompanying portable electronic equipment we will pay in respect of such loss or damage up to the maximum amount shown in the policy schedule against Section 6 - Luggage, Money & Portable Electronic Equipment - Portable Electronic Equipment.

Definitions

Business Property
business property means office equipment, business documentation, stationery and other instruments belonging to the policyholder which are used for a business purpose.

Personal Luggage
personal luggage means personal property and/or business property belonging to you or an insured person or for which an insured person is legally responsible for, taken on or acquired during transit.

Personal Money
personal money means the insured person’s personal cash, credit cards, bank cards, bank or currency notes, cheques, travellers cheques, postal or money order or other negotiable instruments.

Portable Electronic Equipment
portable electronic equipment means any computers (including laptops, notebooks and tablets), mobile phones, cameras, personal music players or recording devices, and other items of a similar nature as deemed by us, which are intended for either business or personal use.

Transit
transit means the period of time starting from when the insured person departs their country of residence to travel directly to their country of assignment (or from when the insured person departs their country of assignment to travel directly to their country of residence) and ceases from the earlier of:

1. the inception date of any other policy of insurance that covers baggage and/or contents in the country of assignment (or country of residence); or

2. ninety (90) days from the date of travel departure.

Chubb Expatriate Medical Insurance Product Disclosure Statement and Policy Wording, Australia.
Travel Documents
travel documents means the insured person’s passports, visas, entry permits, travel tickets or other similar documents in the possession or control of the insured person.

Conditions
In addition to the General Conditions applicable to all Sections:

1. the insured person must take all reasonable precautions for the safety and supervision of any personal luggage, personal money, travel documents and portable electronic equipment;

2. the insured person must report all loss or damage attributable to theft or vandalism to the local police or appropriate authorities as soon as possible after the discovery of the loss, and obtain a written acknowledgement of the report;

3. the insured person must report all loss of credit cards, personal cheques, traveller’s cheques or travel documents to the issuing authority as soon as possible, and effect appropriate cancellation measures;

4. claims must be supported by written confirmation from the transport carrier responsible for deprivation or loss of personal luggage;

5. claims for the purchase of emergency replacement of clothing and toiletries must be supported by receipts for the replacement items;

6. in respect of any expense, loss, damage or theft, we may, at our discretion, choose to provide cover in the form of replacement, repair, or payment in cash;

7. in respect of business property held for the purpose of transit, cover will commence at the time of collection from the insured person’s normal place of work or seventy-two (72) hours prior to the commencement of transit, whichever is the later, and will continue for seventy-two (72) hours after termination of the transit or until it is returned to the insured person’s normal place of work, whichever occurs first;

8. in respect of personal money held for the purpose of transit, cover will commence at the time of collection from a financial institution or seventy-two (72) hours prior to the commencement of transit, whichever is the latter, and will continue for seventy-two (72) hours after termination of transit or until it is deposited at a financial institution, whichever occurs first; and

9. the maximum amount for which we will indemnify you or the insured person in respect of loss arising from the unauthorised or fraudulent use of business property, personal luggage, portable electronic equipment, personal money or travel documents is five thousand dollars ($5,000).

Exclusions
In addition to the General Exclusions, we will not be liable to pay loss, cost or expense arising from or attributable to:

1. damage of loss arising from electrical or mechanical breakdown of any item;

2. damage to or replacement of any electronic data or software;

3. scratching or breakage of fragile or brittle items. This Exclusion does not apply to photographic or video equipment, binoculars, spectacles or contact lenses;

4. damage or loss arising from wear and tear, deterioration, atmospheric or climatic conditions, mould or fungus, insects, rodents, vermin, or any process of cleaning, ironing, pressing, repairing, restoring or alteration;

5. personal luggage, personal money, travel documents and portable electronic equipment shipped under any freight agreement, or items sent by postal or courier services;

6. losses due to depreciation or devaluation of currency;

7. loss or damage arising from confiscation or destruction by Customs or any other authorities;

8. amounts recoverable by the policyholder and/or the insured person from any other source (with the exception of other insurance);

9. contractual obligations in relation to a mobile phone;

10. theft or attempted theft which occurs while portable electronic equipment is unattended other than when securely locked inside a building or securely locked out of sight inside a motor vehicle (unless in circumstances where you and/or the insured person has no option other than to leave the portable electronic equipment unattended due to an emergency medical, security or evacuation situation); or

11. loss or damage which occurs whilst portable electronic equipment or business property is carried in or on any aircraft, aerial device, bus, waterborne vessel or craft, unless accompanied by an insured person as personal cabin luggage. This exclusion will not apply in circumstances where you and/or the insured person is prohibited from carrying the portable electronic equipment or business property as personal cabin luggage. Where the insured person is so prohibited, the portable electronic equipment or business property must be securely locked away within the insured person’s checked in luggage.
Section 7 - Kidnap, Ransom, Extortion, Hijack & Detention

Cover

Kidnap, Ransom & Extortion
If, during the period of insurance and after an insured person’s effective date of coverage, an insured person is kidnapped or the subject of extortion outside of the country of residence, we will reimburse you or the insured person extortion or ransom monies paid up to the sum insured shown in the policy schedule against Section 7 - Kidnap, Ransom & Extortion.

We will also pay you or the insured person up to the sum insured shown in the policy schedule against Section 7 - Kidnap, Ransom & Extortion for:

1. loss caused by the actual destruction, disappearance, confiscation or seizure of property or other consideration intended as extortion or ransom monies for a kidnapping or extortion insured hereunder, whilst the extortion or ransom monies are being delivered to the person or group believed to be responsible for the kidnap or extortion by a person with the authority of the policyholder or an insured person to make such delivery;

2. the amount paid by you or an insured person for other expenses resulting directly from a kidnap or extortion occurring during the period of insurance; or

3. the actual, necessary and reasonable expenses to engage independent security consultants to investigate a kidnap, recover or negotiate the release of a kidnapped insured person, or pay any extortion or ransom monies, provided that we have given our prior written consent to the use of such consultants.

We will also pay you the actual, necessary and reasonable external expenses to engage an independent image and/or public relations consultant, and/or costs associated with media broadcasts, to help protect and/or positively publicise your business and corporate image, up to a maximum of fifteen thousand dollars ($15,000) for any one kidnap, extortion or extortion threat. These expenses must be directly in connection with a kidnap, extortion or extortion threat and incurred within twenty-one (21) days thereof.

Hijack & Detention
If, during the period of insurance and after an insured person’s effective date of coverage, an insured person is outside of the country of residence and is detained for a minimum of twenty-four (24) continuous hours:

1. as a result of the common carrier conveyance in which they are travelling being hijacked; or

2. by any Government, State or lawful authority without being ultimately convicted of breaking the law of any Country or State;

we will pay you or the insured person up to the sum insured shown in the policy schedule against Section 7 - Hijack & Detention.

We will also pay you or the insured person the reasonable legal costs incurred up to a maximum of fifty thousand dollars ($50,000) as a result of the insured person being falsely arrested or wrongfully detained outside of the country of residence.

Definitions

Common Carrier Conveyance
common carrier conveyance means an aircraft, vehicle, train, vessel or other public transportation which is licensed to carry fare paying passengers.

Consequential Personal Financial Loss
consequential personal financial loss means but is not limited to, pecuniary loss incurred by an insured person resulting directly from the failure to...
renew insurance contracts, failure to exercise stock options, and failure to respond to margin or loan calls by financial institutions.

Detained
detained means restraint by way of custody or confinement against the insured person’s will.

Extortion/Extortion Threat
extortion/extortion threat means intimidation by threat or a series of threats to kidnap or inflict harm upon any insured person or their accompanying close relative.

Extortion or Ransom Monies
extortion or ransom monies means a consideration paid for the return of a kidnap victim or consideration paid to terminate or end an extortion, to a person believed to be responsible for the kidnap or extortion and includes but is not limited to cash, securities, marketable goods or services, property or monetary instruments.

Hijack/Hijacked
hijack means the unlawful seizure or wrongful exercising of control of a common carrier conveyance.

Kidnap/Kidnapped/Kidnapping
kidnap/kidnapped/kidnapping means the illegal abduction and holding under duress or by fraudulent means of any insured persons for the purposes of demanding extortion or ransom monies as a condition of release.

Other Expenses
other expenses means:

1. reasonable and customary interest costs for any loan taken by you or the policyholder from a financial institution in order to pay extortion or ransom monies;

2. reasonable and customary travel and accommodation expenses incurred by you or the policyholder as a result of a kidnap or extortion;

3. a reasonable reward paid by you or the policyholder to an informant for information not otherwise available which leads to the arrest and conviction of persons responsible for a kidnap or extortion insured hereunder;

4. the income which you continue to pay an insured person who has been the subject of a kidnap or extortion, provided that coverage will only apply at the income level in effect prior to the kidnap or extortion:
   i. for up to sixty (60) days after the release of the insured person from a kidnap;
   ii. until discovery of the death of the insured person;
   iii. for up to one hundred and eighty (180) days after you receive the last credible evidence that the insured person is still alive; or
   iv. for up to sixty (60) months from the date of the kidnap, if the insured person has not been released;

5. wage or salary payments made by you for a temporary replacement employee to perform the duties of an insured person who is kidnapped, including a period up to thirty (30) days after the release of the insured person, but not exceeding sixty (60) months from the initial date of the kidnap;

6. expenses resulting in consequential personal financial loss to an insured person on account of an inability to attend to personal financial matters due to their kidnapping;

7. reasonable travel costs for a kidnap victim to join their family upon their release, and the travel costs of a replacement employee to perform the business duties of the kidnap victim, limited to an economy fare and payable once per insured person and replacement employee per kidnap;

8. reasonable and customary fees and expenses of a qualified interpreter assisting you or an insured person in the event of a kidnap or extortion;

9. reasonable medical, psychiatric, and legal expenses incurred by an insured person, with our prior written consent, for a twelve (12) month period following their release from kidnap; and

10. any other reasonable expenses incurred by the policyholder, with our prior written consent, in resolving a kidnap or extortion insured hereunder.

Conditions
In addition to the General Conditions applicable to all Sections:

1. the total of all payments made by us under this Section in relation to any one insured person for any one kidnap or extortion shall be limited to the sum insured stated in the policy schedule against Section 7 – Kidnap, Ransom & Extortion;

2. the policyholder and insured persons shall make a reasonable effort not to disclose the existence of this insurance; and

3. the maximum amount payable under this Section for any kidnap, ransom demand or extortion in South America or Mexico shall be the lesser of fifty thousand dollars ($50,000) per insured person or the sum insured shown in the policy schedule against Section 7 – Kidnap Ransom & Extortion.
Exclusions

In addition to the General Exclusions, we will not be liable to pay loss, cost or expense arising from or attributable to:

1. any loss resulting from the surrender of money, property or other consideration as the result of a direct physical encounter involving the use or threat of force or violence, unless such monies or property are being held or delivered for the sole purpose of paying extortion or ransom monies;

2. the kidnap or extortion of an insured person occurring in their country of residence or a country where they have been living for more than one hundred and eighty (180) consecutive days at the time the kidnap or extortion occurs; or

3. any fraudulent, dishonest or criminal act committed by you, an insured person or any person you or an insured person authorises to be in possession of extortion or ransom monies.
Cover

If, during the period of insurance and after an insured person’s effective date of coverage, an insured person is in their country of assignment and:

1. officials in that country recommend that certain categories of persons, which categories include the insured person, should leave that country;
2. the Australian government, through its Department of Foreign Affairs and Trade, issues a Consular Travel Warning recommendation that certain categories of persons, which categories include the insured person should leave that country;
3. an insured person is expelled or declared persona non grata in that country;
4. there is wholesale seizure, confiscation or expropriation of the policyholder’s or the insured person’s property, plant or equipment in that country; or
5. a natural disaster has occurred in that country, and a state of emergency has been declared necessitating immediate evacuation of the insured person in order to avoid risk of bodily injury or sickness;

we will pay the actual, necessary and reasonable expenses incurred:

1. to return the insured person to their country of residence or the nearest place of safety using the most reasonably available method of transport, provided that prior approval has been obtained by Chubb Assistance, up to the maximum sum insured shown in the policy schedule against Section 8 - Political Unrest & Natural Disaster Evacuation; and

2. for reasonable accommodation costs for up to twenty-one (21) days if the insured person is unable to return to their country of residence, provided that prior approval has been obtained by Chubb Assistance.

Exclusions

In addition to the General Exclusions, we will not be liable to pay loss, cost or expense arising from or attributable to:

1. the insured person violating the laws or regulations of the country they are in;
2. the insured person failing to produce or maintain immigration, work, residence or similar visas, permits or other similar documentation;
3. any debt, insolvency, commercial failure, the repossession of any property by a titleholder or any other financial cause;
4. failure of you or the insured person to honour any contractual obligation or bond or to obey any conditions in a licence;
5. the insured person being evacuated from their country of residence; or

6. the political unrest or natural disaster that resulted in the insured person’s evacuation being in existence prior to the insured person entering the country or its occurrence being foreseeable to a reasonable person before the insured person entered the country; or

7. costs of meals incurred by an insured person whilst they are receiving cover under Section 8 - Political Unrest & Natural Disaster Evacuation.
Accidental H.I.V. Infection Benefit

If, during the period of insurance and after an insured person’s effective date of coverage, the insured person accidentally contracts the Human Immunodeficiency Virus (H.I.V.) infection:

1. as a direct result of bodily injury caused by a violent and physical bodily assault by another person on the insured person during the period of insurance and whilst they are an insured person outside of the country of residence; or

2. as a direct result of receiving medical treatment outside of the country of residence provided by a registered and legally qualified medical practitioner or registered nurse for an insured person’s bodily injury or sickness while he or she is insured under this policy;

we will pay the insured person up to the amount stated in the policy schedule against Lifestyle Protection Benefits – Accidental H.I.V. Infection Benefit, provided that:

1. there is a positive diagnosis within one hundred and eighty (180) days of the event giving rise to the H.I.V. infection;

2. any event leading to or likely to lead to a positive diagnosis of H.I.V. is reported to us and medical tests are carried out by a registered and legally qualified medical practitioner no more than forty-eight (48) hours from the date and time of the event giving rise to the H.I.V. infection; and

3. a recognised laboratory carries out medical and clinical tests that conclusively prove that the insured person was not H.I.V. positive at the time and date of the event giving rise to the H.I.V. infection. No benefit will be payable if you or the insured person fail to comply with or to provide the required level of proof.

Advanced Payment

If, during the period of insurance and after an insured person’s effective date of coverage, the insured person sustains a bodily injury or sickness for which benefits are payable under Section 4, Events 20 or 22, provided that medical evidence is presented from a doctor or specialist certifying that the total period of temporary total disablement will be a minimum of twenty-six (26) continuous weeks, we will pay at the time of first payment twelve (12) weeks benefit.

Coma Benefit

If, during the period of insurance and after an insured person’s effective date of coverage, the insured person sustains a bodily injury outside of the country of residence which directly causes or results in the insured person being in a state of continuous unconsciousness and the insured person or their legal representative provides us with a doctor’s certificate that verifies that the direct cause of the continuous unconsciousness was the bodily injury, we will pay the insured person or their legal representative the amount stated in the policy schedule against Lifestyle Protection Benefits – Coma Benefit.

Dependent Child Supplement

If, during the period of insurance and after an insured person’s effective date of coverage, the insured person sustains bodily injury outside of the country of residence which results in accidental death, we will pay to the insured person’s spouse or partner or legal representative of the insured person’s estate, the amount shown in the policy schedule against Lifestyle Protection Benefits – Dependent Child Supplement, for each dependent child of the insured person subject to the maximum benefit amount stated per family.
Domestic Help Benefit for Accompanying Spouse or Partner

If, during the period of insurance and after an insured person’s effective date of coverage, the accompanying spouse or partner of the insured person is a non-income earner, and sustains a bodily injury for which a benefit would be payable under Section 4, Events 20 and/or 21 and a doctor certifies that they are unable to carry out domestic duties, we will pay the actual and reasonable costs incurred for hiring domestic help up to the amount shown in the policy schedule against Lifestyle Protection Benefits - Domestic Help Benefit, provided that the domestic help is not carried out by the insured person or their close relatives, nor a person permanently residing with the insured person.

Education Fund Benefit

If, during the period of insurance and after an insured person’s effective date of coverage, the insured person sustains accidental death outside of the country of residence, we will pay for fees incurred on behalf of each surviving dependent child, up to the amount shown in the policy schedule against Lifestyle Protection Benefits - Education Fund Benefit, to that dependent child’s school or university.

Emergency Return Home

If during the period of insurance, an insured person’s close relative becomes very seriously ill, or in the event of their unexpected death, we will pay for all reasonable travel and accommodation expenses incurred in returning the insured person to their country of residence, up to the maximum amount shown in the policy schedule against Lifestyle Protection Benefits - Emergency Return Home, provided that prior approval has been obtained from us or Chubb 24/7 Assist.

Escalation of Claim Benefit

Subject to renewal of this policy and payment of the premium, after payment of a benefit under Section 4, Events 20, 21, 22 or 23 continuously for twelve (12) months and again after each subsequent period of twelve (12) months during which a benefit is paid, the benefit will be increased by a compound rate of five percent (5%) per annum.

Executor Emergency Cash Advance Benefit

If, during the period of insurance and after an insured person’s effective date of coverage, the insured person suffers accidental death outside of the country of residence, upon the executor of the estate’s request, we will advance to the executor of the insured person’s estate the amount shown in the policy schedule against Lifestyle Protection Benefits - Executor Emergency Cash Advance Benefit, whilst the administration of the insured person’s estate is being arranged.

Home Leave

If, during the period of insurance, an insured person returns to their country of residence, cover under this policy is extended for the period of home leave, up to a maximum annual period shown in the policy schedule against Additional Benefits - Home Leave, provided always that the payment of such expenses is permissible by laws applicable in that country.

Independent Financial Advice Benefit

Following payment of a Benefit Amount under Section 4, Events 1 to 8(a), we will reimburse the insured person’s spouse or partner or estate up to the maximum amount shown in the policy schedule against Lifestyle Protection Benefits - Independent Financial Advice Benefit, for professional financial planning advice provided by a qualified financial planner within six (6) months after the date of the event.

Keys and Locks Benefit

If, during the period of insurance and after an insured person’s effective date of coverage, the insured person loses their identification and keys at the same time outside of the country of residence, we will reimburse the insured person for the replacement of keys and locks to their home and/or motor vehicle up to the amount shown in the policy schedule against Lifestyle Protection Benefits - Keys and Locks.

Modification Benefit

If, during the period of insurance and after an insured person’s effective date of coverage, the insured person sustains a bodily injury for which a benefit is paid under Section 4, Events 2 or 3, we will pay up to the amount shown in the policy schedule against Lifestyle Protection Benefits - Modification Benefit, for costs necessarily incurred to modify the insured person’s home and/or motor vehicle, or costs associated with relocating the insured person to a more suitable home, provided that medical evidence is presented from a doctor or specialist certifying the modification and/or relocation is necessary.

Orphan Benefit

If, during the period of insurance and after an insured person’s effective date of coverage, the insured person and their accompanying spouse or partner sustains accidental death outside of the country of residence as a result of the same accident, we will pay to the insured persons’ estate or the guardian of the dependent children a...
lump sum benefit for each surviving dependent child subject to a maximum benefit amount per family as shown in the policy schedule against Lifestyle Protection Benefits – Orphan Benefit.

Premature Birth/Miscarriage Benefit

If, during the period of insurance and after an insured person's effective date of coverage, the insured person sustains a bodily injury outside of the country of residence which results in premature childbirth (prior to twenty-six (26) weeks gestation) or miscarriage, we will pay the insured person the lump sum benefit amount shown in the policy schedule against Lifestyle Protection Benefits – Premature Birth/Miscarriage Benefit.

Rehabilitation Benefit

If, during the period of insurance and after an insured person's effective date of coverage, the insured person sustains a bodily injury outside of the country of residence which results in accidental death or permanent total disablement, we will pay the insured person the lump amount shown in the policy schedule against Lifestyle Protection Benefits – Rehabilitation Benefit for costs necessarily incurred for tuition or advice for the insured person from a licensed vocational school, provided such tuition or advice is undertaken with our prior written agreement and that medical evidence is presented from a doctor or specialist certifying the tuition or advice is necessary.

Repatriation & Funeral Expenses Benefit

If, during the period of insurance and after an insured person's effective date of coverage, the insured person sustains death as a result of bodily injury or sickness outside of the country of residence, we will reimburse the reasonable expenses incurred up to the amount shown in the policy schedule against Lifestyle Protection Benefits – Repatriation & Funeral Expenses Benefit, for:

1. the cost of returning the insured person's mortal remains and/or personal effects to the insured person's country of residence or a place nominated by the insured person's spouse or partner or the legal representative of the insured person's estate; and
2. the cost of the insured person's funeral, burial or cremation and associated expenses;

provided that we and/or Chubb Assistance are notified as soon as possible, and prior to the arrangement of any repatriation or funeral services.

Spouse or Partner Employment Training Benefit

If, during the period of insurance and after an insured person's effective date of coverage, the insured person sustains a bodily injury outside of the country of residence which results in accidental death or permanent total disablement, we will reimburse an insured person's spouse or partner up to the benefit amount shown in the policy schedule against Lifestyle Protection Benefits – Spouse or Partner Employment Training Benefit for the actual costs incurred for training or retraining the insured person's spouse or partner:

1. for the sole purpose of obtaining gainful employment;
2. to improve their potential for employment; and/or
3. to enable them to improve the quality of care they can provide to the insured person;

provided that:

1. the spouse or partner has not attained the age of sixty-five (65) years of age at the commencement of the training; and
2. the training is provided by a recognised institution with qualified skills to provide such training.

This benefit is payable in addition to any other applicable benefit amount payable under this policy and only applies if the spouse or partner incurs Employment Training Expenses within twenty-four (24) months following the date of the insured person's bodily injury resulting in accidental death or permanent total disablement.

Student Tutorial Benefit

If an insured person is a registered full time student and, during the period of insurance and after their effective date of coverage, the insured person sustains a bodily injury outside of the country of residence and a doctor certifies that the insured person is unable to attend classes as a result of the bodily injury, we will pay the actual costs incurred for home tutorial services to the maximum amount shown in the policy schedule against Lifestyle Protection Benefits – Student Tutorial Benefit, provided that the tutorial service is not carried out by the insured person's close relatives nor a person permanently residing with the insured person.

Unexpired Membership Benefit

If, during the period of insurance and after an insured person's effective date of coverage, the insured person sustains a bodily injury which results in a benefit being paid under:

1. Section 4, Events 2 to 8(a); or
2. Section 4, Events 20 and/or 21 for which a doctor or specialist certifies in writing will continue for
a minimum period of twenty-six (26) weeks;

and it is certified by a doctor or specialist as preventing the insured person from continuing their participation in any sport or gym activity for which they have pre-paid a membership, association or registration fee, we will pay the insured person a pro-rata refund of such fees paid for the current season or membership period, up to an aggregate amount as shown in the policy schedule against Lifestyle Protection Benefits - Unexpired Membership Benefit.
Corporate Protection Benefits

**Chauffeur Benefit**

If, during the period of insurance and after an insured person’s effective date of coverage, the insured person sustains a bodily injury for which a benefit is paid under Section 4, Event 20 or 22, provided that medical evidence is presented from a doctor or specialist certifying that the insured person is unable to operate a motor vehicle or travel on other available modes of public transport, we will pay up to the amount shown in the policy schedule against Corporate Protection Benefits – Chauffeur Benefit, for reasonable costs incurred for the hire of a suitable chauffeured vehicle or taxi to transport the insured person directly to and from their normal place of residence and normal place of work.

**Corporate Image Protection**

If, during the period of insurance and after an insured person’s effective date of coverage, the insured person sustains a bodily injury outside of the country of residence which results in accidental death or permanent total disablement, we will pay the policyholder the actual and reasonable expenses necessarily incurred for the services of image/public relations consultants for the purpose of protecting the policyholders’ corporate image, up to the amount shown in the policy schedule against Corporate Protection Benefits – Corporate Image Protection.

**Disappearance**

If the body of an insured person is not found within twelve (12) months after an accident involving the conveyance in which they were travelling whilst outside of the country of residence, accidental death will be presumed in the absence of any evidence to the contrary. The accidental death benefit amount set out under Section 4, Event 1 shall become payable, subject to a signed undertaking by the beneficiary that if the insured person is subsequently found alive, such accidental death benefit amount will be refunded to us.

**Personnel Replacement**

If, during the period of insurance and after an insured person’s effective date of coverage, the insured person sustains a bodily injury and in our judgement we believe that a benefit will be paid under Section 4, Event 1 or 2, we will pay the actual and reasonable costs incurred by the policyholder for the recruitment of replacement employees, up to the amount shown in the policy schedule against Corporate Protection Benefits - Replacement Staff/Recruitment Costs, provided that the costs are incurred within sixty (60) days and be crucial and necessary for the policyholder’s business to continue. The policyholder must first provide a signed undertaking that any amount paid to the policyholder will be repaid to us if it is found that a valid claim did not or will not eventuate.

**Trauma Benefit**

If, during the period of insurance and after an insured person’s effective date of coverage, the insured person is outside of the country of residence and is an eye witness or victim of a criminal act such as murder, rape, sexual assault, violent robbery, kidnapping or an act of terrorism, we will pay the insured person or policyholder up to the amount specified in the policy schedule against Corporate Protection Benefits - Trauma Benefit.
Aggregate Limit of Liability

Except as provided below, our total liability for all claims arising under Section 4, Part A – Accidental Death and Disablement, in respect of any one accident or series of accidents arising out of any one occurrence during the period of insurance, shall not exceed the amount shown in the policy schedule against Aggregate Limit of Liability Any One Accident or Occurrence (A).

Our total liability for all claims arising under Section 4, Part A – Accidental Death and Disablement, in respect of any one accident or series of accidents arising out of any one occurrence during the period of insurance, relating to air travel in aircrafts whose flights are not conducted in accordance with fixed schedules to and from fixed terminals over specific routes, shall not exceed the amount shown in the policy schedule against Aggregate Limit of Liability Non-Scheduled Air Travel (B).

Our total liability for all claims arising under Section 7 – Kidnap, Ransom, Extortion, Hijack & Detention, in respect of any one insurable event or series of events arising out of any one occurrence during the period of insurance shall not exceed the amount shown in the policy schedule against Aggregate Limit of Liability Kidnap, Ransom, Extortion, Hijack & Detention (C).

Our total liability for all claims arising under Section 8 – Political Unrest & Natural Disaster Evacuation, in respect of any one insurable event or series of events arising out of any one occurrence during the period of insurance shall not exceed the amount shown in the policy schedule against Aggregate Limit of Liability Political Unrest & Natural Disaster Evacuation (D).

Alteration of Risk

You must tell us as soon as possible if circumstances occur, or if changes or alterations are intended or made which increase the risk of damage, injury, liability, loss or sickness.

Assignment and Beneficiary Change

No assignment of interest under this policy will be binding on us unless and until the original or a duplicate thereof is filed with us. We assume no responsibility for the validity of an assignment. No beneficiary change under this policy will bind us unless we receive written notice of such change.

Automatic Additions and Deletions

The policyholder must declare to us any insured persons who are required to be covered under the policy during the period of insurance within thirty (30) days from their effective date of coverage. Cover will be subject to a pro-rata premium for time on risk, which can be paid on a quarterly or annual basis. The policyholder must also declare to us any insured persons who no longer require cover under the policy within thirty (30) days from their date of cessation.

Note the maximum pro-rata premium applicable for insured persons that no longer require cover under the policy who may be entitled to a pro-rata refund will be limited to 90 days.

Cancellation

The policyholder may cancel this policy at any time by notifying us in writing. The cancellation will take effect from 4:00pm on the day we receive the policyholder’s written 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) by issuing a notice thirty (30) days in advance in writing.
in accordance with Section 59 of the Insurance Contracts Act 1984 (Cth).

If the policy is cancelled by either the policyholder 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. However we will not refund any premium if we have paid a claim or benefit to you or an insured person under the policy.

Cover in respect to an insured person will end on the earlier of:

1. the date the insured person no longer meets the criteria for an insured person set out in the policy schedule;
2. the end of the period of insurance; or
3. when this policy is cancelled by you at your request or by us pursuant to the Insurance Contracts Act 1984 (Cth).

Cover in respect to an insured person’s spouse or partner and/or dependent child(ren) will end on the earlier of:

1. the date insurance cover in respect of the insured person terminated in accordance with the above; or
2. the date such spouse or partner and/or dependent child(ren) ceases to be a spouse or partner and/or dependent child(ren) of the insured person.

Currency

All amounts shown are in Australian dollars. If expenses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount to be paid will be the rate of exchange published in the Australian Financial Review on the date the expense is incurred or loss is sustained. All claims will be paid in Australian dollars.

Entire Contract/Alteration

This policy will not be modified except by written amendment or endorsement attached hereto and signed by our Authorised Representative.

Medical Examination or Post Mortem

At our expense, we will be entitled to have any insured person medically examined or in the event of death, a post mortem examination carried out. We will give the insured person or their legal representative fair and reasonable notice of the medical examination.

Other Insurance

In the event of a claim, the policyholder and/or insured person must advise us as to any other insurance policies that may be available to pay or partially pay that claim.

Precautions

The policyholder and/or insured person must take all reasonable care to prevent or minimise damage, injury, liability, loss, accident or sickness, including complying with any law, by-law, ordinance or regulation that concerns the safety of persons or property.

Proper Law and Jurisdiction

The construction, interpretation and meaning of the provisions of this policy will be determined in accordance with Australian Law. In the event of any dispute arising under this policy, including but not limited to its construction, validity, performance and/or interpretation, the policyholder and/or insured person will submit to the exclusive jurisdiction of any competent court in the Commonwealth of Australia.

Providing Proofs

The insured person must keep documents they will need in case of a claim. These proofs may include documents to substantiate the insured person’s earnings and any medical certificates or reports that relate to any claim.

Subrogation

If we make any payment under this policy, then to the extent of that payment, we may exercise any rights of recovery held by the policyholder or the insured person. The policyholder and the insured person must not do anything which reduces any such rights and must provide reasonable assistance to us in pursuing any such rights.
We will not pay benefits, loss, costs or expense arising out of any:

1. radioactivity, or the use, existence or escape of any nuclear fuel, nuclear material or nuclear waste;

2. cosmetic, elective or plastic surgery, (except and to the extent that it is necessary for the cure or alleviation of bodily injury to or sickness suffered by the insured person);

3. pre-existing condition and/or pregnancy where the insured person has been covered under the policy for less than twelve (12) months from the relevant insured person’s effective date of coverage. This exclusion does not apply where the conditions of the takeover provisions have been met by the insured person;

4. claim for benefits under the Medicare regime or private health insurance laws or regulations in Australia including the Health Insurance Act 1973 (Cth), National Health Act 1953 (Cth), Private Health Insurance Act 2007 (Cth) and Private Health Insurance (Health Insurance Business) Rules 2010 or any similar legislation;

5. claim where the policyholder or the insured person and/or their representatives refused to follow our or Chubb Assistance’s instructions and directions;

6. claim by any insured person who has attained the age of seventy (70) years. This will not prejudice any entitlement to claim benefits which have arisen or occurred on or before an insured person attained the age of seventy (70) years;

7. claim in respect of any amounts incurred after the insured person travelled against the advice of a doctor or specialist;

8. insured person engaging in or taking part in:
   i. flying in an aircraft or aerial device other than as a passenger in any aircraft licensed to carry passengers; or
   ii. training for or participating in professional sport of any kind;

9. intentional self-inflicted bodily injury, suicide or any legal or criminal act committed by the policyholder or an insured person;

10. insured person being under the influence of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit while driving, or being under the influence of any other drug unless it was prescribed by a doctor or specialist and taken in accordance with a doctor or specialist’s advice;

11. war, civil war, invasion, act of foreign enemy, rebellion, revolution, insurrection or military or usurped power;

12. amounts recoverable by the policyholder and/or the insured person from any other source (with the exception of other insurance);

13. claim that would result in us contravening any workers compensation legislation and or transport accident legislation;

14. complication of infection with Human Immunodeficiency Virus (H.I.V.) or any variance including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC), except as provided for in Lifestyle Protection Benefits – Accidental H.I.V. Infection Benefit; or

15. claim to the extent that trade or economic sanctions or other laws or regulations prohibit the Insurer, its parent company or its ultimate controlling entity from providing the insurance.
How to Make a Claim

If you wish to make a claim the contact details are as follows:

E-mail: aus.ahclaims@chubb.com
Post: PO Box 20336 World Square PO NSW 2002

Notice of Claim

Report Within 30 Days of Loss
Any occurrence or loss which may give rise to a claim under this policy should be reported to us in writing within thirty (30) days or in any event, as soon as reasonably possible after the occurrence or loss. Failure to furnish us with notice within the time provided in the policy will not invalidate any claim but a failure to do so may result in us being prejudiced and may reduce our liability under the policy.

Proof of Loss
Written proof of loss must be given to us as soon as possible and, in any event, within thirty (30) days after we receive notice of your claim together with original copies of all relevant documentation. You or the insured person will, at your or their expense, provide us with such certificates, information and evidence as we may from time to time require, in a form prescribed by us.

Physical Examination and Autopsy
Provided that we give reasonable notice, we will be allowed to have any insured person medically examined or, in the event of an insured person's death, a post mortem examination carried out at our expense.

Claims Investigation
In the event of a claim, we may make any investigation we deem necessary, and both you and the insured person will cooperate fully with such investigation. Failure by you or the insured person to cooperate with our investigation may result in denial of the claim or cancellation of the policy.

Payment of Claim
The benefit for Section 4, Event 1 will be paid to you or as you direct. Unless otherwise specified in the policy, all other benefits will be payable to the insured person or as they direct. All such payments will be a discharge to us with respect to all claims under your policy.

Fraudulent Claims
If any claim under this policy is fraudulent in any respect, or if any fraudulent means or devices are used by you, the insured person, or anyone acting on your or the insured person's behalf to obtain benefits under this policy, we may, subject to law reduce our liability in respect of such claim or may refuse to pay the claim in whole or in part.

Processing and Payment of Claims
Subject to payment of the premium, we will take all reasonable steps to pay a valid claim promptly.

Making Claims After Your Policy is Cancelled
If your policy is cancelled effective from a particular date, this does not affect your rights to make a claim under your policy if the event occurred before the date that the cancellation became effective.

Commitment to Service
Chubb’s Internal Dispute Resolution Process is evidence of Chubb’s commitment to service. Chubb has established an Internal Dispute Resolution Panel to handle any unresolved complaints. It underscores Chubb’s commitment to acting fairly and honestly with its customers.

If you are not satisfied with any aspect of the service that you receive in relation to the Expatriate Medical Policy, we would appreciate you letting us know.

Our website can be visited at www.chubb.com/au or you can contact us on: O +61 2 9335 3200 F +61 2 9335 3411
About Chubb in Australia

Chubb is the world’s largest publicly traded property and casualty insurer. Chubb, via acquisitions by its predecessor companies, has been present in Australia for over 50 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages include Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities as well as Accident & Health, for a broad client base, including many of the country’s largest companies.

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

Contact Us

Chubb Insurance Australia Limited
ABN: 23 001 642 020 AFSL: 239687

Grosvenor Place
Level 38, 225 George Street
Sydney NSW 2000
O +61 2 9335 3200
F +61 2 9335 3411
www.chubb.com/au