

**COMBINED PRODUCT DISCLOSURE STATEMENT  
AND POLICY WORDING  
EXPATRIATE MEDICAL INSURANCE**

# EXPATRIATE MEDICAL EXPENSES

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# EXPATRIATE MEDICAL EXPENSES

## Introduction

This booklet consists of two parts:

1. Part 1 - Product Disclosure Statement (“PDS”)
2. Part 2 - Policy Wording

Where words or expressions used in have a special meaning, **We** have used the same terms in all parts of this document (unless stated otherwise). These defined terms are capitalised and their special meaning is explained in the Definitions section of the **Policy Wording**.

## Product Disclosure Statement (Part 1)

The purpose of this PDS is to help you understand the key features of the insurance and provide you with sufficient information to enable **You** to make an informed decision about whether to purchase it.

The PDS does not form part of the insurance contract between **You** and **Us**.

## Policy Wording (Part 2)

This part contains the terms, conditions, exclusions, limits and definitions of **Your** insurance policy. It also contains information about **Your** rights and obligations under the **Policy**.

When we issue the insurance to **You**, **You** will also receive a **Schedule** that describes what **We** have agreed to cover and other important information relating to **Your Policy**, including any applicable **Excess**, limits and sub-limits.

Before **You** decide to buy this insurance, please carefully read all three parts of this booklet.

If **You** purchase this insurance, **Your** policy will comprise of the **Policy Wording** contained in Part 2 of this document and the **Schedule We** issue to **You**, which shows details particular to **You** and **Your** coverage. **Your** policy is subject to the definitions, terms, conditions and limitations set out in the **Policy Wording**.

# EXPATRIATE MEDICAL EXPENSES

## Part 1: Product Disclosure Statement

The PDS contains important information about the features of the insurance, including costs, significant benefits, exclusions, conditions and other information, including your duty to take reasonable care not to make a misrepresentation or duty of disclosure, how to make a claim and **Your** cooling-off rights. It also describes **Our** commitment to the General Insurance Code and how **You** may contact us if **You** have a complaint.

While the PDS provides a summary of the significant **Benefits** and features of the insurance, **You** should also read the **Policy** wording to understand what **You** are and are not covered for. Exclusions should be read carefully as they will tell **You** what is not covered by the **Policy**.

**You** can also review the Target Market Determination ("TMD") for this product if you want to understand whether it is likely to be suited to **Your** needs. The TMD is available at <https://alliedworldinsurance.com/products/australia-accident-health/>

This PDS was prepared on 1<sup>st</sup> August 2025. The information in this PDS is current at the date of preparation. **We** may need to update some of the information in the PDS if certain changes occur and where required by law. If the change is material, **We** will arrange for **You** to be provided with a supplementary or new PDS to the email address recorded in our system. **We** may update some of the information in the PDS from time to time without needing to notify **You** (but only if it is not material information).

**You** can obtain a copy of any updated information by contacting **Us** at:

Allied World Assurance Company, Ltd (Australia Branch)  
Australia Square  
Level 21, 264- 278 George Street  
Sydney NSW 2000 Australia  
T: +612 8015 2500  
E: [info.australia@awac.com](mailto:info.australia@awac.com)

## About Allied World Assurance Company

Allied World Assurance Company, Ltd (Australia Branch) ABN 54 163 304 907 ("AWAC") AFS Licence No. 548668 is the insurer and issuer of the insurance policy and this PDS.

We are authorised to carry on insurance business in Australia under the *Insurance Act 1973* (Cth) and are regulated by the Australian Prudential Regulation Authority ("APRA") as an insurer.

## How you contact us

**You** may contact **Us** by phone, email or writing to us at the address below:

Allied World Assurance Company, Ltd (Australia Branch)  
Australia Square  
Level 21, 264- 278 George Street  
Sydney NSW 2000 Australia  
T: +612 8015 2500  
E: [auscompliant@awac.com](mailto:auscompliant@awac.com)

## Significant Features and Benefits

The information contained in this section is a summary of the **Benefits** available under the **Policy**. It is not exhaustive, and the cover is subject to conditions and exclusions. Please refer to the policy wording in Part 2 of this document for full details of the cover, terms, definitions, conditions, exclusions and limits that may apply for **You** to understand the coverage provided by this insurance.

The **Policy** offers the following coverage sections:

### Allied World Assistance

This section covers medical assistance and advice whilst an **Insured Person** is in their **Country of Assignment** or on **Home Leave**.

### Medical and Additional Expenses

This section covers medical expenses incurred for inpatient, outpatient and preventative medical expenses incurred. It also provides cover for maternity medical expenses, dental expenses and a specified list of ancillary medical expenses.

### Medical and Emergency Evacuation

This section covers expenses incurred as a result of medical evacuation and medical repatriation whilst an **Insured Person** is in their **Country of Assignment**. It also provides cover for pre and post-hospitalisation expenses for accommodation of the **Insured Person** as well as the travel and accommodation expenses for an accompanying person where required.

### Assistance Benefits

This section provides a variety of benefits to assist the **Insured Person** or the **Policyholder** in the event of a life altering circumstance, or significant personal inconvenience. This section also allows for extension of cover whilst an **Insured Person** is on **Home Leave**.

## When and how benefits are provided

The benefits provided under the policy are payable:

1. when an event occurs during the **Insurance Period** causing **You** to suffer loss or damage or incur legal liability; and
2. **We** have accepted **Your** claim.

After calculating the amount payable **We** will either:

1. use it to pay for benefits covered under the policy;
2. pay the person to whom **You** are legally liable; or
3. pay **You**.

## Cooling off

If **You** change **Your** mind about the policy, **You** have the right to cancel it within twenty-one (21) days of the date it was issued to **You** ("cooling off period"), unless **You** made a claim under the policy within the cooling off period. If **You** cancel it in this time, **We** will return the full amount **You** have paid and **Your** cover will end.

To cancel at other times, please refer to the cancellation clause found in the General Provisions of the **Policy Wording**.

## The amount you pay for this insurance

The amount **We** charge **You** for this insurance policy is called the 'premium'. It is the total amount that **We** calculate to cover the risk, plus GST and any relevant government charges (such as stamp duty). These amounts will be shown on **Your** policy schedule.

If **You** change **Your** policy during the **Insurance Period** (for example **You** choose to add or remove a cover option or additional benefit) and **We** agree to the change, **We** may need to adjust **Your** premium based on **Our** assessment of the risk. **You** may be entitled to a partial refund (if the change results in a reduction to the premium) or **You** may be required to pay an additional amount (if the change results in an increase to the premium). **We** will advise **You** if a change is likely to increase or reduce **Your** premium. If **You** request any change to cover and **We** don't agree to the change, then **We** will let **You** know and the **Policy** will continue unchanged.

### How various factors affect your premium

**We** consider a number of factors in calculating your premium. The key factors that affect your premium are estimated travel days, locations of travel, concentration of **Insured Persons** travelling together, declared activities whilst travelling, sum insured limits and claims history.

The amount of premium that **You** will pay will also depend on the information that **you** provide to **us** as well as other commercial factors. The annual premium payable by **You** will be shown in **Your Schedule**. Premiums are subject to applicable statutory taxes and charges.

### Excess

The **Excess** is the amount **You** must contribute towards the cost of any claim **You** make. If **We** agree to pay **Your** claim, the **Excess** will be deducted from the amount of the claim that is paid to **You**, or **You** may be asked to pay the **Excess** to a supplier, repairer directly or to **Us**.

### Duty not to misrepresent

Applicable when this **Policy** is sold as a consumer insurance contract.

When answering **Our** questions in the application form or providing **us** with information that is relevant to **our** decision to insure **You** and on what terms, **You** have a duty to take reasonable care not to make a misrepresentation to **Us**. This duty applies when **You** first apply for the policy, when **You** request changes to **Your** policy or at renewal.

**You** and other **Insured Person(s)** must answer **Our** questions with relevant and complete information, and **You** must not misrepresent any information that **You** give to **Us**. **You** have the same duty in relation to anyone else whom **You** want to be covered by the policy and before **You** renew, extend, vary or reinstate an insurance contract.

If **You** fail to comply with **Your** duty, and **We** would not have issued the policy for the same premium and on the same terms and conditions, **We** may be entitled to reduce **Our** liability under the policy in respect of any claim or **We** may cancel the policy.

If **Your** failure to comply with **Your** duty is fraudulent, **We** may refuse to pay a claim and treat the policy as never having been in existence.

### If you do not tell us something

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

### Your Duty of Disclosure

Applicable if this **Policy** is sold as a non-consumer insurance contract.

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

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

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

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

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

### **If you do not tell us something**

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

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

### **How to make a claim**

If an event has occurred which **You** believe has, or is likely to, give rise to a claim under the policy, **You** must notify us as soon as reasonably practicable after the damage, loss, or event, by contacting **us** using the contact details set out in this PDS.

More information about **Our** claims process, including any conditions that must be met for **Us** to assess **Your** claim, is available in the policy wording in Part 2 of this booklet. You should familiarise yourself with the conditions in order to avoid unexpected complications with a claim.

While **Your** claim is being processed, you must not do any of the following things:

1. Settle or attempt to settle or defend a claim;
2. Admit liability for any loss or legal liability; or
3. Incur any legal expenses without **Our** prior written consent.

### **Subrogation rights**

If **You** have a right to claim against a third party for a claim **You** made under this policy, **You** give **Us** **Your** rights to make that claim, except in the circumstances exempt under the law. **You** also give **Us** **Your** rights to conduct, defend or settle any legal action, which **We** would do at **Our** expense, and to act in **Your** name. This transfer of rights from **You** to **Us** is known as subrogation.

**You** must not do anything which prevents **Us** from enforcing these rights and to assist **Us** in this regard, **You** must provide us all the information and cooperation that **We** reasonably require.

In the event of a successful action against such a third party, **We** will be entitled to retain an amount from the sum recovered as would equal the original sum paid by **Us** to **You** plus **Our** costs of pursuing the claim. Should any **Money** be recovered in excess of this, it will be paid to **You**.

### **When there is more than one policyholder**

When there is more than one **Policyholder** noted on **Your Policy Schedule**, **We** may treat what any one of them says or does in relation to **Your** policy or any claim under it, as said or done by each of the insureds. **We** may rely on a request from one insured to change or cancel **Your** policy or tell **Us** where a claim payment should be paid.

There are, however, some exceptions to this. During the period of insurance, **We** might ask all joint policyholders before **We** action a request or direction in relation to **Your** policy (e.g. before **We** cancel **Your** policy, reduce **Your** cover or remove another policyholder). This way **We** can help protect the interests of all policyholders.

When **We** consider a claim under this policy, **We** will have regard to any prejudice suffered by **You** or any other person entitled to benefit under this policy in relation to that claim particularly where it is caused by mental illness of, substance abuse and/or an act of violence or intimidation by, another policyholder or person entitled to benefit under this policy. In doing this, **We** may meet the claim when **We** are not legally required to do so. If **We** do, **We** will limit the claim in relation to the person claiming to an amount which is fair in the circumstances. However, this does not apply if **We** are relying on **Our** legal right to reduce or refuse a claim due to a breach of the policy conditions or a failure to take reasonable care not to make a misrepresentation / comply with **Your** duty of disclosure as stated in **Your** policy.

## How we resolve your complaints

### Resolving your complaints

**We** are here to help so if **You** are not satisfied with any of **Our** products or services or the service or conduct of **Our** suppliers or agents, please tell **Us** and **We** Will do our best to resolve **Your** issues.

**We** take **Your** concerns seriously.

### Step 1 – Contact us:

If **You** have a complaint about **Our** products or services, please get in touch with the team or staff member looking after **Your** policy or **Your** claim. Their contact details are on **Your** policy documents **We** have issued to you. If **Your** complaint is not resolved to **Your** satisfaction or **You** do not wish to contact that person, **You** can:

Phone **Us** on +61 2 8015 2500

Write to **Us** at: [auscomplaints@awac.com](mailto:auscomplaints@awac.com)

If **You** choose to write to **Us**, please give **Us** as much detail as possible including the reference, policy or claim number, as well as any extra information **You** feel **We** may not already have.

When **You** first let us know about **Your** complaint or concern:

1. We will acknowledge receipt of **Your** complaint within one business day of receiving it or as soon as practicable and give **You** the name and relevant contact details of the person assigned to liaise with **You** about **Your** complaint;
2. It will be handled by a person who has the appropriate authority to deal with it, and
3. This person will review **your** complaint, consider the facts and contact **You** to resolve **Your** complaint as soon as possible.

Where **Your** complaint relates to a policy issued to a retail client, **Your** complaint will be handled by the applicable underwriting agent or third-party administrator authorised by **Us** to handle and settle **Your** complaint. If English is not **Your** first language and **You** require assistance to make a complaint, please contact **us** for assistance, where possible. If **You** have a speech or hearing impairment and need help to make or receive phone calls, **You** can contact the National Relay Service for assistance.

### Step 2 – Internal Dispute Resolution

If **Your** complaint is not resolved to your satisfaction, **You** can ask for **Your** complaint to be escalated for review by **Our** Internal Dispute Resolution (“IDR”) team. A member of our IDR team will review **Your** complaint independently and provide **You** with **Our** final decision in writing within 30 calendar days from the date **You** first made **Your** complaint.

Please note that if **We** have resolved **Your** complaint to **Your** satisfaction within five business days of **Our** receipt of **Your** complaint, and **You** have not requested that **We** provide **You** with a written response, **We** are not required to provide a written response unless **your** complaint relates to a declined claim, the value of a claim or financial hardship.

### Step 3 - External Dispute Resolution

If **We** are unable to resolve **Your** complaint to **Your** satisfaction or **We** fail to do so within 30 calendar days of receiving **Your** complaint or **You** are not happy with **Our** final IDR decision, **You** can in certain circumstances take your complaint to the Australian Financial Complaints Authority ("AFCA"). This is an independent external dispute resolution body and its service is free to **Our** customers. **We** have membership with AFCA and **You** must contact them within 2 years of receiving our final decision otherwise they may not be able to handle **Your** complaint.

**We** agree to accept the AFCA decision. **You** have the right to take legal action if **You** don't accept their decision.

You can contact AFCA by:

1. phoning: 1800 931 678
2. writing to: GPO Box 3, Melbourne Victoria 3001
3. email: [info@afca.org.au](mailto:info@afca.org.au)
4. visiting: [www.afca.org.au](http://www.afca.org.au)

AFCA is available to customers and third parties that fall within the Terms of Reference of AFCA.

### Financial Claims Scheme

This policy is a protected policy under the Federal Government's Financial Claims Scheme ("FCS") which is administered by APRA.

The FCS only applies in the extremely unlikely event of an insurer becoming insolvent and the Federal Treasurer making a declaration that the FCS will apply to that insurer. It is also subject to eligibility criteria.

The FCS entitles certain persons, who have valid claims connected with certain protected policies issued by that insurer to be paid certain amounts by APRA. Further information about the scheme can be obtained from the APRA website at [www.apra.gov.au](http://www.apra.gov.au) or on the APRA hotline on 1300 558 849.

### GST Implications

The policy wording has provisions relating to Goods and Services Tax ("GST").

In summary, if **You**:

1. are registered for GST; and
2. would be entitled to an input tax credit if **You** were to incur the cost to which a claim under this policy relates,

**We** will reduce any amount **We** pay under any such claim by an amount equal to **Your** input tax credit entitlement. This tax information is a general statement only. See **Your** tax adviser for information about **Your** specific circumstances.

### Privacy Notice

**Your** privacy is important to **Us**. **We** are committed to comply with the Australian Privacy Principles under the *Privacy Act 1988* (Cth).

## Purpose of collection

Personal information is information about **You** as an identifiable individual and includes facts or an opinion about **You** which identifies **You** or by which **Your** identity can be reasonably determined. The collection of **Your** personal information is essential to enable **Us** to conduct **Our** business of offering and providing **You** with **Our** range of financial products and services.

**We** collect personal information for the purposes of conducting **Our** insurance business and to provide **You** and manage insurance products and services, including to:

- identify **You** when **You** do business with **Us**,
- establish **Your** requirements and provide the appropriate product or service,
- consider and process **Your** application,
- vary, cancel and renew **Your** insurance,
- deal with and/or process any claims under **Your** policy, including settlement and to conduct necessary investigations,
- complete due diligence and background checks that are either required by law or regulation or have been put in place by **Us**,
- respond to **Your** queries and administer **Your** policy, including correspondence with **You**,
- investigate fraud, misconduct or any unlawful act or omission in relation to **Your** policy,
- enable **Us** to comply with **Our** legal obligations,
- for research and statistical purposes, including data analysis, improving **Our** financial products and services, and training and developing **Our** staff and representatives,
- for marketing (subject to applicable law) of other services provided by **Us**,
- any purpose directly related to the above.

## Consequences if personal information is not provided

If **We** request personal information about **You** and **You** choose not to provide it, **We** may not be able to provide **You** with **Our** services, including reducing **Your** cover, or settling **Your** claim.

## Disclosure

**We** use and disclose **Your** personal information for the purposes **We** collected it.

**We** may also use and disclose **Your** personal information for a secondary purpose related to the purpose for which **We** collected it, where **You** would reasonably expect **Us** to use or disclose **Your** personal information for that secondary purpose. In the case of sensitive information, any secondary purpose, use or disclosure will be directly related to the purpose of collection.

When necessary and in connection with the purposes listed above, **We** may disclose **Your** personal information to and/or collect **Your** personal information from:

- other companies within our corporate group,
- people who are involved in a claim or assist **Us** in investigating or processing claims, including third parties claiming under **Your** policy, witnesses and medical practitioners,
- where required or authorised under **Our** relationship with **Our** joint venture companies,
- information technology providers and other third-party service providers,
- intermediaries including a representative acting on **Your** behalf, other Australian Financial Services Licensee or **Our** authorised representatives and **Our** agents,
- where **You** are an insured person and not the policy holder, **We** will disclose to the policy holder,
- government, law enforcement or statutory bodies,
- AFCA,
- other insurers, financial institutions, insurance and claims reference agencies, credit agencies, loss assessors, financial or investigative service providers, and
- legal and other professional advisers.

## Disclosure overseas

There are also instances where **We** may have to send **Your** personal information overseas or collect personal information from overseas. These instances include:

- when **We** are authorised or required by law to do so,
- sending **Your** personal information to companies in the AWAC corporate group or **Our** reinsurers,
- when **We** have outsourced a business activity or function to an overseas service provider with whom **We** have a contractual arrangement,
- when **You** have asked **Us** to do so, or
- certain electronic transactions when it is necessary in order to facilitate a transaction on **Your** behalf.

**We** will only send **Your** personal information overseas or collect personal information about **You** from overseas for the purposes in this statement and in compliance with the privacy regime.

The countries to which **We** may disclose **Your** information include Bermuda, the United States of America, the United Kingdom, Ireland, Singapore, Malaysia, and Hong Kong.

## Privacy Policy

**Our** Australia Personal Data Privacy Statement contains information about how **You** can request access to any personal information that **We** hold about **You** and seek correction of any such information. It also contains information about how **You** can complain about **Our** handling of **Your** personal information, and **Our** complaint handling process.

A copy of the Australia Personal Data Privacy Statement is available on **Our** website at:

[www.alliedworldinsurance.com/australia](http://www.alliedworldinsurance.com/australia) or can be obtained by contacting **Us** by telephone at +61 2 8015 2500.

# EXPATRIATE MEDICAL EXPENSES

## Part 2: Policy Wording

### General Definitions

The following general definitions apply for the purpose of all Sections of the **Policy**.

**Accident** means a single physical event that occurs by chance and is caused by sudden, external and identifiable means that could not have been expected by the **Insured Person**. An **Accident** must occur both during the **Insurance Period** and the **Insured Person's Effective Period of Cover**.

**Accidental Death** means the death of an **Insured Person** as a result of a **Bodily Injury**.

**Act of Terrorism** means any planning, action or threat of action where the planning or action is done or the threat is made against persons or property with the intention of advancing a political, religious or ideological cause.

**Benefit(s)** means any numbered event or **Benefit** under this **Policy** to which an **Insured Person** of the **Policyholder** is entitled under this **Policy**.

**Bodily Injury** means an identifiable physical injury resulting solely and directly from an **Accident** and which occurs independently of any **Sickness** or any other cause, where the **Bodily Injury** and **Accident** both occur during the **Insurance Period** and the **Insured Person's Effective Period of Cover**, unless the **Takeover Provisions** have been met. It does not mean a **Sickness**.

**Civil War** means any armed opposition, insurrection, revolution, armed rebellion or sedition between two or more parties belonging to the same country or state where the opposing parties are of different ethnic, religious, political or idealistic groups.

**Colleague** means

1. a fellow **Employee** of the **Insured Person** whose duties and responsibilities directly affect the **Insured Person's** work; or
2. a business associate, who is not a fellow **Employee**, where the business relationship with the **Insured Person** necessitates the immediate return of the **Insured Person**,

but **Colleague** does not include any travelling companion.

**Country of Assignment** means the country in which the **Insured Person** is temporarily residing on a foreign business assignment, to conduct business on behalf of the **Policyholder** during the **Insurance Period**.

**Country of Residence** means the country of which the **Insured Person** is naturalised, a citizen, a permanent resident (e.g. in relation to which they hold a multiple entry visa or permit that gives the **Insured Person** resident rights in such country).

**Critical Bodily Injury/Sickness** means a life threatening Bodily Injury or Sickness, as certified by a Doctor, that was unknown and unexpected prior to commencement of the **Insured Person's** overseas assignment.

**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 nineteen (19) years of age, and living with the **Insured Person**; or under twenty five (25) years of age and are a full-time student at an accredited institution of higher learning and in either case, are primarily dependent upon the **Insured Person** for their maintenance and support.

This definition is also extended to include an **Insured Person's** unmarried children of any age who live with the **Insured Person** permanently and are deemed physically or mentally incapable of living independently without aid or supervision by a **Doctor** or suitably qualified agency and have been declared to and accepted by **Us**.

**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 **Relative** of the **Insured Person**; or
4. an **Employee** of the **Policyholder**.

**Effective Period of Cover** means the specified period for which an **Insured Person** has access to **Benefits** under the **Policy**. An **Insured Person's Effective Period of Cover** begins on the date the **Insured Person** is added to the **Policy** by **Us** at request of the **Policyholder** and ends on the earlier of:

- the time they cease to be an **Insured Person**;
- the time the **Policyholder** requests that such an **Insured Person** no longer has access to **Benefits** under the **Policy**; or
- the date the **Policy** ceases in accordance with the **Insurance Period** or date of cancellation.

Cover in respect of an **Insured Person's Spouse or Partner** and/or **Dependent Child(ren)** will end on the earlier of:

- the date that insurance cover in respect of the applicable **Insured Person** is terminated in accordance with the above; or
- 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**.

**Emergency Assistance Provider** means **Our** appointed travel and medical assistance provider or any other company that **We** engage to provide emergency assistance or security services.

**Employee** means any person in the **Policyholder's** service including full time, part time and casual workers, board members and directors (executive and non-executive), consultants, contractors, sub-contractors and/or self-employed persons undertaking work on the **Policyholder's** behalf.

**Excess** means the amount **We** will not pay in any one **Insurance Period** per claim (unless otherwise specified on the **Policy Schedule**), which the **Policyholder** or **Insured Person** is required to sustain themselves. The **Excess** amount will be stated in the **Policy Schedule** or this **Policy** in relation to each **Benefit**.

**Home Leave** means the period 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**.

**Insurance Period** means the period declared on the **Policy Schedule** or such shorter time if the **Policy** ends earlier in accordance with its terms or law. Each renewal results in a new contract and new **Insurance Period**.

**Insured Person** means any person who is shown in the **Policy Schedule** as an **Insured Person** and/or meets the eligibility criteria under this **Policy**, is nominated by the **Policyholder**, agreed to by **Us** and for whom **Premium** has been paid or agreed to be paid for. **Insured Person** includes the **Spouse or Partner** and/or **Dependent Child(ren)** residing with the **Insured Person** in the **Country of Assignment** where insurance for the **Spouse or Partner** and/or **Dependent Child(ren)** has been purchased.

**Money** means currency (excluding digital tokens and cryptocurrency), coins, bank notes, cheques, travellers cheques, postal orders and money orders, letters of credit, credit cards and other coupons in the possession or control of the **Insured Person**.

**Non-Scheduled Flight(s)** means travel in an aircraft whose flights are not conducted in accordance with fixed flying schedules, over specific air routes, to and from fixed terminals.

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

**Passive War** means a claim as the result of or contributed to by **War** or **Civil War** outside of an **Insured Person's** normal **Country of Residence** whilst the **Insured Person** is undertaking any **Journey**, and the **Insured Person** is not taking any active part in the **War** or **Civil War**.

**Policy** means the **Policy Wording**, the PDS, the current **Policy Schedule** and any other documents **We** may issue to the **Policyholder** that **We** advise will form part of the **Policy** (i.e. endorsement certificates and SPDs).

**Policyholder** means the named business, entity or individual specified on the **Policy Schedule**.

**Policy Schedule** means the current document labelled **Policy Schedule** that is issued alongside the **Policy Wording**.

**Policy Wording** means this document.

**Pre-Existing Condition** means any **Sickness**, disease, disability, **Bodily Injury**, syndrome or other condition, including any symptoms or side effects of these:

- that the **Insured Person** is aware, or a reasonable person in the circumstances would be expected to have been aware; or
- for which the **Insured Person** has sought or received medical attention, undergone tests or taken prescribed medication, in the twelve (12) months prior to the **Insured Person's Effective Period of Cover** unless the **Takeover Provisions** have been met.

**Premium** means the amount or applicable rate shown in the **Policy Schedule** that is payable in respect of the **Policy** by the **Policyholder**.

**Professional Sport** means any sport for which an **Insured Person** receives any fee, monetary reward or sponsorship as a result of their participation.

**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.

**Relative** means the **Insured Persons Spouse or Partner**, fiancé, child, stepchild, parent, parent-in-law, step-parent, brother, sister, brother-in-law, sister-in-law, daughter-in-law, son-in-law, half-brother, half-sister, step-brother, step-sister, niece, nephew, uncle, aunt, grandparent or grandchild.

**Sickness** means:

- any illness, disease, disability, syndrome or other condition suffered by the **Insured Person**, first occurring during the **Insurance Period** and the **Insured Person's Effective Period of Cover**, but does not include a **Bodily Injury** or **Pre-Existing Condition**, or;
- a **Sickness** suffered by the **Insured Person** first manifesting itself or being diagnosed before the **Insured Person's Effective Date of Coverage** where the **Takeover Provisions** have been met, provided always that the **Sickness** and its treatment were covered and accepted as being covered by the preceding policy issued by a **Recognised Health Provider** or by **Us**.

**Specialist** means a **Doctor** referred to or recognised by another **Doctor** as a specialist in their field of medicine to whom they have referred the **Insured Person** for treatment.

**Spouse or Partner** means an **Insured Person's** husband or wife and includes a de-facto life partner of any sex with whom the **Insured Person** has continuously cohabited for a period of three (3) months or more.

**Takeover Provisions** means that coverage under Sections 1, 2 and 3 of the **Policy** is extended to include all Pre-Existing Conditions including pregnancy, provided an **Insured Person** has been continuously insured with a **Recognised Health Provider** or **Us** in the twelve (12) calendar months immediately prior to becoming an **Insured Person**. Such cover shall not extend to any conditions or treatments that were not covered or were excluded under the **Insured Person's** previous insurance held with a **Recognised Health Provider** or **Us**.

**Waiting Period** means:

- the period of twelve (12) calendar months from the relevant **Insured Person's Effective Period of Cover** with respect to Section One (1) – Benefit Two (2) – Maternity Medical Expenses only;
- the period of thirty (30) days from the relevant **Insured Person's Effective Period of Cover** with respect to:

- Section One (1) – Benefit One (1) - Outpatient
- Section One (1) - Benefit 1.b - Outpatient Medical
- Section One (1) - Benefit 1.c - Preventative Medical
- Section One (1) - Benefit 3 - Dental Expenses
- Section One (1) - Benefit 4 - Extra Medical Expenses
- Section Three (3) - Assistance Benefits

during which no benefits are payable by **Us** under the **Policy** but does not apply where the **Takeover Provisions** have been met by the **Insured Person**.

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

**We/Our/Us** means the Australian branch of Allied World Assurance Company Ltd (ABN 54 163 304 907) ('Allied World') who is the insurer/issuer of the Policy.

**You/Your** means the **Policyholder** as specified on the **Policy Schedule**.

## Allied World Assistance

This **Policy** provides 24/7 medical assistance and advice during the **Insurance Period** whilst an **Insured Person** is in their **Country of Assignment** or on **Home Leave**, unless otherwise noted or endorsed to the **Policy Schedule**.

### Emergency Medical Assistance:

**Ph: +61 2 8015 2540**

If an **Insured Person** is in their **Country of Assignment** or on **Home Leave** and requires medical advice or assistance, call Allied World Assistance for:

### Medical Assistance:

- Medical Evacuation, Repatriation and hospital admissions
- Guarantee and settlement of medical expenses
- Access to doctors or nurses for medical advice
- Advice on the location of suitable medical clinics or other facilities
- Outpatient medical appointment bookings
- Inpatient medical monitoring
- Support and communication to employers, friends and family

## Section 1 | Medical and Additional Expenses

### Definitions applying to this Section

**Congenital Condition** 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 abnormal development, infection, heredity, or injury.

**Dentist** means a **Dentist** or **Specialist** who is registered or licensed to practice dentistry under the laws of the country in which they practice, and is not:

- the **Policyholder**;
- an **Insured Person**;
- a **Relative** of the **Insured Person**; or
- an **Employee** of the **Policyholder**.

**Emergency Dental** means charges made by a qualified **Dentist** or oral surgeon 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.

**Emergency Maternity Care means** emergency and/or complicated delivery charges (in addition to **Routine Maternity Care**) 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.

**General Dental** means charges made by a **Dentist** for examinations, scaling and cleaning, dental filling and restorations, diagnostic services, x-rays, injections and extractions of **Teeth**.

**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:

- the **Policyholder**;
- an **Insured Person**;
- a **Relative** of the **Insured Person**; or
- an **Employee** of the **Policyholder**.

**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:

- has organised diagnostic and surgical facilities, either on premises or in facilities available to the **Hospital** on a pre-arranged basis;
- provides twenty-four (24) hours a day nursing services by registered nurses;
- is under the supervision of a **Doctor**; and
- is not primarily a clinic, a place for custodial care, a place for the treatment of alcohol and/or drug addiction, a nursing, rest or convalescence home or home for the aged or similar establishment.

**Inpatient Medical** means charges incurred for a **Hospital** room and/or bed, anaesthesia and its administration, use of operating theatre, medicines, dressings, splints, plaster 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** not otherwise more specifically defined within the **Policy**.

**Newborn Congenital Conditions** means charges for the reasonable medical expenses incurred for the treatment of a congenital medical condition of an **Insured Person's** child from birth up to six (6) months of age who is eligible for cover under **Benefit (2) Maternity Medical Expenses**.

**Optical** means charges for eye examinations, spectacles and contact lenses as prescribed by the treating **Doctor** or **Specialist**.

**Outpatient Medical** means charges incurred for services provided to an **Insured Person** by a **Doctor** or **Specialist** outside of a **Hospital** for treatment of a **Bodily Injury** or **Sickness** not otherwise more specifically defined within the **Policy**.

**Prescribed Medicines** means medicines that 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.

**Preventative Medical** means charges incurred for diagnosis, treatment, x-ray or laboratory examinations for prevention of a **Sickness** as required by a **Doctor** or **Specialist** including but not limited to breast examinations, pap smears, prostate checks, skin cancer checks and associated **Doctor's** fees.

**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 & Psychotherapy** means expenses charged by a duly qualified **Psychiatrist, Psychologist** or **Psychotherapist** 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** 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**.

**Routine Maternity Care** 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).

**Routine Newborn Child Care** 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 **Benefit (2) Maternity Medical Expenses**.

**Special Dental** 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 orthodontic services.

**Tooth or Teeth** means a sound and natural permanent tooth or teeth, including capped or crowned teeth, but does not include first teeth, dentures, implants and dental fillings.

## Benefits applying to this Section

We will pay the actual, necessary and reasonable expenses incurred by an **Insured Person**, within their **Country of Assignment**, during the **Insurance Period** and an **Insured Person's Effective Period of Cover**, for the medical expenses described in the list of **Benefits** below:

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

up to the maximum amounts or sub-limited amounts shown in the **Policy Schedule** for this section.

## TABLE OF BENEFITS

### 1. Medical Expenses

The amounts shown in the Policy Schedule with respect to the Medical Expenses table of Benefits below are the maximum payable per Insured Person for any one (1) Insurance Period.

<b>Medical Expenses</b>
a. Inpatient Medical
b. Outpatient Medical
c. Preventative Medical

### 2. Maternity Medical Expenses

The amounts shown in the **Policy Schedule** with respect to the Maternity Expenses Table of **Benefits** below are the maximum payable per **Insured Person** for any one (1) pregnancy.

**Insured Persons** are only covered for Maternity Medical Expenses if:

- pregnancy commences during the **Insurance Period** and their **Effective Period of Cover** and no **Waiting Period** applies (or the **Waiting Period** has expired); or
- the **Takeover Provisions** have been met.

<b>Maternity Medical Expenses</b>
a. Routine Maternity Care
b. Emergency Maternity Care
c. Routine Newborn Child Care
d. Newborn Congenital Conditions

### 3. Dental Expenses

The amounts shown in the **Policy Schedule** with respect to the Dental Expenses Table of **Benefits** below are the maximum payable per **Insured Person** for any one **Insurance Period**.

<b>Dental Expenses</b>
a. Emergency Dental
b. General Dental
c. Special Dental

### 4. Extra Medical Expenses

The amounts shown in the **Policy Schedule** with respect to the Extra Medical Expenses Table of **Benefits** below are the maximum payable per **Insured Person** for any one **Insurance Period**.

<b>Extra Medical Expenses</b>
Acupuncture, Chiropractic, Osteopathy
Naturopathy, Homeopathy, Dietetics, Hypnotherapy

Physiotherapy
<b>Psychiatry, Psychology, Psychotherapy</b>
Speech Therapy
<b>Prescribed Medicines</b>
<b>Prosthesis, Hearing Aids</b>
<b>Optical</b>
Podiatry
<b>Rehabilitation &amp; Occupational Therapy</b>

### Conditions applying to this Section

In addition to the “General Conditions Applicable to all Sections of the **Policy**” the below conditions apply:

1. if an **Insured Person** sustains a **Bodily Injury** or **Sickness** during the **Insurance Period** and their **Effective Period of Cover** which that results in their return to their **Country of Residence**, **We** will pay, where permissible by law, those medical 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 or the expiry or cessation of this **Policy**, whichever occurs first.

### Exclusions applying to this Section

In addition to the “General Exclusions Applicable to all Sections of the **Policy**”, **We** will not be liable for any expense directly or indirectly caused by, arising from or incurred as a result of:

1. sexually transmitted diseases, assisted reproductive treatments, infertility treatments, sterilisation or abortion (unless certified necessary or critical by the treating **Doctor** or **Specialist**);
2. non-medical incidental services including but not limited to telephone, television, newspapers and the like;
3. **Newborn Congenital Conditions** diagnosed prior to the **Insured Person’s Effective Period of Cover**, unless otherwise covered under the **Benefit for Newborn Congenital Conditions**, or unless otherwise approved by **Us**;

## Section 2 | Medical & Emergency Evacuation

### Benefits applying to this Section

#### Medical & Emergency Evacuation

We will pay the actual, necessary and reasonable expenses incurred by an **Insured Person**, within their **Country of Assignment**, during the **Insurance Period** and an **Insured Person's Effective Period of Cover**, for the medical & emergency evacuation expenses described in the list of **Benefits** below including:

- Evacuation & Repatriation Expenses;
- Pre and Post-Hospitalisation & En-Route Accommodation Expenses; and
- Accompanying Person Accommodation Expenses;

up to the maximum amounts or sub-limited amounts shown in the **Policy Schedule** with respect to Medical & Emergency Evacuation, provided that prior to the expenses being incurred:

- contact is made and approval is granted by our **Emergency Assistance Provider** or **Us**
- 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

#### 1. Evacuation & Repatriation Expenses

The annual maximum sums insured for Section 2 - Evacuation & Repatriation Expenses are stated in the **Policy Schedule** and are the maximum payable per **Insured Person** for any one (1) **Insurance Period**.

- |   |
|---|
| a) Charges for economy airfares (where available) on a scheduled airline to transport the <b>Insured Person</b> to the nearest airport to the recommended hospital where the <b>Insured Person</b> will receive specialised treatment, surgery or post-operative supervision. This includes ground transport required from the airport to the nearest <b>Hospital</b> and return economy airfares (where available) to return the <b>Insured Person</b> to their <b>Country of Assignment</b> following evacuation. |
| b) Charges incurred to evacuate the <b>Insured Person</b> to the nearest <b>Hospital</b> for specialised treatment, surgery or post-operative supervision if a scheduled aircraft is not available and the <b>Insured Person</b> requires evacuation via the charter of an aircraft, air ambulance or any other available means of transport.   |
| c) Charges for a medically equipped road vehicle to transport the <b>Insured Person</b> to the nearest <b>Hospital</b> for specialised treatment, surgery or post-operative supervision.  |

#### 2. Pre and Post-Hospitalisation & En-route Accommodation Expenses

The annual maximum sums insured for Section 2 – Pre and Post-Hospitalisation & En-route Accommodation Expenses are stated in the **Policy Schedule** and are the maximum payable per **Insured Person** for any one (1) **Insurance Period**.

- |   |
|---|
| a) Charges incurred which are certified by the <b>Insured Person's</b> treating <b>Doctor</b> and/or <b>Specialist</b> as medically necessary for pre and post-hospitalisation periods whilst undergoing or waiting for medical tests and/or examination results. |
| b) Charges not recoverable from the airline for hotel accommodation where an <b>Insured Person</b> is required to stay overnight en-route to a <b>Hospital</b> due to airline schedule.   |

### 3. Accompanying Person Accommodation Expenses

The annual maximum sums insured for Section 2 –Accompanying Person Accommodation Expenses are stated in the **Policy Schedule** and are the maximum payable per **Insured Person** for any one (1) **Insurance Period**.

Charges for economy airfares (where possible) and reasonable hotel and accommodation expenses for any one adult for the period of hospital confinement of the <b>Insured Person</b> including pre and post-hospitalisation periods if the <b>Insured Person</b> is medically evacuated and their treating <b>Doctor</b> and/or <b>Specialist</b> certifies that it is medically necessary for an escort to accompany the <b>Insured Person</b> .
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Charges for the additional economy airfare (where possible) and reasonable hotel and accommodation expenses incurred for the period of hospital confinement of the <b>Insured Person</b> for one adult to accompany the <b>Insured Person</b> including pre and post-hospitalisation periods if the <b>Insured Person</b> is under eighteen (18) years of age and is medically evacuated.
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### Conditions applying to this Section

In addition to the “General Conditions Applicable to all Sections of the **Policy**” the below conditions apply:

1. **We** or **Our Emergency Assistance Provider** must be promptly notified of any potential claims under this Section;
2. the **Policyholder** or the **Insured Person** must advise **Us** or our **Emergency Assistance Provider** 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 **Our Emergency Assistance Provider** in good faith to any person not insured for those costs under the **Policy**; and
4. **We** reserve **Our** rights against the **Policyholder** or any **Insured Person** who does not make contact with **Us** or **Our Emergency Assistance Provider** and prejudices **Our** rights increasing the risk of damage, **Bodily Injury**, liability loss or **Sickness**.

### Exclusions applying to this Section

In addition to the General Exclusions Applicable to all Sections of the **Policy**, **We** will not be liable to pay loss, cost or expense directly or indirectly caused by, arising from or attributable to:

1. sexually transmitted diseases, assisted reproductive treatments, infertility treatments, sterilisation or abortion (unless certified necessary by the treating **Doctor** or **Specialist**);
2. non-medical incidental services including but not limited to telephone, television, newspapers and the like;
3. **Congenital Defects** diagnosed prior to the **Insured Persons Effective Period of Cover** unless otherwise approved by **Us**.

## Section 3 | Assistance Benefits

### Emergency Return Home

If during the **Insurance Period**, an **Insured Person's 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**, provided that prior approval has been obtained from **Us** or **Our Emergency Assistance Provider**.

**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 **Relatives** that their attendance is desirable in view of the serious nature of the condition and threat to the **Insured Person's** life.

### Home Leave

If, during the **Insurance Period**, 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 period of thirty (30) consecutive days any one stay and sixty (60) days in any one **Insurance Period**, provided always that the payment of such expenses is permissible by laws applicable in that country.

### Employee Replacement

Where an **Insured Person** is undertaking work on a foreign assignment and suffers a **Critical Bodily Injury** or **Critical Sickness** requiring repatriation to their **Country of Residence**, **We** will pay reasonable travel and accommodation expenses up to the amount shown in the **Policy Schedule** for a replacement **Employee** to complete any urgent unfinished business commitments provided such travel occurs within ninety (90) days of the **Insured Person's** repatriation.

### Repatriation & Funeral Expenses Benefit

If, during the **Insurance Period** and an **Insured Person's Effective Period of Cover**, the **Insured Person** is within their **Country of Assignment** and dies as a result of **Bodily Injury** or **Sickness**, **We** will reimburse the reasonable expenses incurred up to the amount shown in the **Policy Schedule** for:

- 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
- the cost of the **Insured Person's** funeral, burial or cremation and associated expenses;

provided that **We** or **Our Emergency Assistance Provider** are notified as soon as possible, and prior to the arrangement of any repatriation or funeral services.

# General Conditions Applicable to all Sections of the Policy

These general conditions and provisions apply to all covers and the **Policy** unless they are expressly stated not to apply in relation to the cover or the **Policy**:

## 1. Providing Proof of Loss

The **Insured Person** must keep documents they will need in case of a claim. These proofs may include, but not be limited to, substantiation of the **Insured Person's** earnings, receipts, statements or medical certificates relating to a claim, **Bodily Injury** reports, claim forms and any other relevant documentation which comes into **Your** or an **Insured Person's** possession.

## 2. Medical Examination or Postmortem

At **Our** expense, **We** will be entitled to have any **Insured Person** medically examined or in the event of death, a postmortem examination carried out. **We** will give the **Insured Person** or their legal representative reasonable notice of the medical examination or postmortem.

## 3. Reasonable Precautions

The **Policyholder** and **Insured Person** must take all reasonable care to prevent or minimise damage, **Bodily Injury**, liability, loss, **Accident** or **Sickness**, including complying with any law, by-law, ordinance or regulation that concerns the safety of persons or property.

## 4. Trade Sanctions

**We** will not be deemed to provide cover nor be liable to pay any claim or provide any **Benefit** under this **Policy** to the extent that the provision of such cover, payment of such claim or provision of such **Benefit** would expose **Us** to any sanction, prohibition or restriction, including under United Nations resolutions, or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, Australia, the United States of America or any applicable jurisdiction.

## 5. Aggregation

Should a **Benefit** be payable under this **Policy** that is also payable under any other **Policy** issued by **Us**, the **Benefit** will only be payable under one (1) **Policy**, which shall be the **Policy** with the highest **Benefit** amount.

## General Exclusions Applicable to all Sections of the Policy

No **Benefits** are payable under this Policy for any loss or expense that has been directly or indirectly caused by or arising out of any of the following:

1. **Bodily Injury** or **Sickness** that is intentional, deliberate, self-inflicted or caused by an **Insured Person**, including suicide or attempted suicide, whether sane, insane or under any mental distress;
2. A claim by an **Insured Person** who has attained the age of **seventy (70)**. This will not prejudice any entitlement to claim **Benefits** that have arisen or occurred on or before an **Insured Person** attained the age of seventy (70) years;
3. Any expense or ongoing expense incurred after an **Insured Person's** employment is voluntarily or involuntarily terminated with the **Policyholder**.
4. 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**), or gender affirming surgery or;
5. **Bodily Injury, Sickness** or other condition arising, or expense incurred, during the **Insured Person's Waiting Period**. This exclusion does not apply where the conditions of the **Takeover Provisions** have been met by the **Insured Person**;
6. A claim in respect of any amounts incurred after the **Insured Person** travelled against the advice of a **Doctor** or **Specialist**.
7. any fraudulent, dishonest, criminal or illegal act committed by the **Policyholder** or an **Insured Person** or any person the **Policyholder** or an **Insured Person** authorises to carry out such fraudulent, dishonest, illegal or criminal act;
8. **War, Civil War**, invasion, act of foreign enemy, rebellion, revolution, insurrection or military or usurped power in Australia or an **Insured Person's Country of Residence**;
9. an **Insured Person** flying in an aircraft or aerial device other than as a passenger in an aircraft licensed to carry passengers;
10. an **Insured Person** participating, training or taking part in **Professional Sport** of any kind;
11. the use of and in any way caused or contributed to by nuclear reaction, nuclear radiation or radioactive contamination;
12. a sexually transmitted disease, virus or infection
13. an **Insured Person** being diagnosed by a **Doctor** with a terminal condition prior to their **Effective Date of Cover**;
14. treatment or services covered in whole or in part by Medicare;
15. **Benefits** payable under:
  - a) any workers compensation legislation;
  - b) any transport accident legislation;
  - c) any government sponsored fund, plan or medical benefit scheme; or
  - d) any other insurance policy required to be effected by or under law
 but only to the extent to which the loss, damage, liability, **Event, Bodily Injury** or **Sickness** is in fact covered by one or more of these schemes.
16. treatment or services or the payment of such services that would be considered to be 'health insurance business' as defined in the *Private Health Insurance Act 2007* (Cth) and its regulations, or would be illegal or unlawful under any law in any jurisdiction, including under the *National Health Act 1953* (Cth) or the *Health Insurance Act 1973* (Cth);
17. professional or medical services rendered in any jurisdiction where **We** are prohibited by law from paying those expenses in that jurisdiction;
18. the loss or expense comprising a claim (or part of a claim) for **Benefits** that are recoverable from any other source.

19. any claim where the **Policyholder** or the **Insured Person**, or any of Your or the **Insured Person's** representatives refused to follow **Our** or **Our Emergency Assistance Provider's** reasonable instructions and directions in relation to that claim.

## General Provisions Applicable to all Sections of the Policy

### Policy Limit(s) Of Liability

**Our** maximum liability for all claims arising under this **Policy** during the Insurance Period shall not exceed the amount shown on the **Policy Schedule** against **Policy Limit of Liability**.

In the **Event** that claims are made under the **Policy** that exceed the above **Policy** Limit of Liability, **We** shall reduce the payments made with respect to each Insured Person in accordance with the **Policy** Limit of Liability.

**Our** maximum liability for all claims arising under the **Policy** during any one (1) **Insurance Period** relating to any one occurrence shall not exceed the amount shown in the **Policy Schedule** against Limit of Liability Any One Occurrence.

**Our** maximum liability related to anyone (1) event giving rise to a claim under the **Policy**

with respect to a Non-Scheduled Flight, shall not exceed the amount shown in the **Policy Schedule** against **Non-Scheduled Flight** Limit of Liability.

**Our** maximum liability related to anyone (1) event giving rise to a claim under the **Policy** with respect to **Passive War** shall not exceed the amount shown in the **Policy Schedule** against **Passive War** Limit of Liability Any One **Event**.

**Our** liability will cease at the end of the **Insurance Period**, irrespective of whether an **Insured Person** remains in their **Country of Assignment**.

### 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, **Bodily Injury**, liability, loss or **Sickness**. If **We** agree to the change, **We** will do so in writing and the **Policyholder** must pay **Us** any additional **Premium** **We** may require.

### Claim Notification

The **Policyholder** or **Insured Person** or any other person entitled to claim under this **Policy** (claimant) must give **Us** written notice of any occurrence which is likely to give rise to a claim within thirty (30) days or as soon as is reasonably practicable after the date of the occurrence. A claimant's failure to furnish **Us** with notice within the time provided in the **Policy** will not invalidate any claim, however **We** may reduce **Our** liability under the **Policy** to the extent to which **We** have suffered any prejudice due to such failure. The claimant must at their expense give **Us** such certificates, information and other documentation as **We** may reasonably require, and which are within the claimant's power to provide. **We** may at **Our** own expense have any claimant, who is the subject of a claim under the **Policy**, medically examined from time to time (so long as the frequency is not unreasonable in the circumstances).

### 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.

## 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 that reduces any such rights and must provide reasonable assistance to **Us** in pursuing any such rights. To the extent permitted by law, **We** may reduce **Our** liability for **Your** claim where **You** have agreed to exclude or limit **Your** rights to recover damages from another person in respect of a loss **You** suffer. **We** will have full discretion in the conduct, settlement or defence of any claim in the **Policyholder** or the **Insured Person's** name.

The amount recovered will be applied first to reducing the amount by which the **Policyholder's** or the **Insured Person's** loss exceeds the payment made by **Us**. Any balance remaining after the **Policyholder** or the **Insured Person** has been fully compensated for the loss, up to the amount **We** have paid to settle the claim (including **Our** legal fees for recovery), will be retained by **Us**.

In relation to any claim under the **Policy**, neither the **Policyholder** nor the **Insured Person** must not admit fault and must not offer or promise to pay any **Money** or become involved in litigation without **Our** approval.

## Breach of Conditions

If the **Policyholder** or an **Insured Person** is in breach of any of the conditions of the **Policy** (including a claims condition), **We** may decline to pay a claim to the **Policyholder** or **Insured Person** in breach if the claim is substantially affected by the breach, to the extent permitted by law.

## Assignment

**You** must not assign the **Policy**, or any rights under the **Policy**, without **Our** prior written consent by way of endorsement to the **Policy**.

## 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 as a result, for any of the reasons set out in Section 60 of the *Insurance Contracts Act 1984 (Cth)* by issuing a notice 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 less any government fees, taxes and duties **We** cannot recover. However, **We** will not refund any **Premium** if **We** have paid a claim or **Benefit** to **You** or an **Insured Person** under the **Policy**.

## Currency

All amounts shown are in Australian dollars, unless otherwise expressly stated on the **Policy Schedule**. 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.

## Governing Law and Jurisdiction

The **Policy** is governed by the laws of the Commonwealth of Australia. Any dispute relating to the **Policy** shall be submitted to the exclusive jurisdiction of an Australian Court within the State or Territory in which the **Policy** was issued.