



American Home Assurance Company
ABN 67 007 483 267
AFSL No 230903
Incorporated with Limited Liability in the USA
A Member of American International Group, Inc.

**POSTAL SERVICES
INDIVIDUAL INJURY/SICKNESS
INSURANCE POLICY**

**PRODUCT DISCLOSURE
STATEMENT AND POLICY WORDING**

This Policy is issued / insured by American Home Assurance Company

Melbourne: 549 St. Kilda Road, VIC 3004 (03) 9522 4000
Sydney: 220 George Street, NSW 2000 (02) 9240 1711
Brisbane: 10 Eagle Street, QLD 4000 (07) 3220 0700
Perth: 77 St. George's Terrace, WA 6000 (08) 9202 1366

**This document contains your Insurance Policy terms, Provisos,
Exclusions and Conditions. It is important that you read and
understand it and retain it in a safe place.**

A. HOW THIS INSURANCE IS ARRANGED

This insurance is issued/insured by:

American Home Assurance Company ('AHAC')
ABN 67 007 483 267
AFSL 230903
549 St. Kilda Road
Melbourne Vic 3004

American Home Assurance Company issues / insures this product pursuant to an Australian Financial Services Licence ('AFSL') granted to us by the Australian Securities and Investments Commission.

American Home Assurance Company prepares this **Product Disclosure Statement**.



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PRODUCT DISCLOSURE STATEMENT

1. WHAT IS THE PRODUCT DISCLOSURE STATEMENT?

The **Product Disclosure Statement ('PDS')** contains information about key benefits and significant features of this Individual Injury / Sickness Insurance.

The purpose of the PDS is to assist Your purchasing decision and ability to compare this product with other insurance. This document also contains important information about Your rights and obligations including Cooling Off.

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

Details about the product issuer can be found on the **page 2** of this document under '**How this insurance is arranged**'.

2. KEY BENEFITS OF YOUR POLICY

Various cover options are available to insure against a range of Events as outlined in the table below.

The level of cover available under the policy will vary according to Your age. Different benefit options are available between the ages of 18 and 65, and 66 and 75 years of age respectively.

SECTION	SECTION TITLE	BENEFITS	COVER OPTIONS
Section A	Capital Benefits	<p>A lump sum benefit payable in the event of Injury (as defined) resulting in Death, Permanent Total Disablement and specified Permanent Total Loss.</p> <p>Benefits are payable as a percentage of the Capital Sum as shown in the Table of Events in the Policy Wording.</p>	<p>Age 18 to 65</p> <p>Standard Cover includes a Capital Sum benefit of \$110,000.</p> <p>Age 66 to 75</p> <p>Standard Cover provides a Capital Sum benefit of \$60,000.</p>
Section B	Weekly Injury Benefit	Weekly Injury Benefit for Injury resulting in Temporary Partial Disablement or Temporary Total Disablement.	<p>Age 18 to 65 only</p> <p>Standard Cover includes a weekly benefit amount of up to \$850 per week or Income as defined whichever is the lesser.</p>
Section C	Weekly Sickness Benefit	Weekly Sickness Benefit, for Sickness (as defined) resulting in Temporary Total Disablement.	<p>Age 18 to 65 only.</p> <p>This cover is optional and not automatically provided under this policy.</p> <p>You can choose cover for a weekly benefit amount of up to \$850 per week.</p>

Benefits are not payable for more than one event under Section B or Section C in respect of the same period of time.

Compensation payable may be reduced if you are entitled to receive disability benefits under any Worker's Compensation, Transport Accident Act, ordinance or any legislation having a similar effect.

Cover is limited to the benefits and maximum sums insured listed in the **Policy Schedule** and is subject to the terms, conditions and exclusions in the **Policy Wording**.

3. IMPORTANT INFORMATION

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

1. The **Policy Wording** contains a **Definitions** section on **page 9** and **Conditions** that apply to this insurance on **page 11**.
2. **Special Provisions** apply to this **Policy Wording** that may impact upon the compensation payable. It is important that You carefully read the section of the **Policy Wording** titled '**Special Provisions-General**' and '**Special Provisions – Additional Benefits**' on **page 13** of the **Policy Wording**.
3. There are some circumstances where cover cannot be provided. These are covered in the **Policy Wording**. Please take special note of the **Exclusions** applicable to all sections of the policy listed on **page 12** of the **Policy Wording**.
4. An **Aggregate Period of 104 weeks** and a **Waiting Period** of 10 days applies to any claim arising under Sections B or C. This will be shown in the Policy Schedule.
5. **Age limits** apply to this policy. We will not be liable for any Event, which happens to an Insured Person unless at the date of the Event they have not attained age 65 in respect to Sections B and C, and age 75 in respect to Section A.
6. Cover is not provided in relation to **Pre-existing Conditions** unless the **Take Over Provision** applies. Details are provided in the **Policy Wording** on page 13 under **Special Provisions – General**.
7. This **PDS** and **Policy Wording** booklet also contains important information about the rights and obligations of insured persons including information about Privacy and the General Insurance Code of Practice.

4. COSTS

Premiums based upon the State in which you reside and payable on an annual basis are outlined in the table below. The premium amount shown includes government charges such as Stamp Duty and GST.

Standard Cover – Age 18 to 65

Cover	Benefit Level (Up To)	ACT, NT, VIC, WA	QLD	SA	TAS	NSW
Section A – Capital Benefits	\$110,000	\$234.00	\$228.00	\$236.00	\$229.00	\$223.00
Section B – Weekly Injury Benefits	\$850 per week					

Additional Optional Benefits – Age 18 to 65 only

Cover	Benefit Level (Up To)	Age Band	ACT, NT, VIC, WA	QLD	SA	TAS	NSW
Section C – Weekly Sickness Benefit	\$850 per week	Up to 30	\$475.00	\$464.00	\$479.00	\$466.00	\$453.00
		31 to 40	\$514.00	\$503.00	\$519.00	\$505.00	\$491.00
		41 to 50	\$662.00	\$647.00	\$668.00	\$650.00	\$632.00
		51 to 60	\$1,074.00	\$1,049.00	\$1,084.00	\$1,054.00	\$1,025.00
		61 to 65	\$1,234.00	\$1,206.00	\$1,245.00	\$1,212.00	\$1,178.00

The total premium cost is calculated by adding the cost of the Standard Cover to the cost of any additional optional benefits you select.

For the purpose of calculating the total cost of your policy, the age you are at the commencement date of the policy period shall be considered your age until the next renewal date.

For example, if you are a resident of NSW and select to purchase the optional cover under Sections C in addition to the standard cover offered and are aged between 31 and 40, the total premium will be:

Standard Cover	\$223.00
Section C - \$850 per week	<u>\$491.00</u>
TOTAL COST	<u>\$714.00</u>

Standard Cover – Age 66 to 75

Cover	Benefit Level (Up To)	ACT, NT, VIC, WA	QLD	SA	TAS	NSW
Section A – Capital Benefits	\$60,000	\$234.00	\$228.00	\$236.00	\$229.00	\$223.00

Additional Optional Benefits are not available to Insured Persons between the ages of 66 and 75.

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

Waiting Period

A Waiting Period is a period of time following an Event for which no Compensation is payable. A period of 10 days applies to all claims arising under Sections B and C.

5. COOLING OFF PERIOD

You have 14 days after the day You receive this Policy to check that the Policy and benefits meet Your needs. This is known as the Cooling Off Period. Within this Period You may cancel the Policy and receive the full refund of all premiums paid.

To cancel Your Policy during the Cooling Off Period, please send us:

- Your written request to cancel the Policy; and
- The Policy document.

The Cooling Off Period ceases if You make a claim before the 14 day Cooling Off Period has expired.

6. HOW TO MAKE A CLAIM

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

A claim needs to be submitted with original supporting documentation such as doctor's reports, receipts, and where requested, additional Proof of Loss. A claim should be delivered to the address shown on the outside cover of this document. In the event of a claim under some policy sections, a Waiting Period may apply.

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

7. CODE OF PRACTICE

The Insurance Industry has developed a General Insurance Code of Practice. This aims to raise the standards of practice and service in the Insurance Industry and it includes the following:

- When You lodge a claim We will tell You in plain language what information We need and how You should go about making Your claim.
- We will respond promptly to any request You make for assistance with Your claim and it will be considered and assessed promptly.

8. DISPUTE RESOLUTION

We are committed to handling any complaints about Our products or services efficiently and fairly.

If you have a complaint:

1. Contact Willis and they may raise it with us.
2. If your complaint is not satisfactorily resolved You may request that Your matter be reviewed by management by writing to:

**The Compliance Manager
American Home Assurance Company
549 St Kilda Road, Melbourne
VICTORIA 3004**

3. If You are still unhappy, You may request that the matter be reviewed by Our Internal Dispute Resolution Committee ("Committee"). We will respond to You with the Committee's findings within 15 working days.
4. If You are not satisfied with the finding of the Committee, You may be able to take your matter to an independent dispute resolution body, Insurance Ombudsman Services Limited (IOS). This external dispute resolution body can make decisions with which AHAC are obliged to comply.

Contact details are:

Insurance Ombudsman Services Limited

Phone: 1300 780 808

Email: ios@insuranceombudsman.com.au

Internet: www.insuranceombudsman.com.au

PO Box 561, Collins St West Post Office,
Melbourne, VIC 8007

9. PRIVACY CONSENT AND DISCLOSURE

American Home Assurance Company (AHAC) is a wholly owned subsidiary of the American International Group (AIG). AHAC has adopted the General Insurance Information Privacy Code ("the Code"). The Code applies to any personal information collected by AHAC.

PURPOSE OF COLLECTION

AHAC collects information necessary to underwrite and administer Your insurance cover, to maintain and to improve customer service. You have a duty under the Insurance Contracts Act to disclose certain information. Failure to comply with Your Duty of Disclosure or to provide certain information may result in AHAC either declining cover, cancelling Your insurance cover or reducing the level of cover.

In the course of administering your Policy we may disclose Your information to:

- (a) Another member of the AIG group of companies either in Australia or overseas;
- (b) Contractors or third party providers providing services related to the administration of Your Policy;
- (c) Banks and financial institutions for the purpose of processing Your Application and obtaining Policy payments;
- (d) In the event of a claim, assessors, third party administrators, emergency providers, and medical providers.

We will only disclose Your personal information to these parties for the primary purpose for which it was collected. In some circumstances AHAC is entitled to disclose Your personal information to third parties without Your authorisation such as law enforcement agencies or government authorities.

ACCESS TO YOUR INFORMATION

You may gain access to Your personal information by a written request to AHAC.

In some circumstances, AHAC may not permit access to Your personal information. Circumstances where access may be denied include where it would compromise the privacy of other individuals, or where it would be unlawful.

AHAC has also established an internal dispute resolution process for handling customer complaints and an access and correction procedure. Both procedures are generally free of charge however we reserve the right to charge for access requests in limited circumstances.

If you feel you have a complaint about AHAC's Information Privacy Principles, require assistance in lodging a privacy complaint or you wish to gain access to the information, you may write to The Privacy Manager, American Home Assurance Company, 549 St Kilda Road, Melbourne, or e-mail australia.privacy.manager@aig.com. Your complaint will be reviewed and you will be provided with a written response. If it cannot be resolved, your complaint will be referred to AHAC's Internal Disputes Resolution Committee who will respond within 15 working days. In either case the matter will be reviewed by a person or persons with appropriate authority to deal with the complaint.

Should your complaint not be resolved by AHAC's internal dispute resolution process, you may take your complaint to the Insurance Ombudsman Services Privacy Compliance Committee. This service is free of charge to you and the Committee has the power to investigate complaints and recommend appropriate action to AHAC to remedy your complaint. The Privacy Compliance Committee may refer a complaint to the Privacy Commissioner or another code adjudicator where it is more appropriate to do so. A person aggrieved by a determination made by the Privacy Compliance Committee may apply to the Privacy Commissioner for review of the determination.

THE POLICY WORDING

IMPORTANT POLICY MATTERS

The Insured Person has made to Us a written Application and Declaration which together with all accompanying information shall be the basis of this contract and be considered as incorporated herein. In consideration of the payment of the Premium, and subject to the Conditions, Special Provisions and memoranda contained in, endorsed or attached to this Policy, if during the Policy Period any of the Events specified in The Policy Schedule shall happen to the Insured Person We will pay The Compensation specified in the Policy Schedule in the manner hereafter described.

EXPOSURE

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

DISAPPEARANCE

If Your body has not been found within one year after the date of the disappearance, sinking or wrecking of the conveyance in which You were travelling at such date, We will assume that You died as the result of Injury and will pay The Compensation specified under Section A, Event 1 of this Policy.

PRE-EXISTING SICKNESS

No claim shall be reduced or denied on the grounds that a Sickness or disease, the presence of which was then unknown to You, had existed prior to the commencing date of the first Policy Period unless such Sickness or disease is excluded from coverage under the Policy.

AGE LIMITS

We will not be liable for any Event, which happens to an Insured Person unless at the date of the Event they have not attained age 65 in respect to Sections B and C, and 75 in respect to Section A.

DEFINITIONS

1. **We/Our/Us/Insurer** means American Home Assurance Company - ABN 67 007 483 267.
2. **You/Your/Insured Person/Insured** means the person named on the Policy Schedule.
3. **Policy Period** means the period specified in The Policy Schedule, or any subsequent period in respect of which the Insured shall have paid and We shall have accepted the premium required for the renewal of this Policy as provided in Condition 4.
4. **Injury** means a physical injury caused by a violent, external and visible means which occurs fortuitously whilst this insurance is in force and which results solely, directly and independently of any pre-existing condition, unless the Take-Over provision applies, or other cause in any of the Events specified in the Policy within twelve (12) consecutive months from the date of its occurrence.
5. **Sickness** means sickness or disease contracted while the Policy is in force (being after the commencement of the Policy Period) , unless the Take Over Provision applies, and which results solely and directly and independently of any other cause in Total Disablement, provided such Total Disablement occurs during the Policy Period and continues for a period of not less than seven days from the date of commencement of medical treatment by a legally qualified medical practitioner.
6. **Total Disablement** means that as a result of Injury or Sickness You are wholly and continuously prevented from engaging in Your usual occupation, or any other occupation for which You are reasonably qualified by experience, education or training, and are under the regular care of and acting in accordance with the instructions or professional advice of a registered and legally qualified medical practitioner other than Yourself.

7. **Permanent** means lasting twelve (12) consecutive months and at the expiry of that period being beyond hope of improvement.
8. **Partial Disablement** means disablement which prevents You from carrying out a substantial part of the normal duties of Your usual business or occupation or any other occupation for which You are reasonably fitted by experience, qualification or training.
9. **Permanent Total Disablement** means Total Disablement which has continued for twelve (12) consecutive months from the date of Injury which caused Your disablement and at that time is certified by a legally qualified medical practitioner as being beyond hope of improvement and entirely preventing You forever from engaging in any business, profession, occupation or employment for which You are reasonably qualified by training, education or experience.
10. **Limb** means any part of the arm between the shoulder and wrist, or the leg between the hip and ankle.
11. **Fingers or Toes** means the digits of a hand or foot.
12. **Income** means the average of Your weekly income net of Business Expenses but before personal deductions and income tax, earned from personal exertion in Your usual business, profession, occupation or employment for the number of weeks so engaged during the twelve (12) month period immediately preceding Injury or Sickness resulting in any of the Events covered by this Policy, excluding bonuses, commissions, overtime payments or other allowances.
13. **Business Expenses** means Employees salaries and costs directly related to salaries, including but not restricted to: superannuation, accident or workers' compensation premium, payroll tax and other amounts payable under various awards and regulations, rent or mortgage interest payment, electricity, heating and water, laundry, cleaning, gas, telephone, property rates, leasing of equipment or automobile.

Other expenses normal and customary in the conduct and operation of Your business allowable for income tax purposes..

BUT DOES NOT INCLUDE:

Personal salary, fees, drawings account or any other remuneration for:

- (a) Yourself or Your replacement;
- (b) the replacement of any person who is not Your employee;
- (c) the cost of goods, wares, merchandise of any nature; the cost of the implements of Your profession, business or occupation other than as covered above.

14. **War** means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
15. **Terrorist Act** means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or committing of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist Acts.

Terrorism shall also include any act, which is verified or recognised by the (relevant) government as an act of terrorism.

16. **Waiting Period** means the period commencing with the first day of Total or Partial Disablement for which medical treatment was sought in respect of Injury or Sickness and for which no Compensation is payable.
17. **Aggregate Period** means the maximum period for which a claim is payable.
18. **Pre-Existing Condition(s)** means any condition for which within the twelve (12) consecutive months period prior to Your Effective Date of Coverage:
 - a) You have consulted a Doctor or Specialist; or
 - b) You received treatment or advice for treatment or medication or were prescribed medication; or
 - c) the manifestation of symptoms would have caused a reasonable person to seek medical advice;

- d) have been recommended to continue or to commence any medical treatment or medication after Your Effective Date of Coverage

CONDITIONS

1. **Complying With Policy Conditions**

The due observance and fulfillment of the terms of this Policy and the truth of the statements and answers in the Application, and in any statements and medical evidence required from You in connection with this Insurance, shall be conditions precedent to Our liability to make any payment under this Policy.

2. **Change of Occupation**

You shall give immediate written notice to Us of any changes in Your occupation and shall pay an additional premium if applicable. No claim shall be payable in respect of any Injury arising out of or in the course of an occupation of greater risk than the occupation disclosed in Your application unless We have agreed to the change.

3. **Fraud**

Any fraud, mis-statement or concealment by You either in the Application on which this insurance is based or in relation to any other matter affecting this insurance or in connection with the making of any claim thereunder may give Us the rights provided for in the *Insurance Contracts Act 1984*, including where appropriate the right to reduce or refuse payment of any claim or to cancel or avoid the Policy contract.

4. **Policy Renewal**

This Policy may be renewed with Our consent from term to term, by payment of the Premium in advance at Our Premium rate in force at the time of renewal. Each renewal shall be a new Policy contract between You and Us.

5. **Individual Terminations**

The Insurance of any Insured Person will immediately terminate on the earliest of the following dates:

- (a) on the date this Policy is terminated;
- (b) on the date that such Insured Person leaves or is dismissed from their employment or is retired or pensioned;
- (c) on the date such Insured Person ceases to be eligible for Insurance hereunder.

6. **Cancellation**

- (a) This Policy may be cancelled by You at any time by giving Us written notice, in which case We will retain the proportion of the premium calculated at Our usual short term rates for the period the Policy was in force.
- (b) This Policy may be cancelled by Us if You or the Insured Person have been in breach of any of its Terms or Conditions or in accordance with Sections 59 and 60 of the *Insurance Contracts Act 1984*, in which case We will refund the proportion of the premium for the unexpired Policy Period.

7. **Claims Procedure**

- (a) Written notice must be given to Us at any of Our offices in Australia within thirty (30) days after the occurrence of any Event in respect of which a claim has arisen or may arise.
- (b) All certificates and evidence required by Us shall be furnished at the expense of the Insured or any claimant hereunder and shall be in such form and of such nature as We shall prescribe.
- (c) You shall as often as reasonably required submit to medical examination on Our behalf and at Our expense.
- (d) We shall in the case of Your death be entitled to have a post-mortem examination at Our expense.

8. **Report of Claim Forms**

We will, upon receipt of a notice of claim furnish such forms as are usually required by Us for filing Proof of Loss. If these forms are not furnished by Us within fifteen (15) days after receiving notice You shall be deemed to have complied with the requirements of this Policy as to Proof of Loss upon submitting, within the time fixed in the Policy for filing Proof of Loss, written proofs covering the occurrence, the character and the extent of the Event for which claim is made.

9 **Proof of Loss**

Written proof of loss must be furnished to Us at Our office within ninety days after the date of the Event. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to do so, provided that the proof is furnished as soon as is reasonably possible and in no event except in the absence of legal capacity, later than twelve (12) months from the time it would normally be required.

10. **Time of The Payment of Claim**

Compensation other than periodic payment will be paid immediately upon receipt of due written proof of the Event. Periodic payment will be paid monthly, after the Waiting Period.

11. **Subrogation**

We have the right to commence or take over legal proceedings in Your and/or the Insured Person's name for the defence or settlement of any claim, or to sue or prosecute any other party to recover any monies payable by them at law. You and the Insured Person must co-operate with Us and do nothing to hinder Our rights.

12. **Australian Law**

This Policy is governed by the Laws of the Australian State or Territory it was issued in and any dispute or action in connection therewith shall be conducted and determined in Australia.

13. **Tax Or Imposts**

Where We believe We will become liable for any tax or other imposts levied by any commonwealth or state government, authority or body in connection with this Policy, We may reduce, vary or otherwise adjust any amounts (including but not limited to premiums, charges and benefits), under this Policy in the manner and to the extent We determine to be appropriate to take account of the tax or impost.

EXCLUSIONS

This Policy shall not apply to any Event directly caused by or resulting from:

1. War, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power.
2. The intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act.
3. Any Terrorist Act.
4. (a) You being a pilot or crew member of any aircraft; or
(b) You engaging in any aerial activity except as a passenger in any properly licensed aircraft.
5. Intentional self-injury, suicide, or criminal or illegal act of the Insured Person who is the subject of the claim.
6. Sickness arising out of pregnancy, childbirth or miscarriage for the first twelve (12) consecutive months from the date of commencement of medical treatment by a legally qualified medical practitioner in respect of such sickness.
7. Sexually transmitted disease, or Acquired Immune Deficiency Syndrome (A.I.D.S.) disease or Human Immunodeficiency Virus (H.I.V.) infection.
8. You participating in any sport on a professional basis.
9. Any Pre-Existing Condition(s), unless otherwise provided for under the Take Over Provision.

SPECIAL PROVISIONS – GENERAL

1. The Compensation is payable under Section A, Event 1 to Your Estate any other Compensation payable under the Policy shall be payable to You.
2.
 - (a) Compensation shall not be payable for more than one of the Events listed in Section A in respect of the same Injury;
 - (b) any Compensation payable for Events 2 to 19 listed in Section A shall be reduced by any Compensation already paid under Events 20 and/or 21 in Section B ;
 - (c) should You sustain Injury which results in any one of Events 2 to 8 described in Section A there shall be no further liability under the Policy for Injury sustained thereafter;

PROVIDED ALWAYS that if You become entitled to Compensation under any one of the Events listed in Section A (other than Event 1) You may elect to receive Compensation either under that Event or under Events listed in Section B.

3. Compensation shall not be payable:
 - (a) Under more than one of Events 20 and/or 21 in Section B or Event 22 and/or Event 23 in Section C of the Policy Schedule in respect of the same period of time.
 - (b) Under Events described in Section B and/or Section C in excess of the Aggregate Period shown against such Events in respect of any one Injury or Sickness.
 - (c) Unless You shall as soon as possible after the happening of any Injury or Sickness giving rise to a claim under the Policy procure and follow proper medical advice from a legally qualified medical practitioner.
 - (d) Compensation under Sections B and C shall not be payable beyond the date You attain 65 years of age or Your normal retiring age which ever is the earlier.
4. The Compensation payable under Events 20 to 23 shall be limited to the amount insured or Your weekly Income whichever is the lesser. If You are entitled to receive disability benefits under any Workers' Compensation, Transport Accident Act, ordinance or any legislation having a similar effect, in respect of the same Injury or Sickness, then the Compensation payable under Events 20 to 23 shall be reduced by the amount necessary to limit the total of all such payments and/or Compensation to Your Income.

The Compensation payable shall only be reduced by the amount actually received under any Workers' Compensation or Transport Accident legislation, however derived.

5. If, as a result of Injury or Sickness Compensation is payable under Section B and C and if, while the Policy is in force, You suffer recurrence of Total or Partial Disablement from the same or related cause or causes, the subsequent period of Total or Partial Disablement will be deemed a continuation of the prior period unless between such periods You have performed the duties of Your occupation on a full-time basis for at least six consecutive months, in which event such Total or Partial Disablement shall be deemed the result of a new Injury or Sickness and subject to a new Waiting Period and Aggregate Period.
6. Take Over Provision: Exclusion nine (9) does not apply in the case where an Insured Person's Pre-Existing Condition is currently or immediately prior to taking this cover was covered under the previous QBE policy. For the avoidance of doubt, the intention of this clause is to ensure continued cover in respect of an existing condition, where the Insured Person was covered immediately prior to inception of this Policy either because the previous insurer had specifically accepted him/her for such cover, or by virtue of the fact that the Pre-Existing Condition was first diagnosed or became apparent after the effective date of insurance under the previous policy. Subject to the terms, conditions and exclusions of the AHAC Policy.

SPECIAL PROVISIONS - ADDITIONAL BENEFITS

1. **Rehabilitation Expenses**

We will pay after the happening of an Event listed in Section B or C of this Policy expenses incurred for tuition or advice from a licensed vocational school, provided such tuition or advice is undertaken with Our prior agreement and the agreement of Your attending physician.

Compensation under this provision will be limited to the actual costs incurred not exceeding \$500 per month and will be payable for a maximum of six months.

2. **Escalation of Claim Benefit**

After payment of the Compensation under Section B or C continuously for twelve (12) consecutive months, and again after each subsequent period of twelve (12) consecutive months during which Compensation is paid, the Compensation will be increased by 5 percent compound.

TABLE OF EVENTS

SECTION A – CAPITAL BENEFITS

Cover under this Section is included only for the Events specified in the Policy Schedule. The Compensation for each Event is payable as a percentage of the Capital Sum Insured shown in the Policy Schedule.

THE EVENTS	THE COMPENSATION
Injury as defined, resulting in:	
1. Death	100%
2. Permanent Total Disablement	100%
3. Permanent and incurable total paralysis of all Limbs	100%
4. Permanent Total Loss of sight of both eyes	100%
5. Permanent Total Loss of sight of one eye	100%
6. Permanent Total Loss of use of two Limbs	100%
7. Permanent Total Loss of use of one Limb	100%
8. Permanent Total Loss of the lens of both eyes	100%
9. Permanent Total Loss of the lens of one eye	50%
10. Permanent Total Loss of hearing in:	
(a) both ears	75%
(b) one ear	15%
11. Third degree burns and/or resultant disfigurement received from fire or chemical reaction which extend to cover more than 40% of the entire external body	50%
12. Permanent Total Loss of use of four Fingers and thumb of either hand	70%
13. Permanent Total Loss of use of four Fingers of either hand	40%
14. Permanent Total Loss of use of one thumb of either hand	
(a) both joints	30%
(b) one joint	15%
15. Permanent Total Loss of use of Fingers of either hand	
(a) three joints	10%
(b) two joints	7%
(c) one joint	5%
16. Permanent Total Loss of use of Toes of either foot	
(a) all – one foot	15%
(b) great – both joints	5%
(c) great – one joint	3%
(d) other than great, each Toe	1%
17. Fractured leg or patella with established non-union	10%
18. Shortening of leg by at least 5cm	7%
19. Permanent Partial Disablement not otherwise provided for under Events 5 to 18 inclusive	<p>19. Such percentage of the Capital Sum Insured which corresponds to the percentage reduction in whole bodily function as certified by not less than three (3) legally qualified medical practitioners one of whom shall be the Insured Person's treating doctor and the other two (2) as nominated by Us. In the event of a disagreement between them the percentage awarded shall be the average of the three (3) opinions. Limited to a maximum of 75% of the capital sum insured</p>

SECTION B – WEEKLY INJURY BENEFIT

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

THE EVENTS

THE COMPENSATION

Injury as defined, resulting in:

20.	Temporary Total Disablement	20.	During such Disablement the amount per week specified in the Policy Schedule or Income as defined whichever is the lesser. Subject to Special Provision - General 4.
21.	Temporary Partial Disablement	21.	During such Disablement, the difference between 85% of the amount payable in Event 20 and the actual amount earned during such period of partial disablement per week.

SECTION C – WEEKLY SICKNESS BENEFIT

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

THE EVENTS

THE COMPENSATION

Sickness as defined, resulting in:

22.	Temporary Total Disablement	22.	During such Disablement the amount per week specified in the Policy Schedule or Income as defined whichever is the lesser. Subject to Special Provision - General 4.
23.	Temporary Partial Disablement	23.	During such Disablement, the difference between 85% of the amount payable in Event 22 and the actual amount earned during such period of partial disablement per week.