



AJG Group

Personal Accident

QBE Insurance (Australia) Limited

Product disclosure Statement and policy wording



Dated: 24/06/2015

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Introduction

We understand how important it is to be comfortable with your cover so we are glad you chose QBE to take care of your insurance. As the largest Australian owned general insurer and reinsurer, we have been taking care of the Insurance needs of Australian's since 1886. Safe, strong and secure, you can be confident you've made a great choice.

Inside, you will find the information you need to know about the Policy. We explain what the Policy covers, information about excesses and importantly, how to make a claim.

Remember, whether you call us for a quote, or to report a claim, or to change your details, you can rely on our friendly team to help you.

Thankyou for making QBE your first choice.

About this booklet

This booklet is a Product Disclosure Statement (PDS) and is also the Policy Wording. Other documents may comprise the PDS and we will tell you if this is the case in the relevant document.

This booklet has two (2) parts: Important Information to help you understand the insurance, and the Policy Wording, which sets out terms and conditions of the cover provided. It is up to you to choose the cover you need. Any advice in this booklet is general in nature only and has not considered your objectives, financial situation or needs. You should carefully consider the information provided having regard to your personal circumstances to decide if it is right for you.

Updating our PDS

We may update the information contained in this PDS when necessary. A paper copy of any updated information is available to you at no cost by calling us. We will issue you with a new PDS or a supplementary PDS, where the update is to rectify a misleading or deceptive statement or omission, which is materially adverse from the point of view of a reasonable person deciding whether to obtain or renew this insurance.

For more information

Please take the time to read through this booklet and if you have any questions or need more information, please contact:

- your financial services provider



About QBE Australia

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 23545 is a member of the QBE Insurance Group Limited ABN 28 008 485 014 (ASX: QBE). QBE Insurance Group is Australia's largest international general insurance and reinsurance group, and one of the top 25 insurers and reinsurers worldwide. The company has been operating in Australia since 1886 and continues to provide insurance solutions that are focused on the needs of policyholders.

QBE is a respected name in Australian insurance, backed by sizable assets, and well known as a strong and financially secure organisation.

Important Information

The Information provided in this section includes high level information about the Policy including privacy, our dispute resolution process, how to make a claim and other relevant information.

The Policy Wording section sets out the detailed terms, conditions and exclusions relating to the Policy.

This Policy may be accompanied by a Policy Schedule which will set out the specific terms applicable to the cover.

Group policy arrangements: About your right to access cover

This Policy is a group policy which the insured has entered into with QBE for the period of insurance.

Access to each cover is provided to you if you meet the eligibility criteria specified (referred to as insured persons or you). The access to the benefit of cover under the Policy is provided to you solely by operation of section 48 of the *Insurance Contracts Act 1984* (cth).

You have no right to cancel or vary the Policy – only the Insured (as the contracting insured) and can do this. If the policy is cancelled or varied by us, we do not need to obtain your consent to do so.

We also do not provide you with any notices in relation to this Policy as you are not a contracting insured. We only send notices to the insured which is the only entity we have contractual obligations to.

You are not obliged to accept any of the benefits of this Policy but if you wish to make a claim under any section, you will be bound by the terms, conditions, limitations and exclusions set out in the Policy.

Neither we nor the insured hold the cover(s) or the benefits provided under the Policy on trust or for your benefit or on your behalf.



The insured does not:

- act on behalf of us or you in relation to the Policy;
- provide, and is not authorised to provide, any financial product advice, recommendations or opinions about the Policy or any cover; and
- receive any remuneration or other benefits from us.

If you are seeking to access the benefit of the Policy, you should consider obtaining advice as to whether it is appropriate for your needs from a person who is licensed to give such advice.

Nothing prevents you from entering into other arrangements regarding insurance.

To confirm if you have access to the Policy, and its currency, please refer to the section titled 'for more information' at the front of this booklet.

Privacy

All companies in the QBE Group are committed to safeguarding your privacy and the confidentiality of your personal information. QBE collects only that personal information from or about you for the purpose of assessing your application for insurance and administering your insurance policy, including any claim made by you. QBE will only use and disclose your personal information for a purpose you would reasonably expect. We will request your consent for any other purpose.

Without this personal information we may not be able to issue insurance cover, administer your insurance or process your claim. Our aim is to always have accurate and up-to-date information. When you receive a Policy Schedule, Certificate of Insurance, Renewal or other document from us, you should contact us if the information is not correct.

QBE uses the services of a related company located in the Philippines to provide Call Centre sales and claims handling, accounting and administration services to QBE in Australia.

QBE or our authorised agent may collect or disclose your personal information from or to:

- any person authorised by you;
- a mail house, records management company or technology services provider (for printing and/or delivery of mail and email, including secure storage and management of our records). These companies may be located or the records stored using 'Cloud' technology overseas, including in India, Ireland, USA or the Netherlands.
- a financier whose name appears on your Policy Schedule (for the purpose of confirming the currency of your Policy or when you have a claim and the insured property is a total loss, to confirm if the financier has a current interest).
- an organisation that provides you with banking facilities (for the purpose of arranging direct debit or other payment transactions or confirming payments made by you to us).
- a financial services provider or our agent who is arranging your insurance (for the purpose of confirming your personal and insurance details).



- another person named as a co-insured on your Policy (for the purpose of confirming if full disclosure has been made to us).
- another insurer (to obtain confirmation of your no claim bonus or to assess insurance risks or to assist with an investigation).
- our reinsurer that may be located overseas (for the purpose of seeking recovery from them).
- A dispute resolution organisation such as the Financial Ombudsman Service (for the purpose of resolving disputes between QBE and you or between QBE and a third party).
- A company to conduct surveys on our behalf for the purpose of improved customer services; and
- An insurance reference bureau (to record any claims you may make upon us).

In addition to the above, in the event of a claim, QBE or our authorised agent may disclose your personal information;

- to a repairer or supplier (for the purpose of repairing or replacing your insured items).
- to an investigator, assessor (for the purpose of investigating or assessing your claim).
- to a lawyer or recovery agent (for the purpose of defending an action by a third party against you or recovering our costs including your excess or seeking a legal opinion regarding the acceptance of a claim);
- to a witness to a claim (for the purpose of obtaining a witness statement).
- to another party to a claim (for the purpose of obtaining a statement from them or seeking recovery from them or to defend an action by a third party).

Personal information (about you) may also be obtained from the above people or organisations.

In addition we will;

- give you the opportunity to find out what personal information we hold about you and when necessary, correct any errors in this information. Generally we will do this without restriction or charge, and
- provide our dispute resolution procedures to you, should you wish to complain about how we handle your personal information.

To obtain further information about our Privacy Policy or to request access to or correct your personal information, please email:

compliance@qbe.com. To make a complaint please email:
complaints@qbe.com.



Significant benefits and Features

We believe the most significant benefits of this Group Policy are that it offers cover resulting from an injury:

The Insured may select the following types of cover;

- Section A – Capital benefits

The cover selected by the Insured will be shown on the Policy Schedule .

The Policy provides:

- lump sum payments (if the Insured has chosen cover for capital benefits) for accidental death and other listed conditions; and
- periodic payments (if the Insured has chosen cover for weekly benefits – injury, to replace income that is lost following an accident

Significant risks

This product may not match your expectations

This product may not match your expectations (for example, because an exclusion applies). You should read the PDS and the Policy Wording carefully. Please ask your financial Services provider if you are unsure about any aspect of this product.

The Policy will not cover some health problems you had before cover commenced. Health problems not covered are those that are chronic or we think are likely to recur.

The sum insured may not be adequate

The insured has selected a sum insured to provide cover for your losses in the event you make a claim. You should establish whether or not the sum insured chosen is adequate for your needs from a person who is authorised to give you this advice.

If the insured has selected a sum insured for 'Weekly benefits' – Injury which is more than the earnings you stand to lose, your periodic payments will be capped to the weekly sum you actually lose.

Taxation implications

There may be other taxation implications affecting you, depending upon your own circumstances. We recommend that you seek professional advice.



How to make a claim

Full details of what you must do for us to consider your claim are provided in the general conditions of this booklet and in the AJG Group Personal Accident Policy (AJG Gov GPA Wording 2015-2016). To make a claim under this Policy please contact your financial services provider.

The General insurance Code of Practice

QBE Insurance (Australia) Limited is a signatory to the General Insurance Code of Practice.

The Code aims to;

- promote more informed relations between insurers and their customers;
- improve consumer confidence in the general insurance industry;
- provide better mechanisms for the resolution of complaints and disputes between insurers and their customers; and
- commit insurers and the professionals they rely upon to higher standards of customer service.

Dispute Resolution

We will do everything possible to provide a quality service to you. However, we recognise that occasionally there may be some aspect of our service or a decision we have made that you wish to query or draw to our attention. We have a complaints and dispute resolution procedure which undertakes to provide an answer to your complaint within fifteen (15) working days.

If you would like to make a complaint or access our internal dispute resolution service please contact your nearest QBE office and ask to speak to a dispute resolution specialist. If you are not happy with our answer, or we have taken more than fifteen (15) working days to respond, you may take your complaint to the Financial Ombudsman Service (FOS), an ASIC approved external dispute resolution body.

FOS resolves certain insurance disputes between consumers and insurers and will provide an independent review at no cost to you. QBE is bound by the determination of FOS but the determination is not binding on you.

Financial Claims Scheme

This Policy is a protected policy under the Financial Claims Scheme (FCS), which protects certain insureds and claimants in the event of an insurer becoming insolvent. In the unlikely event of QBE becoming insolvent you may be entitled to access the FSC, provided you meet the eligibility criteria.

More information may be obtained from APRA – www.apragov.au or 1300 55 88 49.



Policy Wording

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035. AFS Licence No. 239545 of 2 Park Street, Sydney NSW 2000.

This Policy

This Policy is made up of three separate documents being;

- this PDS and Policy Wording
- the AJG Group Personal Accident Policy (AJG GOV GPA Wording 2015-2016) and
- the Policy Schedule (which is referred to in this PDS as a Policy Schedule).

You must read these documents together because they set out the terms, conditions, limits and exclusions which apply to any claim which you make.

General conditions

These general conditions apply to all sections of this Policy. These general conditions apply in addition to any conditions which are set out in the AJG Group Personal Accident Policy AJG Gov GPA Wording 2015-2016.

A Claim may be refused

We may refuse to pay or reduce the amount we pay under a claim if you do not comply with the Policy conditions or if you make a fraudulent claim.

Contribution

If at the time of any loss, damage or liability there is any other Insurance (Whether effected by you or by any other person) which covers the same loss, damage or liability you must provide us with any reasonable assistance we require to make a claim for contribution from any other Insurer(s).

Preventing our right of recovery

If you have agreed not to seek compensation from another person who is liable to compensate you for any loss, damage or liability which is covered by this Policy, we will not cover you under this Policy for that loss, damage or liability.

Providing proof

You must be able to prove to us that you have suffered a loss that is covered by this Policy before we will pay you for it. We may ask you for this proof if you make a claim under this Policy. So that your claim can be assessed quickly you should keep the following:

- documents which substantiate your earnings, and
- any medical certificates that relate to your claim.



General exclusions

These general exclusions apply to all sections of this Policy. These general exclusions apply in addition to any exclusions which are set out in the AJG Group Personal Accident Policy AJG Gov GPA Wording 2015-2016.

This Policy excludes loss, damage, destruction, death, injury, illness, liability, cost or expense of any nature directly or indirectly caused by, contributed to by, resulting from, arising out of or in connection with any of the following, regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

1. war, invasion, acts of foreign enemies, hostilities or war-like operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power while the original insured person is serving in any capacity whatsoever, whether in the armed forces, or while taking an active part in any occurrence as stated above.
2. radioactivity or the use, existence or escape of any nuclear fuel, nuclear material, or nuclear waste or action of nuclear fission or fusion.

This Policy also excludes any loss, destruction, damage, death, injury, illness, liability, cost or expense of any nature directly or indirectly caused by, contributed to by, resulting from or arising out of or in connection with any action taken in controlling, preventing, suppressing, retaliating against, or responding to or in any way relating to 1 or 2 above.

Private Health Insurance exclusion

We will not pay any benefit under any section of this Policy which are considered to be 'health insurance business' as defined in the *Private Health Insurance Act 2007* (cth) and its regulations.

Sanctions limitation and exclusions clause

You are not insured under any section of this Policy where a claim payment breaches any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Australia, the European Union, United Kingdom or United States of America.



GROUP PERSONAL ACCIDENT POLICY

2015 - 2016



Arthur J. Gallagher
BUSINESS WITHOUT BARRIERS™

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GROUP PERSONAL ACCIDENT POLICY

Information about your policy

Part 1 of the policy is set out in three sections.

1. what we will pay
2. what we will not pay
3. compensation tables

Please note that there are other things that are not covered and which are shown in Part 2.

Our agreement with you

This policy is a legal contract between you and us. You pay us the premium and we insure you and the insured persons against loss as set out in the policy.

Australia Law

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

Your Duty Of Disclosure

Before you enter into this Contract of Insurance you have a duty under the Insurance Contracts Act, 1984 to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the Insurance and if so on what terms. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate this Contract.

Your duty however, does not require disclosure of matters:

1. that diminish the risk to be undertaken by us
2. that are of common knowledge
3. that we know or in the ordinary course of our business ought to know
4. as to which compliance of your duty is waived by us

Non-Disclosure

If you fail to comply with your duty of disclosure or make a misrepresentation, we may be entitled to reduce our liability under the Contract in respect of a claim, or may cancel the Contract. If your non-disclosure is fraudulent we may also have the option of avoiding the Contract from the beginning. If you are not sure that something is relevant, it is best to disclose it anyway. Also, be sure to notify us of any changes which affect your Policy.

Effective Date of Individual Insurance

The insurance of any insured person (as specified in the Schedule) will become effective on the latest of the following dates:

- (a) on the commencing date of the period of insurance;
- (b) on the date such insured person becomes eligible for insurance hereunder;
- (c) where a proposal is required by us on the date of our acceptance of the insured person's written proposal.



Who can cancel this policy

(a) If you are not satisfied with any aspect of this policy, we will refund the premium in full and cancel it from the commencement date of the period of insurance if:

- (i) the policy is returned to us within fourteen (14) days of the commencement date of the period of insurance, and
- (ii) nothing has happened to give rise to a claim.

(b) The policy may be cancelled by you at any other time by notifying us in writing and we will refund the premium for the unexpired period of insurance. It is your responsibility to inform the insured persons.

(c) We may cancel this policy for any of the reasons set out in Section 60 of the Insurance Contracts Act 1984 (Cth) and in accordance with Section 59 of the Insurance Contracts Act 1984 (Cth).

Upon cancellation of the policy by us, we will refund the premium for the unexpired period of insurance

Definitions

Words with special meanings

“Aggregate limit of liability” means:

(a) the maximum amount we will pay for all claims (except those referred to under (b) below) arising during any one Period of Insurance.

(b) the maximum amount we will pay for all claims arising during any one Period of Insurance relating directly to air travel in aircraft whose flights are not conducted in accordance with fixed Schedules to and from fixed terminals over established routes.

The aggregate limits are shown on the policy Schedule.

If this amount is not enough to pay all claims in full, then we will reduce each insured persons benefit proportionately.

“Compensation” means the amount of benefit shown in the Compensation Tables of this Policy.

“Dependant Children” means the unmarried dependant children of the insured person who are:

(a) over 6 months of age and under 19 years of age, or

(b) under 25 years of age while they are full time students at an accredited institution of higher learning;

and at the time of the event giving rise to a claim under Part 1 Capital Benefits, Spouse and Dependant Children Benefit of this policy, are primarily dependant on the insured person for maintenance and support. Dependant children includes step or legally adopted children.

“Illness” means any illness or disease which first occurs during the period of insurance and on or after the insured persons effective date of individual insurance.

“Injury” means bodily injury resulting from accident and which is not an illness and which

(a) occurs during the period of insurance and on or after the insured persons effective date of individual insurance, and

(b) within 12 months of the injury, results solely and independently of any other cause (including any pre- existing physical or congenital condition) in the events covered under this policy and

(c) includes any condition resulting from exposure to the elements whether as a result of injury or not.

“Insured person” means any person described in the Schedule as an Insured Person.

“Loss” in connection with a limb or part of a limb means physical severance or permanent loss of use.

“Partial disablement” means disablement as a result of injury that prevents an insured person from carrying out a substantial part (more than 50%) of all the normal duties of their usual occupation, business or profession.

“Paraplegia” means total paralysis of both legs and part or whole of the lower half of the body.

“Period of Insurance” means the period shown in the Schedule.

“Permanent” means continuing for at least twelve consecutive months and which at the end of that time is certified by a registered and legally qualified medical practitioner (who is not the insured person or a family member of the insured person) as likely, in all probability, to continue for life.



“Quadriplegia” means total paralysis of both legs and both arms.

“Schedule” means the Policy Schedule

“Spouse” means the husband or wife or any de-facto marital partner of the insured person who has continuously lived with the insured person for at least 3 calendar months prior to the event giving rise to a claim under Part 1 Capital Benefits, Spouse and Dependant Children Benefits of this policy.

“Total Disablement” means total disablement as a result of injury that entirely prevents an insured person from

(a) carrying out all the normal duties of their usual occupation, business or profession, or

(b) where they are engaged in more than one occupation, business or profession, all of them.

“We” “Our” “Us” means the insurer shown in the Schedule.

“You” “Your” means the insured shown in the Schedule.

PART 1 - CAPITAL BENEFITS

What we will pay

We will pay amounts set out in the compensation tables in this section of the policy in respect of an insured person if the payable conditions shown are a result of injury.

What we will not pay

We will not pay for any claim under this section of the policy if the claim arises directly or indirectly out of any of the following:

- (a) Illness, except illness directly resulting from medical or surgical treatment rendered necessary by such injury;
- (b) Suicide or attempted suicide;
- (c) See also Part 2.

Capital Benefits

Any payable condition claimed under Capital Benefits must occur within 12 months of the date of injury;

- (a) Any Capital Benefit payable shall be reduced by any amount of any other capital benefit we have paid or are liable to pay in connection with the same injury;
- (b) Any Capital Benefit payable under this section will be reduced by any amounts paid under the Disappearance Capital Benefit;
- (c) The maximum amount we will pay for any one event involving more than one insured person is the aggregate limit of liability shown in the Schedule. If this amount is not enough to pay all claims in full, then we will reduce each insured person's benefit proportionately.

Compensation Table - Capital Benefits

#	PAYABLE CONDITION	COMPENSATION PAYABLE
1	Death	100%
2	Permanent Total Disablement	100%
3	Permanent Paraplegia	100%
4	Permanent Quadraplegia	100%
5	Permanent unsound mind to the extent of legal incapacity	100%
6	Permanent and incurable paralysis of all limbs	100%
7	Permanent total loss of the entire sight of one or both eyes	100%
8	Permanent total loss of hearing in both ears	100%
9	Permanent total loss of use o both hands	100%
10	Permanent total loss of use of both arms	100%
11	Permanent total loss of use of both feet	100%
12	Permanent total loss of use of both legs	100%
13	Permanent total loss of use of one hand and one foot	100%
14	Permanent total loss of use of one hand and one arm	100%
15	Permanent total loss of use of one foot and one leg	100%
16	Permanent total loss of the lens of one eye	50%
17	Permanent total loss of the hearing in one ear	50%
18	Permanent total loss of use of four fingers and thumb of either hand	75%
19	Permanent total loss of use of four fingers of either hand	40%
20	Permanent total loss of use of one thumb of either hand, both joints	20%
21	Permanent total loss of use of one thumb of either hand, one joint	15%
22	Permanent total loss of use of a finger, three joints	10%
23	Permanent total loss of use of a finger, two joints	8%
24	Permanent total loss of use of a finger, one joint	5%
25	Permanent total loss of use of all toes on one foot	15%
26	Permanent total loss of use of the great toe, both joints	5%
27	Permanent total loss of use of the great toe, one joint	3%
28	Permanent total loss of use of other toe, (each toe)	1%
29	Third degree burns and/or resultant disfigurement which covers more than 40% of the entire external body	50%
30	Loss of at least 50% of all sound and natural teeth, including capped or crowned teeth, but excluding first teeth and dentures (to \$10,000 in total for all teeth)	1%
31	Shortening of leg by at least 5cm	7.5%
32	Permanent Total Disablement not otherwise provided	The percentage we determine as being consistent with the Compensation provided in this table but not exceeding 75%

Additional Capital Benefits

Any payable condition claimed under Additional Capital Benefits must occur within 12 months of the date of injury;

Compensation Table – Additional Capital Benefits

Broken Bones Additional Capital Benefit is \$2,000 or any other amount stated in the Schedule.

#	PAYABLE CONDITION	COMPENSATION PAYABLE
1	Neck, skull or spine	100%
2	Hip	75%
3	Jaw, pelvis, leg ankle or knee	50%
4	Cheekbone or shoulder	30%
5	Arm, elbow or wrist	10%
6	Nose or collarbone	20%
7	Foot or hand	5%
8	In the case of an established non-union of any of the above breaks, an additional	5%

Lifestyle Modification Additional Capital Benefit

If an insured person is paid a capital benefit under any of payable conditions 2, 4, 5, 7, 8, 11, 12, 13 and 16 we will also pay for the cost necessarily incurred by the insured person in modifying:

- (a) their motor vehicle or
- (b) their home or
- (c) in relocating to a suitable home

up to a maximum of 80% of the cost incurred or \$10,000 or any other greater amount stated in the Schedule, whichever is the lower amount.

This benefit is only payable:

- (a) where the modification/relocation are undertaken with our prior written agreement and the agreement of the insured persons attending physician; and
- (b) in respect of one residence or vehicle only.

Disappearance Capital Benefits

If an insured person disappears and after twelve calendar months it is reasonable for us to believe they have died due to an insured injury, we will pay the death benefit accordingly, subject to receipt of a signed undertaking by you that any such compensation shall be refunded if the insured person is later found to be alive.

Spouse and Dependant Children Benefit

If the insured person suffers a work related injury which results in death we will pay the following amounts in addition to the compensation payable on the life of the insured person:

1. Surviving spouse benefit - \$5,000 or any other amount stated in the Schedule:
2. Dependant children benefit - \$5,000 or any other amount stated in the Schedule for each dependent child to a maximum of \$15,000 or any other amount stated in the Schedule.

Out of Pocket Expenses Benefit

If the insured person suffers a work related injury which directly results in otherwise unforeseeable expenses for clothing, medical aids (not including electronic devices) and local transportation for the purpose of seeking medical treatment, we will pay the actual and reasonable costs of up to \$200 per week for a period of no more than 52 weeks, provided those cost are not insured elsewhere in this policy or for which a Medicare benefit is payable.

Domestic Home Help Benefit

If the insured person suffers a work related injury for which a doctor certifies that the insured person is unable to carry out domestic duties, we will pay the actual and reasonable costs of hiring domestic help of up to \$200 per week for a period of no more than 52 weeks, provided that the domestic help is not carried out by the insured person's own family, friends or other close relatives nor by a person permanently residing with the insured person.

Social Functions Benefit

It is agreed that participants who may have completed or left a work experience activity are covered under this policy when they are attending or travelling to and/or from a social function that is deemed by the applicable Department to be a part of that activity.

Accidental H.I.V Infection Benefit

We will pay to the insured person compensation of \$25,000 or any other amount stated in the Schedule if the insured person accidentally contracts the Human Immuno-deficiency Virus (H.I.V) infection:

- (a) as a direct result of injury caused by a physical and violent bodily assault by another person on the insured person while he or she is covered under this policy; or
- (b) as a direct result of the administering of medical treatment provided by a registered and legally qualified medical practitioner or registered nurse of an insured person's covered injury while he or she is insured under this policy.

Special Conditions Apply to This Benefit

1. Compensation will only be payable if the insured person is positively diagnosed within 180 days of the event giving rise to the H.I.V. infection.
2. Compensation shall not be payable unless any event leading to or likely to lead to a positive diagnosis of H.I.V. is reported to us and medical tests are carried out by a registered and legally qualified medical practitioner no more than forty eight (48) hours from the time and date of the event giving rise to the H.I.V. infection.
3. The medical tests (to be made by recognised laboratory and clinical tests) carried out in connection with this Benefit must prove conclusively that the insured person was not H.I.V. positive at the time and date of the event giving rise to the H.I.V. infection. No compensation is payable if you or the insured person fail to comply with or to provide the required level of proof.

Non Medicare Medical Expenses Benefit

If an insured person sustains a bodily injury, we will pay the non Medicare medical expenses incurred by the insured person up to 100% of the actual costs to a maximum of \$20,000, provided the event giving rise to the bodily injury occurs when an insured person is engaging in the undertaking of an activity that is part of an employment, education, training or youth program, or initiative, administered or funded by the Australian Commonwealth Government, including specialist employment services for people with disabilities (where a law of a State or Territory relating to workers' compensation does not apply) including travel to and from.

Definitions applicable to Non Medicare Medical Expenses Benefit

Non Medicare medical expenses means expenses that are not subject to any full or partial Medicare rebate nor recoverable by the insured person or by the policyholder from any other source and are incurred and paid by the insured person or the policyholder on the insured person's behalf within twenty-four (24) calendar months of the insured person sustaining bodily injury for treatment certified necessary by a doctor to a registered private hospital, physiotherapist, chiropractor, osteopath, nurse or similar provider of medical services, excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth, excluding dentures, and is caused by bodily injury.

Non Medicare medical expenses does not mean any or part of any expenses for which a Medicare benefit is paid or is payable including the balance of monies due or payable by the insured person after deduction of any Medicare benefit or rebate from the actual expense incurred (commonly referred to as the "Medicare gap")

Condition applicable to Non Medicare Medical Expenses Benefit

The benefit amount payable will be reduced by any expense recoverable by the insured person or by the policyholder from any other insurance, scheme or plan providing medical, physiotherapy or similar coverage or from any other source except for the excess amount recoverable from such other insurance/plan or source.

Exclusions applicable to Non Medicare Medical Expenses Benefit

In addition to the General Exclusions applicable to all policy sections, we will not be liable to pay any loss, cost or expense which would result in us contravening the Health Insurance Act 1973 (Cth) or the National Health Act 1953 (Cth) or the Private Health Insurance Act 2007 (Cth) or any other succeeding legislation to those Acts; for any event occurring where an insured person is not engaging in the undertaking of an activity as detailed above.

PART 2 - EXCLUSIONS

Things that are not covered by any part of the policy

We will not pay for any claim under any section of the policy if the claim arises directly or indirectly out of any of the following:

1. War whether declared or not, invasion or civil war.

NOTE: This exclusion shall not apply to an injury sustained as a result of hijacking, riot, strike or civil commotion.

2. The use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel;
3. Intentional self injury or suicide or any attempt thereat;
4. Flying or other aerial activity unless as a passenger in a properly licensed aircraft;
5. The insured person's criminal or illegal act;
6. Participating in or training for any professional sport;
7. Pregnancy, childbirth or miscarriage.

NOTE: This Exclusion does not apply to an insured person who sustains an injury which necessitates medical treatment of a kind not given as part of a routine treatment for a pregnancy or confinement;

8. Sexually transmitted disease, or Acquired Immune Deficiency Syndrome (A.I.D.S.) disease or Human Immunodeficiency Virus (H.I.V.) infection. This exclusion does not apply to the Accidental H.I.V. Infection benefit.
9. Any insured persons who are aged 85 years or over.

PART 3 - CLAIMS

What you need to know when making a claim

What you need to know when making a claim

1. If anything happens that is likely to lead to a claim the insured person must:

(a) follow medical advice from a legally qualified and registered medical practitioner as soon as possible after sustaining injury;

(b) give us notice in writing, by telephone or in person describing the occurrence;

(c) tell us promptly;

(d) fully complete the claim form and return it to us within 30 days;

(e) undergo any medical examination by a doctor appointed by us if we require it; and at your expense provide us with any information about the claim we ask for including;

(f) doctors reports;

(g) letters and notices you receive from anyone else about your claim.

2. If you or the insured person act fraudulently we can reject the claim altogether and cancel this policy;

3. You and the insured person must give us written notice as soon as possible of every claim, writ, summons or proceedings, including any prosecution or inquest, and all information in regard to matters which may lead to a claim under this policy;

4. As soon as an event that can justify a claim occurs, the insured person must make every endeavour to minimise the loss or damage;

5. In the event of a claim you must advise us of any other insurance you and the insured person have covering the same risk. If you or the insured person can claim from anyone else and we have already paid for the claim, you must render all reasonable assistance to us including but not limited to the proper lodgement of a claim in order that we may obtain a rateable recovery from any other insurer;

6. We have the sole right to make admissions. We may refuse to protect the insured person if you or the insured person if you or the insured person admits fault, makes any offer of payment or defends a claim in court without our consent;

7. We will be entitled to conduct in your name the defence or settlement of any claim or to prosecute in your or the insured persons name;

8. We will pay benefits to you unless you instruct us to do otherwise.



Arthur J. Gallagher
BUSINESS WITHOUT BARRIERS™



QBE INSURANCE (AUSTRALIA) LIMITED
ABN 78 003 191 035

GROUP PERSONAL ACCIDENT POLICY SCHEDULE

Policy Number:	AN A021590 PAD
Insured:	Job seekers in employment assistance programs and work experience activities who are undertaking placements including, but not limited to, job seekers who undertake work experience in the jobactive Programme, (including, but not limited to, Work for the Dole, Community Support Projects, National Work Experience Programme, Voluntary Work and Unpaid Work Experience Placements) as administered by contracted jobactive providers on behalf of, or under funding arrangements administered by, the Department of Employment , or any department, agency or authority of the Commonwealth which is responsible for administering each arrangement from time to time and/or its/their subsidiary and/or related bodies corporate, as defined in the Corporations Act 2001, (including those acquired or incorporated during the Period of Insurance) for their respective rights and interests
Period of Insurance:	From: 4.00 pm AEST on 30th June 2015 To: 4.00 pm AEST on 30th June 2016 Both local time at the Insured's head office and any subsequent period for which the Insured shall pay or agree to pay and the Insurer(s) shall agree to accept a premium.
The Business:	Principally all work experience activities, and any other occupation incidental thereto, as administered by the contracted employment services providers on behalf of the administering departments described in the Insured above, or any department, agency or authority of the Commonwealth which is responsible for administering each arrangement from time to time, and/or its/their subsidiary and/or related bodies corporate, as defined in the Corporations Act 2001, (including those acquired or incorporated during the Period of Insurance) all for their respective rights and interests.
Covering:	Injury, including death, to Participants whilst engaged in the undertaking of any authorised work placements, as detailed above, including direct travel to and from such placements.
Territorial Limits:	Anywhere in the Commonwealth of Australia
Sums Insured / Capital Benefits:	\$250,000 and percentages thereof as per the following table.



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Compensation Table:

#	PAYABLE CONDITION	COMPENSATION PAYABLE
1	Death	100%
2	Permanent Total Disablement	100%
3	Permanent Paraplegia	100%
4	Permanent Quadriplegia	100%
5	Permanent unsound mind to the extent of legal incapacity	100%
6	Permanent and incurable paralysis of all limbs	100%
7	Permanent total loss of the entire sight of one or both eyes	100%
8	Permanent total loss of hearing in both ears	100%
9	Permanent total loss of use of both hands	100%
10	Permanent total loss of use of both arms	100%
11	Permanent total loss of use of both feet	100%
12	Permanent total loss of use of both legs	100%
13	Permanent total loss of use of one hand and one foot	100%
14	Permanent total loss of use of one hand and one arm	100%
15	Permanent total loss of use of one foot and one leg	100%
16	Permanent total loss of the lens of one eye	50%
17	Permanent total loss of the hearing in one ear	50%
18	Permanent total loss of use of four fingers and thumb of either hand	75%
19	Permanent total loss of use of four fingers of either hand	40%
20	Permanent total loss of use of one thumb of either hand, both joints	20%
21	Permanent total loss of use of one thumb of either hand, one joint	15%



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22	Permanent total loss of use of a finger, three joints	10%
23	Permanent total loss of use of a finger, two joints	8%
24	Permanent total loss of use of a finger, one joint	5%
25	Permanent total loss of use of all toes on one foot	15%
26	Permanent total loss of use of the great toe, both joints	5%
27	Permanent total loss of use of the great toe, one joint	3%
28	Permanent total loss of use of other toe, (each toe)	1%
29	Third degree burns and/or resultant disfigurement which covers more than 40% of the entire external body	50%
30	Loss of at least 50% of all sound and natural teeth, including capped or crowned teeth, but excluding first teeth and dentures (to \$10,000 in total for all teeth)	1%
31	Shortening of leg by at least 5cm	7.5%
32	Permanent Total Disablement not otherwise provided	The percentage we determine as being consistent with the Compensation provided in this table but not exceeding 75%



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Additional Capital Benefits/ Broken Bones

Sums Insured: \$2,000 and percentages thereof as per the following table.

#	PAYABLE CONDITION	COMPENSATION PAYABLE
1	Neck, skull or spine	100%
2	Hip	75%
3	Jaw, pelvis, leg ankle or knee	50%
4	Cheekbone or shoulder	30%
5	Arm, elbow or wrist	10%
6	Nose or collarbone	20%
7	Foot or hand	5%
8	In the case of an established non-union of any of the above breaks, an additional	5%

Additional Capital Benefits	Sums Insured
Lifestyle Modifications Benefit	\$10,000
Disappearance Capital Benefits	\$250,000
Surviving Spouse Benefits	\$5,000
Dependant Child Benefit	\$5,000
Accidental HIV Benefit	\$25,000
Out of Pocket Expenses	\$200 per week / 52 weeks maximum
Domestic Home Help	\$200 per week / 52 weeks maximum
Non-Medicare Medical Expenses	\$20,000
Deductible(s):	Nil
Aggregate Limit:	\$10,000,000 in respect of all claims arising during any one Period of Insurance, except \$2,000,000 in respect of all claims arising from travel in any chartered or non-scheduled aircraft during any one Period of Insurance.
Policy Wording:	AJG GOV GPA Wording 2015-2016



QBE INSURANCE (AUSTRALIA) LIMITED
ABN 78 003 191 035

Annual Premium:	\$321,600.00
GST	\$32,160.00
ACT Stamp Duty	\$14,150.40
Total Payable	\$367,910.40

A handwritten signature in black ink, appearing to be 'Andrew', written over a horizontal line.

Signed:

QBE INSURANCE
(AUSTRALIA) LIMITED
ABN 78 003 191 035

Stamped:

Dated: 03/07/2015