

DUAL

A U S T R A L I A

**Expatriate Medical And
Emergency Evacuation
Expenses Insurance**

**Product Disclosure
Statement and Policy
Wording**



**Expatriate Medical Emergency Evacuation Expenses
Insurance**

Product Disclosure Statement and Policy Wording

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Expatriate Medical and Emergency Evacuation Expenses Insurance

Product Disclosure Statement (PDS)

About DUAL Australia Pty Ltd

DUAL Australia Pty Ltd (DUAL Australia), is an underwriting agency committed to delivering innovative insurance solutions to the Accident and Health Insurance Market. DUAL Australia forms part of DUAL International which is headquartered in London, the centre of the world's largest insurance marketplace. DUAL Australia, has been established since April 2004, and DUAL International since 1998.

DUAL International is part of the Hyperion Insurance Group. For more information about Hyperion visit www.hyperiongrp.com.

Who is the Insurer?

DUAL Australia underwrites exclusively on behalf of certain underwriters at Lloyd's. Lloyd's of London is an APRA regulated insurer.

About Lloyd's

Since the late seventeenth century, the name Lloyd's has been synonymous with insurance. Many of the world's leading underwriters are based at Lloyd's. The market is internationally renowned and has an impeccable claims record.

In Australia, Lloyd's is proud to be a member of the Insurance Council of Australia, and strives to comply with the agreement it has made under the General Insurance Code of Practice.

What is a Product Disclosure Statement (PDS)?

The purpose of this PDS is to help YOU understand the cover offered under the POLICY and provide YOU with sufficient information to enable YOU to compare and make an informed decision about whether to purchase the POLICY. This PDS contains important information required under the Corporations Act 2001 (The Act) about the POLICY including the BENEFITS and conditions, YOUR rights as a client and other things YOU need to know in order to make an informed decision.

YOU should read the POLICY WORDING section in this document and the SCHEDULE of this insurance, to obtain a complete description of all the BENEFITS, terms, conditions and exclusions relating to the cover offered under this insurance. Please read these documents carefully and ensure that YOU keep them in a safe place for future reference.

Certain words in this PDS and POLICY WORDING have special meanings that are set out in the definitions sections contained within this document.

General Advice

Any general advice contained within the POLICY WORDING, PDS or accompanying documents does not take into account YOUR or any INSURED PERSON's personal situation, financial objectives, or needs.

General Insurance Code of Practice

The POLICY is Insurance Council of Australia's General Insurance Code of Practice compliant, apart from any claims adjusted outside Australia. Underwriters at Lloyd's and WE proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry.

A copy of this Code is available by contacting US or from the Insurance Council of Australia's website at www.ica.com.au or from the Code's dedicated website at www.codeofpractice.com.au

Expatriate Medical and Emergency Evacuation Expenses Insurance

The POLICY provides for the payment of BENEFITS if an INSURED PERSON requires medical care, emergency medical evacuation and/or related expenses as provided for and outlined within this POLICY WORDING. Please read it carefully to make sure that YOU understand its provisions. If YOU require any

information, please contact US or YOUR Insurance Broker. All cover is subject to the payment of premium and the terms, conditions, exclusions and provisions of the POLICY.

Summary of the BENEFITS of the Expatriate Medical and Emergency Evacuation Expenses Policy.

The POLICY has a number of BENEFITS. Some of the significant policy BENEFITS are listed below. For full details of all the BENEFITS and limits of the POLICY YOU should read YOUR POLICY SCHEDULE which outlines the sums insured, and the coverage sections and tables of insured BENEFITS contained within the POLICY WORDING attached to this PDS.

Some of the significant BENEFITS of the POLICY include:

- a. HOSPITAL MEDICAL CARE AND SERVICES and IN HOSPITAL PRESCRIBED MEDICINES ;
- b. OUT OF HOSPITAL MEDICAL CARE AND SERVICES and PRESCRIBED MEDICINES;
- c. PREGNANCY AND MATERNITY CARE EXPENSES ;
- d. Dental expenses;
- e. Ancillary expenses;
- f. Emergency Medical Evacuation; and
- g. Additional Expenses.

Please refer to the POLICY WORDING for details of BENEFITS and conditions that apply.

Not Everything is Covered.

Not everything is covered by the POLICY. Some of the circumstances in which no BENEFITS are payable at all include where loss results from self inflicted INJURY, illegal acts, the use of alcohol or drugs, WAR or CIVIL WAR, an INSURED PERSON piloting an aircraft participating in or training for a professional sport, nuclear activity, AIDS or HIV, an INSURED PERSON'S refusal to follow OUR or DUAL ASSIST instructions, charges for non-medical services, any expenses incurred after returning to YOUR COUNTRY OF RESIDENCE or a PRE-EXISTING CONDITION.

There are also limitations on some BENEFITS. It is important YOU read the POLICY WORDING together with the SCHEDULE so that YOU understand the extent of the cover and its limitations. YOU should specifically read the General Conditions and General Exclusions in the POLICY WORDING to make sure the cover WE provide matches YOUR expectations.

The Cost of the Insurance Policy and paying your premium.

WE shall provide the cover described in the POLICY WORDING, subject to its terms and conditions, for the INSURANCE PERIOD.

The cover under the POLICY commences upon the payment of the Premium unless otherwise agreed in writing. The cost of YOUR POLICY is the total premium including taxes and charges due as detailed on the SCHEDULE.

The premium is calculated on YOUR specific risk profile which may include:

- a. the sums insured;
- b. the INSURED PERSONS' medical history, age and claims history;
- c. any restrictions or extensions to the POLICY cover; and
- d. previous insurance history.

WE may increase or decrease YOUR premium from the renewal date.

Non Payment of Premium

YOU must pay YOUR premium within the agreed credit terms otherwise YOUR POLICY may not be in force. If YOU do not pay YOUR premium by the due date or YOUR payment is dishonoured this POLICY will not come into force and WE may;

- a. lapse the POLICY; and
- b. decline any claim under the POLICY.

How to Apply for Expatriate Medical and Emergency Evacuation Expenses Insurance

To apply for the POLICY YOU will need to complete a proposal form available from a licensed Insurance Broker who has a current agency agreement with US. They will then approach US to provide YOU with a quotation.

Your Duty of Disclosure

Before YOU enter into a contract of general insurance with US, 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 that may be relevant to OUR decision whether to accept the risk of the insurance and, if so on what terms.

YOU must comply with this duty of disclosure each time YOU renew, extend, vary or reinstate the POLICY.

YOUR duty, however, does not require disclosure of any matter:

- a. that diminishes the risk to be undertaken by US;
- b. that is of common knowledge;
- c. that WE know or, in the ordinary course of its business, ought to know; and
- d. as to which compliance with YOUR duty is waived by US.

This duty continues after the proposal form has been completed up until the time the POLICY is issued by US.

When answering any questions asked by US in OUR proposal or renewal form YOU must answer them honestly and completely. WE will rely on the answers provided by YOU in deciding whether to insure YOU and anyone else to be insured under the POLICY and on what terms.

If YOU do not answer OUR questions in this way, WE may reduce or refuse to pay a claim or cancel the POLICY. If YOU answer OUR questions fraudulently WE may refuse to pay a claim and treat the POLICY as never having commenced.

Cancelling Your Policy

The POLICY may be cancelled by YOU at any time by giving US notice in writing. Should YOU cancel YOUR POLICY, WE shall retain a pro rata proportion of the premium for the time the POLICY has been in force. YOU will not receive a refund if YOU have made a claim or a claim is forthcoming against the POLICY prior to cancellation.

WE may cancel this POLICY in the circumstances prescribed by Section 60 of the Insurance Contracts Act (Cth) 1984.

Your Cooling-Off Period

YOU have the right to return the POLICY to US within twenty one (21) days from the date the INSURANCE PERIOD commences ("cooling off period") unless a claim is made under the POLICY within this period.

If YOU return the POLICY during the cooling off period, WE will refund the full amount of the premium less any taxes or duties payable. The POLICY will be terminated from the date WE are notified of a request to return it. To return the POLICY, WE must be notified in writing within the cooling off period.

This can be done by contacting US using the contact details found at the back of this PDS, or YOUR Insurance Broker.

Making a Claim

Should an incident occur which may give rise to a claim under the POLICY, YOU should notify US in writing within thirty (30) days of the incident occurring, or as soon as reasonably practical after the date of the occurrence and within the INSURANCE PERIOD. YOU should ensure YOU include YOUR POLICY number in

this correspondence.

YOU must at YOUR expense give US such certificates, information and other documentation as WE may reasonably require. WE may at OUR own expense have any INSURED PERSON, who is the subject of a claim under the POLICY, medically examined from time to time.

Claim Offset

The Benefits payable will be reduced by the amount of any other Benefit the insured person is entitled to receive under any statutory Compensation Scheme or legislation or any insurance policy specifically covering the same risk, so that the Benefit payable under the POLICY will be the amount by which the BENEFIT payable under the POLICY exceeds the other benefits to which the INSURED PERSON is entitled.

Privacy Statement

WE understand and appreciate how important it is to safeguard YOUR personal information. Our privacy policy explains how DUAL Australia treats the personal information we collect in the course of our business.

What type of personal information do we collect?

WE act on behalf of certain underwriters at Lloyd's. WE collect relevant personal information from insurance brokers for the purposes of writing insurance policies for the insurance companies that WE represent. The personal information WE collect will be collected on behalf of the insurance company or for OUR own administration of those policies. This personal information will usually include name, age, gender, occupation, and contact details of applicants for insurance. Depending on the type of insurance cover required, WE may also collect details of previous claims and financial details (eg properties owned by the INSURED) and criminal records.

WE collect personal information about individuals who make claims against parties that WE have covered under the POLICY. For the purposes of assessing these types of claims, WE will usually collect the name, age, gender, occupation, and contact details of the claimant. Depending on the type of claim, WE may also collect details of the financial status of the claimant (eg loss of income).

WE also collect some personal information of business contacts (names and contact details) for use in ordinary business dealings.

How do we collect personal information?

1. General

Personal information that relates to insurance policies and claims is normally provided to US by Insurance Brokers who have collected that information from insurance applicants. Occasionally personal information is provided to US directly from insurance applicants. We will also collect personal information from individuals' representatives who make claims under the POLICY. If information is forwarded to US either electronically (eg in an e-mail) or by sending it to US as a hard copy document, WE will collect that information and use it for the purposes for which it was provided to US. All information received is stored electronically in-house. Any information provided prior to December 2006 in hard copy, is stored at a secured off-site location with full and immediate retrieval access.

2. Website

WE collect personal information from individuals who complete quote and contact forms on OUR website. OUR website does not use cookies to collect personal information.

How your personal information will be used?

WE will use the personal information provided by Insurance Brokers to:

- a. assess the risk of underwriting insurance policies;
- b. provide quotes for underwriting services;
- c. assess and investigate claims;
- d. arrange insurance cover with the insurance company that WE represent;
- e. carry out administration related to those services; and
- f. Fulfil all OUR legal and regulatory requirements.

Will my personal information be disclosed to a third party?

The personal information WE collect will be treated as strictly confidential. WE will forward relevant personal information to certain underwriters at Lloyd's. WE may not forward all personal information collected to them. However, any such information will be available to them upon request.

As underwriters, WE sometimes need to pass personal information to third parties for assistance in evaluating risk or responding to claims. Accordingly, for the purposes of maintaining OUR business, WE may disclose personal information to any of the following third parties:

- a. insurance brokers;
- b. solicitors;
- c. claims management companies;
- d. loss adjusters;
- e. goods and service providers;
- f. surveyors; and
- g. as WE may be required to do by law.

OUR website host does not store any personal information that is entered into the forms provided on our web site.

WE will take reasonable steps to ensure that any personal information disclosed to a third party is protected by that party in accordance with the Privacy Act.

How you can access your personal information?

Upon written request, YOU may have access to YOUR personal information held by US, except in circumstances where access may be denied under the Privacy Act. Examples of these circumstances are:

- a. where providing access will pose an unreasonable impact on the privacy of another individual;
- b. where providing access would be unlawful, would pose a threat to the life or health of an individual, may prejudice an investigation of possible unlawful activity or, may prejudice enforcement of laws; or
- c. where denying access is authorised by law.

To make a request for access to YOUR personal information, please contact our Privacy Officer (contact details below). WE will endeavour to respond to a request for personal information within fourteen (14) days.

If personal information is provided to YOU as the result of a request, YOU may be charged a fee for costs incurred in providing that information such as photocopying, administration and postage.

If access is denied WE will provide YOU with reasons for OUR decision.

How you can correct your personal information?

If YOU believe that the personal information we hold about YOU is inaccurate, incomplete or not up-to-date please let US know. Provided WE agree with YOU, WE will correct it. If WE do not agree with YOU, we will place a statement of what YOU allege is correct where that information is kept and accessed.

Will this privacy policy change?

WE reserve the right to change this privacy policy at any time by publishing the varied privacy policy on OUR web site. The varied policy terms will apply from the date they are posted on OUR web site. YOU accept that by doing this, WE have provided YOU with sufficient notice of the variation and agree YOU will be provided with no separate notification.

Your consent

By asking US to quote or insure YOU, YOU consent to the collection and use of the information YOU have provided to US for the purpose described above.

How to contact DUAL Australia Pty Ltd

If YOU have enquiries or wish to provide feedback about this privacy policy, please email or mail to the Privacy Officer at reception@dualaustralia.com.au or Level 4, 332 Kent Street, Sydney NSW 2000.

What to do if you have a complaint?

How can we help you?

There are established procedures for dealing with complaints and disputes regarding YOUR POLICY or claim. All policy holders can take advantage of the complaints service.

Step 1

Any enquiry or complaint relating to the POLICY or a claim should be addressed to either US or to the administrator handling YOUR claim in the first instance – in most cases this will resolve YOUR grievance.

They will respond to YOUR complaint within fifteen (15) business days provided they have all necessary information and have completed any investigation required. Where further information, assessment or investigation is required, they will agree to reasonable alternative timeframes with YOU. YOU will also be kept informed of the progress of YOUR complaint.

Step 2

In the unlikely event that this does not resolve the matter or YOU are not satisfied with the way YOUR complaint has been dealt with, YOU should contact the Lloyd's General Representative at Lloyd's Australia:

**Lloyd's Australia Limited
Suite 2, Level 21 Angel Place
123 Pitt Street
Sydney NSW 2000**

**Telephone: (02) 9223 1433
Facsimile: (02) 9223 1466**

When YOU lodge YOUR dispute with Lloyd's, Lloyd's will usually require the following information:

- a. Name, address and telephone number of the policyholder;
- b. The type of insurance policy involved;
- c. Details of the policy concerned (policy and/or claim reference numbers, etc);
- d. Name and address of the insurance intermediary through whom the policy was obtained;
- e. Details of the reasons for lodging the dispute;
- f. Copies of any supporting documentation YOU believe may assist US in addressing YOUR dispute appropriately.

Following receipt of YOUR dispute, YOU will be advised whether YOUR dispute will be handled by either Lloyd's Australia or the Policyholder & Market Assistance Department at Lloyd's in London:

- i. Where YOU are a retail client and YOUR dispute is eligible for referral to the Financial Ombudsman Service (FOS), YOUR dispute will be reviewed by a person at Lloyd's Australia with appropriate authority to deal with YOUR dispute.
- ii. Where YOU are a retail client and YOUR dispute is not eligible for referral to the FOS, or where YOU are a wholesale client, Lloyd's Australia will refer YOUR dispute to the Policyholder & Market Assistance Department at Lloyd's, who will then liaise directly with YOU.

How long will the Step 2 process take?

YOUR dispute will be acknowledged in writing within five (5) business days of receipt, and YOU will be kept informed of the progress of our review of YOUR dispute at least every ten (10) business days.

The length of time required to resolve a particular dispute will depend on the individual issues raised, however in most cases YOU will receive a full written response to YOUR dispute within fifteen (15) business days of receipt, provided Lloyd's have received all necessary information and have completed any investigation required.

Step 3

If YOUR dispute is not resolved in a manner satisfactory to YOU, Lloyd's will then provide retail clients eligible for referral to the FOS with details of that body. FOS is an independent body that operates nationally in Australia and aims to resolve disputes between YOU and YOUR insurer. YOUR dispute must be referred to the FOS within two (2) years of the date of Lloyd's final decision.

Retail clients not eligible for referral to the FOS, and wholesale clients, may be eligible for referral to the Financial Ombudsman Service (UK). Such referral must occur within six (6) months of the final decision by the Policyholder & Market Assistance Department at Lloyd's. Further details will be provided to YOU by the Policyholder & Market Assistance Department with their final decision.

How much will this procedure cost you?

This service is free of charge to policyholders.

Service Of Suit Clause (Australia)

The Underwriters hereon agree that:

- a. In the event of a dispute arising under the POLICY, Underwriters at the request of the INSURED will submit to the jurisdiction of any competent Court in the Commonwealth of Australia. Such dispute shall be determined in accordance with the law and practice applicable in such Court.
- b. Any summons notice or process to be served upon the Underwriters may be served upon Lloyd's General Representative at Lloyd's Australia:

**Lloyd's Australia Limited
Suite 2, Level 21 Angel Place
123 Pitt Street
Sydney NSW 2000**

who has authority to accept service and to enter an appearance on Underwriters' behalf, and who is directed at the request of the INSURED to give a written undertaking to the INSURED that he will enter an appearance on Underwriters' behalf.

- c. If a suit is instituted against any one of the Underwriters all Underwriters hereon will abide by the final decision of such Court or any competent Appellate Court.

Preparation Date

This PDS was prepared on 1st October 2011.

Updating this PDS

Information in this PDS may need to be updated from time to time. YOU can obtain a paper copy of any updated information without charge by contacting US or YOUR Insurance Broker, Should this PDS need to be updated we will provide YOU with a new PDS or a Supplementary PDS outlining these changes.

General definitions under the POLICY

In the POLICY and PDS:

ANCILLARY means the list of ANCILLARY expenses in the table of insured BENEFITS –

Table 5.

AGGREGATE EXCESS means the amount shown under this item in the SCHEDULE which is the total amount an INSURED PERSON must pay before any BENEFITS are payable under any part of the POLICY.

BENEFIT(S) means the BENEFITS specified in Sections 1 and 2 of the POLICY.

CIVIL WAR means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition is armed rebellion, revolution, sedition, insurrection, Coup d' Etat, the consequences of martial law.

COUNTRY OF DOMICILE means the country where the INSURED PERSON is residing on foreign assignment.

COUNTRY OF RESIDENCE means the country in which the INSURED PERSON normally resides and of which the INSURED PERSON has permanent citizenship or is a permanent resident.

CRITICAL INJURY means a serious INJURY to an INSURED PERSON resulting in unstable and abnormal vital signs or other unfavorable indicators

CRITICAL SICKNESS means a serious SICKNESS of an INSURED PERSON resulting in unstable and abnormal vital signs or other unfavorable indicators.

DEPENDENT CHILD means an unmarried dependent child, stepchild or legally adopted child of an INSURED PERSON or his or her spouse and who lives with the INSURED PERSON in the COUNTRY OF DOMICILE and who is over six (6) months of age and under nineteen (19) years of age or under twenty-five (25) years of age if he or she is a full time student and is primarily dependent on the INSURED PERSON for support and maintenance.

DOCTOR means a legally registered medical practitioner who is not an INSURED PERSON or their relative.

DUAL ASSIST means the emergency assistance provider appointed by US.

EMPLOYEE means any person in the INSURED's service including directors (executive and non-executive),

consultants, contractors, sub-contractors and/or self-employed persons undertaking work on the INSURED's behalf.

GENERAL DENTAL EXPENSES means charges by a legally qualified and registered dentist for the general care and maintenance of the teeth and gums such as examinations, cleaning, tooth filling, restorations, extractions, x-rays and injections.

HOME LEAVE means all forms of leave provided by the INSURED for the INSURED PERSON to return to their COUNTRY OF RESIDENCE

HOSPITAL means an institution where the sick or injured are given medical or surgical care. It does not mean a place for the treatment of alcoholics or drug addicts, a nursing, rest or convalescence home or home for the aged or similar establishment.

HOSPITAL MEDICAL CARE AND SERVICES means in-patient or day patient treatment and care recommended or provided by a DOCTOR or SPECIALIST for an INJURY or SICKNESS and which is not otherwise more specifically defined within the POLICY.

INJURY means bodily INJURY to an INSURED PERSON resulting from an accident which is an external event that occurs fortuitously during the INSURANCE PERIOD which results in a claim under any benefit contained within this POLICY within twelve (12) calendar months from the date of the INJURY. INJURY does not include:

- a. SICKNESS as defined;
- b. any consequences of an INJURY which are ordinarily described as being a disease including but not limited to any congenital condition, heart condition, stroke or any form of cancer;
- c. an aggravation of a Pre-Existing INJURY;
- d. any other PRE-EXISTING CONDITION;
- e. any degenerative condition.

INSURANCE PERIOD means the period stated in the SCHEDULE. Where an INSURED PERSON is declared to US after the commencement of the POLICY the INSURANCE PERIOD for that person shall be from the date WE receive the declaration to the final date of the POLICY as stated in the SCHEDULE.

INSURED means the entity or entities specified as the INSURED in the SCHEDULE.

INSURED PERSON means such person or persons as defined in the SCHEDULE or declared to US with respect to whom premium has been paid.

OUT OF HOSPITAL MEDICAL CARE AND SERVICES means patient treatment and care recommended or provided by a DOCTOR or SPECIALIST for an INJURY or SICKNESS not provided in a HOSPITAL and which is not otherwise more specifically defined within the POLICY.

POLICY means the POLICY WORDING, the PDS and the SCHEDULE and any additional endorsements which WE subsequently issue to YOU.

POLICY WORDING means this document.

PRE-EXISTING CONDITION means any INJURY or SICKNESS of which the INSURED PERSON was aware (whether diagnosed or not) or for which the INSURED PERSON has sought treatment prior to the inception of the POLICY or prior to the INSURED PERSON becoming insured under the POLICY, whichever occurs later.

PREGNANCY AND MATERNITY CARE EXPENSES means charges for pre-natal, childbirth and post-natal treatment provided that the INSURED PERSON'S pregnancy commenced during the INSURANCE PERIOD.

PRESCRIBED MEDICINES means medicines prescribed by a DOCTOR or SPECIALIST.

ROUTINE NEW BORN CHILD EXPENSES means those medical and associated expenses normally expected for the care of a new born child from the time of birth up to the child attaining the age of six (6) months after which the new born child will become a DEPENDENT CHILD.

SCHEDULE means the SCHEDULE attached to the POLICY WORDING or any subsequently substituted SCHEDULE.

SICKNESS means an illness or disease which is not a PRE-EXISTING CONDITION and which has first manifested itself whilst the INSURED PERSON is insured under this POLICY.

SPECIAL DENTAL EXPENSES means charges by a legally qualified and registered dental specialist or oral surgeon for specialist procedures not otherwise considered to be GENERAL DENTAL EXPENSES.

SPECIALIST means a legally registered medical practitioner who is qualified by advanced training and certification and whose practice is limited to a particular class of patients, diseases or technique. A SPECIALIST does not include an INSURED PERSON or their relative.

SPOUSE/PARTNER means the spouse, de- facto partner or partner through civil union of an INSURED PERSON, who has co-habited with the INSURED PERSON for no less than a period of three consecutive months (3) months.

YOU/YOUR means the INSURED named in the SCHEDULE.

WAR means armed opposition, whether declared or not between two countries.

WE/OUR/US means DUAL Australia Pty Ltd (ACN 107 553 257) of Level 4, 332 Kent Street, Sydney NSW 2000.

Expatriate Medical and Emergency Evacuation Expenses Insurance

Policy Wording

The POLICY consists of two (2) sections with the following cover. YOU can choose either or both of the following types of cover.

Section 1 – Medical And Associated Expenses

Section 2 – Emergency Medical Evacuation

The types of cover YOU have chosen will be shown on the SCHEDULE which attaches to the POLICY.

Section 1 – Medical And Associated Expenses

WE will pay up to the BENEFIT amount set out in Tables 1 to 5 below for necessary and reasonable expenses incurred by an INSURED PERSON during the INSURANCE PERIOD, provided that Section 1 cover is shown in the SCHEDULE. Each BENEFIT is subject to the AGGREGATE EXCESS as shown in the SCHEDULE:

In Hospital Expenses - Table of Insured BENEFITS – Table 1

Insured BENEFITS	BENEFIT amount
1. HOSPITAL MEDICAL CARE AND SERVICES	Up to 100% of the amount stated on the Schedule under Section 1.
2. PRESCRIBED MEDICINES IN HOSPITAL	Up to 100% of the amount stated on the Schedule under Section 1.

Out Of Hospital Expenses - Table of Insured BENEFITS – Table 2

Insured BENEFITS	BENEFIT amount
1. OUT OF HOSPITAL MEDICAL CARE AND SERVICES	Up to 100% of the amount stated on the Schedule under Section 1.
2. PRESCRIBED MEDICINES OUT OF HOSPITAL	100% up to a maximum of \$2,200

Pregnancy and Maternity Care Expenses - Table of Insured BENEFITS – Table 3

Insured BENEFITS	BENEFIT amount
1. Routine pre-natal, childbirth and mothers post-natal care expenses	100% up to a maximum of \$10,000
2. Emergency and/or complicated childbirth expenses	100% up to a maximum of \$12,000
3. ROUTINE NEW BORN CHILD EXPENSES	100% up to a maximum of \$10,000

GENERAL and SPECIAL DENTAL EXPENSES - Table of Insured BENEFITS – Table 4

Insured BENEFITS	BENEFIT amount
1. GENERAL DENTAL EXPENSES	100% up to a maximum of \$1,400
2. SPECIAL DENTAL EXPENSES	100% up to a maximum of \$1,200

Ancillary Expenses - Table of Insured BENEFITS – Table 5

Insured BENEFITS	BENEFIT amount
1. Acupuncture	100% up to a maximum of \$1,000
2. Dietician	100% up to a maximum of \$1,000
3. Naturopathy	100% up to a maximum of \$1,000
4. Homeopathy	100% up to a maximum of \$1,000
5. Hypnotherapist	100% up to a maximum of \$1,000
6. Chiropractic	100% up to a maximum of \$1,000
7. Osteopath	100% up to a maximum of \$1,000
8. Physiotherapy	100% up to a maximum of \$1,500
9. Podiatry	100% up to a maximum of \$1,000

10. Speech Therapy	100% up to a maximum of \$1,000
11. Prosthesis / appliance (non surgical) 12. surgical)	100% up to a maximum of \$1,000
13. Hearing Aids / Artificial aids	100% up to a maximum of \$1,000
14. Optical – Examinations, Spectacles and Contact Lenses	100% up to a maximum of \$600
15. Rehabilitation / Occupational Therapy	100% up to a maximum of \$10,000
16. Psychology / Psychiatry Psychotherapy	100% up to a maximum of \$2,500

Section 2 – Emergency Medical Evacuation

Provided that Section 2 cover is shown in the SCHEDULE WE will pay up to the amount stated in the SCHEDULE against Section 2 - Emergency Medical Evacuation if an INSURED PERSON suffers a CRITICAL INJURY or CRITICAL SICKNESS requiring specialised treatment outside their COUNTRY OF DOMICILE if DUAL ASSIST in conjunction with the local treating DOCTOR or SPECIALIST agree that any such treatment is not reasonably available in their current location. WE will require a certificate from the local treating DOCTOR or SPECIALIST stating that the INSURED PERSON has a CRITICAL INJURY or CRITICAL SICKNESS. Each BENEFIT is subject to the AGGREGATE EXCESS as shown in the SCHEDULE:

Where required, WE will arrange and pay charges for:

1. The INSURED PERSON'S transfer under necessary medical supervision by air ambulance, scheduled flight (economy ticket where possible), road ambulance or the like to a more appropriate HOSPITAL according to the nature of his or her CRITICAL INJURY or CRITICAL SICKNESS;
2. If there is no option to medically evacuate the INSURED PERSON via any scheduled transport service WE will arrange for a chartered non-scheduled transport transfer with the necessary and available medical supervision and equipment to the nearest recommended HOSPITAL;
3. The return travel and accommodation costs of any accompanying medical personnel provided that WE have approved such personnel;
4. Where the INSURED PERSON is under eighteen (18) years of age and is medically evacuated, the transportation charges (economy ticket where possible) for one (1) accompanying adult;
5. Where the INSURED PERSON is medically evacuated and where the treating DOCTOR or SPECIALIST and DUAL ASSIST recommend that an accompanying person travel with the INSURED PERSON the transportation charges (economy ticket where possible) of one (1) accompanying adult;
6. The return transport charges (economy ticket where possible) for the purpose of continuing their work for and on behalf of the INSURED following medical evacuation where the INSURED PERSON returns to their COUNTRY OF DOMICILE within 365 days of sustaining the CRITICAL INJURY or CRITICAL SICKNESS;
7. Accommodation charges for the INSURED PERSON who under the recommendation of the treating DOCTOR or SPECIALIST and DUAL ASSIST is transported outside their COUNTRY OF DOMICILE or away from their home, and requires such accommodation outside their COUNTRY OF DOMICILE or away from their home during the prescribed HOSPITAL treatment period. The maximum amount payable is \$250 per day for a period of no more than thirty (30) days. This benefit is not available in your COUNTRY OF RESIDENCE unless agreed to by US,

8. Where written prior approval is obtained from US and on the recommendation of the treating DOCTOR or SPECIALIST and DUAL ASSIST WE will pay the accommodation charges of one (1) accompanying adult for the duration of the INSURED PERSONS HOSPITAL confinement including their pre-HOSPITAL and post-HOSPITAL accommodation charges. The maximum amount payable is \$250 per day for a period of no more than thirty (30) days.

Additional Benefits

HOME LEAVE

Where an INSURED PERSON temporarily returns to their COUNTRY OF RESIDENCE on HOME LEAVE, cover is provided under the POLICY for a maximum period of sixty (60) days in the aggregate for any one INSURANCE PERIOD. This HOME LEAVE benefit is limited to \$50,000 in the aggregate per INSURED PERSON. Expenses may only be paid under the HOME LEAVE benefit where permitted to do so by Commonwealth health legislation and regulations, or the relevant local legislation of the INSURED PERSONS COUNTRY OF RESIDENCE.

Employee Replacement / Employee Return To COUNTRY OF DOMICILE

Subject to OUR prior written approval where an INSURED PERSON who is an EMPLOYEE of the INSURED of this POLICY undertaking work as an overseas expatriate, suffers a CRITICAL INJURY or CRITICAL ILLNESS requiring repatriation to their COUNTRY OF RESIDENCE, WE will pay reasonable travel and accommodation expenses for either of the following up to a maximum of \$10,000:

- a) a replacement EMPLOYEE to complete any urgent unfinished business commitments; or
- b) the return of the INSURED PERSON to his or her COUNTY OF DOMICILE to complete any unfinished business commitments after his or her recovery.

Emergency Return To COUNTRY OF RESIDENCE

Subject to OUR prior written approval where an INSURED PERSON'S SPOUSE/PARTNER or DEPENDENT CHILD unexpectedly dies or sustains a CRITICAL INJURY or CRITICAL SICKNESS, WE will pay all reasonable travel and accommodation charges in returning the INSURED PERSON to their COUNTRY OF RESIDENCE. The maximum amount WE will pay is \$5,000.

Repatriation Of Mortal Remains Or Local Funeral

If during the INSURANCE PERIOD an INSURED PERSON sustains an INJURY or SICKNESS resulting in death WE will pay all reasonably incurred charges for the return of the INSURED PERSON'S body or ashes to his or her COUNTRY OF RESIDENCE or the cost of a local funeral in his or her COUNTRY OF DOMICILE. The maximum amount WE will pay is \$20,000.

General Conditions applying to the POLICY

1. No cover is provided under the POLICY until the INSURED PERSON has paid the whole of the AGGREGATE EXCESS.
2. No cover is provided under the POLICY for BENEFITS for expenses which are incurred on or after the date an INSURED PERSON reaches the age of sixty six (66), unless otherwise indicated on the SCHEDULE.

3. Unless an INSURED PERSON otherwise directs all BENEFITS (with the exception of Employee Replacement / Employee Return To COUNTRY OF DOMICILE) shall be paid to the INSURED PERSON, or, in the case of the INSURED PERSON'S death, to the INSURED PERSON'S legal personal representative.
4. In the event of a claim YOU must advise US immediately as to any other insurance YOU may have covering the same risk.
5. No cover is provided under the POLICY for BENEFITS for expenses which are incurred on or after the date an INSURED PERSON permanently returns to their COUNTRY OF RESIDENCE.

General Exclusions applying to this POLICY

No BENEFITS are payable under the POLICY for any loss or expense resulting directly or indirectly;

1. from YOU refusing to follow the instructions of US or DUAL ASSIST;
2. from INJURY, SICKNESS, or death, intentional, deliberate, self-inflicted or caused by an INSURED PERSON, including suicide or attempted suicide, whether sane, insane or under any mental distress;
3. from any criminal or illegal act committed by an INSURED PERSON;
4. from an INSURED PERSON driving any vehicle whilst under the influence of alcohol equal to or above the prescribed legal limit or whilst under the effects of psychoactive, psycho pharmaceutical or psychotropic drug or substance;
5. whilst an INSURED PERSON is under the effects of severe alcohol abuse or severe intoxication, psychoactive, psycho pharmaceutical or psychotropic drug or substance;
6. from an INSURED PERSON travelling against the advice of a DOCTOR or SPECIALIST;
7. from cosmetic surgery, plastic surgery (except in relation to an INJURY during the INSURANCE PERIOD);
8. from routine medical and/or physical examinations not provided for in the POLICY such as pre-placement vaccinations for visa or work placement purposes and routine health checks;
9. from charges for non-medical services including but not limited to telephone, television, newspapers and the like;
10. from WAR, invasion or CIVIL WAR;
11. from an INSURED PERSON piloting aircraft;
12. from an INSURED PERSON participating, training or taking part in professional sports of any kind;
13. from or in any way caused or contributed to by nuclear reaction, nuclear radiation or radioactive contamination;
14. from a sexually transmitted disease or infection, including but not limited to Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV) infection;
15. from any PRE-EXISTING CONDITION;
16. From any congenital condition or abnormality either recognised at birth or believed to have been present since birth.

No benefits are payable under the POLICY:

1. if the payment of any such BENEFIT would constitute the carrying on of "health insurance business" as defined under any Commonwealth health legislation and regulations.
2. for any charges or expenses incurred after the expiry date of the INSURANCE PERIOD if the POLICY is not renewed with US.

General Provisions under the POLICY

1. **Currency**

All BENEFITS paid under the POLICY will be paid in Australian Dollars (AUD) unless otherwise specified on the SCHEDULE.

2. **Governing Law and Jurisdiction**

The POLICY is governed by the laws of the Commonwealth of Australia and the State or Territory where the POLICY was issued. Any disputes relating to interpretation shall be submitted to the exclusive jurisdiction of the Courts of Australia.

3. **Co-operation**

- a. YOU or any INSURED PERSON will frankly and honestly provide US with all information and assistance required by US and or our representatives appointed by US in relation to any claim or loss. Any unreasonable failure to comply with this obligation may entitle US to deny cover for the claim or loss, in whole or part.
- b. YOU or any INSURED PERSON will do all things reasonably practicable to minimise OUR liability in respect of any claim or loss.

4. **Subrogation and Our right of recovery.**

WE can exercise any right of recovery held by YOU or any INSURED PERSON to the extent of any BENEFIT payable under the POLICY. YOU or any INSURED PERSON must not do anything that reduces such rights, and YOU or any INSURED PERSON must provide us with all reasonable assistance to us in pursuing such rights. If YOU or any INSURED PERSON have agreed to not seek compensation from another source that is liable to compensate YOU or any INSURED PERSON in regards to a BENEFIT payable under the POLICY, WE will not cover YOU or any INSURED PERSON under the POLICY for that LOSS, damage or liability.

DUAL AUSTRALIA CONTACT DETAILS

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