

**TRAVEL
INSURANCE**

*Keep
travelling*



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Welcome

We know travel and we know its about having an amazing experience, enjoying yourself even when you are a million miles from home.

We are as enthusiastic about travel as you, that's why we want to make it as easy as possible for you. We've created a range of inclusions, all of which have been designed with your travel experience in mind.

The purpose of the Product Disclosure Statement (PDS)

The PDS provides information to help you understand this travel insurance policy, compare cover and make an informed decision about whether to buy a policy. Please read the PDS carefully to ensure it provides the cover you need. If you have any questions please contact us.

The PDS details:

- the benefits – read these together with the options to vary cover;
- requirements if you have an Existing Medical Condition or are pregnant;
- obligations in relation to your duty of disclosure;
- definition of 'words with special meaning' where they are used in the policy; and
- what is and isn't covered.

When you purchase a policy, keep a copy of this PDS and the Certificate of Insurance we'll give you in a safe place for future reference.

Contact us

Cover-More Insurance Services

Mail: Private Bag 913, North Sydney NSW 2059 Australia

To buy a policy

Call: 1300 135 800

Customer service and claims

Call: 1300 72 88 22

Fax: (02) 9202 8001

Email: enquiries@covermore.com.au

Existing Medical Conditions and pregnancy

Call: 1300 72 88 22

Email: enquiries@covermore.com.au

24 hour emergency assistance

See page 19 for further details.

The insurer of this product is Zurich Australian Insurance Limited (ZAIL), ABN 13 000 296 640, AFS Licence Number 232507.

Benefits table

This is a summary of the benefits provided only. Please read the PDS carefully to understand what this policy covers. Importantly, please note that conditions, exclusions, limits and sub-limits apply.

		Plans	
		International	International
		Premium	Medical Only
		Single Trip or Annual Multi-Trip	Single Trip
Policy benefit		Per adult	Per adult
1*	Overseas medical and dental	\$Unlimited ^{~#}	\$Unlimited ^{~#}
2*	Additional expenses	\$Unlimited [#]	\$Unlimited [#]
3*	Amendments or cancellation costs	Cover chosen ^{^#}	—
4*	Luggage and travel documents	\$6,000	—
5*	Delayed Luggage Allowance	\$750	—
6	Money	\$100	—
7	Rental Car insurance excess	\$3,000 [∞]	—
8*	Travel delay	\$1,000	—
9	Resumption of Journey	\$3,000	—
10	Special events	\$1,000	—
11*	Hospital incidentals	\$3,500	—
12*	Hijacking	\$5,000	—
13	Loss of income	\$6,000 ^{†#} (up to \$1,000 per month)	—
14	Disability	\$20,000 ^{†#}	—
15	Accidental death	\$20,000 ^{†#}	—
16	Personal liability	\$2,500,000	\$2,500,000
17	Medical and dental expenses in Australia (Inbound Plan)	—	—

[~]Medical and dental cover will not exceed 12 months from onset of the illness, condition or injury.

*Sub-limits apply. Please refer to the policy wording.

[#]Reduced limits may apply for customers 70 years of age or over at the Relevant Time. Limits will be shown on the Certificate of Insurance.

Domestic	Domestic	International
Domestic	Domestic Cancellation	Inbound
Single Trip or Annual Multi-Trip	Single Trip	Single Trip
Per adult	Per person	Per adult
—	—	\$10,000,000 [~]
\$10,000	Cover chosen [^]	Cover chosen [^]
\$3,000	—	\$3,000
—	—	\$200
—	—	—
\$4,000 [∞]	—	\$Nil [∞]
\$750	—	—
—	—	—
\$2,000	—	—
—	—	\$1,000
—	—	\$2,000
\$1,500 [†] (up to \$250 per month)	—	—
\$10,000 [†]	—	—
\$10,000 [†]	—	\$10,000
\$200,000	—	\$1,000,000
—	—	\$1,000,000

[∞] Additional cover available. See page 10.

[^] Cover chosen applies per policy.

[†] Maximum liability collectively for Section 13, 14 and 15 is \$20,000 on the International Plan and \$10,000 on the Domestic Plan.

Options to vary cover

Single Trip or Annual Multi-Trip

You can choose a policy to cover one Single Trip or, if You are a frequent traveller, rather than buying a Single Trip policy each time You travel, You may want to buy an Annual Multi-Trip policy.

With Our Annual Multi-Trip policy You can select from the available choices, a Journey duration to suit Your needs and be covered for an unlimited number of Journeys more than 250 km from Home during the Period Of Insurance up to the maximum Journey duration chosen.

Areas of travel

We need You to tell Us Your destination(s). Select from the list of countries and areas when You get a quote on covermore.com.au or over the phone.

Where You travel will influence Your premium.

Guide to entering/selecting Your destination

Where are You travelling to?

- Enter or select every country You will be travelling to wherever possible.
- For each country You select, cover for travel to all other countries within that region is also included regardless of whether the countries are selected or not.

Stopping over somewhere?

- If You are stopping in a country for less than 72 hours, You do not need to enter or select that country.

What to do if You do not know every single country You will be travelling to

- If You are not sure of all Your destinations, select a region instead. Cover then applies for travel to all countries within that region. You can also select Worldwide.

Excess choices

When travelling internationally You can choose Your excess.

We currently have the below excess choices available. Other excess amounts may be available.

The higher the excess You choose, the lower the premium. Your excess will be shown on Your Certificate of Insurance.

- \$0 excess
- \$100 excess
- \$250 excess
- \$25 excess applies to the Domestic Plan D and the Domestic Cancellation Plan

Cancellation cover

The International Premium Plan and the Inbound Plan do not automatically include cancellation cover however, You can add the amount of the cancellation cover that suits You.

Select an amount from the options available at the time of applying for cover.

The level of cancellation cover You choose will influence Your premium. Typically people look to choose an amount that will cover all prepaid travel tickets, hotels, tours or other travel related expenses for all travellers on the policy.

The level of cover You choose will be the total amount of cover available under Section 3, on a per policy basis and will be shown on Your Certificate of Insurance.

Luggage

Your belongings

When You're at Home, You look after Your belongings. When You travel it should be no different. Unfortunately, many claims We see for loss or theft are caused by people being careless with their belongings. If You do not take good care of Your belongings We may not be able to pay Your claim. Not all belongings are covered by the policy.

What does this mean?

- Keep Valuables with You (where security regulations allow You to do so) rather than checking them in with the Transport Provider.
- Do not leave Valuables in a motor vehicle at any time.
“Valuables” means articles made of or containing gold, silver or precious metals; binoculars; jewellery; mobile phones; photographic, audio, video, tablet computer, computer and electrical equipment of any kind (including computer games, portable navigation equipment or media); precious stones; smart phones; telescopes and watches.
- A maximum limit of \$2,000 applies to any other items left during the day in the boot of a locked motor vehicle. Also, don't leave items in a motor vehicle overnight as they are not covered.
- Report any loss or theft to the police within 24 hours as an original police report is required for any claim involving loss or theft.
- Additionally, We require the relevant report from the related party. For example, an Airline Property Irregularity Report (P.I.R.) is also required if Your items were lost or stolen when travelling with an airline.

Increase luggage item limits

The following limits apply to any one item, set or pair of items (including attached and unattached accessories):

Plan	Cameras and video cameras	Laptop and tablet computers	Smart phones and mobile phones	Other items
Premium	\$2,500	\$2,500	\$500	\$500
Medical Only	No luggage cover	No luggage cover	No luggage cover	No luggage cover
Domestic	\$300	\$300	\$300	\$300
Domestic Cancellation	No luggage cover	No luggage cover	No luggage cover	No luggage cover
Inbound	\$200	\$200	\$200	\$200

You may be able to increase the item limit by paying an additional premium. Please ask for a quote.

Receipts or valuations (less than 12 months old) must be available if requested by Us.

Inbound Plan

The Inbound Plan is for non-Australian residents travelling to Australia. Cover is available for travellers up to 69 years of age.

There is no cover for any Existing Medical Conditions other than those conditions We automatically include. See pages 12-15.

Activities included in Your cover

We know that not all travellers enjoy the same activities whilst travelling so We have a comprehensive list of activities which are covered while You are on Your Journey.

Our Plans automatically cover:

- Abseiling
- Archery
- Ballooning
- Bungy Jumping
- Flying Fox
- Horse Riding
- Jet Boating
- Jet Skiing
- Kayaking
- Paragliding
- Parasailing
- Skydiving
- Snorkelling
- White Water Rafting
- Working Holidays

Your participation in any of the activities listed is subject to the terms of cover and in particular General Exclusion 27 on page 53 and Section 16 Personal Liability exclusions 3 and 4 on page 49.

Motorcycle/moped riding

Claims involving participation by You (during the Journey) in motorcycling or moped riding for any purpose are specifically excluded from this policy.

If You wish to be covered for this activity during Your Journey and be able to hire a motorcycle (including a moped) as the driver or a pillion passenger, You must pay an extra premium. You can get a quote online or call Cover-More on 1300 72 88 22.

Even if You pay the extra premium, You will only be covered if:

- whilst in control of a motorcycle or moped You hold a valid Australian motorcycle licence or Australian motor vehicle driver licence, and You hold a licence valid in the relevant country;
- whilst You are a pillion passenger the driver holds a licence valid in the relevant country;
- the engine capacity is 200cc or less;
- You are wearing a helmet;
- You are not participating in a Professional capacity; and
- You are not racing.

Note: No cover will apply under Section 16 Personal Liability. This means You are responsible to pay costs associated with damage to the motorcycle, moped or property or injury to another person.

Snow skiing, snowboarding and snowmobiling

Claims involving participation by You (during the Journey) in snow skiing, snowboarding or snowmobiling are specifically excluded from this policy.

If You wish to be covered for these activities during Your Journey, You must pay an extra premium. You can get a quote online or call Cover-More on 1300 72 88 22.

Even if You pay the extra premium, You will only be covered if:

- You are skiing or snowboarding On-Piste;
- You are not racing; and
- You are not participating in a Professional capacity.

Cruise cover

Claims directly or indirectly for or related to Your cruise, and cruise travel or that arise whilst on a cruise are specifically excluded from this policy.

If You are going on a cruise, please tell Us. To be covered for cruise travel an additional premium applies. You can get a quote online or call Cover-More on 1300 72 88 22. If cruise cover is added it will be shown on Your Certificate of Insurance.

Increase Rental Car insurance excess cover*

The Premium Plan and the Inbound Plan automatically provide up to \$3,000 cover and the Domestic Plan automatically provides up to \$4,000 cover for Your liability in respect to a Rental Car insurance excess. You can increase the limit by up to \$3,500 by paying an additional premium. For a quote, ask the providing entity.

*There is no Rental Car insurance excess cover on the International Medical Only Plan.

Extending Your Journey

If You wish to be insured for longer than the original period You need to purchase a new policy through the providing entity prior to the expiry date shown on Your original Certificate of Insurance. It is not an extension of the previous policy.

It is important to note that should a medical condition present itself prior to the time of issue of the new policy, it may be considered an Existing Medical Condition under the new policy and therefore may not be covered by the new policy. Purchasing a longer duration policy up front may avoid this risk. Restrictions on duration may apply.

Money back guarantee

You can cancel or change Your policy at any time before You leave Home. If You cancel this policy for any reason within the cooling off period which is within 15 working days of the date of purchase, We will give You Your money back.

Our money back guarantee ensures a refund of the entire premium unless You have already:

- made a claim under the policy; or
- departed on Your Journey.

If You wish to cancel Your policy and receive a full refund, please contact us within the cooling off period.

Travel and health

Do You have an Existing Medical Condition?

Claims directly or indirectly arising from or exacerbated by an Existing Medical Condition or related new infections are specifically excluded from this policy unless Your Existing Medical Condition is approved by Us.

What does this mean?

If You have an Existing Medical Condition and for example take medication to keep that condition in check, it doesn't mean You can't purchase travel insurance.

It does however, mean that You should tell Us about all Your Existing Medical Conditions including anything for which medication is prescribed so We can complete an online health assessment and, if We approve, offer You cover.

If You choose to declare some conditions and not others or choose not to declare any conditions, You run the risk of a claim being denied. See Existing Medical Conditions for more information.

Assessing Your health

So We can assess the risk, We may also require You to answer some questions about Your general health as well as completing an online health assessment at the time of applying for this travel insurance.

Existing Medical Conditions

(Of You or Your travelling companion)

Cover for claims directly or indirectly arising from or exacerbated by an Existing Medical Condition or related new infections are specifically excluded from this policy. However, We may separately provide cover for an Existing Medical Condition. If additional cover is applied for and approved, an additional premium may apply.

What is an Existing Medical Condition?

“Existing Medical Condition” means a disease, illness, medical or dental condition or physical defect that at the Relevant Time meets any one of the following:

- a) has required an emergency department visit, hospitalisation or day surgery procedure within the last two years;
- b) requires
 - (i) prescription medication from a qualified medical practitioner or dentist;
 - (ii) regular review or check-ups;
 - (iii) ongoing medication for treatment or risk factor control;
 - (iv) consultation with a specialist;

- c) has
- (i) been medically documented involving the brain, circulatory system, heart, kidneys, liver, respiratory system or cancer;
 - (ii) required surgery involving the abdomen, back, joints or spine;
 - (iii) shown symptoms or signs however, a medical opinion or investigation has not been sought to confirm or provide a diagnosis; or
- d) is
- (i) chronic or ongoing (whether chronic or otherwise) and medically documented;
 - (ii) under investigation;
 - (iii) pending diagnosis; or
 - (iv) pending test results.

“Relevant Time” in respect of:

- a) Single Trip policies means the time of issue of the policy.
- b) Annual Multi-Trip policies means the first time at which any part of the relevant trip is paid for or the time at which the policy is issued, whichever occurs last.

If You are unsure whether You have an Existing Medical Condition, please call us on 1300 72 88 22 for assistance.

Getting cover for Your Existing Medical Conditions

There are three categories of Existing Medical Conditions:

- Conditions We automatically include
- Conditions We need to assess
- Conditions which cannot be covered.

Please review each of the categories to determine which category applies.

Existing Medical Conditions We automatically include

We automatically include the Existing Medical Conditions listed in the table following provided:

- You have not been hospitalised or required treatment by a medical practitioner in the last 12 months for any of the listed conditions;
- You are not under investigation for any of the listed conditions;
- You are not awaiting investigation, surgery, treatment or procedures for any of the listed conditions;
- Your condition satisfies the criteria in the table following; and
- all Your Existing Medical Conditions are on this list.

All time frames are measured in relation to the Relevant Time, unless specified otherwise.

Condition	Criteria
Acne	No additional criteria.
Allergy	In the last 6 months, You haven't required treatment by a medical practitioner for this condition. You have no known respiratory conditions (e.g. Asthma).
Asthma	You are less than 60 years of age when you purchase the policy. In the last 12 months, You haven't had an Asthma exacerbation requiring treatment by a medical practitioner. You have been a non-smoker for at least the last 18 months. You don't need oxygen outside of a hospital. You don't have a chronic lung condition or disease (whether chronic or otherwise) including Chronic Asthma, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Pulmonary Fibrosis.
Bell's Palsy	No additional criteria.
Bunions	No additional criteria.
Carpal Tunnel Syndrome	No additional criteria.
Cataracts Glaucoma	In the last 90 days, You haven't had an operation for this condition. You have no ongoing complications of this condition.
Coeliac Disease	In the last 6 months, You haven't been treated by a medical practitioner for this condition.
Congenital Blindness	No additional criteria.
Congenital Deafness	No additional criteria.
Ear Grommets	You don't have an ear infection.
Epilepsy	In the last 2 years, You haven't required medical treatment for this condition. You don't have an underlying medical condition (e.g. previous head trauma, Brain Tumour or Stroke).
Gastric Reflux	Your Gastric Reflux doesn't relate to an underlying diagnosis (e.g. Hernia/ Gastric Ulcer).
Goitre	No additional criteria.
Graves' Disease	No additional criteria.

Gout	No additional criteria.
Hiatus Hernia	No additional criteria.
Hip Replacement Knee Replacement Shoulder Replacement Hip Resurfacing	The procedure was performed more than 6 months ago and less than 10 years ago. You haven't had any post-operative complications related to that surgery. Post-operative complications include joint dislocation and infection.
Hypercholesterolaemia (High Cholesterol)	You don't have a known heart or cardiovascular condition.
Hypertension (High Blood Pressure)	You don't have a known heart or cardiovascular condition. You don't have Diabetes (Type I or Type II). Your Hypertension is stable and managed by Your medical practitioner. In the last 12 months, Your prescribed blood pressure medication hasn't changed. You aren't suffering symptoms of Hypertension. You aren't having investigations related to blood pressure.
Menopause	You don't have Osteoporosis.
Migraine	No additional criteria.
Gastric Ulcer Peptic Ulcer	In the last 12 months, the Peptic/Gastric Ulcer has been stable.
Plantar Fasciitis	No additional criteria.
Raynaud's Disease	No additional criteria.
Skin Cancer	Your Skin Cancer isn't a Melanoma. You haven't had chemotherapy or radiotherapy for this condition. Your Skin Cancer does not require any follow up treatment e.g. chemotherapy, radiotherapy or further excision.
Stenosing Tenosynovitis (Trigger Finger)	No additional criteria.
Urinary Incontinence	No additional criteria.
Underactive Thyroid Overactive Thyroid	The cause of Your Underactive/Overactive Thyroid wasn't a tumour.

Existing Medical Conditions We need to assess

If Your condition:

- does not meet the criteria above;
- You have one or more conditions which are not listed in the table of conditions we automatically include; or
- a combination of both the above points

You will need to complete an online health assessment by declaring **all** Your Existing Medical Conditions to Us.

To be clear, the conditions We automatically include only apply if You do not have other Existing Medical Conditions beyond those on this list.

Completing a health assessment

You can complete an online health assessment with Your travel insurance quote. You may also contact us for assistance.

- You'll need to have sufficient knowledge about each Existing Medical Condition to be able to complete a full declaration so We can assess the risk.
For example, We need to know the name of the medical condition You take medication for, rather than the name of the medication. Check with Your doctor first if unsure.
- Check all Existing Medical Conditions have been disclosed to Us.
- We will provide Your assessment outcome and a number.
- If We can approve Your health assessment, You must pay an extra premium.
- An approval number for this cover will then be listed on the Certificate of Insurance We give You. Special conditions, limits and excesses may apply depending on Your Existing Medical Condition, age, trip destination and duration. This will be stated on Your Certificate of Insurance or separately advised to You in writing.

Conditions to pay particular attention to

Chronic lung conditions

If You have a chronic lung condition*, unless You complete a health assessment for that condition at the Relevant Time which is then approved by Us and You pay the required extra premium, You won't be covered for claims directly or indirectly arising from or exacerbated by:

- that condition;
- a respiratory infection e.g. Influenza; or
- a lung infection e.g. Pneumonia.

*Chronic lung condition includes Chronic Asthma, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Pulmonary Fibrosis.

What does this mean?

For example, if You have COPD and are diagnosed with a respiratory infection, Your claim will not be covered because We consider the respiratory infection to complicate and be a complication of the underlying Existing Medical Condition, COPD.

Cardiovascular Disease

If You have a condition involving Your heart and blood vessels, collectively known as Cardiovascular Disease*, unless You complete a health assessment for that condition at the Relevant Time which is then approved by Us and You pay the required extra premium, You won't be covered for claims directly or indirectly arising from or exacerbated by:

- that condition; or
- another heart/cardiovascular system problem including a Heart Attack or Stroke.

*Cardiovascular Disease includes Aneurysms, Angina, Cardiac Arrhythmias (disturbances in heart rhythm) Cardiomyopathy, Cerebrovascular Accident (CVA or Stroke), previous heart surgery (including valve replacements, bypass surgery or stents), Myocardial Infarction (Heart Attack) or Transient Ischaemic Attack (TIA).

What does this mean?

For example, if You have ever been diagnosed with Coronary Artery Disease, also known as Ischaemic Heart Disease (IHD), it is considered a life-long condition. The risk of disease is elevated whether or not You have been treated with bypass surgery or coronary artery stent insertion. If You haven't told Us about Your condition, We haven't approved it and You haven't paid the additional premium, We won't be able to consider Your claim if something goes wrong before or during Your Journey with respect to these conditions.

Reduced immunity

If You have reduced immunity at the Relevant Time (e.g. as the result of a medical condition or medical treatment), unless You complete a health assessment which is then approved by Us and You pay the required extra premium, We won't be able to approve claims directly or indirectly arising from or exacerbated by the underlying medical condition or a new infection.

What does this mean?

For example, if You currently suffer from a condition that is associated with significant immunosuppression or You require medication that significantly impairs immune function (e.g. Methotrexate, Azothiaprime or high dose steroids), You should tell Us about Your condition, otherwise We won't be able to cover Your claim if You develop an opportunistic infection with respect to these conditions.

Other Existing Medical Conditions which cannot be covered

Under no circumstances is cover available on this policy for claims directly or indirectly arising from or exacerbated by:

- Your Terminal Illness;
- conditions involving drug or alcohol dependency;
- travel booked or undertaken against the advice of any medical practitioner;
- routine or cosmetic medical or dental treatment, even if Your Existing Medical Condition has been approved; or
- conditions for which You are travelling to seek advice, treatment or review or to participate in a clinical trial.

Travel and the health of other people in Australia (non-traveller)

When booking a trip and buying travel insurance please carefully consider the health of loved ones not travelling with You who live in **Australia**.

We can only consider claims by You arising from the health or death of a Relative or Your business partner who live in **Australia** and are not travelling with You if at the Relevant Time that person:

- had not been hospitalised in the previous 2 years for a condition that was directly or indirectly arising from or related to the condition that caused the claim;
- did not reside in a nursing home or require similar home care assistance;
- was not on a waiting list for, or did not know they needed surgery, inpatient treatment or tests at a hospital or clinic;
- did not have a drug or alcohol addiction; and
- did not have a Terminal Illness.

Claims caused by the health of other people (those people not listed above) are not covered by the policy.

Pregnancy

Are You pregnant?

If You know You are pregnant at the Relevant Time, You will need to apply for cover if:

- there have been complications with this pregnancy or a previous pregnancy;
- You have a multiple pregnancy e.g. twins or triplets; or
- the conception was medically assisted e.g. using assisted fertility treatment including hormone therapies or IVF.

“Relevant Time” in respect of:

- a) Single Trip policies means the time when the policy is issued.
- b) Annual Multi-Trip policies, means the first time when a part of the relevant trip is paid for or the time when the policy is issued, whichever occurs last.

Please complete additional questions in an online medical assessment in order to determine eligibility and obtain a quote. If You have any questions about the online assessment or prefer to talk with a customer service agent, please contact us.

Pregnancy restrictions

Whether or not You have to apply for pregnancy cover, the following restrictions apply to claims arising in any way from the pregnancy of any person.

- Cover is only provided for serious, unexpected pregnancy complications that occur up until the 24th week of pregnancy i.e. up to 23 weeks, 6 days. Gestational age is measured in weeks and days and is calculated from the last known date of Your menstrual period or calculated from staging ultrasound.
- Childbirth is not covered.
- Costs relating to the health or care of a newborn child are not covered, irrespective of the stage of pregnancy when the child is born.

What does this mean?

Expectant mothers should consider if Our products are right for them when travelling after 23 weeks and 6 days gestation as costs for childbirth and neonatal care overseas can be expensive.

24 hour emergency assistance

All policyholders have access to Our emergency assistance team who is contactable 24 hours a day, 365 days a year.

Our team of doctors, nurses, case managers and travel agents provide the following services to all policyholders:

- **Help to find a medical facility and monitor Your medical care**
- **Paying bills**
Becoming ill overseas can be very expensive so those significant medical expenses can be paid by Us directly to the hospital if Your claim is approved.
- **Keeping You travelling or getting You Home**
Our team can decide if and when it is appropriate to bring You Home and will coordinate the entire exercise.
- **Help if passports, travel documents or credit cards are lost**
If You need assistance in contacting the issuer of the document, Our emergency assistance team can help.
- **Help to change travel plans**
If Your travel consultant is not available to assist with rescheduling in an emergency, Our team can help.

Certain services are subject to Your claim being approved.

You must phone Our emergency assistance team as soon as possible if You are admitted to hospital or if You anticipate Your medical or related expenses will exceed \$500.

When You call, please have the following information:

- Your policy number
- A phone number to call You back on

Please call Australia DIRECT and TOLL FREE from:

USA	1800 937 9763	Canada	1800 645 8714
UK	0800 892 014	NZ	0800 445 524

Charges apply if calling from a pay phone or mobile phone.

From all other countries or if You experience difficulties with the numbers above:

Call direct: +61 (0) 2 8907 5619

Fax: +61 (0) 2 9954 6250

Claims

How to make a claim

Complete an online claim

Visit www.claims.covermore.com.au and follow the prompts; or

Fill in a claim form

Download, print and complete a claim form from www.covermore.com.au.

Add receipts and other supporting documents

Follow the checklist for the supporting documents You need to send Us with Your completed claim.

Submit the claim online or post it

Upload Your scanned documents and submit the claim online; or

Post the completed claim form and original supporting documents to:

Cover-More Travel Insurance
Claims Department
Private Bag 913
North Sydney NSW 2059
Australia

We need original documents, so please hold on to Your documents as We may request them. If You are posting them, keep a copy.

For additional assistance:

Call: 1300 72 88 22 or +61 (0) 2 8907 5000

Email: enquiries@covermore.com.au

When will I hear back about the claim?

We try to process claims as quickly as possible. You will hear back within 10 working days from the time We receive Your claim. We may approve and settle, investigate or decline the claim or request further information.

Important information

Who is the insurer?

The insurer of this product is Zurich Australian Insurance Limited (ZAIL), ABN 13 000 296 640, AFS Licence Number 232507.

ZAIL is part of the Zurich Insurance Group, a leading multi-line insurer that serves its customers in global and local markets. Zurich provides a wide range of general insurance and life insurance products and services in more than 210 countries and territories. Zurich's customers include individuals, small businesses, and mid-sized and large companies, including multinational corporations. ZAIL's contact details are:

Mail: Zurich Australian Insurance Limited
PO Box 677, North Sydney NSW 2059

The Financial Claims Scheme

If the insurer becomes insolvent, You may be entitled to payment under the Financial Claims Scheme (FCS). Access to the FCS is subject to eligibility criteria. Please visit www.fcs.gov.au for information.

Who is Cover-More and the providing entity?

Cover-More Insurance Services Pty Ltd ABN 95 003 114 145, AFSL 241713 (Cover-More) administers the policy (including customer service, medical assessments and claims management) and will usually arrange for the issue of the insurance, either directly or through the appointment of authorised representatives. Alternatively, another financial services licensee or its authorised representatives may arrange for the issue of this insurance.

The person who provides You with this PDS is the providing entity. The capacity in which they act is displayed in the Financial Services Guide on pages 54-55 of this booklet.

When and how benefits are provided

The benefits for which You are insured under this policy are payable:

- when an insured event occurs during the Period Of Insurance causing You to suffer loss or damage or incur legal liability; and Your claim is accepted by Us.

After calculating the amount payable We will either:

- pay for specified Additional expenses;
- pay the person to whom You are legally liable;
- pay the cash value, repair cost or arrange replacement of Your personal items (after deducting reasonable depreciation where applicable); or
- pay You.

Additional policy information

The insurance We offer You is set out in the PDS and Policy wording. It is important that You:

- are aware of the limits on the cover provided and the amounts We will pay You (including any excess that applies);
- are aware of the Words with special meaning found in the Policy wording on pages 28-31;
- are aware of the maximum benefit limits shown in the Benefits table on pages 4-5; and
- are aware of the Policy conditions and General exclusions found in the Policy wording on pages 31-53.

Change of terms and conditions

From time to time and where permitted by law, We may change parts of the Combined FSG/PDS. We will issue You with a new Combined FSG/PDS or a Supplementary FSG or PDS or other compliant document to update the relevant information except in limited cases. Any updates which are not materially adverse to You from the view of a reasonable person deciding whether to buy this insurance, may be found on www.covermore.com.au. You can obtain a paper copy of any updated information without charge by calling 1300 72 88 22.

Your duty of disclosure

Before You enter into this contract of insurance, You have a duty of disclosure under the Insurance Contracts Act 1984 (Cth). The duty applies until (as applicable) We first enter into the policy with You, or We agree to a variation, extension or reinstatement with You.

Answering Our questions

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

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

Variations, extensions and reinstatements

For variations, extensions and reinstatements You have a broader duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

If You do not tell Us something

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

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

Code of Practice

The insurer is a signatory to the General Insurance Code of Practice (Code) which is developed by the Insurance Council of Australia.

The Code sets out high standards of service that general insurers must meet when consumers are buying insurance, making claims, experiencing financial hardship, requesting information or wanting to make a complaint.

To obtain more information on the Code and the rights You may have under it please contact us or visit www.codeofpractice.com.au.

The amount You pay for this insurance

You can obtain a quote from the providing entity. The amount We charge You for this insurance policy is the total amount of the premium that We calculate to cover the risk and any relevant government charges (such as GST and stamp duty). These amounts add up to the total amount You must pay.

Once the policy is issued Your total premium and any relevant government charges are shown on the Certificate of Insurance.

If You wish to change Your policy in any way please contact us.

How various factors affect the Amount Payable

We consider a number of factors in calculating the total Amount Payable. The following is a guide on these key factors, how they combine and how they may impact the assessment of risk and therefore Your premium.

- **Area** – higher risk areas cost more.
- **Departure date and trip duration** – the longer the period until You depart and the longer Your trip duration, the higher the cost may be.
- **Age** – higher risk age groups cost more.
- **Plan** – an International plan, which provides more cover, costs more than an International Medical Only or Basic Plan or Domestic Plan.
- **Excess** – the higher the excess the lower the cost.
- **Cancellation cover** – on some policies You can choose Your own level of cancellation cover. The more cancellation cover You require, the higher the cost may be.
- **Cruise cover** – additional premium applies.
- **Adding cover for Existing Medical Conditions and pregnancy** (where available) – additional premium may apply if a medical assessment is completed and cover is accepted by Us.
- **Extra cover options** (where available) – additional premium may apply.

How a claim settlement is calculated

When We pay a claim We consider a number of aspects in calculating the settlement. These include:

- the amount of loss or damage or liability;
- the excess;
- the maximum benefit limits and sub-limits;
- reasonable depreciation; and
- the terms and conditions of the policy.

The following example illustrates how We will calculate claim settlement.

- Your new video camera with an original purchase price of \$2,800 is stolen from a hotel room.
- You are travelling on the International Premium Plan.
- You have chosen the nil excess option.
- You have not paid an additional amount to increase the standard item limit.

The claim settlement would be calculated as follows:

- Consider the original purchase price of the video camera – \$2,800 (no depreciation applies because the video camera was new).
- Consider the maximum benefit limit for Luggage and travel documents– \$6,000.
- Consider the maximum item limit payable for cameras and video cameras – \$2,500. This item limit does apply in this case.
- Consider the excess. As You have chosen the nil excess option, no excess is deducted. This results in a claim settlement of \$2,500 or We may choose to replace the item through a supplier of Our choice.

We respect Your privacy

In this Privacy Notice the use of “we”, “our” or “us” means Cover-More and the insurer, unless specified otherwise.

Why Your personal information is collected

We collect Your personal information (including sensitive information) for the purposes of:

- identifying You and conducting necessary checks;
- determining what services or products we can provide to You and/or others;
- issuing, managing and administering services and products provided to You and/or others including claims investigation, handling and payment; and
- improving services and products, e.g. training and development of representatives, product and service research, data analysis and business strategy development.

Cover-More also collects Your personal information for the purpose of providing special offers of other services and products that might be of interest to You.

How Your personal information is collected

We may collect Your personal information through websites from data You, or Your travel consultant, input directly or through cookies and other web analytic tools, via email, by fax, by telephone or in writing.

- We collect personal information directly from You unless:
- You have consented to collection from someone else;
- it is unreasonable or impracticable for us to do so; or
- the law permits us to collect from someone else.

We also collect additional personal information from other third parties to provide You with our services and products.

If You provide personal information to us about another person You must only do so with their consent and agree to make them aware of this Privacy Notice.

Who we disclose Your personal information to

We may disclose Your personal information to other parties and service providers for the purposes noted above.

The other parties and service providers include:

- insurers and reinsurers;
- medical providers, travel providers and Your travel consultant;
- our lawyers and other professional advisors;
- our related companies and other representatives or contractors who we have hired to provide services or to monitor the services provided by us or our agents, our products or operations; and/or
- other parties we may be able to claim or recover against or other parties where permitted or required by law.

Additional parties and service providers are detailed in the Cover-More Privacy Policy and the insurer's Privacy Statement. The contractual arrangements that we have in place with these parties and service providers generally include an obligation for them to comply with Australian privacy laws.

We may need to disclose personal information about You to other parties and service providers, some of whom may be located in overseas countries. Who they are may change from time to time.

Generally these recipients will be located in the overseas countries You travelled to over the duration of Your policy and Your claim. These recipients would usually be service providers, such as medical providers, providers of travel related services, investigators, assessors and facilitators or our related entities that carry out services on our behalf in relation to Your policy and Your claim. Further details of these types of recipients are set out in the Cover-More Privacy Policy and the insurer's Privacy Statement.

We may not always be able to take reasonable steps to ensure that these recipients comply with the Privacy Act. Some of the countries where these recipients are based may not offer the same protection or obligations that are offered by the Act in Australia. By acquiring the services and products from us You agree that You may not be able to seek redress under the Act, or from us and/or from the recipients in overseas countries, or to the extent permitted by law.

You and any other traveller included on the policy consent to these uses and disclosures unless You tell Cover-More, using the following contact details.

Your choices

If You choose not to provide Your personal information and/ or choose not to consent and/or withdraw Your consent to the use and disclosure of Your personal information set out in this Privacy Notice at any stage, we may not be able to provide our services or products or manage and administer services and products to You and/or others.

If You wish to withdraw Your consent including for things such as receiving information on products and offers or Your travel consultant receiving personal information about Your policy and coverage, please contact Cover-More on 1300 72 88 22.

More information

For more information about how Your personal information is collected, used or disclosed, how to access or seek correction to Your personal information or how to make a complaint and how such a complaint will be handled, please contact us or refer to the relevant website.

Cover-More Privacy Officer

Cover-More Insurance Services Pty Ltd

Mail: Private Bag 913, North Sydney NSW 2059 Australia

Email: privacy.officer@covermore.com.au

Call: 1300 72 88 22

Website: covermore.com.au/covermore_privacy_policy

ZAIL Privacy Officer

Zurich Australian Insurance Limited

Mail: PO Box 677, North Sydney NSW 2059

Email: privacy.officer@zurich.com.au

Call: 132 687

Website: www.zurich.com.au/important-information/privacy

Resolving complaints

We are committed to resolving Your complaint fairly.

If You think We have let You down in any way, or Our service is not what You expect (even if through one of Our representatives), please let Us know so We can put You in contact with someone who can help resolve the complaint. You can talk to us over the phone or write to us.

- Call Cover-More on 1300 72 88 22.
- Write to the Customer Relations Manager
Private Bag 913, North Sydney NSW 2059
or email customerrelations@covermore.com.au.
- We will listen to You, consider the facts and respond to You within 15 working days. If more information or time is needed to respond to Your complaint properly We will contact You to agree an appropriate timeframe to respond.
- If You are unhappy with the response, please tell Us.
- Cover-More will undertake a separate review of the matter. Provided We have the information We need, this review will be completed within 15 working days.
- If You are not satisfied with the resolution, then Your complaint will be referred to the Dispute Resolution Officer or their delegate at the insurer.

We will send You Our final decision within 45 days from the date You first made Your complaint.

We expect Our procedures will deal fairly and promptly with Your complaint. However, if You are not satisfied with Our final decision You can choose to have the matter reviewed independently by the Financial Ombudsman Service (FOS) Australia. Its services are free to You. As a member We agree to accept their decision, where We are bound to do so.

Financial Ombudsman Service Limited

Mail: GPO Box 3
Melbourne VIC 3001

Call: 1800 367 287

Fax: 03 9613 6399

Email: info@fos.org.au

Website: www.fos.org.au

Policy wording

The benefits described in this policy wording should be read in conjunction with Policy inclusions and options (pages 6-11), Travel and health (pages 11-18), Your duty of disclosure (page 22), Words with special meaning (pages 28-31), Policy conditions (pages 31-35) and General exclusions (pages 51-53).

THE POLICY IS NOT VALID UNLESS THE CERTIFICATE OF INSURANCE IS ISSUED TO YOU.

We will give You the insurance cover described in the policy in return for receiving the total Amount Payable.

It is a condition of the policy that:

- You are not aware of any circumstance which is likely to give rise to a claim;
- You are a resident of Australia, or non-resident of Australia travelling on the Inbound Plan, and will be returning Home at the completion of the Period Of Insurance and within 18 months of the Journey commencing;
- if You purchase the Annual Multi-Trip Policy, cover will only extend to a Journey that involves travel to a destination which is more than 250 km from Home and the length of each Journey cannot exceed the maximum duration shown on Your Certificate of Insurance.

Words with special meaning

In this policy the following words have the following meaning:

“We”, “Our”, “Us” means Zurich Australian Insurance Limited (ZAIL).

“You”, “Your”, “Yourself” means the people listed as adults on the Certificate of Insurance and includes Accompanied Children except on the Domestic Plan in which case cover applies on a per person basis only. Where more than one person is listed as an adult on the Certificate of Insurance all benefits, limitations, conditions and exclusions will be interpreted as if a separate policy was issued to each of the persons listed as an adult other than:

- a) in the event a claim arising from the one event is made, an excess (if applicable) will only be applied once;
- b) in the case of luggage item limits which shall be as per a single policy;
- c) for Section 3 on the Premium Plan and the Inbound Plan where the limit chosen applies per policy.

In respect of organised groups, each child not travelling with their usual guardian must purchase a separate policy.

“Accompanied Children” means Your children or grandchildren who are identified on the Certificate of Insurance and travelling with You on the Journey, provided they are not in full-time employment, they are financially dependent on You and they are under the age of 21 years.

“Act Of Terrorism” means an act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), which from its nature or context is done for, or in connection with, political, religious, ideological, ethnic or similar purposes or reasons, including the intention to influence any government and/or to put the public, or any section of the public in fear.

“Additional” means the cost of the accommodation or transport You actually use less the cost of the accommodation or transport You expected to use had the Journey proceeded as planned.

“Amount Payable” means the total amount payable shown on Your Certificate of Insurance.

“Disabling Injury, Sickness or Disease” means a disabling injury, sickness or disease which first shows itself during the Period Of Insurance and which requires immediate treatment by a qualified medical practitioner or dentist.

“Epidemic” means a fast-spreading contagious or infectious disease or illness in an area as documented by a recognised public health authority.

“Existing Medical Condition” means a disease, illness, medical or dental condition or physical defect that at the Relevant Time meets any one of the following:

- a) has required an emergency department visit, hospitalisation or day surgery procedure within the last two years;
- b) requires
 - (i) prescription medication from a qualified medical practitioner;
 - (ii) regular review or check-ups;
 - (iii) ongoing medication for treatment or risk factor control;
 - (iv) consultation with a specialist;
- c) has
 - (i) been medically documented involving the brain, circulatory system, heart, kidneys, liver, respiratory system or cancer;
 - (ii) required surgery involving the abdomen, back, joints or spine;
 - (iii) shown symptoms or signs however, a medical opinion or investigation has not been sought to confirm or provide a diagnosis; or
- d) is
 - (i) chronic or ongoing (whether chronic or otherwise) and medically documented;
 - (ii) under investigation;
 - (iii) pending diagnosis; or
 - (iv) pending test results.

“Home” means Your usual place of residence in **Australia**.

“Insolvency” means bankruptcy, provisional liquidation, liquidation, insolvency, appointment of a receiver or administrator, entry into a scheme of arrangement, statutory protection, presentation of a petition for the compulsory winding up of, stopping the payment of debts or the happening of anything of a similar nature under the laws of any jurisdiction.

“International Waters” means waters outside the jurisdiction territory of any country.

“Journey” means the period commencing at the time You leave Home and ceasing at the time You return Home.

“Limbs” means a hand at or above the wrist or a foot at or above the ankle.

“On-Piste” means on a marked trail or slope prepared for the purpose of skiing or snowboarding within the boundary of the ski field or ski resort and used in accordance with any regulations published by the ski field or ski resort.

“Pandemic” means an Epidemic that is expected to affect an unusually large number of people or involves an extensive geographic area.

“Period Of Insurance” means:

- a) In respect of Single Trip Policies from the time You commence the Journey or the travel start date shown on Your Certificate of Insurance (whichever is later) until the time You complete the Journey or the travel end date shown on Your Certificate of Insurance (whichever is the earlier).
- b) In respect of Annual Multi-Trip Policies from the time You commence each Journey or the travel start date shown on Your Certificate of Insurance (whichever occurs last) until the earliest of the following times:
 - (i) the time that You complete the Journey; or
 - (ii) the expiry of the maximum insured duration per Journey (this maximum duration is shown on Your Certificate of Insurance); or
 - (iii) 12 months from the travel start date shown on Your Certificate of Insurance.

Cover under Section 3 begins from the time the policy is issued. The dates on Your Certificate of Insurance can only be changed with Our consent. In respect of Section 9, cover is suspended while You are in **Australia** and will recommence once You resume the Journey, subject to the original expiry date.

“Permanent” means a period of time lasting 12 consecutive months after the expiry of which We consider there is no reasonable prospect of improvement.

“Professional” means undertaking any activity for which financial payment is received from another person or party.

“Public Place” means any place the public has access to including but not limited to airports, beaches, hotel foyers and grounds, ports, private car parks, restaurants, shops and streets.

“Registered Psychiatrist” means a psychiatrist registered with and accredited by the Australian Health Practitioner Regulation Agency (AHPRA) or, if You are overseas, an equivalent regulatory body which governs psychiatrists in the jurisdiction in which You seek medical assistance.

“Relative” means Your spouse, de facto, parent, grandchild, brother, sister, son-in-law, daughter-in-law, parent-in-law, grandparent, child, step-parent, brother-in-law, sister-in law, fiancé(e), first cousin, aunt, uncle, niece and nephew.

“Relevant Time” in respect of:

- a) Single Trip policies means the time of issue of the policy.
- b) Annual Multi-Trip policies means the first time at which any part of the relevant trip is paid for or the time at which the policy is issued, whichever occurs last.

“Rental Car” means a rented sedan, campervan, hatchback or station-wagon (including 4WDs) rented from a licensed motor vehicle rental company.

“Terminal Illness” means a medical condition for which a terminal prognosis has been given by a qualified medical practitioner and which is likely to result in death.

“Transport Provider” means a properly licensed coach operator, airline, shipping line or railway company.

“Valuables” means articles made of or containing gold, silver or precious metals; binoculars; jewellery; mobile phones; photographic, audio, video, tablet computer, computer and electrical equipment of any kind (including computer games, portable navigation equipment or media); precious stones; smart phones; telescopes and watches.

Policy conditions

1. Excess

The excess is the first amount of a claim which We will not pay for. The excess, if applicable, applies to any claim arising from a separate event in respect of Sections 1, 2, 3, 4, 5, 9, 10 and 17 of this policy only. The excess is the amount shown on Your Certificate of Insurance.

An additional excess may apply in certain circumstances, such as cover for Existing Medical Conditions where You do not meet the provisions on pages 12-15. If an additional excess applies We will notify You in writing.

2. Sections of the policy applicable to each plan

Refer to the Benefits table on pages 4-5.

3. Limits of liability

The limits of Our liability for each Section of the policy are the amounts shown in the relevant table for the plan selected (see pages 4-5) except:

- a) where the policy limit for Section 3 on the International Premium Plan or Inbound Plan will be shown on Your Certificate of Insurance;
- b) where additional luggage cover has been effected;
- c) on the Domestic Plan where the maximum liability collectively shall not exceed in total the sum insured stated under the policy plan selected for Sections 2 and 3;
- d) on the Domestic Cancellation Plan where the maximum liability collectively shall not exceed in total the sum insured stated under the policy plan selected for Sections 2 and 3;

- e) the maximum liability collectively for Sections 13, 14 and 15 shall not exceed \$20,000 on the Premium Plan or, \$10,000 on the Domestic Plan,
- f) the maximum liability collectively for Sections 1 and 2 shall not exceed \$10,000,000 on the Inbound Plan;
- g) where You have paid an additional amount to increase the level of Rental Car insurance excess cover; or
- h) where We have notified You in writing of different limits such as on Your Certificate of Insurance.

4. Claims

- a) The loss or theft of luggage, personal effects, travel documents or money must be reported within 24 hours to the police and (where applicable) the responsible Transport Provider and a written report must be obtained at that time.
- b) If You are admitted to hospital or You anticipate Your medical expenses and Additional expenses are likely to exceed \$500 You must phone the emergency assistance number as soon as physically possible.
- c) You must take all reasonable steps to prevent or minimise a claim.
- d) You must not make any offer, promise of payment or admit any liability without Our written consent.
- e) You must advise Us of any claim or occurrence which may give rise to a claim as soon as possible and within 60 days of the return date shown on Your Certificate of Insurance by sending a completed claim form.
- f) You must at Your own expense, supply any documents in support of Your claim which We may request, such as an original police report, a Property Irregularity Report (P.I.R.), receipts, valuations, a repair quote, a death certificate and/or medical certificate.
- g) You must co-operate fully in the assessment or investigation of Your claim.
- h) If You make or try to make a false, exaggerated or fraudulent claim or use any false, exaggerated or fraudulent means in trying to make a claim, We will not pay Your claim, Your cover under this policy will be voided (without any return of the amount You have paid), We may report You to the appropriate authorities and You may be prosecuted.
- i) Where You are a registered entity on a Plan D or on the Domestic Cancellation Plan You may be entitled to an input tax credit for Your Amount Payable and/or for things covered by this policy. You must disclose these entitlements to Us if You make a claim under Your policy.
- j) If We agree to pay a claim under Your policy We will base any claim payment on the Goods and Services Tax (GST) inclusive costs (up to the relevant limits of liability). However, We will reduce any claim payment by any input tax credit You are, or would be, entitled to for the repair or replacement of insured property or for other things covered by this policy.

5. If You are able to claim from a statutory fund, compensation scheme or Transport Provider

If You are able to claim from a statutory fund, compensation scheme (for example a private health fund or workers compensation scheme) or Transport Provider for monies otherwise payable under this policy You must do so and the policy will only cover the remaining amount.

6. You must help Us to make any recoveries

We have the right to recover from any other party in Your name, money payable under the policy or to choose to defend any action brought against You. You must provide reasonable assistance to Us.

7. Claims payable in Australian dollars

All amounts payable and claims are payable in Australian dollars at the rate of exchange applicable at the time the expenses were incurred.

8. Policy interpretation

The policy shall be interpreted in accordance with the law of the Australian State or Territory in which it is issued.

9. Emergency assistance

- a) Where Your claim is excluded or falls outside the policy coverage, the giving of emergency assistance will not in itself be an admission of liability.
- b) The medical standards, sanitary conditions, reliability of telephone systems and facilities for urgent medical evacuations differ from country to country. Responsibility for any loss, medical complication or death resulting from any factor reasonably beyond Our control cannot be accepted by Our emergency assistance, Cover-More or Us.

10. Free extension of insurance

Where Your Journey is necessarily extended due to an unforeseeable circumstance outside Your control, Your Period Of Insurance will be extended until You are physically able to travel Home by the quickest and most direct route.

The Period Of Insurance will not be extended for any other reason.

11. Special conditions, limitations, excesses and amounts payable

If You:

- a) want cover for an Existing Medical Condition or pregnancy which does not satisfy the provisions set out on pages 11-18 You will need to complete a health assessment. We will notify You of the outcome.

If We are able to approve cover for the condition(s) or pregnancy You must pay an extra premium to Us. Cover may be subject to special conditions, limitations, limits, and excesses.

- b) in the last 5 years have:
 - (i) made 3 or more travel insurance claims, or
 - (ii) had insurance declined or cancelled or had a renewal refused or claim rejected, or
 - (iii) been in prison or had any criminal conviction (other than driving offences)

cover must be separately applied for and accepted by Us, and it may be subject to special conditions, limitations, excesses and amounts payable.

We will notify You in writing of these before We issue the policy.

12. Automatic reinstatement of sums insured

If You purchase the Annual Multi-Trip Policy the limits of liability under each Section of the policy are automatically reinstated on completion of each Journey and in respect of Section 4, also once on each Journey.

13. Policy conditions applying to Sections 1 and 2 only

- a) We have the option of returning You to Australia if the cost of medical and/or Additional expenses overseas are likely to exceed the cost of returning You to Australia subject always to medical advice. We also have the option of evacuating You to another country.
- b) In all cases the cost of evacuation or to bring You back to Australia will only be met if Your claim is approved by Us and it was arranged by and deemed necessary by Our emergency assistance network.
- c) If We request that You be moved to another hospital, return to Australia or be evacuated to another country and You refuse, We will only consider:
 - (i) Your costs and expenses per Sections 1 and 2 (as applicable) incurred up to the time of Our request; and
 - (ii) the lesser of:
 - an amount equivalent to the costs and expenses per Sections 1 and 2 (as applicable) that You would have incurred after Our request had You moved to another hospital, returned to Australia or been evacuated to another country as requested; or
 - Your costs and expenses actually incurred after Our request.
- d) If You are hospitalised We will pay for a share room. If a share room is not available We will, at Our discretion and that of Our medical advisors, pay to upgrade You to a single room.
- e) If You do not hold a return airline ticket an amount equal to the cost of an economy class one way ticket will be deducted from Your claim for repatriation expenses.

14. Policy conditions applying to Sections 13, 14 and 15 only

- a) If the conveyance You are travelling in disappears, sinks or crashes and Your body has not been found after 12 months You will be presumed to have died.
- b) You must obtain and follow advice and treatment given by a qualified medical practitioner as soon as possible after suffering a disabling injury, during the Period Of Insurance.

15. Non-Australian residents travelling to Australia – Inbound Plan

This policy condition applies if You have paid the Inbound Plan Amount Payable and You are a non-Australian resident. In this policy wording (other than in this Policy condition, the second bullet point on page 28, Section 1 and Section 17):

- a) the word “**Australia**” (as highlighted) should be replaced with Your country of residence; and

- b) the word “**overseas**” (as highlighted) should be interpreted to mean a place outside Your country of residence.

16. Sanctions regulation

Notwithstanding any other terms or conditions under this policy, We shall not be deemed to provide coverage and will not make any payments nor provide any service or benefit to You or any other party to the extent that such cover, payment, service, benefit and/or activity of Yours would violate any applicable trade or economic sanctions, law or regulation.

The benefits

SECTION 1: Overseas medical and dental expenses

“**Disabling Injury, Sickness or Disease**” means a disabling injury, sickness or disease which first shows itself during the Period Of Insurance and which requires immediate treatment by a qualified medical practitioner or dentist.

If You suffer a Disabling Injury, Sickness or Disease We will pay the usual and customary cost of medical treatment, ambulance transportation and emergency dental treatment which is provided outside Australia by or on the advice of a qualified medical practitioner or dentist.

Cover applies for a maximum of 12 months from the date of suffering the Disabling Injury, Sickness or Disease.

The maximum benefit limit for this section is:

Premium Plan	\$Unlimited
Medical Only Plan	\$Unlimited
Domestic Plan	No cover
Domestic Cancellation Plan	No cover
Inbound Plan	\$10,000,000*

*Combined limit of Section 1 and 2.

We will not pay for:

1. medical treatment, dental treatment or ambulance transportation which is provided in Australia.
This exclusion does not apply to medical treatment provided whilst on a ship (including cruise ship, passenger ship or passenger ferry) even if that ship is within Australian territorial waters. However, this additional benefit does not apply to any medical treatment provided on Australian inland waterways or whilst the ship is tied up in an Australian port.
2. dental treatment caused by or related to the deterioration and/or decay of teeth or associated tissue; involving the use of precious metals; or involving cosmetic dentistry.
3. the continuation or follow-up of treatment (including medication and ongoing immunisations) started prior to Your Journey.
4. routine medical or dental treatment or prenatal visits.

5. medical treatment, dental treatment or ambulance transportation which is provided in Your country of residence.
6. private medical or hospital treatment where public funded services or care is available, including medical or hospital treatment under any Reciprocal Health Agreement between Australia and the Government of any other country unless We agree to the private treatment.

Also refer to: General exclusions - pages 51-53.

Policy conditions - pages 31-35.

SECTION 2: Additional expenses

“Additional” means the cost of the accommodation or transport You actually use less the cost of the accommodation or transport You expected to use had the Journey proceeded as planned.

“Disabling Injury, Sickness or Disease” means a disabling injury, sickness or disease which first shows itself during the Period Of Insurance and which requires immediate treatment by a qualified medical practitioner or dentist.

“Home” means Your usual place of residence in **Australia**.

“Relative” means Your spouse, de facto, parent, grandchild, brother, sister, son-in-law, daughter-in-law, parent-in-law, grandparent, child, step-parent, brother-in-law, sister-in law, fiancé(e), first cousin, aunt, uncle, niece and nephew.

1. If You become sick

Cover is subject to the written advice of the treating qualified medical practitioner and acceptance by Our emergency assistance team.

If You suffer a Disabling Injury, Sickness or Disease, We will pay the reasonable Additional accommodation (room rate only) expenses and Additional transport expenses, at the same fare class and accommodation standard as originally booked, incurred by:

- a) You. The benefit ceases when You are able to continue Your Journey, travel Home or on the completion of the Period Of Insurance, whichever is the earlier.
- b) Your travelling companion who remains with or escorts You until You are able to continue Your Journey, travel Home or on the completion of the Period Of Insurance, whichever is the earlier.
- c) one person (e.g. a Relative) (if You don't have a travelling companion with You already) who travels to and remains with You following You being hospitalised as an inpatient. The benefit ceases when You are able to continue Your Journey, travel Home or on the completion of the Period Of Insurance, whichever is the earlier.

We will also pay the reasonable expenses incurred in returning Your Rental Car to the nearest depot if You suffer a Disabling Injury, Sickness or Disease provided that, on the written advice of the treating qualified medical practitioner, You are unfit to drive it.

2. If You die

We will pay reasonable **overseas** funeral or cremation expenses or the cost of returning Your remains to **Australia** if You die during the Period Of Insurance. In either event the maximum amount We will pay in total will not exceed \$20,000.

3. If a Relative or Your business partner becomes sick in Australia

We will pay reasonable Additional transport expenses at the same fare class as originally booked if You are required to return Home due to the sudden Disabling Injury, Sickness or Disease or death of a Relative or Your business partner in **Australia**.

4. If Your Home is destroyed by fire, earthquake or flood

We will pay the reasonable Additional transport expenses at the same class as originally booked for Your early return Home if it is totally destroyed by fire, earthquake or flood while You are on Your Journey.

5. Other circumstances

We will pay Your reasonable Additional accommodation (room rate only) and Additional transport expenses, at the same fare class and accommodation standard as originally booked, incurred on the Journey due to an unforeseeable circumstance outside Your control and resulting from:

- a) disruption of Your scheduled transport because of riot, strike or civil commotion occurring after the commencement of the Journey provided You act reasonably in avoiding Additional costs;
- b) loss of passport or travel documents except involving government confiscation or articles sent through the mail;
- c) a quarantine regulation You unknowingly breach;
- d) a natural disaster;
- e) a collision of a motor vehicle, watercraft, aircraft or train in which You are travelling;
- f) Your scheduled transport being delayed for at least 12 hours due to severe weather conditions. We will pay up to \$250 providing written confirmation from the Transport Provider has been obtained.

The maximum benefit limit for this section is:

Premium Plan	\$Unlimited
Medical Only Plan	\$Unlimited
Domestic Plan	\$10,000 [^]
Domestic Cancellation Plan	Cover chosen [^]
Inbound Plan	\$10,000,000*

[^]Combined limit of Section 2 and 3. *Combined limit of Section 1 and 2.

For approved claims under this Section and Section 3 for the same or similar Additional expenses or prepaid travel costs over the same period, We pay the higher of the two amounts claimed, not both.

We will not pay for:

1. any costs or expenses incurred prior to You being certified by a medical practitioner as unfit to travel.
2. claims under Section 2.3 and 2.5 arising from an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses, or the threat or perceived threat of any of these.

Also refer to: General exclusions - pages 51-53.

Policy conditions - pages 31-35.

SECTION 3: Amendment or cancellation costs

If due to circumstances outside Your control and unforeseeable at the Relevant Time:

1. You have to rearrange Your Journey prior to leaving Home, We will pay the reasonable cost of doing so (We will not pay more for rearranging Your Journey than the cancellation costs which would have been incurred had the Journey been cancelled).
2. You have to cancel the Journey (where You cannot rearrange it prior to leaving Home) We will pay You:
 - a) the non-refundable unused portion of all travel costs prepaid in advance including the travel agent's commission (the travel agent's commission is limited to the lesser of \$4,000 or the amount of commission the agent had earned on the prepaid refundable amount of the cancelled travel arrangements).
 - b) for frequent flyer or similar flight reward points lost following cancellation of Your airline ticket. The amount We will pay is calculated as follows:
 - (i) the cost of the equivalent class airline ticket, based on the best available advance purchase airfare at the time the claim is processed, less Your financial contribution towards the airline ticket multiplied by
 - (ii) the total amount of points lost divided by
 - (iii) the total amount of points used to obtain the airline ticket.

The maximum benefit limit for this section is:

Premium Plan	Cover chosen*
Medical Only Plan	No cover
Domestic Plan	\$10,000^
Domestic Cancellation Plan	Cover chosen*^
Inbound Plan	Cover chosen*

*Shown on Your Certificate of Insurance.

^Combined limit of Section 2 and 3.

For approved claims under this Section and Section 2 for the same or similar Additional expenses or prepaid travel costs over the same period, We pay the higher of the two amounts claimed, not both.

We will not pay for claims caused by:

1. Transport Provider caused cancellations, delays or rescheduling other than when caused by strikes.
2. the disinclination of You or any other person to proceed with the Journey or deciding to change plans.
3. any costs or expenses incurred prior to You being certified by a qualified medical practitioner as unfit to travel.
4. anxiety, depression, mental illness or stress suffered by You, a Relative or another person unless referred to and diagnosed by a Registered Psychiatrist as a new condition (i.e. not an Existing Medical Condition) and:

- a) You are certified as unfit to travel by the treating Registered Psychiatrist; or
 - b) the treating Registered Psychiatrist certifies that it was medically necessary for You to amend or cancel Your Journey to assist a Relative or another person.
5. the death, injury, sickness or disease of any person living outside **Australia**.
 6. any contractual or business obligation or Your financial situation.
 7. failure by You or another person to obtain the relevant visa, passport or travel documents.
 8. errors or omissions by You or another person in a booking arrangement.
 9. the standards and expectations of Your prepaid travel arrangements being below or not meeting the standard expected.
 10. the failure of Your travel agent, Our agent who issued this policy, any tour operator, transport or accommodation supplier or provider, person or agency to pass on monies to operators or to deliver promised services.
 11. a request by a Relative.
 12. a request by Your employer unless You are a member of the police force and Your leave is revoked.
 13. a lack in the number of persons required to commence any tour, conference, accommodation or travel arrangements or due to the negligence of a wholesaler or operator.
 14. customs and immigration officials acting in the course of their duties or You travelling on incorrect travel documents.
 15. or arising directly or indirectly from an Act Of Terrorism or the threat or perceived threat of an Act Of Terrorism.
 16. or arising from an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses, or the threat or perceived threat of any of these.

Also refer to: General exclusions - pages 51-53.

Policy conditions - pages 31-35.

SECTION 4: Luggage and travel documents

“Valuables” means articles made of or containing gold, silver or precious metals; binoculars; jewellery; mobile phones; photographic, audio, video, tablet computer, computer and electrical equipment of any kind (including computer games, portable navigation equipment or media); precious stones; smart phones; telescopes and watches.

“Public Place” means any place the public has access to including but not limited to airports, beaches, hotel foyers and grounds, ports, private car parks, restaurants, shops and streets

1. Loss, theft or damage

If during the Period Of Insurance Your luggage or personal effects are lost, stolen or damaged, after deducting reasonable depreciation (where applicable and as determined by Us) We will replace, provide a replacement voucher, repair or pay You the monetary value of the luggage or personal effects. It is Our choice which of these We do.

This policy is an indemnity policy which means settlement of Your claim is based on the value of an item at the time of the loss and not on a 'new for old' or replacement cost basis. Reasonable depreciation takes into account the amount paid originally for the item, its age, wear and tear and advances in technology.

Our payment will not exceed the original purchase price of an item with a limit for any one item, set or pair of items including attached and unattached accessories of:

Plan	Cameras and video cameras	Laptop and tablet computers	Smart phones and mobile phones	Other items
Premium	\$2,500	\$2,500	\$500	\$500
Medical Only	No luggage cover	No luggage cover	No luggage cover	No luggage cover
Domestic	\$300	\$300	\$300	\$300
Domestic Cancellation	No luggage cover	No luggage cover	No luggage cover	No luggage cover
Inbound	\$200	\$200	\$200	\$200

For example a camera, camera accessories, lenses and tripod (attached or not) are considered one item. A necklace and pendant are considered one item.

Where an additional premium has been paid to increase the item limit for a single time, the claim will be assessed based on the item limit specified on the Certificate of Insurance. For multiple items, the overall increase in limits cannot exceed \$7,000.

2. Travel document replacement

We will pay You for the cost of replacing travel documents and credit cards lost or stolen on the Journey. We will also pay for Your legal liability arising from their illegal use. You must however, comply with all the conditions of the issue of the document prior to and after the loss or theft.

3. Automatic reinstatement of sum insured

In the event that a claimable loss, or damage to Your luggage and personal effects is incurred, We will allow You one automatic reinstatement of the sum insured stated in the Plan selected whilst on Your Journey.

The maximum benefit limit for this section is:

Premium Plan	\$6,000
Medical Only Plan	No cover
Domestic Plan	\$3,000
Domestic Cancellation Plan	No cover
Inbound Plan	\$3,000

We will not pay for:

1. loss or theft which is not reported within 24 hours to the:
 - a) police; and
 - b) the responsible Transport Provider (where Your items are lost or stolen whilst travelling with a Transport Provider).All cases of loss or theft must be confirmed in writing by the police (and Transport Provider where applicable) at the time of making the report and a written report obtained.
2. damage, loss or theft of Valuables placed in the care of a Transport Provider unless security regulations prevented You from keeping the Valuables with You.
3. Valuables left unattended in any motor vehicle at any time (even if in the boot).
4. items left unattended in any motor vehicle unless stored in the boot and forced entry is gained.
5. items left unattended in any motor vehicle overnight (even if in the boot).
6. any amount exceeding \$2,000 in total for all items left unattended in any motor vehicle.
7. items left unattended in a Public Place.
8. drones (including attached and unattached accessories) whilst in use.
9. sporting equipment whilst in use.
10. items sent under the provisions of any freight contract or any luggage forwarded in advance or which is unaccompanied.
11. surfboards or waterborne craft of any description. This exclusion does not apply if the item is lost, stolen or damaged while in the custody of a Transport Provider.
12. damage to fragile or brittle articles unless caused by a fire or motor vehicle collision. This exclusion does not apply to spectacles; lenses in cameras and video cameras; laptop and tablet computers; or binoculars.
13. damage caused by atmospheric or climatic conditions, wear and tear, vermin or any process of cleaning, repairing, restoring or alteration.
14. electrical or mechanical breakdown.
15. information stored on any electronic device or other media, including digital photos, downloaded files, electronic applications, programmed data, software or any other intangible asset.
16. bonds, coupons, gift cards, stamps, vouchers, warranties, pre-loaded or rechargeable cards including but not limited to phone, debit or stored value cards.
17. bullion, deeds, insurance premiums, manuscripts, negotiable instruments, precious metals or securities.
18. items described in Section 6 Money.

Also refer to: General exclusions - pages 51-53.

Policy conditions - pages 31-35.

SECTION 5: Delayed luggage allowance

“Home” means Your usual place of residence in **Australia**.

If all Your luggage is delayed by a Transport Provider during the Journey for more than 24 hours We will pay You up to \$375 on the Premium Plan or \$200 on the Inbound Plan for essential emergency items of clothing and toiletries You purchase whilst on Your Journey. On the Premium Plan the limit will be doubled if You still have not received Your luggage after 72 hours.

The original receipts for the items and written confirmation of the length of delay from the Transport Provider must be produced in support of Your claim. If Your luggage is not ultimately returned to You any amount claimable under this section will be deducted from any entitlement under Section 4 of this policy.

This section does not apply on the leg of the Journey that returns You Home.

The maximum benefit limit for this section is:

Premium Plan	\$750
Medical Only Plan	No cover
Domestic Plan	No cover
Domestic Cancellation Plan	No cover
Inbound Plan	\$200

We will not pay for:

1. delay which is not reported to the responsible Transport Provider within 24 hours. All reports must be confirmed in writing by the Transport Provider at the time of making the report and a written report obtained.

Also refer to: General exclusions - pages 51-53.

Policy conditions - pages 31-35.

SECTION 6: Money

We will reimburse You for cash, bank or currency notes, postal or money orders accidentally lost or stolen from Your person during the Journey.

The maximum benefit limit for this section is:

Premium Plan	\$100
Medical Only Plan	No cover
Domestic Plan	No cover
Domestic Cancellation Plan	No cover
Inbound Plan	No cover

We will not pay for:

1. loss or theft which is not reported within 24 hours to the:
 - a) police; and
 - b) the responsible Transport Provider (where Your items are lost or stolen whilst travelling with a Transport Provider).

All cases of loss or theft must be confirmed in writing by the police (and Transport Provider where applicable) at the time of making the report and a written report obtained.

2. loss or theft of cash, bank or currency notes, postal or money orders whilst not carried on Your person.

Also refer to: General exclusions - pages 51-53.

Policy conditions - pages 31-35.

SECTION 7: Rental Car insurance excess

“Rental Car” means a rented sedan, campervan, hatchback or station-wagon (including 4WDs) rented from a licensed motor vehicle rental company.

This cover applies if You:

- a) hire a Rental Car;
- b) are the nominated driver on the Rental Car agreement; and
- c) have comprehensive motor vehicle insurance for the Rental Car for the hire period.

If the Rental Car is damaged or stolen whilst in Your control during the Journey We will pay the lower of the Rental Car insurance excess or the repair costs to the Rental Car that You become liable to pay.

It is Your responsibility to provide the final loss/repair report to substantiate Your claim.

The maximum benefit limit for this section is:

Premium Plan	\$3,000
Medical Only Plan	No cover
Domestic Plan	\$4,000
Domestic Cancellation Plan	No cover
Inbound Plan	No cover*

* Unless cover is purchased as an extra cover option

We will not pay for:

1. any damage or theft, arising from the operation of a Rental Car in violation of the terms of the rental agreement.
2. any damage sustained to a Rental Car while it is being driven on an unsealed surface.
3. administration costs or loss of use penalties.

Also refer to: General exclusions - pages 51-53.

Policy conditions - pages 31-35.

SECTION 8: Travel delay

“Additional” means the cost of the accommodation or transport You actually use less the cost of the accommodation or transport You expected to use had the Journey proceeded as planned.

If Your pre-booked transport is temporarily delayed for at least 6 hours due to an unforeseeable circumstance outside Your control, We will reimburse You up to \$200 on The Premium Plan or Inbound Plan or \$150 on the Domestic Plan for Additional accommodation (room rate only) expenses.

We will also reimburse up to these limits again for each full 24 hour period that the delay continues beyond the initial 6 hour delay.

You must claim from the Transport Provider first, and provide Us with written confirmation from the Transport Provider of the cause and period of the delay and the amount of compensation offered by them. You must also provide Us with receipts for the Additional accommodation (room rate only) expenses incurred.

The maximum benefit limit for this section is:

Premium Plan	\$1,000
Medical Only Plan	No cover
Domestic Plan	\$750
Domestic Cancellation Plan	No cover
Inbound Plan	No cover

We will not pay for:

1. claims arising directly or indirectly from an Act Of Terrorism or the threat or perceived threat of an Act Of Terrorism.
2. claims arising from an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses, or the threat or perceived threat of any of these.

Also refer to: General exclusions - pages 51-53.

Policy conditions - pages 31-35.

SECTION 9: Resumption of Journey

“Relative” means Your spouse, de facto, parent, grandchild, brother, sister, son-in-law, daughter-in-law, parent-in-law, grandparent, child, step-parent, brother-in-law, sister-in law, fiancé(e), first cousin, aunt, uncle, niece and nephew.

If You are required to return Home due to the sudden serious injury, sickness, disease or death of a Relative or Your business partner in **Australia**, We will pay for the economy class transport costs You incur to return **overseas** provided:

- a) Your Period Of Insurance was at least 23 days;
- b) less than 50% of the Period Of Insurance had elapsed at the time of the onset of the sudden serious injury, sickness, disease or death of a Relative or Your business partner;
- c) Your return overseas occurs prior to the original expiry date of Your cover for Your original Journey;

- d) no claim due to the same event is made under Section 3 of this policy;
- e) the death was not caused by an illness or injury appearing prior to the commencement of Your original Journey; and
- f) the onset of the illness or injury did not occur prior to the commencement of Your original Journey.

The maximum benefit limit for this section is:

Premium Plan	\$3,000
Medical Only Plan	No cover
Domestic Plan	No cover
Domestic Cancellation Plan	No cover
Inbound Plan	No cover

Also refer to: General exclusions - pages 51-53.
Policy conditions - pages 31-35.

SECTION 10: Special events

“Additional” means the cost of the accommodation or transport You actually use less the cost of the accommodation or transport You expected to use had the Journey proceeded as planned.

If due to an unforeseeable circumstance outside Your control Your Journey would otherwise be delayed resulting in You being unable to arrive in time to attend a wedding, funeral, prepaid conference, 25th or 50th wedding anniversary or sporting event, which cannot be delayed due to Your late arrival, We will pay for the reasonable Additional cost of using alternative public transport to arrive at Your destination on time.

The maximum benefit limit for this section is:

Premium Plan	\$1,000
Medical Only Plan	No cover
Domestic Plan	\$2,000
Domestic Cancellation Plan	No cover
Inbound Plan	No cover

We will not pay for:

1. claims arising directly or indirectly from an Act Of Terrorism or the threat or perceived threat of an Act Of Terrorism.
2. claims arising from an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses, or the threat or perceived threat of any of these.

Also refer to: General exclusions - pages 51-53.
Policy conditions - pages 31-35.

SECTION 11: Hospital incidentals

“**Disabling Injury, Sickness or Disease**” means a disabling injury, sickness or disease which first shows itself during the Period Of Insurance and which requires immediate treatment by a qualified medical practitioner or dentist.

If hospitalised, We will pay You for incidentals such as phone calls and magazines. The amount We will pay is limited to \$50 for each night You are hospitalised **overseas** as a result of a Disabling Injury, Sickness or Disease during the Period Of Insurance, provided that the period of confinement is at least 48 hours.

Original receipts for these expenses must be produced in support of Your claim.

The maximum benefit limit for this section is:

Premium Plan	\$3,500
Medical Only Plan	No cover
Domestic Plan	No cover
Domestic Cancellation Plan	No cover
Inbound Plan	\$1,000

Also refer to: General exclusions - pages 51-53.

Policy conditions - pages 31-35.

SECTION 12: Hijacking

If whilst on the Journey You are detained on a means of public transport due to it being hijacked by persons using violence or threat of violence We will pay You \$1,000 for each 24 hour period You are forcibly detained by the hijackers.

The maximum benefit limit for this section is:

Premium Plan	\$5,000
Medical Only Plan	No cover
Domestic Plan	No cover
Domestic Cancellation Plan	No cover
Inbound Plan	\$2,000

Also refer to: General exclusions - pages 51-53.

Policy conditions - pages 31-35.

SECTION 13: Loss of income

If during the Period Of Insurance You suffer an injury caused solely and directly by violent, accidental, visible and external means (not caused by a sickness or disease) resulting in You resulting in You losing income because You are unable to return to Your usual place of employment in **Australia**, We will pay You up to \$1,000 per month on the Premium Plan or \$250 per month on the Domestic Plan for Your monthly net of income tax wage, but not in respect of the first 30 days after You originally planned to resume Your work in **Australia**.

The benefit is only payable if Your disability occurs within 30 days of the accident. The maximum limit in respect of Accompanied Children is \$1,000 for each child. Cover for loss of income is limited to six months.

The maximum benefit limit for this section is:

Premium Plan	\$6,000*
Medical Only Plan	No cover
Domestic Plan	\$1,500*
Domestic Cancellation Plan	No cover
Inbound Plan	No cover

*Maximum liability collectively for Sections 13, 14 and 15: Premium Plan – \$25,000, Domestic Plan – \$10,000.

Also refer to: General exclusions - pages 51-53.
Policy conditions - pages 31-35.

SECTION 14: Disability

“Limbs” means a hand at or above the wrist or a foot at or above the ankle.

“Permanent” means a period of time lasting 12 consecutive months after the expiry of which We consider there is no reasonable prospect of improvement.

If during the Period Of Insurance You suffer an injury caused solely and directly by violent, accidental, visible and external means (not caused by a sickness or disease) resulting in Your Permanent total loss of sight in one or both eyes or the Permanent total loss of use of one or more Limbs within one year of the date of the accident, We will pay You the amount shown in the Plan purchased.

The maximum limit in respect of Accompanied Children is \$10,000 for each child.

The maximum benefit limit for this section is:

Premium Plan	\$20,000*
Medical Only Plan	No cover
Domestic Plan	\$10,000*
Domestic Cancellation Plan	No cover
Inbound Plan	No cover

*Maximum liability collectively for Sections 13, 14 and 15: Premium Plan – \$25,000, Domestic Plan – \$10,000.

Also refer to: General exclusions - pages 51-53.
Policy conditions - pages 31-35.

SECTION 15: Accidental death

If during the Period Of Insurance You suffer an injury caused solely and directly by violent, accidental, visible and external means (not caused by a sickness or disease) resulting in Your death, We will pay Your estate the amount shown in the

Plan purchased provided Your death occurs within one year of the accident.

Our limit in respect of Accompanied Children is \$1,000 for each child.

The maximum benefit limit for this section is:

Premium Plan	\$20,000*
Medical Only Plan	No cover
Domestic Plan	\$10,000*
Domestic Cancellation Plan	No cover
Inbound Plan	\$10,000

*Maximum liability collectively for Sections 13, 14 and 15: Premium Plan – \$25,000, Domestic Plan – \$10,000.

Also refer to: General exclusions - pages 51-53.

Policy conditions - pages 31-35.

SECTION 16: Personal liability

We will provide cover if, as a result of Your negligent act occurring during the Period Of Insurance, You become unintentionally legally liable to pay compensation in respect to damage caused to someone else's property or the injury or death of someone else.

The maximum benefit limit for this section is:

Premium Plan	\$2,500,000
Medical Only Plan	\$2,500,000
Domestic Plan	\$200,000
Domestic Cancellation Plan	No cover
Inbound Plan	\$1,000,000

We will not pay for:

1. liability You become liable to pay to somebody who is a member of Your family or travelling party or employed by You or deemed to be employed by You.
2. liability arising from loss or damage to property which is in Your legal custody or control.
3. liability arising from the conduct by You of any profession, trade or business.
4. liability arising out of the use or ownership by You of any aircraft, drone, firearm, waterborne craft or mechanically propelled vehicle.
5. liability arising out of occupation or ownership of any land, buildings or immobile property.
6. liability arising out of any wilful or malicious act.
7. liability arising out of the transmission of an illness, sickness or disease.
8. liability involving punitive, exemplary or aggravated damages or any fine or penalty.
9. liability arising out of Your liability under a contract or agreement unless You would be liable if that contract or agreement did not exist.

Also refer to: General exclusions - pages 51-53.

Policy conditions - pages 31-35.

SECTION 17: Medical and dental expenses in Australia (Inbound Plan)

“Disabling Injury, Sickness or Disease” means a disabling injury, sickness or disease which first shows itself during the Period Of Insurance and which requires immediate treatment by a qualified medical practitioner or dentist.

This Section only applies if You have paid the Inbound Plan Amount Payable and You are a non-Australian resident and provided You are not an eligible person within the meaning of the Health Insurance Act 1973 (Cth).

If during the Period Of Insurance You suffer a Disabling Injury, Sickness or Disease, We will pay the usual and customary cost of medical treatment, emergency dental treatment and ambulance transportation which is provided in Australia by or on the advice of a qualified medical practitioner or dentist.

Cover applies for a maximum of 12 months from the date of suffering the Disabling Injury, Sickness or Disease.

The maximum benefit limit for this section is:

Premium Plan	No cover
Medical Only Plan	No cover
Domestic Plan	No cover
Domestic Cancellation Plan	No cover
Inbound Plan	\$1,000,000

We will not pay for:

1. medical treatment, dental treatment or ambulance transportation which is provided outside Australia.
2. dental treatment caused by or related to the deterioration and/or decay of teeth or associated tissue; involving the use of precious metals; or involving cosmetic dentistry.
3. the continuation or follow-up of treatment (including medication) started prior to Your Journey.
4. routine medical or dental treatment or prenatal visits.
5. medical treatment, dental treatment or ambulance transportation which is provided in Australia if You are an Australian resident or a non-Australian resident who is an eligible person within the meaning of the Health Insurance Act 1973 (Cth).
6. private medical or hospital treatment where public funded services or care is available, including medical or hospital treatment under any Reciprocal Health Agreement between Australia and the Government of any other country unless We agree to the private treatment.
7. medical treatment, dental treatment or ambulance transportation which is provided in Your country of residence.

Also refer to: General exclusions - pages 51-53.

Policy conditions - pages 31-35.

General exclusions

We will not pay for:

1. claims for costs or expenses incurred outside the Period Of Insurance.
2. claims involving consequential loss of any kind including, but not limited to, loss of enjoyment or any financial loss not specifically covered in the policy.
3. claims directly or indirectly arising from loss, theft or damage to property, or death, illness or bodily injury if You fail to take reasonable care or put Yourself in a situation where a reasonable person could foresee that loss, theft or damage to property, or a death, illness or bodily injury might happen.
4. claims involving air travel other than as a passenger on a fully licensed passenger carrying aircraft operated by an airline or an air charter company.
5. claims arising as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
6. claims arising directly or indirectly from any nuclear reaction or contamination, ionising rays or radioactivity.
7. loss or damage caused by detention, confiscation or destruction by customs or other officials or authorities.
8. claims arising from any unlawful act committed by You or if You have not been honest and frank with all answers, the accuracy of information, statements and submissions made in connection with Your insurance application or claim.
9. claims arising from any government intervention, prohibition, regulation or restriction or court order.
10. claims directly or indirectly arising from circumstances You knew of, or a reasonable person in Your circumstances would know or foresee, at the Relevant Time, that could lead to the Journey being delayed, abandoned or cancelled.
11. claims directly or indirectly arising from travel booked or undertaken by You:
 - a) even though You knew, or a reasonable person in Your circumstances would know, You were unfit to travel, whether or not You had sought medical advice;
 - b) against the advice of a medical practitioner;
 - c) to seek or obtain medical or dental advice, treatment or review; or
 - d) to participate in a clinical trial.
12. claims in respect of travel booked or undertaken after Your Terminal Illness was diagnosed.
13. claims directly or indirectly arising from, or exacerbated by, any Existing Medical Condition You or Your travelling companion has.
14. claims directly or indirectly arising from or exacerbated by Your Existing Medical Condition of Cardiovascular Disease, chronic lung condition or other heart/cardiovascular/respiratory system problem and any subsequent condition including an acute respiratory condition, Heart Attack, new infection or Stroke.

15. claims directly or indirectly arising from or exacerbated by Your Existing Medical Condition of reduced immunity.
16. claims directly or indirectly arising from pregnancy of You or any other person if You are aware of the pregnancy at the Relevant Time and:
 - a) where complications of this pregnancy or any previous pregnancy had occurred prior to this time;
 - b) it was a multiple pregnancy e.g. twins or triplets; or
 - c) where the conception was medically assisted e.g. using assisted fertility treatment including hormone therapies or IVF.
17. claims directly or indirectly arising from:
 - a) pregnancy of You or any other person after the start of the 24th week of pregnancy; or
 - b) pregnancy of You or any other person where the problem arising is not an unexpected serious medical complication.
18. claims directly or indirectly arising from childbirth or the health of a newborn child whatever the proximate cause of the claim is. This exclusion applies irrespective of the stage of pregnancy at which the child is born.
19. claims directly or indirectly arising from You having elective medical or dental treatment or surgery, a cosmetic procedure or body modification (including tattoos and piercings) during the Journey.
20. claims involving or directly or indirectly arising from Your suicide, attempted suicide, self-inflicted injury or condition, stress, travel exhaustion, any conduct engaged in whilst under the influence or effect of alcohol or drugs, the effect of or chronic use of alcohol or drugs or the transmission of any sexually transmittable disease or virus.
21. claims directly or indirectly arising from or exacerbated by the health of a Relative or Your business partner who are not travelling, unless that person lives in Australia and at the Relevant Time that person:
 - a) had not been hospitalised in the previous 2 years for a condition that was directly or indirectly arising from or related to the condition that caused the claim;
 - b) did not reside in a nursing home or require similar home care assistance;
 - c) was not on a waiting list for, or did not know they needed surgery, inpatient treatment or tests at a hospital or clinic;
 - d) did not have a drug or alcohol addiction; and
 - e) did not have a Terminal Illness.
22. claims directly or indirectly arising from, or exacerbated by the health of any other person (not listed in point 21 above) who is known to You prior to the Relevant Time.
23. any Goods and Services Tax (GST) liability or any fine, charge or penalty You are liable for because of a failure to fully disclose to Us Your input tax credit entitlement for the Amount Payable.
24. losses for which insurance or the payment is prohibited by law.

25. claims arising from the failure of any travel agent, tour operator, accommodation provider, airline or other carrier, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their Insolvency or the Insolvency of any person, company or organisation they deal with.
26. claims involving You travelling (during the Journey) in International Waters in a private sailing vessel or a privately registered vessel.
27. claims involving participation by You or Your travelling companion in hunting; racing (other than on foot); polo playing; hang gliding; off-piste snow skiing or snowboarding; rodeo riding; BASE jumping; moto cross; freestyle BMX riding; running with the bulls; sports activities in a Professional capacity; mountaineering or rock climbing using guides, ropes, rock climbing equipment or oxygen; scuba diving unless You hold an Open Water Diving Certificate or are diving with a qualified diving instructor.
28. claims involving participation by You (during the Journey) in motorcycling for any purpose.
29. claims involving participation by You (during the Journey) in On-Piste snow skiing, On-Piste snowboarding or snowmobiling.
30. claims directly or indirectly for or related to Your cruise, any cruise travel or that arise whilst on a cruise.

Financial Services Guide

This Financial Services Guide (FSG) is an important document designed to help You decide whether to use the financial services offered.

It contains information about how Cover-More Insurance Services Pty Ltd ABN 95 003 114 145, AFSL 241713 (Cover-More) administer the policy and arrange the policy either directly or through its authorised representative (Agent).

What financial services are provided?

Cover-More holds an Australian Financial Services Licence that allows both Cover-More and the Agent to provide You with general financial product advice about this travel insurance product and to arrange this product for You. Cover-More is responsible for the provision of these services. The Agent is an authorised representative of Cover-More.

The Agent acts on behalf of Zurich Australian Insurance Limited (the insurer), the issuer of this product. Cover-More acts under a binder authority from the insurer. This means that Cover-More and the Agent acting on behalf of Cover-More, can arrange this policy and Cover-More can handle or settle claims on behalf of the insurer. Cover-More and the Agent act for the insurer when providing these services. You can find full details of Cover-More and the insurer on page 21 of the PDS.

Cover-More or the Agent are not authorised to give You personal advice in relation to travel insurance. Any advice given to You about travel insurance will be of a general nature only and will not take into account Your personal objectives, financial situation or needs. You need to determine whether this product meets Your travel needs.

How are we paid?

Cover-More

Cover-More is paid a commission by the insurer when You buy this travel insurance policy. This commission is included in the premium that You pay and is received after You have paid the premium. The commission is a percentage of the premium.

Cover-More may also receive a share of the profit earned by the insurer if the insurer makes an underwriting profit in accordance with the underwriting targets it has set. This amount is calculated and paid retrospectively only when the insurer exceeds its underwriting targets in a given year.

Cover-More employees are paid an annual salary and may be paid a bonus based on business performance.

The Agent, and/or its associates

The Agent and/or its associates are paid a fee and/or commission by Cover-More for arranging Your travel insurance policy. This amount is paid out of the commission that Cover-More receives from the insurer.

The Agent's employees may receive salaries, bonuses and/or company dividends in their own business depending on the nature of their employment. Bonuses may be linked to general overall performance, including sales performance and may include all or part of the commission received by the Agent.

The Agent, and/or its associates, may also receive other financial and non-financial incentives from Cover-More for arranging Your travel insurance policy. Such incentives may be dependent on a number of performance related or other factors and may include, for example, a share of Cover-More's profit, bonus payments, prize pools, sponsorship of training events and conferences, marketing promotions and competitions.

Further information

For more information about remuneration or other benefits received for the financial services provided, please ask the Agent within a reasonable time of receiving this FSG and before You choose to buy this product.

Complaints

If You have a complaint about the financial services provided by Cover-More or the Agent please refer to the PDS for details of the complaint resolution process.

What professional indemnity insurance arrangements do we have in place?

Cover-More holds professional indemnity insurance covering errors and mistakes relating to the provision of financial services provided by Cover-More, its employees, the Agent and the Agent's employees (even after they cease to be employed). Cover-More's policy meets the requirements of the Corporations Act.

Who is responsible for this document?

The Agent is responsible for the distribution of the FSG in this document. The insurer is responsible for the PDS. Cover-More has authorised the distribution of this FSG.

This Combined FSG and PDS was prepared on 17 April 2017.

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