

Policy Schedule



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Date:	22 November 2017				
Class:	Group Personal Accident				
Policy Number:	A5086 / 0176849				
Reference Number:	PA 17 0000069				
The Insured:	Athletics Australia, including all affiliated State / Territory Associations, affiliated clubs, all members, temporary/trialing members, first aid personnel, administrators, officials, coaches, executives, employees and voluntary workers.				
Insured Persons:	All registered members, and all non participating officials of the Insured, all coaches, referees, officials, officials, committee members, voluntary workers and work experience students				
Security:	<table><tr><td>Proportion (%)</td><td>Underwriter</td></tr><tr><td>100</td><td>Certain Underwriters at Lloyd's under Agreement No: B1262BW0020917</td></tr></table>	Proportion (%)	Underwriter	100	Certain Underwriters at Lloyd's under Agreement No: B1262BW0020917
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Period of Insurance:	<table><tr><td>From:</td><td>31/08/2017 at 4pm</td></tr><tr><td>To:</td><td>31/08/2018 at 4pm</td></tr></table>	From:	31/08/2017 at 4pm	To:	31/08/2018 at 4pm
From:	31/08/2017 at 4pm				
To:	31/08/2018 at 4pm				
Scope of Cover:	<p>Whilst participating in sanctioned Athletics Australia activities including all:</p> <ul style="list-style-type: none">a) Official eventsb) Playing, training and trialingc) Official social events and fundraising activitiesd) Travel to and from the above activities				
Age Limits:	2-100 years old				
Jurisdiction:	Worldwide				
Currency:	All amounts shown are expressed in Australian Dollars, unless specified otherwise				
Aggregate Limit:	\$2,000,000				

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Schedule of Benefits:

Section 1 Personal Accident	
Part A Lump Sum Benefits	
Event 1 Accidental Death Benefit (18-65 years of age)	\$100,000
Event 1 Accidental Death Benefit (under 18 and over 65)	\$ 20,000
Event 3 & 4 Paraplegia / Quadriplegia	\$500,000
Event 2 & 5-19	\$100,000
Part B - Weekly Benefits – Injury Accident Benefit – 85% of weekly salary to a maximum of	
	\$700 pw
Part C Injury resulting in Broken Bones – As below to	
Neck Skull or Spine (Full Break)	\$3,000
Hip	\$2,250
Jaw, Pelvis, leg, Ankle or Knee	\$1,500
Cheekbone or Shoulder	\$ 900
Arm, Elbow or Wrist	\$ 300
Nose or Collarbone	\$ 600
Foot or Hand	\$ 150
Established non union of any of the above breaks an additional payment of \$150 is made	
Break means a complete break of a bone and does not mean a fracture	
Section 2 Personal Wellbeing	
Accommodation & Transport	\$500
Advanced Payment	Included
Additional Out of Pocket Expenses	\$2,000 *
Bedcare Benefit 100% up to	\$500 pw **
Counselling Support Benefit - \$1,000 pw up to	\$10,000
Coma Benefit	NIL
Domestic Help 100% of costs to a max of	\$500
Escalation of Claim Benefit	NIL
Modification Benefit 80% of costs to	\$10,000
Non-Medicare Medical Expenses – 100% up to	\$2,500
Volunteers 100% up to	\$5,000
Parents Inconvenience Benefit \$50.00 per day to a max	\$3,000
Rehabilitation Benefit	\$10,000
Retraining Expenses	NIL
Student Tutorial 100% to a maximum of	\$500pw
Unexpired Membership	\$500
Section 3 Sporting Group Protection	
Chauffeur Benefit 100% of costs up to \$200 per day to a maximum of	\$5,000
Funeral Benefits - 100% of eligible expenses up to	\$10,000

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Specific Capital Benefits	Quadriplegia & Paraplegia Loss of Use of both hands Loss of Use of both feet Loss of sight on both eyes Total & Permanent Disablement Loss of Use of one hand Loss of Use of one foot Loss of Use of sight in one eye Loss of all hearing Loss of one thumb Fractured patella with non established union Shortening of leg by at least 5 cms	\$100,000 \$100,000 \$100,000 \$100,000 \$100,000 \$ 50,000 \$ 50,000 \$ 50,000 \$ 50,000 \$ 30,000 \$ 15,000 \$ 10,000
Policy Wording	Sporting Group Personal Accident Product Disclosure Statement and Policy Wording v0816	
Waiting Period / Excesses	Part B Weekly Benefits Injury Section 2 Personal Wellbeing Domestic Help Parents Inconvenience Student Tutorial Bedcare Benefit Non Medicare Medical Expenses Nil excess if covered by Private Health Insurance	7 Days 7 Days 7 Days 7 Days 7 Days \$50 per event
Benefit Period	Part B Weekly Benefits Injury Section 2 Personal Wellbeing Domestic Help Parents Inconvenience Student Tutorial Bedcare Benefit Section 3 Sporting Group Protection Chauffeur Benefit	104 weeks 52 weeks 52 weeks 104 weeks 52 weeks 26 weeks
Conditions	As per Policy Wording	
Exclusions	As per Policy Wording	
Endorsement 1:	Difference in Condition (DIC) / Difference in Limits (DIL) It is hereby declared and agreed that we guarantee to provide as a minimum no less cover in conditions and limits than the coverage that exists under the expiring Sports Injury policy through QBE Insurance, which expired 31 st August 2017	
Endorsement 2:	Additional Out of Pocket Expenses * If as a result of you sustaining an injury which directly results in otherwise unforeseeable expenses for medical aids, local transportation (other than in an ambulance) for the purpose of seeking medical treatment , and other non	

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medical expenses such as clothing, We will pay the actual and reasonable costs incurred up to the maximum amount stated in the schedule

Endorsement 2:

Bedcare Benefit **

It is hereby noted and agreed that if during the Period of Insurance You suffer from a Bodily Injury, and as a result are confined to a bed for more than forty-eight (48) continuous hours under the direction of a Doctor, We will pay You \$500 per week for each day a Doctor certifies the confinement to bed up to a maximum period of fifty two (52) weeks.

Endorsement 3:

Personal Vehicle Excess Waiver

It is hereby declared and agreed that if, whilst an insured person is undertaking authorised voluntary work on behalf of the policyholder, that insured person incurs a liability or loss due to

theft of their personal motor vehicle, or damage to their personal motor vehicle whilst they are driving to or from the authorised voluntary work, and they hold a comprehensive motor vehicle

insurance policy, we will reimburse the insured person:

1. up to a maximum of one thousand dollars (\$1,000) in total for:

a) the excess amount paid under the insured person's comprehensive motor vehicle insurance; or

b) the actual cost incurred for any repairs to the vehicle if this is less than the excess amount under the insured person's comprehensive motor vehicle insurance policy; and

2. up to five hundred dollars (\$500) per week, to a maximum of one thousand dollars (\$1,000), for the actual cost incurred for rental of a comparable motor vehicle, in the event that the insured person's personal motor vehicle is unavailable for use as a direct result of theft or damage.

Complaints

This Certificate is Insurance Council of Australia's General Insurance Code of Practice compliant, apart from any claims adjusted outside Australia. Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. Any enquiry or complaint relating to this Insurance should be referred to the Coverholder shown above in the first instance. If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should write to:

Lloyd's Australia Limited

Level 9, 1 O'Connell St

Sydney NSW 2000

Telephone: (02) 8298 0783

Facsimile: (02) 8298 0788

Email: idraustralia@lloyds.com

If your dispute remains unresolved you may be referred to the **Financial Ombudsman Service Limited** under the terms of the General Insurance Code of Practice. For other disputes you will be referred to other proceedings for resolution. Details are available from Lloyd's Underwriters' General Representative in Australia at the address above.

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The Insurers accepting this Insurance agree that:

- (i) If a dispute arises under this Insurance, this Insurance will be subject to Australian law and practice and the Insurers will submit to the jurisdiction of any competent Court in the Commonwealth of Australia.
- (ii) Any summons notice or process to be served upon the Insurers may be served upon:
Lloyd's Underwriters' General Representative in Australia
Level 9, 1 O'Connell Street,
Sydney, NSW 2000
who has authority to accept service and to enter an appearance on the Insurers' behalf.
- (iii) If a suit is instituted against any one of the Insurers, all Insurers participating in this Insurance will abide by the final decision of such Court or any competent Appellate Court.

In the event of a claim arising under this Insurance, IMMEDIATE NOTICE should be given to

Accident & Health Claims
Gallagher Bassett Services Pty Ltd
GPO Box 14
Brisbane, QLD, 4001
P: +61 7 3012 3114
F: +61 7 3005 1705
E: AHClaims@gbtpa.com.au

Several Liability Notice

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

This Certificate is issued by the Coverholder shown above in accordance with the authority granted to them by certain Underwriters at Lloyd's under the Agreement referred to in the Schedule.

IN WITNESS THEREOF this Certificate has been signed



**Sporting Group Personal Accident
Product Disclosure Statement and Policy Wording**
v0816



Pen Underwriting Pty Ltd
ABN 89 113 929 516 AFSL 290518

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Contact Details

Current as at September 2016

SYDNEY

Level 19, 347 Kent St P: +61 2 9323 5000
Sydney NSW 2000 F: +61 2 9323 5077
GPO Box 4431
Sydney NSW 2001

BRISBANE

Level 9, 60 Edward St P: +61 7 3056 1400
Brisbane QLD 4000 F: +61 7 3056 1477
GPO Box 541
Brisbane QLD 4001

MELBOURNE

Level 3, 333 Collins St P: +61 3 9810 0600
Melbourne VIC 3000 F: +61 3 9810 0650
PO Box 230
Collins St West VIC 8007

E: info.au@penunderwriting.com

W: www.penunderwriting.com

Product Disclosure Statement and Important Information

This Policy

This Policy is an important document and should be kept in a safe place. Please read it carefully so that you understand the insurance provided.

About this Product Disclosure Statement and Policy

This Product Disclosure Statement (PDS) is designed to help the Sporting Group and You understand the Sporting Group Personal Accident Insurance Policy and to provide sufficient information to enable an informed choice to be made about whether to buy this insurance. It sets out some important information about the Policy, including its features, benefits and costs as well as important information about rights and obligations including the duty of disclosure, the cooling off period, privacy, complaints handling and the General Insurance Code of Practice. Please read this PDS carefully together with the policy wording which attaches to and forms part of this PDS and contains full details of the coverage, the exclusions and the terms and conditions applying to this insurance.

Preparation Date of this PDS: 14 September 2016

About the Insurer

This PDS and the Sporting Group Personal Accident Insurance Policy are issued by Pen Underwriting Pty Ltd ABN 89 113 929 516 AFSL 290518 as Coverholder on behalf of certain Underwriters at Lloyd's. Details of the Lloyd's syndicate numbers and the proportions of this insurance for which each of the Underwriters are liable may be obtained from Pen Underwriting. Pen Underwriting can be contacted at the addresses shown on the Contact Details page.

If there are any questions or further information is needed concerning this insurance, contact the appointed insurance broker to assist with the enquiry. All correspondence to Pen Underwriting should be directed through the insurance broker as he or she is the Sporting Group's and Your agent for this insurance.

About the Policy

The Schedule forms part of the Policy. For full details of the coverage, Benefits, Exclusions, Aggregate Limit of Liability, Provisions and Conditions refer to the policy wording and to the Schedule.

Definitions

Defined terms, as set out in the Definitions section, are used in this PDS and the Policy.

Policy Features and Benefits

The Sporting Group Personal Accident Insurance Policy has three coverage sections. Where the coverage Section, Part and individual coverage Benefits are included in the Policy it will be shown in the Schedule and the amount of Benefit or percentage specified.

- **Section One: Personal Accident**

Cover if You suffer an Accident which directly results in an Injury occurring within twelve (12) months of the Accident:

- Part A provides Lump Sum Benefits
- Part B provides Weekly Benefits

- Part C provides Lump Sum Benefits for Injury resulting in Fractured bones

The Benefit Amounts are set out in the Table of Events applicable to each section and in Your Schedule.

- **Section Two: Personal Wellbeing**

Cover for:

- Accommodation and Transport Benefit
- Advanced Payment
- Counselling Support
- Coma Benefit
- Domestic Help Benefit
- Escalation of Claim Benefit
- Modification Benefit
- Non-Medicare Medical Expenses
- Parents Inconvenience Benefit
- Rehabilitation Benefit
- Retraining Expenses
- Student Tutorial Benefit
- Unexpired Membership Benefit

The conditions and amount of each Benefit are set out in the clause and in the Schedule.

- **Section Three: Sporting Group Protection**

Cover for the Sporting Group and or You for:

- Chauffeur Benefit
- Disappearance
- Funeral Expenses

The conditions of cover are set out in the clause and in the Schedule.

- **Waiting Period**

When You make a claim a Waiting Period may apply. This is the period of time during which no Benefits are payable.

- **Exclusions**

Exclusions apply and are set out in the Exclusions section of the policy wording and may also be set out in the Schedule.

- **General Conditions**

General Conditions apply to the coverage including:

- Payment of and calculations of Benefits
- When Weekly Benefits shall not be payable
- Our entitlement to conduct independent medical examinations
- The effect of worker's compensation entitlements and payments that You are entitled to receive from any other insurance policy

- **Provisions**

The Provisions set out the policy terms including:

- Aggregate Limit of Liability
- The Sporting Group's and Your obligations
- Notifying claims
- Our right of subrogation
- Policy cancellation

Policy Costs

The premium is calculated taking into account certain factors including:

- The type of Sporting activity undertaken
- The number of persons covered by the Policy
- The Benefits included in the Policy
- The Waiting Period which applies to claims
- The Sporting Group's claims experience

The Premium also includes the Pen Underwriting Fee and amounts payable in respect of government taxes and charges such as GST and stamp duty. The Schedule will state the total amount of Premium payable by the Sporting Group.

Cooling-off Period

If, for any reason, the Sporting Group decides that it does not require the Policy, and no claim has been made under the Policy, the Sporting Group has the right to cancel and return the Policy to Us within fourteen (14) days, which starts on the earlier of:

- The date the Sporting Group receives confirmation of the Policy; or
- The end of the fifth (5th) business day after the day on which the Policy was issued to the Sporting Group.

If the Sporting Group cancels within this fourteen (14) day period, We will refund the premium the Sporting Group has paid unless a claim has been made under the Policy.

Duty of Disclosure

(applicable to the Sporting Group and You)

Your duty of disclosure before you enter into your policy

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984.

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.

You have this duty until we agree to insure you.

Your duty of disclosure before renewal

Before you renew this contract of insurance, you have a duty of disclosure under the Insurance Contracts Act 1984.

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.

Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change.

If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You have this duty until we agree to renew the contract.

If you do not tell us something (before you enter into your policy and before renewal)

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.

Privacy (applicable to the Sporting Group and You)

Pen Underwriting handles your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United Kingdom and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit www.penunderwriting.com.au.

General Insurance Code of Practice

Pen Underwriting and Lloyd's Underwriters proudly support the General Insurance Code of Practice. The Code commits general insurers to uphold high standards of service and practice. A copy of the Code can be obtained from Pen Underwriting upon request or from www.codeofpractice.com.au.

Claims

If a claim arises under this Policy immediate notice should be given to Pen Underwriting and Us at:

Accident & Health Claims
Gallagher Bassett Services Pty Ltd
GPO Box 14
Brisbane, QLD, 4001
P: +61 7 3012 3114 |
F: +61 7 3005 1705
E: AHClaims@gbtpa.com.au

Complaints Handling

If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit www.penunderwriting.com.au.

Dispute Resolution

We agree that:

1. If a dispute arises under the Policy, We, at the request of the Sporting Group or You will submit to the jurisdiction of any competent Court in the Commonwealth of Australia. Such dispute shall be determined in accordance with the law and practice applicable in such Court.
2. Any summons, notice or process to be served upon Us may be served upon:
Lloyd's Australia Limited
Level 9, 1 O'Connell St
Sydney NSW 2000
Telephone: (02) 8298 0783
Facsimile: (02) 8298 0788
who has authority to accept service and to enter an appearance on Our behalf, and who is directed at the request of the Sporting Group or You to give a written undertaking to the Insured that he will enter an appearance on Our behalf.
3. If a suit is instituted against one of Us, all of Us will abide by the final decision of such Court or any Appellate Court.

Jurisdiction

This Policy shall be interpreted in accordance with the laws of Australia and shall be subject to determination by any court of competent jurisdiction within Australia.

Several Liability

The subscribing Lloyd's Underwriters obligations under contracts of Insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing Lloyd's Underwriters are not responsible for the subscription of any co-subscribing Underwriters who for any reason does not satisfy all or part of its obligations.

Premium

The amount of Premium specified in this Policy is the amount due to the Underwriters and any commission allowed by them is to be regarded as remuneration of Pen Underwriting.

Agreement

In consideration of the payment of the Premium and in reliance on the contents of the Proposal, We will indemnify the Sporting Group and You in accordance with the terms of this Policy.

Policy Wording

Definitions

Accident	A sudden, external and identifiable event that occurs during the Period of Insurance and which results solely, directly and independently of any other cause in an Injury that is unforeseen by You.
Accidental Death	Your death as a result of an Accident.
Complete Fracture	A fracture in which the bone is broken completely across and no connection is left between the pieces.
Dependants	Your or Your Spouse's unmarried children who are: <ol style="list-style-type: none"> (a) under nineteen (19) years of age; (b) under twenty five (25) years of age and a full-time student; (c) over the age of nineteen (19) years and physically or mentally incapable of self-support, and in each case, primarily dependant on You for maintenance.
Doctor	A person: <ol style="list-style-type: none"> (a) legally qualified and registered to practice medicine in Australia; (b) outside Australia who holds qualifications which would be recognised by the Australian Medical Association as being of consistent standard to practicing medicine in Australia, and is not You, Your relatives or the Sporting Group. Doctors do not include alternative therapy providers, chiropractors or physiotherapists.
Domestic Duties	The usual and ordinary activities undertaken by someone as a homemaker including washing, cooking, cleaning and childminding.
Fingers, Thumbs or Toes	The digits of a Hand or Foot.
Foot	The entire foot below the ankle.
Hairline Fracture	Mere cracks in the bone.
Hand	The entire hand below the wrist.

Injury	Bodily injury suffered by You resulting solely from an Accident which occurs during the Period of Insurance and independent of any other cause.
Insured	The person(s) or entity(ies) named as the Insured in the Schedule.
Loss	Total and Permanent loss of or loss of use of that is caused by an Injury.
Limb	The entire limb between the shoulder and wrist or between the hip and ankle.
Other Fracture	Any fracture other than a Complete Fracture, Hairline Fracture or Simple Fracture.
Period of Insurance	The period specified in the Schedule or such shorter time if the Policy is cancelled.
Permanent	Having lasted twelve (12) consecutive months and, at the expiry of that time, in the opinion of a Doctor, being beyond hope of improvement.
Permanent Total Disablement	Total disablement which is: (a) Permanent; and (b) as a result of an Accident, and which entirely and forever prevents You from engaging in any occupation for which You are reasonably qualified by education, training or experience.
Policy	This PDS and policy wording and the Schedule.
Professional Sport	Any sport from which the majority of Your income is derived.
Salary	The average weekly pre-tax income derived from personal exertion during the period of twelve (12) months immediately preceding the date of Temporary Total Disablement or Temporary Partial Disablement or during such shorter period as You have been employed (or self-employed) in Your occupation at the time the disability occurred; subject to: (a) where You are remunerated by wages or salary, income includes any allowances that are payable to You, whether in

	addition to Your wage or salary or not, but does not include any bonuses, commissions, overtime payments or other allowances before any salary sacrifice deductions. (b) where You are self-employed, income is net of business costs and expenses incurred in deriving that income.
Schedule	The current Schedule issued by Pen Underwriting.
Simple Fracture	A fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a Doctor requires minimal and uncomplicated medical treatment.
Spouse	Your husband, wife or defacto partner.
Sporting Group	The group or entity named as the Insured in the Schedule.
Temporary Partial Disablement	In the opinion of a Doctor, You are temporarily unable to engage in a substantial part of Your usual occupation, and while under the care of and acting in accordance with the instructions and/or advice of a Doctor.
Temporary Total Disablement	In the opinion of a Doctor, You are temporarily unable to engage in Your usual occupation, and while under the care of and acting in accordance with the instructions and/or advice of a Doctor.
Terrorism	An act, including, but not limited to, the use of force or violence, committed by any persons acting on behalf of or in connection with any organisation, creating serious violence against a person or serious damage to property or a serious risk to the health or safety of the public, undertaken to influence a government or civilian populace for the purpose of advancing a political, religious or ideological cause.
Tooth/Teeth	A sound and natural permanent tooth, not including first or milk teeth, dentures or implants.

Waiting Period	The period specified in the Schedule during which no Benefits are payable by Us.
War	(a) a state of armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups, including armed rebellion, revolution, sedition, insurrection, civil unrest, coup d'etat and the consequences of martial law; and (b) a state of armed conflict, whether declared or not, between different nations, states, or armed groups using military force to achieve economic, geographic, nationalistic, political, racial, religious, ideological or other ends.
We/Our/Us	The Insurer specified in the Schedule.
You/Your	The persons described as Insured Persons in the Schedule.

7. Permanent mental illness	100%
8. Loss of lens of:	
(a) both eyes	100%
(b) one (1) eye	60%
9. Loss of:	
(a) both ears	80%
(b) one (1) ear	30%
10. Burns:	
(a) third degree burns and/or resultant disfigurement which covers more than thirty (30) percent of the entire external body	60%
(b) second degree burns and/or resultant disfigurement which covers more than thirty (30) percent of the entire external body	30%
11. Loss of four (4) fingers and thumb of either hand	80%
12. Loss of four (4) of either hand	50%
13. Loss of the Thumb of either Hand:	
(a) both joints	40%
(b) one (1) joint	20%
14. Loss of Fingers of either hand:	
(a) three (3) joints	20%
(b) two (2) joints	15%
(c) one (1) joint	10%
15. Loss of Toes of either Foot:	
(a) all Toes	15%
(b) both joints of the great Toe	5%
(a) one joint of the great Toe	3%
(b) each Toe other than the great two	1%
16. Fractured leg or patella with established non union	10%
17. Loss of:	
(a) two kidneys	75%
(b) one kidney	30%
(c) spleen	25%
(d) liver	75%
(e) sexual function	45%
(f) two testicles	40%

Section One: Personal Accident

Cover

If during the Period of Insurance, You suffer an Accident which directly results in an Injury which causes any of The Events shown in the Table of Events under Parts A, B or C, We will pay the Benefit set out in the Table. However, the Event must occur within twelve (12) months of the Accident giving rise to the Injury.

Part A – Lump Sum Benefits

Cover for an Event under this Part applies only if an amount for the Part / Event is shown in the Schedule.

The Events	Benefit Amount
The following Event(s) must occur within twelve (12) months of the date of the Accident.	A percentage of the amount shown in the Schedule.
1. Accidental Death	100%
2. Permanent Disablement Total	100%
3. Quadriplegia	100%
4. Paraplegia	100%
5. Loss of one (1) or both eyes	100%
6. Loss of one (1) or more Limbs	100%

(g) one testicle	6%
18. Shortening of leg by at least five (5) centimetres	10%
19. Permanent partial disablement not otherwise provided for under Events 8 – 18	Such percentage of the lump sum amount as We in Our absolute discretion shall determine and being in Our opinion not inconsistent with the Benefits provided under Events 8 to 18.

25. Cheekbone, shoulder or Hairline Fracture of neck, skull or spine
26. Other Fracture of arm, elbow, wrist or rib(s))
27. Simple Fracture of jaw, pelvis, leg, ankle or knee
28. Nose or collarbone
29. Simple Fracture of arm, elbow, wrist or rib(s))
30. Finger(s), Thumb(s), Toe(s), Foot or Hand

Part B – Weekly Benefits - Injury

Cover for an Event under this Part applies only if an amount for the Part / Event is shown in the Schedule.

The Events	
20. Temporary Total Disablement	From the date Temporary Total Disablement as a result of Injury commences and whilst the Temporary Total Disablement persists and after the Waiting Period, We will pay up to the amount in the Schedule, but not exceeding Your Salary.
21. Temporary Partial Disablement	From the date Temporary Partial Disablement as a result of Injury commences and whilst the Temporary Total Disablement persists and after the Waiting Period, We will pay up to the amount in the Schedule, less any amount of current earnings as a result of working in a reduced capacity, provided the combined amount does not exceed the percentage of Salary shown in the Schedule. If You are able to return to work in a reduced capacity, but elect not to do so then the Benefit payable will be 30% of the amount payable for Event 20.

Part C- Lump Sum Benefits – Injury Resulting in Fractured Bones

Cover for an Event under this Part applies only if an amount for the Part / Event is shown in the Schedule.

The Events	Benefit Amount
The following Event(s) must occur within twelve (12) months of the date of the Accident.	The amount shown in the Schedule (any one Injury).
22. Complete Fracture of Neck, Spine or Skull	
23. Hip	Refer Schedule
24. Other Fracture of jaw, pelvis, leg, ankle or knee	

Section Two: Personal Wellbeing

Accommodation and Transport Benefit

If during the Period of Insurance You sustain an Injury and are admitted as an in-patient of a hospital, which is more than one hundred (100) kilometres from Your normal place of residence, We will pay the actual and reasonable transport and/or accommodation expenses incurred by Your Spouse and/or Dependants to travel to or remain with You, up to the amount shown in the Schedule.

Advanced Payment

If You sustain an Injury for which Benefits are payable for Event 20, We will immediately pay thirteen (13) weeks Benefit, provided that We are presented with medical evidence from a Doctor certifying that the total period of Temporary Total Disablement will be a minimum of twenty-six (26) weeks.

Counselling Support

We will pay up to the amount shown in the Schedule for counselling support:

- at the recommendation of a Doctor, for You or Your immediate family if You and/or Your immediate family witness the death of another Insured Person;
- at the recommendation of a Doctor, for Your immediate family and other Insured Persons if You suffer death; or
- You and or Your immediate family if You suffer quadriplegia or paraplegia.

Coma Benefit

If during the Period of Insurance, You sustain an Injury which directly causes or results in a continuous unconscious state and Your legal representative presents Us with a written opinion of a Doctor that verifies that the Injury caused You to be in such a continuous unconscious state, We will pay to You or Your legal representative on Your behalf the amount shown in the Schedule while You are in a continuous unconscious state, up to a maximum period of ninety (90) days.

Domestic Help Benefit

If during the Period of Insurance, You sustain an Injury and a Doctor certifies that You are unable to carry out domestic duties, We will pay the actual and reasonable costs incurred of hiring domestic help up to the amount

shown in the Schedule, provided that the domestic help is not carried out by Your immediate family or a person permanently residing with You.

Escalation of Claim Benefit

After payment of a Benefit for Events 20 and/or 21 continuously for twelve (12) months and again after each subsequent period of twelve (12) months during which a Benefit is paid, the Benefit will be increased by 5% per annum.

Modification Benefit

If during the Period of Insurance You sustain an Injury for which a Benefit is paid for Events 2, 3 or 4, We will pay for costs necessarily incurred to modify Your home and/or motor vehicle, or costs associated with relocating You to a more suitable home, up to the amount shown in the Schedule, provided that medical evidence is presented from a Doctor certifying that the modification and/or relocation is necessary.

Non-Medicare Medical Expenses

If during the Period of Insurance You sustain an Injury for which Benefits are payable and within twelve (12) calendar months from the date of the Accident results in:

- (a) private hospital accommodation
- (b) ambulance transportation costs
- (c) physiotherapy, osteopathy and/or chiropractic expenses
- (d) ancillary medical procedures
- (e) theatre fees in private hospitals where Medicare does not apply
- (f) orthotics, splints and/or prostheses

and provided Your Doctor considers them medically necessary for the treatment of the Injury, We will pay up to the percentage of non-Medicare Medical Expenses shown in the Schedule any one Injury less the Excess shown in the Schedule.

This Benefit only applies to such expenses that are not covered by the Medicare Act 1983, and will only apply to the difference between any private health insurance rebate You may be entitled to and the actual cost incurred.

Parents Inconvenience Benefit

If You sustain an Injury, we will pay any inconvenience expenses incurred by Your custodial parents up to the Benefit payable shown in the Schedule in order to visit You in hospital. Any such expenses must be certified as necessary by a Doctor. We will not pay any Benefits during the Waiting Period or after the Benefit period shown in the Schedule has expired.

Rehabilitation Benefit

On the occurrence of Events 20 and/or 21, for which Benefits are payable, We will pay all reasonable costs incurred for the rehabilitation of an Injury which costs have been incurred following a referral from Your Doctor to a rehabilitation provider, including but not limited to gymnasium, pilates or physical trainer. The maximum We will pay under this Benefit is the amount shown in the Schedule.

Retraining Expenses

In the event You sustain an Injury, We will pay up to the Benefit shown in the Schedule for any reasonable

expenses incurred by You in arranging for training or advice from a licensed vocational school. Expenses will only be reimbursed if the training or advice is recommended by a Doctor and agreed by Us in writing.

Student Tutorial Benefit

If during the Period of Insurance You sustain an Injury and a Doctor certifies that You are unable to attend classes as a result of the Injury, We will pay the reasonable and necessary costs incurred for home tutorial services. We will not pay any Benefits during the Waiting Period or after the Benefit period shown in the Schedule has expired.

Unexpired Membership Benefit

If during the Period of Insurance You sustain an Injury which results in Benefits being payable under:

- (a) Events 2 to 8(a); or
- (b) Event 20 and for which a Doctor certifies in writing will continue for a minimum period of twenty-six (26) weeks;

and in either case, is certified by a Doctor as preventing You from continuing participation in any sport or gym activity for which You have paid or are contractually obliged to pay a membership, association or registration fee, We will pay You a pro-rata refund of such fees for the current season up to the amount shown in the Schedule.

Section Three: Sporting Group Protection

Chauffeur Benefit

On the occurrence of Events 20 or 21 for which Benefits are payable, provided that medical evidence is presented from a Doctor certifying that You are unable to operate a motor vehicle or travel on other available modes of public transport, We will pay up to the amount shown in the Schedule, for reasonable costs incurred for the hire of a suitable chauffeured vehicle or taxi to transport You directly to and from Your normal place of residence and normal place of work.

Disappearance

If Your body is not found within twelve (12) months after an Accident involving the conveyance in which You were travelling, Accidental Death will be presumed in the absence of any evidence to the contrary. The Accidental Death Benefit amount shown under Event 1 and in the Schedule shall become payable, subject to a signed undertaking by the beneficiary that if You are subsequently found alive, such Accidental Death Benefit amount will be refunded to Us.

Funeral Expenses

If during the Period of Insurance You sustain Accidental Death, We will reimburse the Sporting Group or Your estate, the reasonable expenses incurred up to the amount shown in the Schedule, for Your funeral, burial or cremation or the cost of returning Your body or ashes to a place nominated by Your Spouse or the legal representatives of Your estate.

Exclusions

We will not be liable to pay any Benefits or expenses for any claim:

Aircraft

1. arising from or attributable to You engaging in or taking part in flying in an aircraft or aerial device other than as a passenger in an aircraft licensed to carry passengers.

Intoxication

2. arising from or attributable to You being under the influence of:
 - (a) intoxicating liquor, including having a blood alcohol content over the prescribed legal limit whilst driving;
 - (b) drugs, unless prescribed by a Doctor and taken in accordance with the Doctor's advice.

Legislation

3. involving Us contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth) or the National Health Act 1953 (Cth).

Maximum Age

4. for any Accident which occurs when You are over the maximum age shown in the Schedule. This will not prejudice any entitlement to claim Benefits for an Event which has arisen before You attained that age.

Pregnancy and Childbirth

5. in any way attributable wholly or partly to childbirth or pregnancy or complications or emergencies arising therefrom.

Professional Sport

6. arising from or attributable to You training for or participating in Professional Sport of any kind.

Radioactive Contamination

7. ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste or from the combustion of nuclear fuel or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or any of its nuclear components.

Sanctions

8. to the extent that the provision of such cover, payment of such claim or provision of such Benefit would expose Us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of any jurisdiction applicable to Us.

Self-Injury and Criminal Acts

9. arising from or attributable to any self-injury or suicide; or any illegal or criminal act, committed by:
 - (a) the Sporting Group;
 - (b) You, Your Spouse or Your Dependants.

Sexually Transmitted Disease and HIV

10. which results from a sexually transmitted disease or is a complication of infection with Human Immunodeficiency Virus (HIV) or any variance

including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC).

Terrorism

11. Terrorism, or any action taken in controlling, preventing, suppressing or in any way relating to Terrorism.

War

12. War, civil war, invasion, act of foreign enemy, rebellion, revolution, insurrection or military, usurped power.

General Conditions

Benefits

1. Benefits shall not be payable for more than one (1) of Events 1 to 19 in respect of the same Injury, in which case the highest Benefit amount will be paid.
2. Any Benefits payable for Insured Events 1 to 19 shall be reduced by any sum already paid for Insured Events 20 and/or 21 in respect of the same Injury.
3. Weekly Benefits shall not be payable:
 - (a) in excess of the maximum Benefit period, as specified in the Schedule, in respect to any one Injury;
 - (b) for the Waiting Period;
 - (c) beyond the date of Your death;
 - (d) once You are deemed fit to return to work by a Doctor;
 - (e) for more than one (1) of Events 20 and/or 21 that occur during the same period of time;
 - (f) if You fail to provide us with all requested information and other evidence reasonably required to assess Your claim.

Fortnightly Payments

4. Subject to Advanced Payment referred to under Personal Wellbeing, Weekly Benefits shall be payable fortnightly in arrears. Compensation for a period of less than one (1) week will be paid at the rate of one-seventh (1/7th) of the weekly Benefit for each day during which the disability continues.
5. All Benefits shall be payable to You or such person(s) and in such proportions as the Sporting Group shall nominate.

Independent Medical Examination

6. We may require at any time during a period of disablement that You be examined by an independent medical officer of Our choosing. The costs associated with the examination will be met by Us, however, if You fail to attend the examination for any reason then You will be required to pay any costs incurred. Failure to attend the independent medical examination may result in suspension or cessation of Benefits.

Workers Compensation and Other Insurance

7. The amount of any Benefit payable for Temporary Total Disablement and Temporary Partial Disablement will be reduced by the amount of any workers' compensation entitlement or any payment

which You are entitled to receive from any other insurance policy.

Provisions

Aggregate Limit of Liability

1. Except as detailed below, Our total liability for all claims shall not exceed the amount shown in the Schedule against Aggregate Limit of Liability, during any one (1) Period of Insurance.

Alteration of Risk

2. The Sporting Group must inform Us as soon as is reasonably practical of any alteration to the Sporting Group's activities which may increase the risk of Accident or Injury.

Assistance and Co-operation

3. The Insured and You shall co-operate with Us and upon Our request, assist in making settlements, in the conduct of law suits and in enforcing any right of contribution or indemnity against any person or organisation who may be liable to the Sporting Group or You because of Injury with respect to which cover is provided under this Policy. In that regard, the Sporting Group and You shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The Sporting Group and You shall not, except at its and/or Your own cost, voluntarily make any payment, assume any obligation or incur any expense other than for first aid to others at the time of the Accident.

Claims

4. The Sporting Group and You should give Pen Underwriting and Us written notice immediately of any Event which is likely to give rise to a claim at:

Accident & Health Claims
Gallagher Bassett Services Pty Ltd
GPO Box 14
Brisbane, QLD, 4001
P: +61 7 3012 3114 |
F: +61 7 3005 1705
E: AHClaims@gbtpa.com.au

Currency

5. All amounts shown on the Policy are in Australian Dollars (AUD). If expenses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount payable in Australian dollars (AUD) will be the rate at the time that the expense is incurred.

Due Diligence

6. The Sporting Group and You must take all reasonable care to prevent or minimise Accident and Injury.

Other Insurance

7. If a claim is made, the Sporting Group and You must advise Us of any other insurance that covers the same risk, that it or You are entitled to claim under or have access to.

Our Rights of Subrogation

8. When We pay any amount under this Policy, the Sporting Group and You agree that We shall be subrogated to all of its and Your rights, including the right to recover against any person or entity. The Sporting Group, You and its and/or Your legal representative agree to execute and deliver any certificates, information and other documentation as We may reasonably require and do whatever else is necessary to enable Us to secure such rights. Neither the Sporting Group, You or its or Your legal representative shall take action or wilful inaction which will prejudice Our rights of subrogation.

Notices

9. Notices:
 - (a) All notifications, other than claims, given by the Sporting Group or You to Us shall be given in writing to Pen Underwriting at the address shown on the Contacts Page of this policy wording.
 - (b) All notifications by Us to the Sporting Group and / or You shall be given in writing by Pen Underwriting to the Sporting Group's appointed agent or, in the absence of an agent, to the Sporting Group.

Policy Cancellation

10. Policy cancellation:
 - (a) The Sporting Group may cancel this Policy at any time by notifying us in writing. The cancellation will take effect from 4:00pm on the day we receive the Sporting Group's written notice of cancellation or such time as may be otherwise agreed.
 - (b) We may cancel the Policy in accordance with the provisions of the Insurance Contracts Act 1984 (Cth).
 - (c) If the Policy is cancelled, we will refund the Premium for the Policy less a pro-rata proportion of the Premium to cover the period for which cover applied. However we will not refund any Premium if a claim has been made under the Policy.

Policy Interpretation

11. Interpretation:
 - (a) Paragraph titles in this Policy are for descriptive purposes only and do not form part of this Policy for the purposes of its construction or interpretation.
 - (b) In this Policy, the singular includes the plural and vice versa.