This combined Financial Services Guide (FSG) and Product Disclosure Statement (PDS), incorporating the policy wording, was prepared on 15 November 2016.

The FSG is issued by Steadfast IRS Pty Limited (IRS), ABN 95 159 898 398, AFSL No. 435538.

The PDS is issued by The Hollard Insurance Company Pty Ltd (Hollard), ABN 78 090 584 473, AFSL No. 241436.

Contact details
Steadfast IRS Pty Limited, Level 1, 56 Delhi Road, North Ryde NSW 2113
Telephone: 1300 423 111 Email: team@workhealthoptions.com.au

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**Introduction**

This booklet contains two parts: **Part A**, which is the Financial Services Guide, (FSG); and **Part B**, which is the Product Disclosure Statement (PDS) incorporating the policy wording.

The FSG contains important information about the services provided by IRS in relation to this Work Experience Protection Insurance, including how they are remunerated for their services, their dispute resolution process and contact details. It is designed to assist you in deciding whether to use their services for this product. IRS promotes, arranges and administers this Work Experience Protection Insurance. They also handle and administer claims submitted under this policy. IRS is responsible for the FSG.

The PDS has been written in plain language to help you better understand this insurance, including your rights and obligations under the policy. Any advice contained in the PDS is general advice only and does not take into account your individual objectives, financial situation or needs. Before acting on this general advice, you should consider the appropriateness of the general advice, having regard to your individual objectives, financial situation and needs. Reading the PDS will help you understand what you need to know about this insurance and enable you to decide whether to purchase it. Please note that you have a 14 day ‘cooling-off’ period and ongoing cancellation rights.

Hollard is responsible for the PDS, as the insurer and product issuer.

**Part A: Financial Services Guide (FSG)**

**Services offered**

The financial services referred to in this financial services guide (FSG) are offered by:

Work Health Alternatives Pty Ltd, trading as Work Health Options, ABN 62 169 275 923 of Suite 9, Building B, 34-46 Brookhollow Avenue, Baulkham Hills NSW 2153.
Telephone: 1300 423 111
Email: team@workhealthoptions.com.au

**Work Health Options** is the authorised representative of:

**Steadfast IRS Pty Limited (IRS)**, ABN 95 159 898 398,
Level 1, 56 Delhi Road, North Ryde, NSW 2113
Telephone: 02 9034 5555
Email: enquire@steadfast-irs.com.au

Steadfast IRS Pty Limited holds a current Australian Financial Services Licence No: 435538 and is responsible for the financial services that **Work Health Options** provides to you. **Steadfast IRS Pty Limited** is also responsible for the content and distribution of this FSG. The distribution of this FSG by **Work Health Options** is authorised by **Steadfast IRS Pty Limited**.

This FSG sets out the services that we can offer you. It is designed to assist you in deciding whether to use any of those services and contains important information about:

- the services we offer you.
- how we and others are paid.
- any potential conflict of interest we may have.
• our internal and external dispute resolution procedures and how you can access them.
• arrangements that are in place to compensate clients for losses.

General Advice Warning
In providing these services for this insurance, IRS has not and will not consider whether this product is appropriate for your personal objectives, financial situation or needs. Therefore you will need to consider the appropriateness of any information given to you, having regard to your personal circumstances before purchasing this insurance product. The PDS, set out in Part B of this booklet should be read and considered. If you require personal advice, you need to obtain the services of a suitably qualified insurance adviser to act on your behalf.

Remuneration
Hollard, as the insurer, is paid the premium for this insurance product if you purchase it. This amount is agreed with you before the product is purchased. IRS will receive a commission of 20% of the premium for promoting and arranging Work Experience Protection Insurance policies. This commission is used by IRS to pay for the costs associated with marketing, distributing and arranging this product. IRS may also receive an amount of profit share, as a percentage of the overall portfolio performance of this product, the results of which are only known at the end of each underwriting year.

In some cases IRS may also charge you a fee (one-off, time-based or an annual management fee). Details of any fee will be shown on the invoice you will be sent. IRS’s employees are paid a market salary, which may include a small percentage of commission derived from this product. You may request particulars about the above remuneration (including commission), or other benefits from IRS. However, the request must be made within a reasonable time after you have been given this document, and before the relevant financial service has been provided to you.

Payment
IRS’s invoice, when sent to you, will set out the premium, when and how it should be paid and relevant government taxes and charges. On payment, the premium will be banked into IRS’s trust account from which Hollard is paid the premium, less IRS’s commission.

How are complaints and disputes handled?
IRS will do its best to work with you to resolve any complaints you may have in relation to the financial services provided or this product. In the first instance please contact IRS to detail your complaint. IRS will work with you to resolve it quickly.

If the complaint remains unresolved to your satisfaction after 15 days, you should refer the issue to Hollard. Information on accessing Hollard’s complaint and dispute process is set out in the PDS under the ‘The Dispute Resolution Process’ clause on page 6 of this booklet.

Compensation arrangements
The Financial Claims Scheme clause on page 6 of this booklet sets out information on compensation arrangements, in the unlikely event that Hollard was to fail and be unable to meet their financial obligations under this insurance.

Personal information held by IRS
To provide a quotation and arrange coverage for you, IRS collects, handles and maintains records of your personal information and profile, including details of insurance policies that have been arranged by IRS. Information will also be disclosed and passed onto the insurer, Hollard. IRS are committed to implementing and promoting a privacy policy, which will ensure the security and privacy of your personal information. On request, IRS will provide a copy of their privacy policy or it can be accessed on their website, www.steadfast-irs.com.au
Contact details
Steadfast IRS Pty Limited. Level 1, 56 Delhi Road, North Ryde NSW 2113 Telephone: 1300 423 111
Email: team@workhealthoptions.com.au
**Part B: Product Disclosure Statement (PDS)**

This PDS was prepared on 15 November 2016 and is issued by the insurer Hollard. Hollard is authorised by the Australian Prudential Regulation Authority (APRA) as a general insurer. In this PDS references to “us”, “we” and “our” means Hollard.

**Contact details**

The Hollard Insurance Company Pty Ltd, 02 9253 6600, Locked Bag 2010, St Leonards NSW 1590.

**Important documents**

The PDS sets out the main features and benefits of the policy terms and conditions. This will assist you in deciding if this insurance is right for you. Any advice provided by Hollard is general only and does not take into account your individual circumstances.

Your insurance policy is made up of the following two documents.

1. This PDS, incorporating the standard terms and conditions applicable to this insurance, including the basis of cover, exclusions, limitations and applicable excesses.
2. The Insurance Certificate prepared and issued by IRS when you take out cover, including any renewal. The Insurance Certificate will show the named insured, the sections of cover applicable, the period of insurance, limit of benefits/aggregate and limit of liability, applicable excesses, and any specific endorsements or additional conditions of cover.

You should ensure that you read this entire booklet and check your Insurance Certificate when you receive it to ensure it is in accordance with your instructions. These documents should be kept by you in a safe place.

**Significant benefits and features**

The significant benefits of this insurance are that it provides:

- cover for losses resulting from an accident that occurs whilst you are participating in listed work experience placement(s); and
- personal liability cover whilst you are participating in listed work experience placement(s).

You can select various cover options against a range of events:

<table>
<thead>
<tr>
<th>Insurance cover</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover A – capital benefits</td>
<td>Compensation for injury which results in your death, permanent disablement or permanent total loss of a limb.</td>
</tr>
<tr>
<td>Cover B – weekly benefits</td>
<td>Compensation for injury resulting in your temporary total disablement.</td>
</tr>
<tr>
<td>Cover C – non-Medicare medical expenses</td>
<td>Compensation for specified non-Medicare medical expenses incurred as a result of injury.</td>
</tr>
<tr>
<td>Cover D – home/motor vehicle modification expenses</td>
<td>Covers the costs you incur to make necessary modifications to your home and/or motor vehicle, if your injury results in paraplegia or quadriplegia.</td>
</tr>
<tr>
<td>Personal liability section</td>
<td>Covers you for your legal liability whilst participating in the listed work experience placement(s).</td>
</tr>
</tbody>
</table>
Risks and restrictions on coverage

Your policy will not operate until you have paid your premium.

You must comply with your Duty of Disclosure and the Policy Conditions. Failure to comply will result in either a reduction in claim payment or denial in accordance with the Insurance Contracts Act. Additionally, insurance coverage is restricted to accidents and events arising from listed work experience placements shown on your insurance certificate.

Important information

Who is insured under this insurance?
The person(s) covered by this insurance are named on the insurance certificate. All insured persons covered by the insurance have to comply with the terms and conditions. We may refuse to pay a claim or reduce the amount we pay if an insured person does not comply with the terms and conditions of this insurance.

Where there are multiple people insured, each named person will be considered as a separate and distinct insured person. Each insured person will be considered in the same manner as if a separate insurance policy had been issued to each person, provided that nothing in this clause will increase our limit of liability in respect of any single occurrence stated in the insurance certificate.

Aggregate limits of liability
Our total limit of liability for all claims arising under this insurance during any period of insurance will not exceed the aggregate limit(s) set out in the insurance certificate.

Group policies
If an organisation obtains this insurance for the benefit of their work experience placement(s), the organisation must ensure that a copy of this combined PDS and FSG booklet is provided to the individual insured work experience person(s) listed on the Insurance Certificate. This should be done when the work experience placement(s) individual commences their placement covered under this policy.

Your ‘cooling-off’ rights
You can cancel your insurance within 14 days of the commencement date. The commencement date is stated on your insurance certificate. If we receive your written request to cancel this insurance within the 14 day period, we will cancel the insurance effective from the commencement date, and give you a full refund (less any taxes, duties or commissions payable that we are unable to refund). You cannot use this right where, before the 14 day period ends, you have exercised any of your rights or powers under the insurance (e.g. you have made a claim).

After the ‘cooling-off’ period ends, you still have cancellation rights under this insurance. These rights are documented below. Where this insurance has been purchased by an organisation, on behalf of the insured person(s), any refund will be provided to that organisation.

Cancelling your insurance after the ‘cooling-off’ period
You can cancel your insurance at any time by calling us. We will explain the cancellation process to you. Where you have paid your premium in full, we will refund any premium you have paid, less an amount that covers the period for which you were insured.

We can cancel your insurance where permitted by law. For example, if you do not comply with your insurance terms and conditions, fail to pay your premium, make a fraudulent claim or if you did not comply with your duty of disclosure or misrepresented information when you entered into your insurance.
Your premium
Your premium is calculated when we assess your application before your insurance begins. Your insurance certificate provides details of your premium and when we calculate that premium we consider the type of cover requested by you and the various risks involved in providing that cover. Your premium also includes allowances for government taxes and stamp duty relating to your insurance which will be shown on your insurance certificate.

Privacy of your personal information
We recognise that your privacy is very important to you. We are committed to protecting the privacy of your personal information in accordance with the Privacy Act, 1988. We generally collect personal information to provide the various products and services we offer and it is done in accordance with our privacy policy. You may reasonably obtain access to your personal information that we hold. Our detailed privacy policy can be viewed on www.hollard.com.au or a copy can be requested by phoning 02 9253 6600.

Financial Claims Scheme
Hollard is an insurance company authorised under the Insurance Act 1973 (Insurance Act) to carry on general insurance business in Australia by the Australian Prudential Regulation Authority (APRA). The Insurance Act contains prudential standards and practices designed to ensure that, under all reasonable circumstances, financial promises made by insurers are met within a stable, efficient and competitive financial system. Hollard, as an insurer, is subject to these prudential requirements.

The protection provided under the Financial Claims Scheme legislation applies in relation to Hollard and this insurance. If Hollard were to fail and were unable to meet their obligations under this insurance, a person entitled to claim under the insurance policy may be entitled to payment under the Financial Claims Scheme (access to the Scheme is subject to eligibility criteria). Information about the Financial Claims Scheme can be obtained from the APRA website at www.apra.gov.au or the APRA hotline on 1300 558 849.

Hollard is exempted from the requirement to meet the compensation arrangements which Australian financial services licensees must have in place to compensate retail clients for loss or damage suffered because of breaches by the licensee or its representatives under Chapter 7 of the Corporations Act. Hollard has compensation arrangements in place that are in accordance with the Insurance Act.

General Insurance Code of Practice
Hollard is a signatory to the General Insurance Code of Practice. The objectives of this Code are to:

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

You can obtain a copy of the Code from the Insurance Council of Australia website www.insurancecouncil.com.au or by phoning 02 9253 5100.

The Dispute Resolution Process
Hollard welcomes every opportunity to resolve any concerns you may have with this insurance product. In the first instance please contact IRS by either phoning them 02 9034 5555 or emailing complaints@steadfast-irs.com.au with your concern. If your concern is not resolved within 15 days to your satisfaction please write to our Internal Dispute Resolution Committee at:
The Hollard Insurance Company Pty Ltd
Internal Dispute Resolution Committee
Locked Bag 2010,
St Leonards NSW 1590
Or email resolution@hollard.com.au or call 02 9253 6600.

Your concern will be investigated by an officer with full authority to deal with the issue and you will be informed of the outcome within fifteen working days of receiving your concern.

If your concern still remains unresolved to your satisfaction or has not been resolved within 45 days, you may refer the matter to the Financial Ombudsman Service (FOS) subject to its terms of reference, which acts as our external dispute resolution provider. FOS is an independent body and its service is free to you. FOS can be contacted via:

Post: GPO Box 3, Melbourne, Victoria 3001
Web: www.fos.org.au
Email: info@fos.org.au
Phone: 1300 780 808

A decision of FOS is binding on us (up to specified jurisdiction limits). A decision of FOS is not binding on you and you have the right to seek further legal assistance.

Insurance conditions
You must abide by all conditions of this insurance and we draw your special attention to those detailed below, and the conditions applicable to the making of a claim. If you do not comply with the insurance conditions we may reduce or refuse to pay a claim and cancel your insurance to the extent permitted by law.

Your Duty of Disclosure
Before you enter into a contract of general insurance with us, you have a duty, under the Insurance Contracts Act 1984, to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. You have this duty until we agree to insure you.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

• that diminishes the risk to be undertaken by us;
• that is of common knowledge;
• that we know or, in the ordinary course of our business, ought to know;
• as to which compliance with your duty is waived by us.

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim or may cancel the contact.

If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

Preventing our right of recovery
We will not cover you for injury or liability if you have agreed not to seek compensation from another person who is liable to compensate you for any injury or liability which is covered by this insurance.
Paying your premium
Your insurance will not operate until the premium has been paid. The premium is payable when you purchase or renew this insurance with us. If you make changes to your insurance you may need to pay an additional premium or you may be entitled to a refund. If your premium payment is dishonoured by your financial institution, this insurance will not operate and you will not be covered in the event of a claim.

Our agreement
We agree to provide you with the cover set out in each section which you have selected and which is listed on your insurance certificate. We will cover you for injury or liability, subject to the maximum number of days specified, occurring during the period of insurance, subject to the terms and conditions of the insurance. We will not pay any more than the sum insured or limit of liability for each section shown on your insurance certificate unless otherwise stated.

Understand this insurance policy
Your insurance policy has two available covers:
• personal accident cover, and
• personal liability cover.

Each cover has its own words with special meaning, an explanation of its scope and how it operates, exclusions and relevant conditions. Additionally, at the end of this policy are definitions and exclusions that are relevant to both covers.

Personal accident

Words with special meaning in this section
accident means a sudden, unexpected, unusual, specific event that occurs at an identifiable time and place. This does not include any event that results in sickness or disease.

elimination period means the period for which no compensation is payable. This period commences from the first day of total disablement for which medical treatment was sought in respect of injury.

income means:
• if the insured person is employed elsewhere, the average gross weekly earned income derived through employment of the insured person during the twelve months immediately preceding the date of accident or over any shorter period that they have been continuously employed.
• if the insured person is not employed elsewhere, the average gross weekly earned income less any expenses incurred in earning that income of the insured person during the twelve months immediately preceding the date of accident or over any shorter period that the insured person has been engaged in his or her current occupation. It will in no way include any income that will not be reduced or diminished by the insured person’s disablement.
• If the insured person has not been in gainful employment or in receipt of an earned income for a period of 14 days or longer immediately prior to suffering a disability, then they will be considered to have an Income of nil, unless the Insured person’s earned income varies within strictly defined seasonal periods, in which case the insured person’s income is as defined above.
**injury** means bodily injury (including death) resulting from an accident, which occurs during the period of insurance.

**non-Medicare medical expenses means expenses:**

- that are not subject to any full or partial Medicare rebate nor are they recoverable by you or the Insured person from any other source and are incurred within twelve (12) calendar months of you sustaining injury;
- paid by you or on your behalf and for treatment certified necessary by a legally qualified medical practitioner, to a registered Private Hospital, physiotherapist or chiropractor (*limited to $500 in respect of any one injury*), osteopath, nurse or similar provider of medical services; or
- relating to your emergency transportation and/or treatment by ambulance.

**Note:** Non-Medicare medical expenses do not include:

- any or part of any expenses for which a Medicare benefit is paid or is payable, nor does it include the balance of monies due or payable by you after deduction of any Medicare benefit or rebate. (Commonly known as the "Medicare Gap"); or
- the cost of dental treatment unless it is necessarily incurred to sound and natural teeth, other than first teeth or dentures, and is caused by injury.

**Note:** We will not make any refund in respect of:

- any expense recoverable by you from any other insurance scheme or any plan providing medical/physiotherapy or similar coverage or from any other source except for the excess of the amount recoverable from such other insurance plan or source;
- any expense to which Section 67 of the National Health Act 1953 (as amended) or any of the regulations made under it apply;
- more than the specified percentage, as stated in Section C, of each claim less all deductions and the insurance excess; or
- Any expense which we are prohibited by law from paying.

**paraplegia** means total and permanent paralysis of both legs and part or whole of the lower half of the body.

**permanent disablement** means disablement continuing for twelve consecutive months and at the expiry of that period considered, in the opinion of the majority of medical referees (one appointed by you, one by us and those two to appoint a third if consensus cannot be reached) to be beyond hope of improvement.

**permanent total loss of a limb or limbs** means:

- loss by permanent physical separation of a hand or hands at or above the wrist or of a foot or feet at or above the ankle; or
- total and irrecoverable loss of use of a hand or hands or foot or feet.

**Pre-existing condition** means an injury or condition (including any side-effects or symptoms of such injury or condition) for which you were aware, or of which a reasonable person in the circumstances could be expected to have been aware, or for which you have received or sought medical treatment or attention.
quadriplegia means total and permanent paralysis of both legs and both arms.

temporary total disability means disablement resulting from an injury that entirely prevents you from engaging in paid work for which you are qualified for or studying to become qualified.

What we cover

We will cover you for bodily injury or death caused by an accident which occurs within Australia and its external territories. This accident must occur during the period of insurance and arise while you are undertaking the listed work experience placement(s) described on your insurance certificate. The cover will be restricted to the payment of capital or weekly benefits as shown on your insurance certificate and as detailed in this cover and will be subject to any excess, aggregate limit or elimination period shown on your insurance certificate.

The maximum number of days where cover is provided for Work Experience Protection Insurance is listed on your insurance certificate.

What we do not cover

We will not cover injury:

1. which happens while you are:
   - incapable of taking care of yourself because of mental unsoundness;
   - under the influence of alcohol or drugs; or
   - taking part in a riot or civil commotion.

2. which arises from or is caused by:
   - pregnancy or childbirth, even if the childbirth may have been accelerated or induced by an accident or illness;
   - intentional or attempted self-injury or suicide; or
   - any sexually transmitted disease.

How we will pay your claim

If we agree to pay your claim we will pay compensation to you based on the sum(s) insured shown on your insurance certificate for capital benefits or weekly benefits. In the event of your death, we will pay your estate.
**Table of events**

**Cover A – capital benefits**

Cover under this section is limited to the events specified in the insurance certificate. The compensation for these events will be payable as a percentage of the capital sum insured shown on the insurance certificate.

<table>
<thead>
<tr>
<th>The event(s)</th>
<th>The compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury resulting in:</td>
<td></td>
</tr>
<tr>
<td>1. Death (refer to special provisions note 9.)</td>
<td>100%</td>
</tr>
<tr>
<td>2. Permanent total quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>3. Permanent total paraplegia</td>
<td>100%</td>
</tr>
<tr>
<td>4. Permanent total loss of sight of both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>5. Permanent total loss of sight of one eye</td>
<td>50%</td>
</tr>
<tr>
<td>6. Permanent total loss of use of two limbs</td>
<td>100%</td>
</tr>
<tr>
<td>7. Permanent total loss of use of one limb</td>
<td>100%</td>
</tr>
<tr>
<td>8. Permanent total loss of the lens of both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>9. Permanent total loss of the lens of one eye</td>
<td>50%</td>
</tr>
<tr>
<td>10. Permanent total loss of hearing in</td>
<td></td>
</tr>
<tr>
<td>(a) both ears</td>
<td>100%</td>
</tr>
<tr>
<td>(b) one ear</td>
<td>15%</td>
</tr>
<tr>
<td>11. Third degree burns and/or resultant</td>
<td>50%</td>
</tr>
<tr>
<td>disfigurement received from fire or chemical</td>
<td></td>
</tr>
<tr>
<td>reactions which extend to cover more than</td>
<td></td>
</tr>
<tr>
<td>40% of the entire external body.</td>
<td></td>
</tr>
<tr>
<td>12. Permanent total loss of use of four fingers</td>
<td>70%</td>
</tr>
<tr>
<td>and thumb of either hand</td>
<td></td>
</tr>
<tr>
<td>13. Permanent total loss of use of four fingers</td>
<td>40%</td>
</tr>
<tr>
<td>of either hand</td>
<td></td>
</tr>
<tr>
<td>14. Permanent total loss of one thumb of</td>
<td></td>
</tr>
<tr>
<td>either hand involving</td>
<td></td>
</tr>
<tr>
<td>(a) both joints</td>
<td>30%</td>
</tr>
<tr>
<td>(b) one joint</td>
<td>15%</td>
</tr>
<tr>
<td>15. Permanent total loss of use of fingers of</td>
<td>10%</td>
</tr>
<tr>
<td>either hand involving</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(a) three joints 7.5%
(b) two joints 5%
(c) one joint

Permanent total loss of use of toes of either foot involving
(a) all toes – one foot 15%
(b) great toe – both joints 5%
(c) great toe – one joint 3%
(d) other than great toe, each toe 1%

17. Fractured leg or knee cap with established non-union 10%

18. Shortening of leg by at least 5cm 7%

19. Loss of at least 50% of all sound and natural teeth, including capped or crowned teeth, but excluding first teeth and dentures Per tooth 1%

The benefit payable in the case of death will be reduced by any capital benefit paid for any other injury or disablement sustained in the same incident. If you suffer more than one injury or you die as a result of the same accident we will only pay the highest capital benefit that you qualify to receive. You can only claim one capital benefit for any one condition.

Cover B – weekly benefits

Cover under this section is included only if specified in the insurance certificate.

The event(s) The compensation

Temporary total disablement if you are an Income earner. Compensation is payable for no longer than the aggregate period specified in the insurance certificate and is subject to an elimination period of:

(a) The period of time equal to the total of any accrued sick leave at the time of injury or any similar entitlement.
PLUS
(b) The period specified in the insurance certificate.

100% of the actual loss of or reduction in income or the maximum amount specified in the insurance certificate, whichever is the lesser.

Temporary total disablement if you are not an Income earner. Compensation will be certified as necessary for the duration of 80% of the actual cost of domestic help.
payable for no longer than the aggregate period specified in the insurance certificate and is subject to an elimination period as specified in the insurance certificate.

total disablement by a legally qualified medical practitioner OR the maximum amount specified in the insurance certificate whichever is the lesser.

Temporary total disablement if you are a full-time student. Compensation is payable for no longer than the aggregate period specified in the insurance certificate and is subject to an elimination period as specified in the insurance certificate.

80% of the actual cost of home tutorial by a qualified tutor which has been certified as necessary for the duration of total disablement by a legally qualified medical practitioner OR the maximum amount specified in the insurance certificate whichever is the lesser.

**Cover C – non-Medicare medical expenses**

Cover under this section is included only if specified in the insurance certificate.

<table>
<thead>
<tr>
<th>The event(s)</th>
<th>The compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury resulting in:</td>
<td>The lesser of 80% of the actual non-Medicare medical expenses after deduction of recoveries from any other source including private health funds and deduction of the excess OR the maximum amount specified in the insurance certificate.</td>
</tr>
</tbody>
</table>

| 23. You incurring non-Medicare medical expenses. | |

**Cover D – home and/or motor vehicle modification expenses**

If as a result of an injury covered under this insurance you are diagnosed with paraplegia or quadriplegia we will cover the costs of resultant, necessary modifications to your home or motor vehicle. The most we will pay under this benefit is $25,000.

**Special provisions**

1. The compensation payable under event 1 in Cover A (page 10) will be payable to your estate. All other compensation will be payable to you.

2. a. Compensation will not be payable for more than one of the events listed in Cover A in respect of the same injury.

   b. Any compensation payable for events 2-19 listed in Cover A will not be reduced by any compensation already paid under any events in Cover B (page 12) in respect of the same injury.
c. If you sustain injury which results in a claim being accepted for any one of events 2, 3, 4, 6 or 8 described in Cover A, there will be no further liability under the insurance for injury sustained thereafter.

d. Compensation will not be payable for more than one of the events listed in Cover B in respect of the same injury.

In respect of 2a, 2b, 2c, and 2d provided always that if you become entitled to compensation under any one of the events listed in Cover A (other than event 1), you may elect to receive compensation either under that benefit or under the events listed in Cover B.

3. Compensation will not be payable:
   a. Any disability caused by, arising out of, or in any way related to or connected with a pre-existing condition.

   b. Under any event described in Cover B in excess of the aggregate period shown against such events in respect of any one injury.

   c. Unless you have as soon as possible after the happening of any injury giving rise to a claim under this insurance, obtained and followed proper medical advice from a legally qualified medical practitioner.

4. The compensation payable under event 20 in Cover B is limited to the lesser of the amount stated in the insurance certificate or your weekly income.

   a. Then compensation payable under event 20 will be reduced by the amount necessary to limit the total of all payments and/or compensation to your income or the limit stated in the insurance certificate, whichever is the lesser if you are entitled to receive: Weekly or periodical disability benefits under any other insurance of insurance; and/or

   b. Weekly or periodical disability benefits under any WorkCover Compensation Act or other statutory body having a similar effect, or under relevant Wrongs Act, or under any Compulsory Third Party or Motor Vehicle Act, or Transcover or Transport Accident Act or other Statutory body having similar effect; and/or

   c. Earned income from any other occupation.

5. If, as a result of injury, compensation is payable under Cover B and if, while the insurance is in force, you suffer recurrence of total disablement from the same or related cause or causes, the subsequent period of total disablement will be deemed a continuation of the prior period unless between these periods you have performed the duties of your usual occupation for at least six consecutive months, in which event the total disablement will be deemed the result of a new injury and subject to a new elimination period or aggregate period.

6. Any claim under this insurance is subject to the aggregate limit of liability shown on your insurance certificate.

7. This insurance is subject to age limitations. We will not be liable for any event which happens to you unless at the date of such event you are between the ages shown on the insurance certificate.

8. If you are under 18 years of age, the benefit payable for event 1 (accidental death) is limited to $10,000.

9. If you suffer an injury which requires physiotherapy or chiropractic treatment(s), you must obtain, and provide to us, a referral from a legally qualified medical practitioner prior to seeking such treatment(s).
Compensation for physiotherapy and chiropractic treatment(s) is limited to $500 in respect of any one injury.

**Special conditions**

**Claims**

You, (or your representative), must notify us as soon as you are aware that a claim will be made under this insurance or that an accident has occurred which may result in a claim being made under this insurance.

We will only pay benefits if you are resident in Australia and we will require you to:

a) obtain and follow medical advice from a qualified medical practitioner;
b) obtain a certificate from a qualified medical practitioner confirming the nature and extent of the injury or disability;
c) furnish us with evidence that we may require in relation to your health, level of disability and medical history;
d) undergo any medical examination requested and arranged by us at our expense; and

e) give us details of any other insurance covering the same accident.

**Change of work experience placement(s)**

We only cover you for the listed work experience placement(s) shown in your application for this insurance and shown on your insurance certificate. You must immediately notify us if there is any change in your work experience placement(s). We will then decide whether to extend coverage for this new placement(s) and if so on what terms.

**Compensation from other sources**

We will reduce the amount we have to pay under this insurance if you or your estate has been paid, or is entitled to be paid, compensation for your injury or death by another party who is legally liable to compensate you. This will not apply if this compensation is payable under another accident or life insurance policy taken out by you.

**Personal liability**

**Words with special meaning in this section**

*Accident* means an event you did not intend or expect to happen.

*Event* means any single occurrence resulting in loss or damage.

**What we cover**

We will cover you for legal liability to pay compensation as a result of an accident caused by your negligence which causes death, bodily injury or loss or damage to others’ property. The accident must occur within Australia and its external territories during the period of insurance and arise while you are undertaking and listed work experience placement(s) detailed on your insurance certificate.

Your insurance certificate will indicate the most that we will pay in total for any event(s) arising directly or indirectly from the one original accident, source or cause. In addition to this amount we will pay all legal costs and expenses incurred with our consent for which you have a legal liability to
pay. If we agree to pay your claim we will pay the costs of compensation awarded by a court or a settlement agreed to by us together with your reasonable legal fees and costs that we incur on your behalf or that you incur with our written consent. You can only claim for legal fees and expenses if we have agreed to them in writing before you incur them.

We do not cover you

a. where you are entitled to be indemnified under the coverage of a liability policy held by the employer, for who you are undertaking the listed work experience placement;
b. if you are entitled to be wholly or partly insured by any compulsory statutory insurance or accident compensation scheme, or would have been, but for failure to:
   • register the vehicle or
   • apply for cover under the insurance or scheme or
   • comply with a term or condition of the insurance or scheme.

When we will not pay under this personal liability section

We will not pay claims arising from:

• penalties, fines or awards of aggravated, exemplary or punitive damages made against you;
• use of a motor vehicle, motorcycle, mini-bike, aircraft or watercraft, other than:
   - unregistered motorised golf carts, ride-on mowers, mobility scooters and wheelchairs;
   - model or toy aircraft;
   - a surfboard, sailboard or surf ski;
   - watercraft less than 8 metres long.
• use of a caravan or trailer when the caravan or trailer is attached to a motor vehicle or motorcycle;
• personal injury to you, or any member of your family who normally lives with you, or any other person who normally lives with you;
• damage to or loss of property that belongs to you, or any member of your family who normally lives with you, or any other person who normally lives with you;
• personal injury, or loss or damage to property belonging to any person you employ and that injury, loss or damage arises out of their employment with you;
• any disease that is transmitted by you;
• the supply of any alcohol or drugs;
• any business, profession, trade or occupation carried on by you;
• negligent miss-statement, advice or treatment;
• any agreement or contract you enter into however we will pay for your liability if you would have been liable without the agreement or contract;
• gaining a personal profit or advantage that is illegal;
• a conflict of duty or interest;
• any act or omission that is dishonest, fraudulent, criminal, wilful or malicious;
• any alleged or actual act or omission committed, or alleged to have been committed, prior to the commencement of the period of insurance;
• any actual alleged or threatened contamination or pollution of any property, land, the atmosphere or any watercourse or body of water (including groundwater) other than arising from an occurrence which is neither reasonably expected or intended by you and is a consequence of a sudden cause which takes place at a clearly identifiable time and place during the period of insurance;
• for actions brought against you in a court outside Australia or a court that applies law that is not Australian law; or
• any event or liability for which you or your family are required by law to hold insurance.
General exclusions applying to all sections

When we will not pay for a claim for loss, damage or liability

You are not covered for any loss, damage or liability caused by or resulting from, or the costs incurred from or of:

- war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection or military or usurped power or by contamination or pollution by chemical, biological or nuclear agents which results from an act of terrorism;
- ionising radiation, contamination by radioactivity from any nuclear weapons material, nuclear fuel or waste, or the combustion of nuclear fuel or waste where the combustion is a self-sustaining nuclear process; or
- asbestos or any product containing asbestos.

Words with special meaning applying to all sections

Some words used in this insurance have special meaning. Where the meaning of the word applies to a single section, that meaning will appear at the start of that section. A list of words which have the same meaning throughout the document appears at the end of the insurance.

**insured person(s)** means any person shown as being covered on the insurance certificate. In this insurance we will refer to the insured person as ‘you’ or ‘your’.

**insurance certificate** is the latest insurance certificate we send you which forms a part of our contract with you and sets out the types and amount of cover you have selected.

**period of insurance** means the period of your insurance with us, with the dates shown on your insurance certificate. The expiry date is when your insurance coverage finishes, unless ending sooner in accordance with this insurance or relevant law. If your insurance is cancelled, the period of insurance terminates when the cancellation becomes effective. Unless otherwise stated, the period of insurance commences and ends at 4pm on the days shown on your insurance certificate.

**terrorism** means any act which may or may not involve the use of, or threat of, force or violence where the purpose of the act is to further a political, religious, ideological aim or to intimidate or influence a government (whether lawfully constituted or not) or any section of the public.

**we, us or our** means The Hollard Insurance Company Pty Ltd.

**work experience placement(s)** means a recognised formal work experience in accordance with the relevant state or territory legislation where a person is not deemed an employee and is not covered by the Fair Work Act.