



Combined Financial Services Guide & Product Disclosure Statement

(Including Policy Wording)

Effective 9 September 2013



Peace of mind and protection— here, there and beyond!
Wherever your travels take you, take expert assistance with you. A Worldcare Travel Insurance policy provides all the advantages of Canstar Cannex 2012 award-winning travel insurance, and emergency assistance from the Allianz Group. With Allianz Global Assistance, you can travel with complete confidence, knowing the global leader in assistance services is there to help you, at all times, and in all places.

How can we help?

We are emergency medical assistance specialists, helping over 18,500 Australians and New Zealanders each year who become sick or injured overseas. We have a global team of doctors and nurses, ready to help, when you need it most.

Global Assistance

Allianz 

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Financial Services Guide

This Financial Services Guide (FSG) has been designed to help you make an informed decision about the financial services that Allianz Global Assistance can provide to you. It also contains information about how Allianz Global Assistance and others are remunerated for providing these financial services and how your complaints are dealt with.

Where they arrange an insurance policy for you, they will give you a Product Disclosure Statement (PDS) when required. The PDS is designed to provide important information on the significant features and benefits of the policy and is designed to assist you in making an informed decision about whether to buy the product. It may consist of more than one document.

Any advice that is provided to you is general in nature and does not take into account your individual objectives, financial circumstances or needs. Before you make any decisions about the product, you should read the PDS carefully to ensure that it is suitable for you.

About Allianz Global Assistance

Allianz Global Assistance (a trading name of AGA Assistance Australia Pty Ltd ABN 52 097 227 177 AFS Licence No. 245631) of 74 High Street, Toowong, Queensland 4066 Telephone 1800 008 614 is an Australian Financial Services Licensee authorised to deal in and provide general advice on general insurance products.

Allianz Global Assistance has been authorised by the insurer, Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850 AFS Licence No. 234708 of 2 Market Street, Sydney, New South Wales 2000 Telephone 13 26 64 to act on its behalf to deal in and provide general advice and handle and settle claims in relation to travel insurance products underwritten by Allianz.

Allianz Global Assistance has a binding authority, which means it can enter into, vary or cancel these insurance products and handle and settle claims without reference to Allianz, provided it acts within the binding authority. When providing these services, Allianz Global Assistance acts for Allianz and does not act on your behalf.

Professional Indemnity Insurance Arrangements

Allianz Global Assistance and its representatives (including its authorised representatives) are covered under professional indemnity insurance that complies with the requirements of section 912B of the Corporations Act. The insurance (subject to its terms and conditions) will continue to cover claims in relation to Allianz Global Assistance's representatives/employees who no longer work for it (but who did at the time of the relevant conduct).

Remuneration

The premium for this travel insurance policy is payable to Allianz as the Insurer.

Allianz Global Assistance is remunerated by Allianz for providing services on behalf of Allianz. This amount is calculated as a percentage of the premium you pay for the policy, less government taxes and charges, and is paid monthly. Employees of Allianz Global Assistance receive an annual salary.

Allianz Global Assistance may also pay other persons who refer their customers to it, a commission which is a percentage of the commission of the premium paid (or an agreed fee). This is only paid if the customer buys a policy.

If you would like more details about the remuneration that Allianz Global Assistance receives, please ask them. This request should be made within a reasonable time after this FSG is provided to you and before the financial services are provided.

If you have a complaint

Should you have a complaint or dispute arising out of this insurance, or our employees, authorised representatives or service providers, please call Worldcare on 1300 726 087 or put the complaint in writing and send it to PO Box 162, Toowong, Queensland 4066.

A dispute may also be referred to the Financial Ombudsman Service Limited (FOS), which is an independent external dispute resolution body. For more information or to access the FOS process please call 1300 780 808. Alternatively you can write to the FOS at GPO Box 3, Melbourne, Victoria 3001. Access to the FOS is free.

Privacy Statement

Allianz Global Assistance is committed to ensuring the privacy and security of your personal information. They adhere to the privacy terms set out in **"Important Matters"** in the PDS.

How to contact us

You can contact Allianz Global Assistance or provide them with instructions using the contact details outlined in this FSG. Please keep this document in a safe place for your future reference.

Date prepared

This FSG was prepared on 9 September 2013.

About this Product Disclosure Statement (PDS)

A Product Disclosure Statement (PDS) is a document required by the Corporations Act 2001 (Cth) and contains information designed to help you decide whether to buy the policy and to compare it with other products you may be considering.

This PDS sets out the cover available and the terms and conditions which apply. Please note that any recommendations or opinions in this document are of a general nature only and do not take into account your objectives, financial situation or needs.

This PDS, together with the Certificate of Insurance and any other document we tell you forms part of your Policy, make up your contract with Allianz. Please retain these documents in a safe place.

About the available covers

You can choose one of these 5 Plans:

Plan A - Comprehensive

(includes Policy Sections* 1 to 19)

Plan B - Australia Only

(includes Policy Sections 1, 4, 6, 11, 13, 15 to 18)

Plan C - Budget Cover

(includes Policy Sections* 2, 3 & 15)

Plan D - Frequent Traveller - International

(includes Policy Sections* 1 to 19)

Plan E - Frequent Traveller - Australia

(includes Policy Sections 1, 4, 6, 11, 12, 13, 15 to 18)

** you will not have cover under certain Policy Sections while travelling in Australia – see 'Geographical Regions' pages 8 to 9 for details.*

Understanding your Policy and its important terms and conditions

To properly understand this policy's significant features, benefits and risks you need to carefully read:

- **"How to Purchase this Policy"** (pages 6 to 7) – this contains important information on who can purchase the policy, age limits and the choice of plans and cover types available to you;
- The benefit limits provided under each plan in the **"Table of Benefits"** (pages 10 to 12), when *We will pay* a claim under each Policy Section applicable to the cover you choose (**"Your Policy Cover"** pages 30 to 48) and any endorsements under **"Additional Options"** (page 13) (remember certain words have special meanings - see **"Words with Special Meanings"** pages 27 to 29);

- **"Important Matters"** (pages 21 to 26) - this contains important information on applicable Excesses, the period of cover and extensions of cover, the cooling-off period, confirmation of cover, your Duty of Disclosure (including how the Duty applies to you and what happens if you breach the Duty), our privacy notice and dispute resolution process, the Financial Claims Scheme, when you can choose your own doctor, when you should contact us concerning 24 hour medical assistance, Overseas hospitalisation or medical evacuation, and more;
- When *We will not* pay a claim under each Policy Section applicable to the cover you choose (**"Your Policy Cover"** pages 30 to 48) and **"General Exclusions Applicable to all Sections"** pages 49 to 51 (this restricts the cover and benefits); and
- **"Claims"** (pages 52 to 54) - this sets out certain obligations that you and we have. If you do not meet them we may refuse to pay a claim.

Applying for cover

When you apply for the policy, we will confirm with you things such as the period of cover, your premium, what cover options and Excesses will apply, and whether any standard terms are to be varied (this may be by way of an endorsement). These details will be recorded on the Certificate of Insurance issued to you.

This PDS sets out the cover we are able to provide you with. You need to decide if the benefit limits, type and level of cover are appropriate for you and will cover your potential loss.

If you have any queries, want further information about the policy or want to confirm a transaction, please use the contact details on the back cover of this PDS.

About your premium

You will be told the premium payable for the policy when you apply. It is based on a number of factors such as your destination(s), length of Journey, number of persons covered, your age, the plan and any additional options selected.

Your premium also includes amounts that take into account our obligation to pay any relevant compulsory government charges, taxes or levies (for example, Stamp Duty and GST) in relation to your Policy. These amounts are included on your Certificate of Insurance as part of the total premium.

Cooling-off period

Even after you have purchased your Policy, you have cooling-off rights (see **"Important Matters"** page 21 for details).

Who is your Insurer?

This policy is underwritten by Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850 AFS Licence 234708.

Who is Allianz Global Assistance?

Allianz Global Assistance is a trading name of AGA Assistance Australia Pty Ltd. Allianz Global Assistance has been authorised by Allianz to enter into the policy and deal with and settle any claims under it as agent of Allianz, not as your agent. Allianz Global Assistance acts under a binder which means that it can do these things as if it were the insurer. It administers all emergency assistance services and benefits of this insurance. You may contact Allianz Global Assistance in an emergency 24 hours a day, 7 days a week.

Updating the PDS

We may need to update this PDS from time to time if certain changes occur where required and permitted by law. We will issue you with a new PDS or a supplementary PDS to update the relevant information except in limited cases.

Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this product, Allianz Global Assistance may issue you with notice of this updated information in other forms or keep an internal record of such changes (you can get a paper copy free of charge by calling us).

Date prepared

The preparation date of this PDS is 9 September 2013.

How to Purchase this Policy

Step 1	Refer to 'Who can purchase this policy?'	see below
Step 2	Refer to 'Age limits'	see below
Step 3	Read the 'Pre-existing Medical Conditions' section	pages 14 to 20
Step 4	Nominate the applicable Geographical Region for your Journey (Plans A, C & D)	pages 8 to 9
Step 5	Select your Plan (A, B, C, D or E)	pages 10 to 12
Step 6	Nominate the duration of your Journey	---
Step 7	Select any 'Additional Options' you would like to include	page 13
Step 8	Obtain a quote / apply for a policy (refer to contact details)	back cover

Who can purchase this policy?

Cover is only available if:

- you are a Resident of Australia; and
- you purchase your Policy before you commence your Journey; and
- your Journey commences and ends in Australia.

For temporary residents of Australia cover is available under Plan A (Comprehensive) only, however:

- you must purchase your Policy in Australia before you commence your Journey; and
- your Journey must commence and end in Australia.

Cover for temporary residents of Australia temporarily travelling Overseas

Cover is automatically available (but excludes cover for any pre-existing medical conditions other than those listed under Step 3 "Medical conditions automatically covered (some restrictions apply within this step)" in the section headed "Pre-existing Medical Conditions") under Plan A (Comprehensive) to temporary residents of Australia temporarily travelling Overseas and who, at the date the Certificate of Insurance is issued:

- are aged 74 years and under; and
- hold a return ticket to Australia; and
- have a Home address in Australia to which they intend to return, and
- hold a current Australian visa which will remain valid beyond the period for their Journey.

Under Policy Section 1 "Overseas Emergency Medical Assistance", if you Injure yourself or become Sick and it is necessary to repatriate you or your remains, we will at our option pay the lesser of the cost of returning you to your Home in Australia, or to the international airport nearest to where you normally live Overseas. At that point, you will

be responsible for all further costs, and cover under all Sections of the policy will end.

Please note unless you meet the eligibility criteria, you will not have cover under this product.

Age limits

Age limits are as at the date of issue of your Certificate of Insurance.

No cover is available to travellers aged 86 years and over.

Plans A & B

- available to travellers 85 years of age and under.

Plans C, D & E

- available to travellers 71 years of age and under.

Your choices

Under this policy, you choose the cover you require based on your travel arrangements. Whether you choose:

- Single, Duo or Family cover
- Plan A, B, C, D or E

depends on the type of cover you want and are eligible to purchase.

Cover types

You can choose one of the following cover types (*not applicable for Plan D (Frequent Traveller - International) or Plan E (Frequent Traveller - Australia)*):

Single – covers you and your Dependants travelling with you.

Duo – covers you and your Travelling Companion. Duo cover does not provide cover for Dependants. We issue one Certificate of Insurance, however, you are both covered as if you are each insured under separate policies with Single benefit limits per insured person.

Family – covers you and the members of your Family travelling with you. The benefit limits for Family cover apply to the total of all claims combined, regardless of the number of persons the claims relate to.

Geographical Regions

Destination	Geographical Region
USA, Hawaii, Canada, Africa, South America and Middle East	Region 5 Worldwide
Europe and UK	Region 4 Europe
Asia	Region 3 Asia
South-west Pacific, New Zealand, Papua New Guinea, Bali and Norfolk Island	Region 2 Pacific
Australia (including Thursday Island)	Region 1 Australia

Plan A (Comprehensive) and Plan C (Budget)

You must nominate the applicable Geographical Region for your Journey. Please note these plans are designed for travel Overseas, however, you will have cover for certain Policy Sections while travelling in Australia – see below for details. Please contact us if there is any uncertainty as to which Geographical Region applies.

If you are travelling to multiple destinations which are in different Geographical Regions, you must select the highest Geographical Region (Region 5 being the highest Geographical Region, 1 the lowest), as this will cover travel in each of the lower Geographical Regions.

Example:

If you are travelling to Bali, Philippines and Europe, you must select Region 4 - Europe. You will then have cover for all destinations listed under Regions 4, 3 & 2.

Cover for any loss you suffer must occur in the Geographical Region (or any lower Geographical Region) you have selected. However, stopovers of 2 nights in a higher Geographical Region outside of your selected Geographical Region are permitted.

Example:

If you are travelling to Bali (and have accordingly selected Region 2 - Pacific), you will have cover for all destinations listed under Region 2, as well as up to 2 nights in any destination under Regions 3, 4 & 5.

Under Plan A, you will only have cover under Policy Sections 1, 4, 6, 11, 13, 15, 16 & 18 while you are travelling in Australia (destination must be a minimum of 250 km from Home).

Under Plan C, you will only have cover under Policy Section 15 while you are travelling in Australia (destination must be a minimum of 250 km from Home).

Plan B (Australia Only) and Plan E (Frequent Traveller - Australia)

The Geographical Region is fixed at Region 1 - Australia. Cover for any loss you suffer must occur in Australia. There is no cover for stopovers in a higher Geographical Region.

Plan D (Frequent Traveller - International)

You must nominate the applicable Geographical Region for your Journey. Please note if you are travelling to Region 2, 3 or 4, you will have cover for all three Regions. If you are travelling to Region 5, you will have cover for all destinations listed under Regions 2 to 5.

Under Plan D, you will only have cover under Policy Sections 1, 4, 6, 11, 13, 15, 16 & 18 while you are travelling in Australia (destination must be a minimum of 250 km from Home).

Travel on cruise liners

If you are travelling on a cruise liner and will spend more than 48 hours outside Region 2 – Pacific, you must select the Geographical Region that gives you the correct cover. For example, you must select Region 5 - Worldwide if you are spending more than 48 hours in Region 5 to ensure cover is available for a loss under your Policy.

Travellers on domestic cruises in Australian waters may also purchase Plan A (selecting Region 2 – Pacific) to ensure cover is available for emergency medical assistance and emergency medical and Hospital expenses. If you do not purchase Plan A, you will not have cover for medical transfer or evacuation (for example, by helicopter) if you need to be transported to the nearest Hospital for emergency medical treatment.

TABLE OF BENEFITS

POLICY SECTION & BENEFIT TYPE	PLAN A Worldcare Comprehensive			PLAN B Worldcare Australia Only			PLAN C Worldcare Budget Cover			Worldcare Frequent Traveller	
	Single	Duo (per person)	Family	Single	Duo (per person)	Family	Single	Duo (per person)	Family	PLAN D International Policy Limit	PLAN E Australia Policy Limit
*1 Cancellation Fees and Lost Deposits	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited				unlimited	unlimited
*2 Overseas Emergency Medical Assistance^	unlimited	unlimited	unlimited				unlimited	unlimited	unlimited	unlimited	
3 Overseas Emergency Medical and Hospital Expenses^	unlimited	unlimited	unlimited				unlimited	unlimited	unlimited	unlimited	
Dental Expenses (per person)	\$500	\$500	\$500				\$500	\$500	\$500	\$500	
*4 Additional Expenses	\$75,000	\$75,000	\$150,000	\$75,000	\$75,000	\$150,000				\$150,000	\$150,000
*5 Hospital Cash Allowance^	\$6,000	\$6,000	\$12,000							\$12,000	
*6 Accidental Death	\$25,000	\$25,000	\$50,000	\$25,000	\$25,000	\$50,000				\$50,000	\$50,000
*7 Permanent Disability^	\$25,000	\$25,000	\$50,000							\$50,000	
*8 Loss of Income^	\$10,400	\$10,400	\$20,800							\$20,800	
9 Travel Documents, Transaction Cards and Travellers Cheques^	\$5,000	\$5,000	\$10,000							\$10,000	
10 Theft of Cash^	\$250	\$250	\$250							\$250	
*11 Luggage and Personal Effects	\$12,000	\$12,000	\$24,000	\$5,000	\$5,000	\$10,000				\$24,000	\$10,000
*12 Luggage and Personal Effects Delay Expenses^^											
– Between 12 and 72 hours	\$250	\$250	\$500							\$500	\$250
– After 72 hours	\$500	\$500	\$1,000							\$1,000	\$500
*13 Travel Delay Expenses	\$2,000	\$2,000	\$4,000	\$1,000	\$1,000	\$2,000				\$4,000	\$2,000
14 Alternative Transport Expenses^	\$5,000	\$5,000	\$10,000							\$10,000	
15 Personal Liability	\$5 million	\$5 million	\$5 million	\$ 5 million	\$ 5 million	\$ 5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$ 5 million
*16 Rental Vehicle Excess	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000				\$6,000	\$6,000
*17 Domestic Pets	\$500	\$500	\$500	\$500	\$500	\$500				\$500	\$500
*18 Domestic Services	\$500	\$500	\$500	\$500	\$500	\$500				\$500	\$500
*19 Return Airfare^	\$6,000	\$6,000	\$12,000							\$12,000	

All benefit limits and Excesses throughout this PDS are in Australian Dollars (AUD).

* refer to the **“Your Policy Cover”** section of this PDS for details on sub-limits (pages 30 to 48).

^ there is no cover under these Policy Sections while travelling in Australia - refer to the **“Your Policy Cover”** section of this PDS for details (pages 30 to 48)

^^ there is no cover under this Policy Section while travelling in Australia unless you have selected Plan E - refer to the **“Your Policy Cover”** section of this PDS for details (pages 43 to 44)

Additional Options

Specified Luggage and Personal Effects Cover

Please Note:

- “specified items” refers to Luggage and Personal Effects that have been listed as covered on your Certificate of Insurance with a nominated sum insured
- “unspecified items” refers to Luggage and Personal Effects that have not been specifically listed on your Certificate of Insurance

The maximum amount we will pay for all claims combined under Policy Section 11 (*Luggage and Personal Effects*) is shown under the “**Table of Benefits**” pages 10 to 12 for the plan you have selected.

Additional cover can be purchased for specified items up to a total amount of \$5,000 by paying an additional premium at the time your Certificate of Insurance is issued.

You cannot purchase specified cover for jewellery. There is no cover for bicycles or watercraft (other than surfboards) under the policy. These items must not be specified and cover will not be provided for them.

Depreciation and the standard item limits under Policy Section 11.1 b) will not apply to these specified items. Your nominated limit for ‘*Specified Luggage and Personal Effects Cover*’ will be shown on your Certificate of Insurance. Receipts and/or valuations must be provided in the event of a claim.

Specified Luggage and Personal Effects Cover is not available under Plan C.

Removal of standard excess

You can remove the standard Excess on Plans A, C, D & E by paying an additional premium.

This additional option does not apply to Plan B.

Pre-existing Medical Conditions

This insurance policy provides cover for unforeseen medical events only. Not all Pre-existing Medical Conditions are covered under the policy. Please read this entire section carefully, especially the definition of “**Pre-existing Medical Condition**”.

What is a Pre-existing Medical Condition?

"Pre-existing Medical Condition" means:

- an ongoing medical or dental condition of which you are aware, or related complication you have, or the symptoms of which you are aware;
- a medical or dental condition that is currently being, or has been, investigated or treated by a health professional (including dentist or chiropractor) at any time in the past, prior to policy purchase;
- any condition for which you take prescribed medicine;
- any condition for which you have had surgery;
- any condition for which you see a medical specialist; or
- pregnancy. *Refer to step 1 for outline of cover.*

The above definition applies to you, your Travelling Companion, a Relative, or any other person.

How do I obtain cover for my Pre-existing Medical Condition?

This section outlines a 4 step screening process for Pre-existing Medical Conditions.

Step 1	Pregnancy
Step 2	Excluded medical conditions
Step 3	Medical conditions automatically covered (some restrictions apply to this step)
Step 4	All other medical conditions not listed in steps 1 to 3

Step 1 - Pregnancy

This step outlines the cover available for medical expenses, cancellation costs or additional expenses arising from, or related to, pregnancy under the following Policy Sections:

- Section 1: Cancellation Fees and Lost Deposits
- Section 2: Overseas Emergency Medical Assistance
- Section 3: Overseas Emergency Medical and Hospital Expenses (including Dental Expenses)
- Section 4: Additional Expenses
- Section 5: Hospital Cash Allowance

In any event we will not pay medical expenses for:

- regular antenatal care
- childbirth at any gestation
- care of the newborn child

Please read through this section to find the corresponding definition to your fertility treatment or pregnancy condition. Where cover for certain pregnancy conditions is shown as being available if you pay an additional premium, cover is available under Plans A & B only.

Fertility Treatment	Outcome
a) You are not yet pregnant, however you are undergoing fertility treatment, now or before your Journey commences	Cover is not available under any plan for this treatment or any resulting pregnancy
Your pregnancy	Outcome
b) You have a single pregnancy without any complications*, which did not arise from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available under all plans for Journeys ending on or before the 26th week of your pregnancy
c) You have a single pregnancy without any complications*, which arises from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available if you pay an additional premium under a Pre-existing Medical Condition Plan for Journeys ending on or before the 26th week of your pregnancy
d) You have a multiple pregnancy without any complications*, which does not arise from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is available if you pay an additional premium under a Pre-existing Medical Condition Plan for Journeys ending on or before the 19th week of your pregnancy
e) You have a multiple pregnancy, which arises from services or treatment associated with an assisted reproduction program including but not limited to in vitro fertilisation	Cover is not available under any plan
f) You have experienced any pregnancy complications* prior to your Policy being issued	Cover is not available under any plan

* *Complications are defined as “any secondary diagnosis occurring prior to, during the course of, concurrent with, or as a result of the pregnancy, which may adversely affect the pregnancy outcome”.*

Step 2 - Excluded conditions

This step is in 2 parts.

Part A is a list of Pre-existing Medical Conditions for which there is no cover for medical expenses, cancellation costs or additional expenses arising from or related to these particular conditions.

Part B is a list of circumstances for which cover for medical expenses, cancellation costs or additional expenses is automatically excluded.

If any of these apply to you, we will not cover you under the following Policy Sections:

- Section 1: Cancellation Fees and Lost Deposits
- Section 2: Overseas Emergency Medical Assistance
- Section 3: Overseas Emergency and Hospital Expenses (including Dental Expenses)
- Section 4: Additional Expenses
- Section 5: Hospital Cash Allowance

This means that we will not pay:

- Your medical expenses whatsoever
- Your evacuation or repatriation to Australia
- Your trip cancellation or rearrangement costs
- Any additional or out of pocket expenses (including additional travel and accommodation expenses)

Part A – Pre-existing Medical Conditions:

- Any type of cancer that you have previously been diagnosed with, or secondaries from that cancer
- Any condition for which surgery/treatment procedure is planned, including any fertility treatment
- Any condition which arises from signs or symptoms that you are currently aware of, but:
 - You have not yet sought a medical opinion regarding the cause; or
 - You are currently under investigation to define a diagnosis; or
 - You are awaiting specialist opinion
- Any condition for which you have been hospitalised (including day surgery) or attended the emergency department in the last 24 months unless specified in step 3
- Any condition for which you have ever required spinal or brain surgery
- Any condition which has caused a seizure in the past 12 months
- Any Chronic or recurring pain (including back pain) requiring regular medication or other ongoing treatment such as physiotherapy or chiropractic treatment
- Any condition that requires ongoing treatment with immunosuppressant therapy* (e.g. Arthritis, Colitis, Chronic Respiratory Disease)
- HIV infection

- Any mental illness as defined by DSM-IV including:
 - Dementia, depression, anxiety, stress or other nervous condition; or
 - Behavioural diagnoses such as but not limited to autism; or
 - A therapeutic or illicit drug or alcohol addiction
- Any new Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE), if you have been diagnosed with one of these clots in the past, and do not take preventative measures (as prescribed by a medical practitioner) for this Journey
- Any Heart or Cardiovascular Disease (CVD) if you have ever needed to see a specialist cardiologist, or been diagnosed with a form of CVD such as (but not limited to):
 - Aneurysms
 - Angina (chest pain)
 - Cardiomyopathy
 - Cerebrovascular Accident (stroke)
 - Disturbances in heart rhythm (cardiac arrhythmias)
 - Previous heart surgery (including valve replacements, bypass surgery, stents)
 - Myocardial Infarction (heart attack)
 - Transient Ischaemic Attack (TIA)Medical conditions involving the heart and blood vessels are collectively called cardiovascular disease (CVD). All such conditions are interrelated. You will not have cover for any claims relating to the heart/cardiovascular system (including heart attacks and strokes) if there is any history of any form of CVD. All CVD is excluded from the policy.
- Any Chronic Lung Disease, its exacerbation, or new airways infections, if you have ever been diagnosed with a Chronic Lung Disease (including, but not limited to):
 - Emphysema,
 - Chronic Bronchitis,
 - Bronchiectasis,
 - Chronic Obstructive Airways Disease (COAD),
 - Chronic Obstructive Pulmonary Disease (COPD),
 - Pulmonary Fibrosis, or
 - Asthma (in persons over 60 years of age)

* “*Immunosuppressive Therapy*” means drugs prescribed to inhibit or prevent activity of the immune system. Clinically, they are used to:
- prevent the rejection of transplanted organs and tissues (e.g. bone marrow, heart, kidney, liver)
- treat autoimmune diseases or diseases that are most likely of autoimmune origin (e.g. Rheumatoid Arthritis, Myasthenia Gravis, Systemic Lupus Erythematosus, Crohn’s Disease and Ulcerative Colitis)
- treat some other non-autoimmune inflammatory diseases (e.g. long term Allergic Asthma control and other Respiratory Diseases)

Part B – Circumstances where there is no cover whatsoever:

- You have been given a terminal prognosis for any condition with a life expectancy of under 24 months
- You require home oxygen therapy or you will require oxygen for the Journey
- You have Chronic Renal Failure treated by haemodialysis or peritoneal dialysis
- You have been diagnosed with congestive heart failure
- Any AIDS-defining illness or any condition associated with immunocompromise
- You have had, or are on a waiting list for, an organ transplant

Warfarin Use:

Please note that taking the medication Warfarin (also known under the brand names of Coumadin, Jantoven, Marevan, and Waran) has a complex range of serious complications and side effects and is General Exclusion 18 in the “**General Exclusions Applicable to all Sections**” on page 50. This means that we will not pay for any conditions that are otherwise covered.

Please also read the “*General Exclusions Applicable to all Sections*” on pages 49 to 51.

Step 3 - Medical conditions automatically covered (some restrictions apply within this step)

You automatically have cover if your Pre-existing Medical Condition is described below, **provided that you have not been hospitalised (including day surgery or emergency department attendance)** for that condition in the past 24 months. If hospitalisation has occurred, cover is available if you pay an additional premium under step 4 (Plans A & B only).

- | | |
|--|---|
| 1. Acne | 10. Congenital Blindness |
| 2. Allergies, limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance, Hay Fever | 11. Congenital Deafness |
| 3. Asthma – providing that you: <ol style="list-style-type: none">have no other lung disease, andare less than 60 years of age at the date of policy purchase | 12. *Diabetes Mellitus (Type I) – providing you: <ol style="list-style-type: none">were diagnosed over 12 months ago, andhave no eye, kidney, nerve or vascular complications, anddo not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia, and |
| 4. Bell’s Palsy | d) are under 50 years of age at the date of policy purchase |
| 5. Benign Positional Vertigo | |
| 6. Bunions | |
| 7. Carpal Tunnel Syndrome | |
| 8. Cataracts | |
| 9. Coeliac Disease | |

13. *Diabetes Mellitus (Type II) – providing you:
 - a) were diagnosed over 12 months ago, and
 - b) have no eye, kidney, nerve or vascular complications, and
 - c) do not also suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolaemia
14. Dry Eye Syndrome
15. Epilepsy – providing there has been no change to your medication regime in the past 12 months
16. Folate Deficiency
17. Gastric Reflux
18. Goitre
19. Glaucoma
20. Graves' Disease
21. Hiatus Hernia
22. *Hypercholesterolaemia (High Cholesterol) – provided you do not also suffer from a known cardiovascular disease and/or Diabetes
23. *Hyperlipidaemia (High Blood Lipids) - provided you do not also suffer from a known cardiovascular disease and/or Diabetes
24. *Hypertension (High Blood Pressure) – provided you do not also suffer from a known cardiovascular disease and/or Diabetes
25. Hypothyroidism, including Hashimoto's Disease
26. Impaired Glucose Tolerance
27. Incontinence
28. Insulin Resistance
29. Iron Deficiency Anaemia
30. Macular Degeneration
31. Meniere's Disease
32. Migraine
33. Nocturnal Cramps
34. Osteopaenia
35. Osteoporosis
36. Pernicious Anaemia
37. Plantar Fasciitis
38. Raynaud's Disease
39. Sleep Apnoea
40. Solar Keratosis
41. Trigeminal Neuralgia
42. Trigger Finger
43. Vitamin B12 Deficiency

** Diabetes (Type I and Type II) , Hypertension, Hypercholesterolaemia and Hyperlipidaemia are risk factors for cardiovascular disease.*

If you have a history of cardiovascular disease, and it is a Pre-existing Medical Condition, cover for these conditions is also excluded.

Step 4 - all other medical conditions not listed in steps 1 to 3

Provided your Pre-existing Medical Condition is not listed under:

- a), b), e) or f) of the table under step 1
- step 2; or
- step 3

or your Pre-existing Medical Condition is:

- pregnancy condition c) in the table under step 1, provided your Journey ends on or before the 26th week of your pregnancy;
- pregnancy condition d) in the table under step 1, provided your Journey ends on or before the 19th week of your pregnancy; or
- a condition listed in step 3 where you have been hospitalised (including day surgery or emergency department attendance) for that condition in the past 24 months,

you may purchase cover for your Pre-existing Medical Condition under Plans A or B, provided you pay the additional premium at the time you purchase your Policy.

Please Note: You will not have cover for any claim you make which arises from a Pre-existing Medical Condition suffered by you if you decide not to pay the additional premium for your Pre-existing Medical Condition before you commence your Journey as outlined above.

No cover is available under Plans C, D or E for any Pre-existing Medical Conditions, except as specified under:

- pregnancy condition b) in the table under step 1, provided your Journey ends on or before the 26th week of your pregnancy; or
- step 3, provided that you have not been hospitalised (including day surgery or emergency department attendance) for that condition in the past 24 months.

Important Matters

Under your Policy there are rights and responsibilities which you and we have. You must read this PDS in full for more details, but here are some you should be aware of:

Period of cover

You are not covered until we issue a Certificate of Insurance. That Certificate forms part of your Policy. The period you are insured for is set out on the Certificate. However:

- The cover for cancellation fees and lost deposits (Policy Section 1) begins from the time the policy is issued.
- Cover for all other Policy Sections begins on the date of departure (Start Date) as stated on the Certificate of Insurance.
- Cover ends when you return to your Home, or on the date of return set out on your Certificate of Insurance, whichever happens first.

The maximum period of cover for any one Journey under Plan D (*Frequent Traveller - International*) and Plan E (*Frequent Traveller - Australia*) cannot exceed a total of 90 days. A Journey can be made up of business and/or leisure travel (with the leisure component being up to 37 days).

Cooling-off period

If you decide that you do not want this policy, you may cancel it within 14 days after you are issued your Certificate of Insurance and PDS. You will be given a full refund of the premium you paid, provided you have not started your Journey and you do not want to make a claim or to exercise any other right under the policy.

After this period you can still cancel your Policy but we will not refund any part of your premium if you do.

Extension of cover

You may extend your cover free of charge if you find that your return to Australia has been delayed because of one or more of the following:

- a bus line, airline, shipping line or rail authority you are travelling on, or that has accepted your fare or Luggage and Personal Effects, is delayed; or
- the delay is due to a reason for which you can claim under your Policy, (subject to our written approval).

If the delay is for any other reason, we must receive your request to extend cover at least 7 days before your original Policy expires if you send your request by post. All other requests to extend cover must be received by us prior to your original Policy expiry date. Cover will be extended subject to our written approval and your payment of the additional premium.

Where we have agreed to extend cover, we will issue you with a new Certificate of Insurance. The period of cover on your new Certificate cannot exceed 12 months – this applies to all plans.

Extensions of cover are not available:

- for any Pre-existing Medical Condition, unless it is listed under Step 3 on pages 18 to 20, and you have not been hospitalised (including day surgery or emergency department attendance) for that condition in the past 24 months; or
- for conditions you suffered during the term of your original Policy; or
- where you have not advised us of any circumstances that have given (or may give rise) to a claim under your original Policy; or
- where, at the time of extension, you are aged 72 years or over; or
- under Plans D & E.

Confirmation of cover

To confirm any policy transaction (if the Certificate of Insurance does not have all the information you require) call us using the contact details on the back cover of this PDS.

Jurisdiction and choice of law

This policy is governed by and construed in accordance with the law of Queensland, Australia and you agree to submit to the exclusive jurisdiction of the courts of Queensland. You agree that it is your intention that this 'Jurisdiction and Choice of Law' clause applies.

General Insurance Code of Practice

We proudly support the General Insurance Code of Practice. The Code sets out the minimum standards of practice in the general insurance industry. For more information on the Code please contact us on 1300 726 087.

Your duty of disclosure

Before you enter into this policy with us, the Insurance Contracts Act 1984 (Cth) requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your Policy.

You will be asked various questions when you first apply for your Policy. When you answer these questions, you must:

- give us honest and complete answers;
- tell us everything you know; and
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

If you vary, extend, reinstate or replace the policy your duty is to tell us before that time, every matter known to you which:

- you know; or
- a reasonable person in the circumstances could be expected to know,

is relevant to our decision whether to insure you and whether any special conditions need to apply to your Policy.

You do not need to tell us about any matter that:

- diminishes our risk;
- is of common knowledge;
- we know or should know as an insurer; or
- we tell you we do not need to know.

Who does the duty apply to?

The duty of disclosure applies to you and everyone who is insured under the policy. If you provide information for another insured, it is as if they provided it to us.

What happens if you or they breach the duty?

If you or they do not comply with the Duty of Disclosure, we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

Financial Claims Scheme

In the unlikely event Allianz Australia Insurance Limited were to become insolvent and could not meet its obligations under this policy, a person entitled to claim may be entitled to payment under the Financial Claims Scheme.

Access to the Scheme is subject to eligibility criteria - for more information see the APRA website at www.apra.gov.au or call the APRA hotline on 1300 55 88 49.

Dispute resolution process

In this section, "we", "our" and "us" means Allianz and Allianz Global Assistance.

If you have a complaint or dispute in relation to this insurance, or our services or our representatives, please call us on 1300 726 087, or put the complaint in writing and send it to The Dispute Resolution Department, PO Box 162, Toowong, Queensland 4066. We will attempt to resolve the matter in accordance with our Internal Dispute Resolution process. To obtain a copy of our procedures, please contact us.

A dispute can be referred to the Financial Ombudsman Service Limited (FOS), subject to its terms of reference. The FOS provides a free and independent dispute resolution service for consumers who have general insurance disputes falling within its terms. The contact details for the FOS are:

Financial Ombudsman Service Limited (FOS)

GPO Box 3, Melbourne Victoria 3001

Phone: 1300 780 808

Fax: (03) 9613 6399

Website: www.fos.org.au

Email: info@fos.org.au

Privacy notice

To arrange and manage your travel insurance, we (in this Privacy Notice "we", "our" and "us" includes Allianz Global Assistance, its authorised representatives and distributors) collect personal information from you and others (including those authorised by you such as your doctors, Hospitals and persons whom we consider necessary).

Any personal information provided to us is used by us to evaluate and arrange your travel insurance. We also use it to administer and provide the insurance services and manage your and our rights and obligations in relation to those insurance services, including managing, processing and investigating claims. We may also collect, use and disclose it for product development, marketing, research, IT systems maintenance and development, recovery against third parties and for other purposes with your consent.

This personal information may be disclosed to third parties in Australia or outside Australia involved in the above process, such as travel consultants, travel insurance providers and intermediaries, authorised representatives, distributors, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, legal and other professional advisers, your agents and our related companies.

When you provide personal information about other individuals, we and our agents rely on you to have made or make them aware:

- that you will or may provide their personal information to us;
- of the types of third parties to whom the personal information may be provided to;
- of the relevant purposes we and the third parties we will disclose it to, will use it for; and
- of how they can access it.

We rely on you to have obtained their consent on these matters. If you do not, you must tell us or our agents before you provide the relevant information.

You can seek access to and correct your personal information by contacting us. You may not access or correct personal information of others unless you have been authorised by their express consent or otherwise under law, or unless they are your dependants under 16 years.

If you have a complaint about your privacy, please contact:

Privacy Officer, Allianz Global Assistance,
PO Box 162, Toowong, QLD 4066

or you can contact the Privacy Commissioner at the Office of The Australian Information Commissioner, GPO Box 2999, Canberra, ACT 2601.

If you do not agree to the above or will not provide us with personal information, we may not be able to provide you with our services or products or may not be able to process your application nor issue you with a policy. In cases where we do not agree to give you access to some personal information, we will give you reasons why.

Overseas hospitalisation or medical evacuation

For emergency assistance anywhere in the world at any time, Allianz Global Assistance is only a telephone call away. The team will help with medical problems, locating nearest medical facilities, your evacuation Home, locating nearest embassies and consulates, as well as keeping you in touch with your family and work in an emergency.

If you are hospitalised you, or a member of your travelling party, **MUST** contact Allianz Global Assistance as soon as possible. If you do not, then to the extent permissible by law, we will not pay for these expenses or for any evacuation or airfares that have not been approved or arranged by Allianz Global Assistance.

If you are not hospitalised but you are being treated as an outpatient and the total cost of such treatment will exceed \$2,000 you **MUST** contact Allianz Global Assistance.

Please note that we will not pay for any Hospital or medical costs incurred in Australia.

You can choose your own doctor

You are free to choose your own Medical Adviser or we can appoint an approved Medical Adviser to see you, unless you are treated under a Reciprocal Health Agreement.

You must, however, advise Allianz Global Assistance of your admittance to Hospital or your early return to Australia based on written medical advice.

If you do not get the medical treatment you expect, Allianz Global Assistance can assist you but neither Allianz nor Allianz Global Assistance are liable for anything that results from that.

Excess

Plans A, C, D & E

We will deduct the standard Excess from claims arising from any one event under the following Policy Sections. Refer to the **"Table of Benefits"** (pages 10 to 12) for details of which Policy Sections are available under each plan.

- Section 1 - Cancellation Fees and Lost Deposits
- Section 3 - Overseas Emergency Medical and Hospital Expenses
- Section 9 - Travel Documents, Transaction Cards and Travellers Cheques
- Section 10 - Theft of Cash
- Section 11 - Luggage and Personal Effects
- Section 15 - Personal Liability
- Section 16 - Rental Vehicle Excess

A NIL Excess applies to all other Policy Sections.

You can remove the standard Excess by paying an additional premium (see **"Additional Options"** page 13).

Plan B

A NIL excess applies to all Policy Sections. Refer to the **"Table of Benefits"** (pages 10 to 12) for details of which Policy Sections are available under Plan B.

If any additional Excess applies to your Policy, the amount is shown on the Certificate of Insurance, or advised to you in writing before the Certificate is issued to you.

Safeguarding your Luggage and Personal Effects

You must take all reasonable precautions to safeguard your Luggage and Personal Effects. If you leave your Luggage and Personal Effects Unsupervised in a Public Place we will not pay your claim.

For an explanation of what we mean by *"Luggage and Personal Effects"*, *"Unsupervised"* and *"Public Place"* see pages 28 & 29.

In the event of a claim

Immediate notice should be given to Allianz Global Assistance (see contact details on the back cover of this PDS).

Please Note: For claims purposes, evidence of the value of the property insured or the amount of any loss must be kept.

Claims processing

We will process your claim within 10 business days of receiving a completed claim form and all necessary documentation. If we need additional information, a written notification will be sent to you within 10 business days.

Words with Special Meanings

Some words and phrases used in this PDS have a special meaning. When these words and phrases are used, they have the meaning set out below.

"AICD/ICD" means an implantable cardioverter-defibrillator (ICD), also known as an automated implantable cardioverter-defibrillator (AICD).

"arise", "arises" or "arising" means directly or indirectly arising from or in any way connected with.

"Carrier" means an aircraft, vehicle, train, vessel or other public transport operated under a licence for the purpose of transporting passengers. This definition excludes taxis.

"Chronic" means a persistent and lasting condition in medicine. We do not consider that chronic pain has to be 'constant' pain. In many situations it has a pattern of relapse and remission. The pain may be long-lasting, recurrent (occurred on more than 2 occasions) or characterised by long suffering.

"Concealed Storage Compartment" means a boot, trunk, glove box, enclosed centre console, or concealed cargo area of a sedan, station wagon, hatchback, van or motorhome.

"Dependant" means your children or grandchildren not in full time employment who are under the age of 21 and travelling with you on the Journey.

"DSM" means The Diagnostic and Statistical Manual of Mental Disorders. It is an American handbook for mental health professionals that lists different categories of mental disorders and the criteria for diagnosing them.

"Epidemic" means a sudden development and rapid spreading of a contagious disease in a region where it developed in a simply endemic state or within a previously unscathed community.

"Excess" means the amount which you must first pay for each claim arising from the one event before a claim can be made under your Policy.

"Family" means you, your spouse (or legally recognised de facto) and your Dependants.

"Home" means the place where you normally live in Australia.

"Hospital" means an established hospital registered under any legislation that applies to it, that provides in-patient medical care.

"Injure", "Injured" or "Injury" means bodily injury caused solely and directly by violent, accidental, visible and external means, which happens at a definite time and place during your period of cover and does not result from any illness, Sickness or disease.

"Journey" means your journey from the time when you leave your Home to go directly to the place you depart from on your travels, and ends when you return to your Home.

"Luggage and Personal Effects" means any personal items owned by you and that you take with you, or buy, on your Journey and which are designed to be worn or carried about with you. This includes items of clothing, personal jewellery, photographic and video equipment or personal computers, or electrical devices or portable equipment. However, it does not mean any business samples or items that you intend to trade.

"Medical Adviser" means a qualified doctor of medicine or dentist registered in the place where you receive the services.

"Moped" or "Scooter" means any two-wheeled or three-wheeled motor vehicle with an engine displacement of not greater than 50cc.

"Motorcycle" means any two-wheeled or three-wheeled motor vehicle with an engine displacement greater than 50cc.

"Open Water Sailing" means sailing more than 10 nautical miles off any land mass.

"Overseas" means in any country other than Australia.

"Pandemic" means a form of an Epidemic that extends throughout an entire continent, even the entire human race.

"Policy" means your travel insurance policy with us covering you and is made up of this Product Disclosure Statement, your Certificate of Insurance and any other document we tell you forms part of this policy. Together these documents make up your contract with us.

"Pre-existing Medical Condition" means:

- a] an ongoing medical or dental condition of which you are aware, or related complication you have, or the symptoms of which you are aware;
- b] a medical or dental condition that is currently being, or has been, investigated or treated by a health professional (including dentist or chiropractor) at any time in the past, prior to policy purchase;
- c] any condition for which you take prescribed medicine;
- d] any condition for which you had surgery;
- e] any condition for which you have seen a medical specialist; or
- f] pregnancy.

This definition applies to you, your Travelling Companion, a Relative or any other person.

"Public Place" means any place that the public has access to, including but not limited to planes, trains, trams, cruise ships, taxis, buses, air or bus terminals, stations, wharves, streets, shops, museums, galleries, hotels, hotel foyers and grounds, beaches, restaurants, private car parks, public toilets and general access areas.

"Reasonable" means, for medical or dental expenses, the standard level of care given in the country you are in or, for other expenses, the standard level you have booked for the rest of your Journey or, as determined by us.

“Relative” means any of the following who is under 85 years of age and who is resident in Australia or New Zealand. It means your or your Travelling Companion's spouse, de facto partner, parent, parent-in-law, daughter, son, daughter-in-law, son-in-law, brother, sister, brother-in-law, sister-in-law, grandchild, grandparent, step-parent, step-son, step-daughter, fiancé or fiancée, or guardian.

“Rental Vehicle” means a campervan/motorhome that does not exceed 4.5 tonne, a sedan, hatchback or stationwagon, four wheel drive or mini bus/people mover rented from a licensed motor vehicle rental company.

“Resident of Australia” means someone who currently resides in Australia and is eligible for an Australian Medicare Card.

“Sick” or **“Sickness”** means a medical condition, not being an Injury, which first occurs during your period of cover.

“Travelling Companion” means a person with whom you have made arrangements before your Policy was issued, to travel with you for at least 75% of your Journey.

“Unsupervised” means leaving your Luggage and Personal Effects:

- with a person you did not know prior to commencing your Journey;
- where it can be taken without your knowledge; or
- at such a distance from you that you are unable to prevent it being taken.

“we”, “our” and **“us”** means Allianz Australia Insurance Limited.

“you” and **“your”** in your Policy means the person(s) whose name(s) are set out on your Certificate of Insurance, and if you have Single or Family cover, your Dependants.

Your Policy Cover

This part of the PDS outlines what *We will pay* and what *We will not pay* under each Policy Section in the event of a claim.

1 CANCELLATION FEES AND LOST DEPOSITS

You only have this cover if you choose Plan A, B, D or E.

1.1 We Will Pay

- a] We will pay your cancellation fees and lost deposits for travel and accommodation arrangements that you have paid in advance and cannot recover in any other way if your Journey is cancelled or shortened at any time through circumstances neither expected nor intended by you and outside your control.
- b] We will reimburse travel agent's cancellation fees up to \$1,500 for Single cover, \$1,500 per person for Duo cover or \$3,000 for Family cover. However, we will not pay more than the level of commission or service fees normally earned by the agent, had your Journey not been cancelled. Documentary evidence of the travel agent's lost commission or service fees is required.
- c] We will pay you for loss of frequent flyer or similar air travel points you used to purchase an airline ticket following cancellation of that airline ticket, if you cannot recover the lost points from any other source. The cancellation must be due to unforeseen circumstances outside of your control.

We calculate the amount we pay you as follows:

- the cost of an equivalent class airline ticket based on the quoted retail price at the time the ticket was issued, less your financial contribution toward the airline ticket;

multiplied by:

- the total number of points lost
- divided by the total number of points used to obtain the ticket.

- d] If you cancel or shorten your Journey because a Relative of yours is hospitalised in Australia or New Zealand, or dies in Australia or New Zealand after the policy is issued, as a result of a Pre-existing Medical Condition, we will not cover you unless at the time of policy issue, you were unaware of the likelihood of such hospitalisation or death. However, the most we will pay under this Policy Section is as follows:
 - \$2,000 for Single cover
 - \$2,000 per person for Duo cover
 - \$4,000 for Family cover

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

1.2 We Will Not Pay

- a] We will not pay if you were aware of any reason, before your period of cover commenced, that may cause your Journey to be cancelled, abandoned or shortened.

Nor will we pay if your cancellation fees or lost deposits arise because:

- b] of the death, Injury or Sickness of your Relative arising from a Pre-existing Medical Condition, except as specified under Policy Section 1.1 d].
- c] of you or your Travelling Companion changing plans.
- d] of any business, financial or contractual obligations. This exclusion does not apply to claims where you or your Travelling Companion are made redundant from full-time employment in Australia, provided you or they were not aware that the redundancy was to occur before you purchased your Policy.
- e] of a tour operator or wholesaler being unable to complete arrangements for any tour because there were not enough people to go on the tour.
- f] of delays or rescheduling by a bus line, airline, shipping line or rail authority.
- g] of the financial collapse of any transport, tour or accommodation provider.
- h] of the mechanical breakdown of any means of transport.
- i] of an act or threat of terrorism.
- j] of the death, Injury or Sickness of any person who resides outside of Australia or New Zealand.
- k] you are a full time permanent employee and your pre-arranged leave is cancelled by your employer unless you are a full time member of the Australian Defence Force or of federal, state or territory emergency services.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

2 OVERSEAS EMERGENCY MEDICAL ASSISTANCE

You only have this cover if you choose Plan A, C or D.

Note: You will not have cover under this Policy Section while travelling in Australia.

Allianz Global Assistance will help you with any Overseas medical emergency (see “Overseas hospitalisation or medical evacuation” on page 25). You may contact them at any time 7 days a week.

2.1 Allianz Global Assistance will arrange for the following assistance services if you Injure yourself Overseas or become Sick while Overseas:

- a] access to a Medical Adviser for emergency medical treatment while Overseas.
- b] any messages which need to be passed on to your family or employer in the case of an emergency.

- c] provision of any written guarantees for payment of Reasonable expenses for emergency hospitalisation while Overseas.
- d] your medical transfer or evacuation if you must be transported to the nearest Hospital for emergency medical treatment Overseas or be brought back to Australia with appropriate medical supervision.
- e] the return to Australia of your Dependents if they are left without supervision following your hospitalisation or evacuation.

If you die as a result of an Injury or a Sickness during your Journey, we will pay for the Reasonable cost of either a funeral or cremation Overseas and/or of bringing your remains back to your Home. The maximum amount we will pay is \$15,000 per person.

Please note that we will not pay for any costs incurred in Australia.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

2.2 We Will Not Pay

- a] We will not pay for any expenses for medical evacuation, funeral services or cremation or bringing your remains back to Australia unless it has been first approved by Allianz Global Assistance.
- b] We will not pay if you decline to promptly follow the medical advice we have obtained and we will not be responsible for subsequent medical, Hospital or evacuation expenses.
- c] We will not pay for medical evacuation or the transportation of your remains from Australia to an Overseas country.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

3 OVERSEAS EMERGENCY MEDICAL AND HOSPITAL EXPENSES

You only have this cover if you choose Plan A, C or D.

Note: You will not have cover under this Policy Section while travelling in Australia.

3.1 We Will Pay

- a] We will reimburse the Reasonable medical or Hospital expenses you incur until you get back to Australia if you Injure yourself Overseas, or become Sick there. The medical or Hospital expenses must have been incurred on the advice of a Medical Adviser. You must make every effort to keep your medical or Hospital expenses to a minimum.

If we determine that you should return Home to Australia for treatment and you do not agree to do so, then we will pay you the amount which we determine would cover your medical expenses and/or related costs had you agreed to our recommendation. You will then be responsible for any ongoing or additional costs relating to or arising out of the event you have claimed for.

We will only pay for treatment received and/or Hospital accommodation during the 12 month period after the Sickness first showed itself or the Injury happened.

- b] We will also pay the cost of emergency dental treatment up to a maximum amount of \$500 per person per Journey for dental costs incurred which the treating dentist certifies in writing is for the relief of sudden and acute pain to sound and natural teeth.

Please note that we will not pay for any costs incurred in Australia.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

3.2 We Will Not Pay

We will not pay:

- a] for expenses arising from Pre-existing Medical Conditions except as specified under the **"Pre-existing Medical Conditions"** section on pages 14 to 20.
- b] when you have not notified Allianz Global Assistance as soon as practicable of your admittance to Hospital.
- c] for expenses after 2 weeks treatment by a chiropractor, physiotherapist or dentist unless approved by Allianz Global Assistance.
- d] if you do not take the advice of Allianz Global Assistance.
- e] If you have received medical care under a Reciprocal National Health Scheme. Please visit www.dfat.gov.au for details of Reciprocal Health Agreements with Australia.
- f] for damage to dentures, dental prostheses, bridges or crowns.
- g] for dental treatment involving the use of precious metals or for cosmetic dentistry.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

4 ADDITIONAL EXPENSES

You only have this cover if you choose Plan A, B, D or E.

4.1 We Will Pay

- a] We will reimburse any Reasonable additional accommodation and travel expenses if you cannot travel because of an Injury or Sickness which needs immediate treatment from a Medical Adviser who certifies that you are unfit to travel.

We will also reimburse your Reasonable additional accommodation and travel expenses for you to be with your Travelling Companion if he or she cannot continue their Journey for the same reason.

In addition, we will also reimburse the Reasonable accommodation and travel expenses of your Travelling Companion or a Relative to travel to you, stay near you or escort you, if you are in Hospital suffering from a life threatening or other serious condition, or are

evacuated for medical reasons. He or she must travel, stay with you or escort you on the written advice of a Medical Adviser and with the prior approval of Allianz Global Assistance.

- b] If you shorten your Journey and return to Australia on the written advice of a Medical Adviser approved by Allianz Global Assistance, we will reimburse the Reasonable cost of your return to Australia. We will only pay the cost of the fare class that you had planned to travel at and you must take advantage of any pre-arranged return travel to Australia.
- c] If, during your Journey, your Travelling Companion or a Relative of either of you:
- dies unexpectedly;
 - is disabled by an Injury; or
 - becomes seriously Sick and requires hospitalisation (except arising out of a Pre-existing Medical Condition), we will reimburse the Reasonable additional cost of your return to Australia. We will only pay the cost of the fare class you had planned to travel at.
- d] We will reimburse you for airfares for you to return to the place you were when your Journey was interrupted, if you return to your Home because:
- during your Journey, a Relative of yours dies unexpectedly or is hospitalised following a serious Injury or a Sickness (except arising from a Pre-existing Medical Condition); and
 - it is possible for your Journey to be resumed; and
 - there are more than 14 days remaining of the period of cover, as noted on your Certificate of Insurance; and
 - you resume your Journey within 12 months of your return to Australia.

The most we will pay for all events under this benefit is as follows:

- \$3,000 for Single cover
- \$3,000 per person for Duo cover
- \$6,000 for Family cover

- e] If, as a result of a Pre-existing Medical Condition, a Relative of yours is hospitalised in Australia or New Zealand, or dies in Australia or New Zealand after the policy is issued, and at the time of policy issue you were unaware of the likelihood of such hospitalisation or death, we will pay for the Reasonable additional cost of your return to Australia and/or the cost of airfares for you to return to the place you were when your Journey was interrupted.

The most we will pay for all events under this benefit is:

- \$2,000 for Single cover
- \$2,000 per person for Duo cover
- \$4,000 for Family cover

f] In addition, we will reimburse your Reasonable additional travel and accommodation expenses if a disruption to your Journey arises from the following reasons:

- your scheduled or connecting transport is cancelled, delayed, shortened or diverted because of a strike, riot, hijack, civil protest, weather or natural disaster.
- you unknowingly break any quarantine rule.
- you lose your passport, travel documents or credit cards or they are stolen.
- an accident involving your mode of transport. You must have written confirmation of the accident from an official body in the country where the accident happened.
- your Home is rendered uninhabitable by fire, explosion, earthquake or flood.

If you do not have a return ticket booked to Australia before you were Injured or became Sick, we will reduce the amount of your claim by the price of the fare to Australia from the place you planned to return to Australia from. The fare will be at the same fare class as the one you left Australia on.

Wherever claims are made by you under this Policy Section and Policy Section 1 (Cancellation Fees and Lost Deposits) for cancelled services/facilities or alternative arrangements for the same or similar services/facilities, we will pay for the higher of the two amounts, not both.

WE WILL ALSO PAY FOR THE FOLLOWING REASONS:

g] We will pay for either:

- the cost of transport to the nearest resort; or
- the cost of additional ski passes

if, as a result of insufficient snow, bad weather or power failure in your pre-booked holiday resort, all lift systems are closed for more than 24 hours.

However:

1. We will not pay for any claims relating to ski resorts that do not have skiing facilities greater than 1,000 metres above sea level.
2. We will not pay for any claims arising outside the period 15 December to 31 March in Northern Hemisphere resorts, and 15 June to 30 September in Southern Hemisphere resorts.

We will pay a daily benefit of \$100 for Single cover, \$100 per person for Duo cover, or \$200 for Family cover. The maximum amount we will pay for all claims combined is \$500 for Single cover, \$500 per person for Duo cover or \$1,000 for Family cover.

h] We will reimburse you the irrecoverable cost of the unused portion, for each insured person, if you are unable to utilise:

- the full duration of your pre-booked and pre-paid ski passes, ski hire, tuition fees or lift passes as a result of your Injury or Sickness during your Journey; and/or

- golf equipment hire, green fees and golfing tuition costs as a result of your Injury or Sickness during your Journey.

You must obtain a medical certificate from a Medical Adviser in support of your claim for your Injury or Sickness.

However:

1. We will not pay if you engage in off-piste skiing, bobsleighbing, snow rafting, para-penting, heli-skiing, ski acrobatics, ski or snowboard jumping, aerial skiing, stunting, freestyle, ski joring, and any form of power-assisted skiing or use of mechanised snow-mobiles except as provided by the recognised piste authorities for transport to and from areas designed for recreational skiing.
2. We will not pay for any claims arising outside the period 15 December to 31 March in Northern Hemisphere resorts, and 15 June to 30 September in Southern Hemisphere resorts.

The maximum amount we will pay for all claims combined under this benefit is \$200 for Single cover, \$200 per person for Duo cover or \$400 for Family cover.

i] We will reimburse you for the costs of hiring alternative ski and/or golf equipment following:

- accidental loss, theft of, or damage to ski and/or golf equipment owned by you, for which a claim has been accepted by us under Policy Section 11 (*Luggage and Personal Effects*); or
- the misdirection or delay, for a period of more than 24 hours, of ski and/or golf equipment owned by you.

The maximum amount we will pay for all claims combined under this benefit is \$200 for Single cover, \$200 per person for Duo cover or \$400 for Family cover.

j] We will pay for your prepaid travel and accommodation that you do not use, less any refunds due to you, if you want to cancel your Journey and return Home after the scheduled transport service on which you are travelling is hijacked.

We will pay you \$1,000 for each 24 hour period. The maximum amount we will pay for all claims combined under this benefit is \$2,000 for Single cover, \$2,000 per person for Duo cover or \$4,000 for Family cover.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

4.2 We Will Not Pay

We will not pay:

- a] if you were aware of any reason, before your period of cover commenced, that may cause your Journey to be cancelled, disrupted or delayed.
- b] if the death, Injury or Sickness of your Relative arises from a Pre-existing Medical Condition, except as specified under Policy Section 4.1 e].

- c] if you can claim your additional travel and accommodation expenses from anyone else.
- d] if your claim relates to the financial collapse of any transport, tour or accommodation provider.
- e] for delays or rescheduling by a bus line, airline, shipping line or rail authority unless it is due to a strike, riot, hijack, civil protest or natural disaster.
- f] if you operate a Rental Vehicle in violation of the rental agreement.
- g] as a result of you or your Travelling Companion changing plans.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

5 HOSPITAL CASH ALLOWANCE

You only have this cover if you choose Plan A or D.

Note: You will not have cover under this Policy Section while travelling in Australia.

5.1 We Will Pay

We will pay you \$50 for each day you are in Hospital if you are in Hospital for more than 48 continuous hours while you are Overseas.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

5.2 We Will Not Pay

- a] We will not pay for the first 48 continuous hours you are in Hospital.
- b] We will not pay if you cannot claim for Overseas medical expenses in Policy Section 3 (*Overseas Emergency Medical and Hospital Expenses*).

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

6 ACCIDENTAL DEATH

You only have this cover if you choose Plan A, B, D or E.

6.1 We Will Pay

We will pay the death benefit to the estate of the deceased, if:

- a] you are Injured during your Journey and you die because of that Injury within 12 months of the Injury; or
- b] during your Journey, something you are travelling on disappears, sinks or crashes and you are presumed dead and your body is not found within 12 months.

The amount we will pay for the death of any one accompanying Dependant is \$5,000.

The limit for the death of one person, who is not an accompanying Dependant, is shown in the Table of Benefits for the plan selected.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

6.2 We Will Not Pay

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR REASONS WHY WE WILL NOT PAY.

7 PERMANENT DISABILITY

You only have this cover if you choose Plan A or D.

Note: You will not have cover under this Policy Section while travelling in Australia.

7.1 We Will Pay

We will pay if:

- you are Injured during your Journey; and
- because of the Injury, become permanently disabled within 12 months of the Injury.

'Permanently disabled' means:

- you have totally lost all of the sight in one or both eyes, or the use of a hand or foot at or above the wrist or ankle; and
- the loss is for at least 12 months and, in our opinion after consultation with an appropriate medical specialist, will continue indefinitely.

The amount we will pay for the permanent disability of any one accompanying Dependant is \$5,000.

The limit for the permanent disability of one person, who is not an accompanying Dependant, is shown in the Table of Benefits for the plan selected.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

7.2 We Will Not Pay

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR REASONS WHY WE WILL NOT PAY.

8 LOSS OF INCOME

You only have this cover if you choose Plan A or D.

Note: You will not have cover under this Policy Section while travelling in Australia.

8.1 We Will Pay

If you are Injured during your Journey and become disabled within 30 days because of the Injury, and the disablement continues for more than 30 days after your return to Australia, we will pay you \$400 per person per week for a period of up to 26 weeks. We will only pay if you cannot do your normal or suitable alternative work and you lose all your income.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

8.2 We Will Not Pay

- a) We will not pay for the first 30 days of your disablement from the time you return to Australia.
- b) We will not pay for the loss of income of Dependents.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

9 TRAVEL DOCUMENTS, TRANSACTION CARDS AND TRAVELLERS CHEQUES

You only have this cover if you choose Plan A or D.

Note: You will not have cover under this Policy Section while travelling in Australia.

Cover under this section is provided subject to the following:

If your essential travel documents/credit cards/debit cards/travel money cards/travellers cheques are lost or stolen you must report the loss or theft as soon as possible and no later than within 24 hours to the police and, in the case of credit cards, debit cards, travel money cards and travellers cheques, to the issuing bank or company in accordance with the conditions under which the credit cards, debit cards, travel money cards or travellers cheques were issued. You must prove that you made such a report by providing us with a written statement from whosoever you reported it to:

9.1 We Will Pay

- a) If any essential travel documents (including passports), credit cards, debit cards, travel money cards or travellers cheques are lost by you, stolen from you or destroyed during your Journey, then we will pay the issuer's fees for the replacement costs (including communication costs) of the items lost, stolen or destroyed.
- b) If during your Journey, your credit card, debit card, travel money card or travellers cheques are lost or stolen, then we will pay for any loss resulting from the fraudulent use of the credit card, debit card, travel money card or travellers cheques.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

9.2 We Will Not Pay

- a) To the extent permissible by law we will not pay if you do not report the loss or theft within 24 hours to the police and, in the case of credit cards, debit cards, travel money cards or travellers cheques, to the issuing bank or company in accordance with the conditions under which the credit cards, debit cards, travel money cards or travellers cheques were issued. You must prove that you made such report by providing us with a written statement from whosoever you reported it to.

- b) We will not pay for any amounts covered by any guarantee given by the bank or issuing company to you as the holder of the credit card, debit card, travel money card or travellers cheques.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

10 THEFT OF CASH

You only have this cover if you choose Plan A or D.

Note: You will not have cover under this Policy Section while travelling in Australia.

10.1 We Will Pay

We will pay for cash, bank notes, currency notes, postal orders or money orders stolen from your person.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

10.2 We Will Not Pay

- a) To the extent permissible by law, we will not pay if you do not report the theft within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority you were travelling on when the theft occurred. You can prove that you made a report by providing us with a written statement from whoever you reported it to.
- b) We will not pay if the cash, bank notes, currency notes, postal orders or money orders were not on your person at the time they were stolen.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

11 LUGGAGE AND PERSONAL EFFECTS

You only have this cover if you choose Plan A, B, D or E.

Please Note: for the purpose of this Section:

- "specified items" refers to Luggage and Personal Effects that have been listed as covered on your Certificate of Insurance with a nominated sum insured
- "unspecified items" refers to Luggage and Personal Effects that have not been specifically listed on your Certificate of Insurance

11.1 We Will Pay

- a) We will pay the repair cost, or value of any Luggage and Personal Effects which, during the Journey, are stolen or accidentally damaged or are permanently lost. When calculating the amount payable we will apply depreciation due to age, wear and tear. The amount of such depreciation will be determined by us. No depreciation will be applied to goods purchased duty free prior to your departure, or goods purchased during your Journey.

We will not pay more than the original purchase price of any item. We have the option to repair or replace the Luggage and Personal Effects instead of paying you.

- b] The maximum amount we will pay for any item (ie. item limit) is:
- \$3,000 for personal computers, video recorders or cameras
 - \$1,000 for mobile phones (including PDAs and any items with phone capabilities)
 - \$750 for all other unspecified items

A pair or related set of items, for example (but not limited to):

- a camera, lenses (attached or not), tripod and accessories;
- a matched or unmatched set of golf clubs, golf bag and buggy; or
- a matching pair of earrings,

are considered as only one item for the purpose of this insurance, and the appropriate single item limit will be applied.

- c] In addition to the limit shown in the Table of Benefits for this Policy Section, we will also pay up to a maximum of \$5,000 (or such other lower amount which you have previously selected) for all items combined, that you have specified under '*Specified Luggage and Personal Effects Cover*' and paid an additional premium for. The standard item limits shown in b] above do not apply to the specified items listed on your Certificate of Insurance.
- d] Luggage and Personal Effects left in a motor vehicle are only covered during daylight hours and must have been left in a Concealed Storage Compartment of a locked motor vehicle, and forced entry must have been made.

The most we will pay if your Luggage and Personal Effects are stolen from a Concealed Storage Compartment of an unoccupied locked motor vehicle during daylight hours is \$200 for each item and \$2,000 in total for all stolen items, even if you have purchased '*Specified Luggage and Personal Effects Cover*'.

No cover applies if Luggage and Personal Effects are left unattended in the passenger compartment of a motor vehicle, or if the Luggage and Personal Effects have been left in a motor vehicle overnight.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

We will also pay up to the limits(s) shown on your Certificate of Insurance for any additional cover purchased under '*Specified Luggage and Personal Effects Cover*', up to a maximum of \$5,000.

11.2 We Will Not Pay

To the extent permissible by law, we will not pay a claim in relation to your Luggage and Personal Effects if:

- a] you do not report the loss, theft, damage or misplacement within 24 hours of discovery to the police or an appropriate authority such as - but not limited to - the airline, accommodation manager, transport provider, airport authority, tour operator or guide you were travelling on when the loss, theft, damage or misplacement occurred. You must prove that you made such report by providing us with a written statement from whoever you reported it to.
- b] your jewellery, mobile phone, camera, video camera, personal computer, computer equipment or their accessories are checked in to be held and transported in the cargo hold of any aircraft, ship, train, tram or bus (including any loss from the point of check-in until receipt of the said goods).
- c] the loss, theft of or damage is to, or of, bicycles.
- d] The loss, theft of or damage is to, or of, cash, bank notes, currency notes, cheques or negotiable instruments.
- e] the loss, theft or damage is to, or of, items left behind in any hotel or motel room after you have checked out, or items left behind in any aircraft, ship, train, tram, taxi or bus.
- f] the loss, theft or damage is to, or of, watercraft of any type (other than surfboards).
- g] the Luggage and Personal Effects were being sent unaccompanied or under a freight contract.
- h] the loss or damage arises from any process of cleaning, repair or alteration.
- i] the loss or damage arises from ordinary wear and tear, deterioration, atmospheric or weather conditions, insects, rodents or vermin.
- j] the Luggage and Personal Effects were left Unsupervised in a Public Place.
- k] the Luggage and Personal Effects were left unattended in a motor vehicle, unless they were left in a Concealed Storage Compartment of a locked motor vehicle.
- l] the Luggage and Personal Effects were left overnight in a motor vehicle, even if they were left in a Concealed Storage Compartment of a locked motor vehicle.
- m] the Luggage and Personal Effects have an electrical or mechanical breakdown.
- n] the Luggage and Personal Effects are fragile, brittle or an electronic component is broken or scratched – unless either:
 - it is the lens of spectacles, binoculars or photographic or video equipment; or
 - the breakage or scratch was caused by a crash involving a vehicle in which you are travelling.

- o] you are entitled to be reimbursed by the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft, misplacement or damage occurred. However, if you are not reimbursed the full amount of your claim, we will pay the difference between the amount of your loss and what you were reimbursed, up to the limit of your cover (allowing for depreciation due to age, wear and tear).
- p] The loss or damage is to, or of, sporting equipment while in use (including surfboards).

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

12 LUGGAGE AND PERSONAL EFFECTS DELAY EXPENSES

You only have this cover if you choose Plan A, D or E.

NOTE: You will not have cover under this Policy Section while travelling in Australia unless you purchase Plan E.

12.1 We Will Pay

We will reimburse you, up to the amounts set out below for the plan selected, if any items of your Luggage and Personal Effects are delayed, misdirected or misplaced by the Carrier for more than 12 hours, and in our opinion it was reasonable for you to purchase essential items of clothing or other personal items.

Your claim must contain written proof from the Carrier who was responsible for your Luggage and Personal Effects that they were delayed, misdirected or misplaced.

We will deduct any amount we pay you under this Policy Section for any subsequent claim for lost Luggage and Personal Effects (Policy Section 11).

The most we will pay for all events under this benefit is:

For delay/misdirection/misplacement between 12 and 72 hours inclusive:

- \$250 for Single cover under Plans A, D or E
- \$250 per person for Duo cover under Plan A
- \$500 for Family cover under Plan A

For delay/misdirection/misplacement of more than 72 hours:

- \$500 for Single cover under Plans A, D or E
- \$500 per person for Duo cover under Plan A
- \$1,000 for Family cover under Plan A

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

12.2 We Will Not Pay

We will not pay if you are entitled to compensation from the bus line, air line, shipping line or rail authority you were travelling on for the relevant amount claimed. However, if you are not reimbursed the full amount, we will pay the difference between the amount of your expenses and what you were reimbursed up to the limit of your cover.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

13 TRAVEL DELAY EXPENSES

You only have this cover if you choose Plan A, B, D or E.

13.1 We Will Pay

We will reimburse the cost of your Reasonable additional meals and accommodation expenses if a delay to your Journey, for at least 6 hours, arises from circumstances outside your control.

We will pay up to \$200 at the end of the initial 6 hour period. In addition, we will pay up to \$200 for each full 24 hour period that the delay continues beyond the initial 6 hour delay.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

13.2 We Will Not Pay

We will not pay if a delay to your Journey arises from any of the following reasons:

- a] the financial collapse of any transport, tour or accommodation provider;
- b] an act or threat of terrorism.

Nor will we pay if:

- c] you can claim your additional meals and accommodation expenses from anyone else.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

14 ALTERNATIVE TRANSPORT EXPENSES

You only have this cover if you choose Plan A or D.

Note: You will not have cover under this Policy Section while travelling in Australia.

14.1 We Will Pay

We will pay your Reasonable additional travel expenses to reach a wedding, funeral, conference, sporting event or prepaid travel/tour arrangements on time if your scheduled transport is cancelled, delayed, shortened or diverted and that means you would not arrive on time.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

14.2 We Will Not Pay

- a] We will not pay if the cancellation, delay, shortening or diversion of your scheduled transport arises from the financial collapse of any transport, tour or accommodation provider.
- b] We will not pay if your claim arises from an act or threat of terrorism.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

15 PERSONAL LIABILITY

You have this cover if you choose Plan A, B, C, D or E.

15.1 We Will Pay

We will cover your legal liability for payment of compensation in respect of:

- death or bodily injury, and/or
- physical loss of or damage to, property,

occurring during your Journey which is caused by an accident or a series of accidents attributable to one source or originating cause.

We will also reimburse your Reasonable legal expenses for settling or defending the claim made against you.

You must not admit fault or liability for the claim, or incur any legal costs without our prior written approval.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

15.2 We Will Not Pay

We will not reimburse you for anything you have to pay because of a legal claim against you for causing bodily injury, death or loss to, or of, property, if the claim arises out of or is for:

- a] bodily injury to you, your Travelling Companion, or to a Relative or employee of either of you;
- b] damage to property belonging to you, or in your care or control, or belonging to, or in the care or control of, your Relative, or your Travelling Companion, or to an employee of either of you;
- c] the ownership, custody or use of any aerial device, watercraft or mechanically propelled vehicle;
- d] the conduct of a business, profession or trade;
- e] any loss, damage or expenses which are covered or should have been covered under a statutory or compulsory insurance policy, statutory or compulsory insurance or compensation scheme or fund, or under Workers' Compensation legislation, an industrial award or agreement, or Accident Compensation legislation;
- f] any fine, penalty or aggravated, punitive, exemplary or liquidated damages;
- g] disease that is transmitted by you;

- h] any relief or recovery other than monetary amounts;
- i] a contract that imposes on you a liability which you would not otherwise have;
- j] assault and/or battery committed by you or at your direction; or
- k] conduct intended to cause bodily injury, property damage or liability with reckless disregard for the consequences of you or any person acting with your knowledge, consent or connivance.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

16 RENTAL VEHICLE EXCESS

You only have this cover if you choose Plan A, B, D or E.

16.1 We Will Pay

- a] We will reimburse the Rental Vehicle insurance excess or the cost of repairing the Rental Vehicle, whichever is the lesser, if, during the Journey, the Rental Vehicle is involved in a motor vehicle accident while you are driving, or is damaged or stolen while in your custody. You must provide a copy of the repair account and/or quote.

This cover does not take the place of Rental Vehicle insurance and only provides cover for the excess component up to the applicable section limit.

- b] We will also pay up to \$1,000 for the cost of returning your Rental Vehicle to the nearest depot if your attending Medical Adviser certifies in writing that you are unfit to do so during your Journey.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

16.2 We Will Not Pay

We will not pay a claim involving the theft or damage to your Rental Vehicle if the claim arises from you operating or using the Rental Vehicle:

- a] in violation of the rental agreement;
- b] while affected by alcohol or any other drug in a way that is against the law of the place you are in; or
- c] without a licence for the purpose that you were using it.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

17 DOMESTIC PETS

You only have this cover if you choose Plan A, B, D or E.

17.1 We Will Pay

We will reimburse you up to:

- a] \$25 for each 24 hour period in respect of additional kennel or boarding cattery fees for domestic dogs and cats owned by you if you are delayed beyond your original return date due to an event covered under this policy.
- b] \$500 if your pet suffers an Injury during your Journey and requires veterinary treatment, provided that at the time of the Injury, your pet was in the care of a Relative, friend or boarding kennel.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

17.2 We Will Not Pay

We will not pay any kennel or boarding cattery fees incurred outside of Australia.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

18 DOMESTIC SERVICES

You only have this cover if you choose Plan A, B, D or E.

18.1 We Will Pay

If you are Injured during your Journey and become disabled as a result of the Injury and the disablement continues after your return to Australia, we will reimburse you up to \$50 per day in respect of expenses incurred in the provision of housekeeping services that you are unable to perform yourself.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

18.2 We Will Not Pay

We will not pay if you do not have a medical certificate confirming your disablement and verifying the need for housekeeping services necessary while disabled.

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

19 RETURN AIRFARE

You only have this cover if you choose Plan A or D.

Note: You will not have cover under this Policy Section while travelling in Australia.

19.1 We Will Pay

We will reimburse the cost of your original pre-paid airline ticket (less any refunds due) if, because of an Injury or Sickness you suffer during your Journey, the attending Medical Adviser approved by us, requires you to be brought back to Australia with a medical escort.

However, we will only pay you if you are brought back to Australia when either:

- there are more than 5 days or 25% (whichever is the greater) of the period of cover as noted on your Certificate of Insurance remaining; or
- you have been confined to Hospital Overseas for more than 25% of the period of cover as noted on your Certificate of Insurance.

The maximum amount we will pay for all claims combined under this Section is shown under the Table of Benefits for the plan you have selected.

19.2 We Will Not Pay

We will not pay if:

- a] the Injury or Sickness occurred before you departed Australia.
- b] we pay your claim for the cancellation of your original airline ticket under Policy Section 1 (*Cancellation Fees and Lost Deposits*).

YOU MUST CHECK GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS PAGES 49 TO 51 FOR OTHER REASONS WHY WE WILL NOT PAY.

General Exclusions

Applicable to all Sections

We will not pay under any circumstances if:

General

1. You do not act in a responsible way to protect yourself and your property and to avoid making a claim.
2. You do not do everything you can to reduce your loss as much as possible.
3. Your claim is for consequential loss of any kind, including loss of enjoyment.
4. At the time of purchasing the policy, you were aware of something that would give rise to you making a claim under this policy.
5. Your claim is for a loss which is recoverable by compensation under any workers compensation or transport accident laws or by any government sponsored fund, plan, or medical benefit scheme, or any other similar type legislation required to be effected by or under a law.
6. Your claim arises directly or indirectly from, or is in any way connected with, you engaging in manual work in conjunction with any profession, business or trade during your Journey. For the purpose of this exclusion, manual work includes:
 - the use of plant, machinery, or power tools,
 - work in the building trades, security, professional sports, emergency services, extracting, manufacturing, forestry, alcohol or entertainment industries, or
 - working at sea or as aircrew.
7. Your claim arises from errors or omissions in any booking arrangements or failure to obtain relevant visa, passport or travel documents.
8. Your claim arises because you act illegally or break any government prohibition or regulation including visa requirements.
9. Your claim arises from a government authority confiscating, detaining or destroying anything.
10. Your claim arises from being in control of a Motorcycle without a current Australian motorcycle licence or you are a passenger travelling on a Motorcycle that is in the control of a person who does not hold a current motorcycle licence valid for the country you are travelling in.
11. Your claim arises from being in control of a Moped or Scooter without a current Australian motorcycle or drivers licence or you are a passenger travelling on a Moped or Scooter that is in the control of a person who does not hold a current motorcycle or drivers licence valid for the country you are travelling in.

12. Your claim arises from, is related to or associated with:

- an actual or likely Epidemic or Pandemic; or
- the threat of an Epidemic or Pandemic.

Refer to www.who.int and www.smartraveller.gov.au for further information on Epidemics and Pandemics.

13. Your claim arises because you did not follow advice in the mass media or any government or other official body's warning:
 - against travel to a particular country or parts of a country; or
 - of a strike, riot, bad weather, civil protest or contagious disease (including an Epidemic or Pandemic);

and you did not take appropriate action to avoid or minimise any potential claim under your Policy (including delay of travel to the country or part of the country referred to in the warning).

Refer to www.who.int and www.smartraveller.gov.au for further information.

14. Your claim arises from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military.
15. Your claim arises from a nuclear reaction or contamination from nuclear weapons or radioactivity.
16. Your claim arises from biological and/or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and/or create public fear.

Medical

17. Your claim arises from, is related to or associated with any Pre-existing Medical Condition, except as provided under the section **"Pre-existing Medical Conditions"** (pages 14 to 20), Policy Section 1.1 d] (page 30), and Policy Section 4.1 e] (page 34).
18. You take a blood-thinning prescription medication such as Warfarin (also known under the brand names Coumadin, Jantoven, Marevan, and Waran).
19. Your claim is in respect of travel booked or undertaken against the advice of any Medical Adviser.
20. You arrange to travel when you know of circumstances that may lead to your Journey being disrupted or cancelled.
21. Your claim arises from any Injury or Sickness where a metastatic or terminal prognosis was made prior to the issue of the Certificate of Insurance.
22. Your claim arises out of pregnancy, childbirth or related complications, except as specified under step 1 of the section **"Pre-existing Medical Conditions"** on pages 14 to 15.
23. Your claim involves a Hospital where you are being treated for addition to drugs or alcohol, or are using it as a nursing, convalescent or rehabilitation place.

24. Your claim involves the cost of medication in use at the time the Journey began, or the cost for maintaining a course of treatment you were on prior to the Journey.
25. Your claim arises from or is in any way related to depression, anxiety, stress, mental or nervous conditions.
26. Your claim arises from suicide or attempted suicide.
27. Your claim arises from a sexually transmitted disease.
28. You were under the influence of any intoxicating liquor or drugs, except a drug prescribed to you by a Medical Adviser, and taken in accordance with their instructions.
29. Your claim arises from, is related to, or associated with, elective surgery or treatment.
30. Your claim arises, or is a consequence of complications from medical, surgical or dental procedures or treatments that are not for an Injury or Sickness that would otherwise be covered by this policy.
31. Despite their advice otherwise following your call to Allianz Global Assistance, you received private Hospital or medical treatment where public funded services or care is available in Australia or under any Reciprocal Health Agreement between the Government of Australia and the government of any other country.
32. Your claim arises from any medical procedures in relation to AICD/ICD insertion during Overseas travel. If you, your Travelling Companion or a Relative (as listed on your Certificate of Insurance) requires this procedure, due to sudden and acute onset which occurs for the first time during your period of cover and not directly or indirectly related to a Pre-existing Medical Condition, we will exercise our right to organise a repatriation to Australia for this procedure to be completed.
33. Your claim arises from or is any way related to the death or hospitalisation of any person aged 85 years and over, regardless of the country in which they may live.

Sports and Leisure

34. Your claim arises because you hunt, race (other than on foot), engage in Open Water Sailing, play polo, go mountaineering or rock climbing using ropes or climbing equipment (other than for hiking), or from professional sport of any kind, or from parachuting or hang gliding.
35. Your claim arises because you dive underwater using an artificial breathing apparatus, unless you hold an open water diving licence issued in Australia or you were diving under licensed instruction.
36. Your claim arises from travel in any air supported device other than as a passenger in a fully licensed aircraft operated by an airline or charter company. This exclusion does not apply to regulated or licensed ballooning.

Claims

How to make a claim

You must give us notice of your claim as soon as possible by calling us on 1300 726 087 . If there is a delay in claim notification, or you do not provide us with sufficient detail to process your claim, we can reduce your claim by the amount of prejudice we have suffered because of the delay.

You must give us any information we reasonably ask for to support your claim at your expense, such as but not limited to police reports, valuations, medical reports, original receipts or proof of ownership. If required we may ask you to provide us with translations into English of such documents to enable us to carry out our assessment of your claim.

You must co-operate with us at all times in relation to the provision of supporting evidence and such other information as we may reasonably require.

- a] For medical, Hospital or dental claims, contact Allianz Global Assistance as soon as practicable.
- b] For loss or theft of your Luggage and Personal Effects, report it immediately to the police and obtain a written notice of your report.
- c] For damage or misplacement of your Luggage and Personal Effects, caused by the airline or any other operator or accommodation provider, report the damage or misplacement to an appropriate official and obtain a written report, including any offer of settlement that they may make.
- d] Submit full details of any claim in writing within 30 days of your return.

Claims are payable in Australian Dollars to you

We will pay all claims in Australian dollars. We will pay you unless you tell us to pay someone else. The rate of currency exchange that will apply is the rate at the time you incurred the expense.

Depreciation

Depreciation will be applied to claims for Luggage and Personal Effects at such rates as reasonably determined by us.

You must not admit fault or liability

In relation to any claim under this policy you must not admit that you are at fault, and you must not offer or promise to pay any money, or become involved in litigation, without our approval.

You must help us to recover any money we have paid

If we have a claim against someone in relation to the money we have to pay under this policy, you must do everything you can to help us do that in legal proceedings. If you are aware of any third party that you or we may recover money from, you must inform us of such third party.

If you can claim from anyone else, we will only make up the difference

If you can make a claim against someone in relation to a loss or expense covered under this policy and you do not get paid the full amount of your claim, we will make up the difference. You must claim from them first.

Other insurance

If any loss, damage or liability covered under this policy is covered by another insurance policy, you must give us details. If you make a claim under one insurance policy and you are paid the full amount of your claim, you cannot make a claim under the other policy.

If you make a claim under another insurance policy and you are not paid the full amount of your claim, we will make up the difference. We may seek contribution from your other insurer. You must give us any information we reasonably ask for to help us make a claim from your other insurer.

Subrogation

We may, at our discretion undertake in your name and on your behalf, control and settlement of proceedings for our own benefit to recover compensation or secure indemnity from any party in respect of anything covered by this policy. You are to assist and permit to be done, all acts and things as required by us for the purpose of recovering compensation or securing indemnity from other parties to which we may become entitled or subrogated, upon us paying your claim under this policy regardless of whether we have yet paid your claim and whether or not the amount we pay you is less than full compensation for your loss. These rights exist regardless of whether your claim is paid under a non-indemnity or an indemnity clause of this policy.

Recovery

We will apply any money we recover from someone else under a right of subrogation in the following order:

1. to us, our administration and legal costs arising from the recovery.
2. to us, an amount equal to the amount that we paid to you under the policy.
3. to you, your uninsured loss (less your Excess).
4. to you, your Excess.

Once we pay your total loss we will keep all money left over.

If we have paid your total loss and you receive a payment from someone else for that loss or damage, you must pay us the amount of that payment up to the amount of the claim we paid you.

If we pay you for lost or damaged property and you later recover the property or it is replaced by a third party, you must pay us the amount of the claim we paid you.

Business travellers – how GST affects your claim

If you are entitled to claim an input tax credit in respect of a cost for which a claim is made, or would be entitled to an input tax credit if you were to incur the relevant cost (i.e. in replacing a lost or stolen item), the amount we would otherwise pay will be reduced by the amount of that input tax credit.

Travel within Australia only

If you are entitled to claim an input tax credit in respect of your premium you must inform us of the amount of that input tax credit (as a percentage) at the time you first make a claim. If you fail to do so, you may have a liability for GST if we pay you an amount under this policy.

Fraud

Insurance fraud places additional costs on honest policyholders. Fraudulent claims force insurance premiums to rise. We encourage the community to assist in the prevention of insurance fraud.

You can help by reporting insurance fraud by calling Allianz Global Assistance on 1800 453 937. All information will be treated as confidential and protected to the full extent under law.

Health Tips

The internet is a great source of health information for travellers. For vaccination and health advice including information on disease outbreaks:

www.cdc.gov OR www.who.int OR www.smartraveller.gov.au

Before travel, consult your health professional to discuss:

- Itinerary
- Duration of travel
- Style of travel
- Past medical history
- Vaccination requirements
- Pregnancy
- Allergies
- Medications
- Pre-existing Conditions
- Disease prevention

Tips for long distance travellers

- Do frequent leg exercise and take deep breaths regularly while seated.
- Drink plenty of non-alcoholic beverages to prevent dehydration.

The three R's of travel vaccination

Routine Vaccinations (childhood or adult vaccinations)

- Tetanus/diphtheria
- Polio
- MMR
- Influenza
- Meningococcal
- Pneumococcal
- Varicella

Required Vaccinations

For instance when crossing international borders certain vaccinations are required.

- Yellow Fever
- Cholera
- Meningococcal

Recommended Vaccinations

There are some vaccinations recommended when travelling Overseas specific to your destination. These may include:

- Hepatitis A
- Hepatitis B
- Typhoid
- Japanese Encephalitis
- Poliomyelitis
- Rabies
- Cholera

Please see your doctor to identify your specific needs.

Notes

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Sales and Policy Enquiries

1800 008 614 (within Australia)

sales@worldcare.com.au

www.worldcare.com.au

Claims Enquiries

1300 726 087 (within Australia)

travelclaims@worldcare.com.au

24 Hour Emergency Assistance

Allianz Global Assistance

1800 010 075 (within Australia)

+61 7 3305 7499 (reverse charge from overseas)



Worldcare Travel Insurance is issued and managed by AGA Assistance Australia Pty Ltd trading as Allianz Global Assistance ABN 52 097 227 177 AFS Licence No. 245631 74 High Street, Toowong QLD 4066. This insurance is underwritten by Allianz Australia Insurance Limited ABN 15 000 122 850 AFS Licence No. 234708 2 Market Street, Sydney NSW 2000.