



wagecover.

24-Hour Accident & Sickness Insurance Policy Airline Industry Workers

Product Disclosure Statement & Policy Wording

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Section 1 - Product Disclosure Statement

Introduction

This Product Disclosure Statement (PDS) is an important legal document that contains details of this 24-Hour Accident & Sickness Insurance Policy. Before You decide to buy insurance from Us, please read this PDS thoroughly and keep it, together with Your Policy Certificate, in a safe place.

What is a Product Disclosure Statement?

The Corporations Act 2001 (Cth) requires that any 'retail client' must receive a 'Product Disclosure Statement' (PDS) prepared by the Insurer which contains certain information that is designed to assist retail clients in deciding whether to buy the relevant cover.

This PDS is designed to provide You with the necessary information regarding the features of this product in order that You can make an informed choice about purchasing this product.

In this PDS You will find all the information You need to know about the type of cover(s) available, Our terms and conditions, benefits and risks and information about making a claim.

Any general advice in this PDS has been prepared without taking into account Your objectives, financial situation or insurance requirements. Before purchasing this product, consider whether this product is appropriate to Your objectives, financial situation and needs.

Please read this booklet and make sure that You are satisfied with the terms and conditions that We offer.

This PDS and Policy Wording along with the insurance Policy Schedule We send You are Your Policy documents and form Your legal contract with Us. Please keep them together in a safe place.

Please do not hesitate to contact Your insurance adviser if You have any questions about this Policy booklet or Your insurance cover.

This combined Policy Wording and PDS was prepared on 16 March 2026.

About Point Underwriting Agency

Point Underwriting Agency Pty Ltd AFSL 477471 (Point) is a niche market underwriter specialising in niche insurance products. We pride ourselves on offering tailored insurance products backed by Our people and professional service. Point Underwriting Agency acts as agent of the Insurer under a binding authority.

About the Insurer

Chubb Insurance Australia Limited (Chubb) (ABN 23 001 642 020, AFSL 239687) is a world leader in insurance. Chubb, via acquisitions by its predecessor companies, has been present in Australia for 100 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages including Business Package, Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities as well as Accident & Health, to a broad client base, including many of the country's largest companies. Chubb also serves successful individuals with substantial assets to insure and consumers purchasing travel insurance.

More information can be found at www.chubb.com/au

Chubb issues Your insurance Policy and is responsible for the content of this booklet. Chubb's contact details are:

Email: www.chubb.com/au

Phone: +61 2 9335 3200

Post: Grosvenor Place, Level 38, 225 George Street, Sydney NSW 2000

Applicable Sections Clause

Not all sections of this PDS document will apply to You. The precise coverage afforded is subject to the terms and conditions outlined in the PDS, Policy Schedule, Policy wording and any endorsements, as issued by Us.

Eligibility criteria

To apply for cover, or to renew this insurance, You must be a legal resident physically residing in Australia and be legally employed within the Australian Airline Industry in an occupation other than flying. You must be at least 16 years of age and less than 70 years of age at the date of first entering into or on any renewal of this insurance (as stipulated) unless We agree otherwise.

About the Product

Our policies are available to people within the age bracket stated in the Policy Schedule or by endorsement. Weekly benefits are payable for the Benefit Period as stated in the Policy Schedule. The below sections give a summary of how the cover could operate; however, it is important that You refer to Your Policy Schedule for the details of the cover available to You.

The Policy Schedule will show the details of the:

- Insured
- Period of Insurance
- Sums Insured
- Waiting Periods;

and other important information.

24-Hour Injury and Sickness Cover

We pay an agreed lump sum benefit or weekly benefits if You suffer an Insured Event included in the Table of Benefits as a result of an Injury or Sickness.

The cover in the Policy is subject to certain terms, conditions and exclusions (including limits and excesses). Not all Injuries or Sicknesses attract a benefit payment and not all circumstances in which defined Injuries or Sickness occur are covered. Importantly, the Policy does not cover Pre-Existing Conditions (conditions which first became apparent before the Period of Insurance).

For example, We do not pay a benefit in the following circumstances:

- a. in relation to a Pre-Existing Condition;
- b. Your suicide or attempted suicide; intentional self-Injury or an attempt at intentional self-Injury;
- c. neurosis, psychoneurosis, psychosis, mental disorder or disease, emotional disorder or disease, depression, stress, anxiety condition or disorder or mental illness of any kind; or chronic fatigue syndrome; unless You are being treated by or have been referred to a Psychiatrist, Psychologist or other appropriate specialist;
- d. You being Under the Influence of alcohol or drugs (other than prescribed and taken as directed by a Medical Practitioner).

For full details of all relevant Policy exclusions, where cover does not apply, You should read the Policy wording and make yourself aware of all the exclusions that apply to this insurance.

Waiting Period

If You make a claim for benefits under the Policy, a Waiting Period may apply. The applicable Waiting Period is specified in the Policy Schedule.

Significant Risks

You should ensure that the weekly benefit is sufficient to cover Your loss of weekly Pre-Disability Earnings. For example: if the weekly benefit is less than Your weekly Pre-Disability Earnings, We will only pay up to the weekly benefit stated in the Policy Schedule.

Duty Not to Misrepresent

This insurance is a consumer insurance contract under the Insurance Contracts Act 1984 (Cth). Before We agree to insure You (including when We issue You with the insurance for the first time or agree to

renew, extend, vary, reinstate or replace it), You have a duty to take reasonable care not to make a misrepresentation to Us.

A misrepresentation includes a statement that is in any way false, misleading, dishonest or which does not fairly reflect the truth. We will not treat something as a misrepresentation merely because You failed to answer a question or gave an obviously incomplete or irrelevant answer to a question.

When answering Our questions You need to take reasonable care to make sure Your answers are true, honest, up to date and complete in all respects.

If another person is answering for You, We'll treat their answers as Yours. In such a case You should check the questions have been answered correctly on Your behalf by them.

Subject to applicable law, a breach of the duty by one insured affects all insureds in these ways. If You do not take reasonable care not to make a misrepresentation, or if You are careless in Your answers or recklessly or deliberately make a misrepresentation, We may, acting reasonably and subject to applicable law, reject or not fully pay Your claim or cancel Your insurance or if the misrepresentation was fraudulent, treat it as if it never existed.

However, we will not do this if We would have entered into the contract, for the same premium and on the same terms and conditions, even if the failure had not occurred. Whether or not You have taken reasonable care not to make a misrepresentation is to be determined by Us acting reasonably, with regard to all relevant circumstances.

We must also take account of any particular characteristics or circumstances about You that We were aware of, or ought reasonably to have been aware of. If any question or guidance provided is not clear or you need additional assistance, you can contact us.

Cooling-off Period

If You buy this 24-Hour Sickness & Accident Insurance Policy, We will issue and send You Your Policy Schedule. The Policy Schedule will show the Period of Insurance for which You are covered and the Policy issue date. You may return this Policy to Us within 14 days of the date We enter into it provided that no right or power under the Policy has been exercised (e.g. no claim has been made).

Where You return it within the above 14-day period, We will cancel the Policy and issue a full refund of premium. Please note You still have cancellation rights that can be exercised after this period expires.

Expiry of Your Policy

Your Policy expires at 4pm on the date shown on Your Policy Schedule.

The Dispute Resolution Process

Internal dispute resolution process

If You have any concerns or wish to make a complaint in relation to this policy, Our services or Your insurance claim, please contact Point Underwriting Agency (Point) who will manage Your complaint on Our behalf :

Point Underwriting Agency

Email: enquiries@pointinsurance.com.au

Phone: 1300 362 766 or (02) 9970-7378

Post: P.O. Box 744, Manly NSW 1655

Point will acknowledge receipt of Your complaint within one (1) business day of receiving it from You, or as soon as practicable. Following acknowledgement, Point will provide You with the name and relevant contact details of the person who will be assigned to liaise with You regarding Your complaint.

Point will consider Your complaint and keep You informed of the progress of Your complaint at least every ten (10) business days, unless resolved sooner.

Point will always provide a written response if You request it or if Your complaint is about a declined claim, the value of a claim, or about financial hardship. Point may not provide a written response without Your request if:

- Point resolved Your complaint to Your satisfaction within five (5) business days of receipt.
- Point gave You an explanation or apology or both, and Point can take no further action to reasonably address Your complaint.

You can request the information Point relied on when deciding Your complaint. To the extent allowed under law, Point will provide You the information within ten (10) business days of Your request.

A final decision will be provided to You within 30 calendar days of the date on which You first made the complaint.

External dispute resolution process

You may refer Your complaint to the Australian Financial Complaints Authority (AFCA) at any time, and if Your complaint is not resolved to Your satisfaction within 30 calendar days of the date on which You first made the complaint.

AFCA can be contacted as follows:

Australian Financial Complaints Authority (AFCA)

Email: info@afca.org.au

Phone: 1800 931 678

Post: GPO Box 3, Melbourne VIC 3001

Website: www.afca.org.au

Your complaint must be referred to AFCA within 2 years of the final decision. Determinations made by AFCA are binding on Us.

General Insurance Code of Practice

Point Underwriting Agency and Chubb are bound to the General Insurance Code of Practice. The objectives of this Code are to:

1. commit Us to high standards of service;
2. promote better, more informed relations between Us and You;
3. maintain and promote trust and confidence in the general insurance industry;
4. provide fair and effective mechanisms for the resolution of complaints and disputes between Us and You; and
5. promote continuous improvement of the general insurance industry through education and training.

As part of Our obligations under Parts 9 and 10 of the Code, Chubb has a Customers Experiencing Vulnerability & Family Violence Policy (Part 9) and a Financial Hardship Policy (Part 10). You can obtain a copy of the Code from the Insurance Council of Australia website www.insurancecouncil.com.au or by phoning (02) 9253 5100, or by visiting our website www.pointinsurance.com.au. The Code is monitored and enforced by the Code Governance Committee.

Privacy Notice

How we protect your privacy

Both We and Point Underwriting Agency are bound by the Australian Privacy Principles (APPs) under the Privacy Act 1988 (Cth) and comply with that Act. We are committed to ensuring that all Our business dealings comply with the APPs and acknowledge the importance of keeping personal details for individuals confidential and secure.

Point Underwriting Agency collects Your personal information (which may include sensitive information) at various points including, but not limited to, when You apply for an insurance policy with us or when You lodge a claim in relation to an insurance policy you hold with Us.

Point Underwriting Agency may disclose Your personal information, including health and sensitive information, to Us to enable Us to assess Your claim and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes including customer surveys. If you do not provide this information, we may be unable to deliver the services you require.

In some circumstances, in order to provide Our services to You, We may disclose your personal information to other Chubb Group entities or third-party service providers located outside Australia, including in Singapore, the UK, the USA, and the Philippines. These entities and their locations may change from time to time. Please contact Our Privacy Officer if you would like a full list of the countries in which these third parties are located.

You can access a copy of Our privacy policy on our website at www.chubb.com/au-en/footer/privacy.html

If You would like to seek access to, or correct Your personal information, please contact Our

Privacy Officer.

Privacy Officer

Email: aulegal.privacy@chubb.com

Phone: + 61 2 9335 3200

If You are not satisfied with Our organisation, services, Our response to Your enquiry, or You have any concerns about Our treatment of Your Personal Information or You believe there has been a breach of Our Privacy Policy, or You are not satisfied with any aspect of Your relationship with Chubb and wish to make a complaint, please contact Our Complaints and Customer Resolution Service:

Complaints and Customer Resolution Service

Chubb Insurance Australia Limited

Email: complaints.AU@chubb.com

Phone: +61 2 9335 3200

Post: GPO Box 4065, Sydney NSW 2001

Fax: +61 2 9335 3411

For more information, please read Our Complaints and Customer Resolution policy on our website at www.chubb.com/au-en/customer-service/complaints-customer-resolution.html

You can access a copy of Point Underwriting Agency's privacy policy here at www.pointinsurance.com.au/privacy-policy/. If You would like to seek access to, or correct Your personal information, please contact Point Underwriting Agency.

Point Underwriting Agency

Email: enquiries@pointinsurance.com.au

Phone: 1300 362 766 or (02) 9970-7378

What do You pay?

When calculating Your premium for this insurance We take a range of factors into account including Your age. The cost of Your Policy is made up of Your premium plus any applicable government taxes.

If the Premium is Payable by Instalments

You cannot claim under this Policy if at the time the Injury or Sickness occurred, any instalment of premium remained unpaid for 30 days or more beyond the Premium Due Date.

We may cancel this Policy by giving notice if any instalment of premium has remained unpaid for 30 days or more.

How to Apply

To apply for this insurance You need to complete an application or You can contact Your insurance adviser who will assist You to complete an application. We use and rely on the information supplied by You to decide whether to accept Your application and, if so, the terms on which cover is provided.

If We accept Your application, cover will only begin from the start date of the Period of Insurance as shown on the Policy Schedule that We issue to You. We issue a Policy Schedule setting out the details of the cover provided, the limits that apply, the premium payable and other information including whether any standard terms have been varied by way of endorsement.

We provide cover on the terms contained in this PDS, the most recent Policy Schedule and any other document that We tell You forms part of the terms and conditions of Your cover. All of these documents make up Your "Policy".

Commission

WageCover receives a Commission from the Insurer when You decide to take out this insurance Policy. The amount of commission paid will be paid from Your premium amount and is not an additional expense to You. Your insurance adviser may also charge You a fee for their service.

Taxation

All taxes and charges are shown as separate items on Your Policy Schedule, for example stamp duty and goods and services tax (GST) at the rate set by government from time to time. If required by law, We may adjust Your premium to reflect this change. Stamp duty is imposed on Your Policy at the rate set by government from time to time. The amount of stamp duty payable varies depending on Your state of residence. Should Your state of residence change, We may adjust Your premium at next renewal to reflect this change.

What makes up Your Insurance Contract

When We accept Your application, or Your existing Policy is renewed or amended, Your insurance contract is made up of the following documents:

- a. the Policy wording as set out in this document; and
- b. Your current Policy Schedule and any applicable endorsements.

You Cannot Give Your Rights Away

You cannot give anyone else an interest in this Policy without Our written consent.

The Law that Applies to this Policy

Any disputes arising from this Policy will be determined by the courts, and in accordance with the laws, of the state or territory of Australia where this Policy is issued.

Updating Our Product Disclosure Statement

We may update the information contained in our PDS when necessary.

A paper copy of any updated information is available to You at no cost by calling Us. We will issue You with a new PDS or a supplementary PDS, where the update is to rectify a misleading or deceptive statement or an omission, which is materially adverse from the point of view of a reasonable person deciding whether to obtain this insurance.

Section 2 - Policy Wording

Insuring Clause

If You suffer an Injury or Sickness during the Period of Insurance and whilst within the Scope of Cover that directly results in an Insured Event listed in the Table of Benefits, We will pay You or Your executors or administrators (if any) the applicable benefit shown in the Table of Benefits once We have accepted Your claim.

The Insured Event must occur within twelve (12) months of the date of the Injury or the date of the first manifestation of the Sickness.

Notwithstanding the above, if:

- i You first sought treatment for and/or advice from a Medical Practitioner relating to the Injury or Sickness within twelve (12) months of the date of the Injury or the date of the first manifestation of the Sickness; and
- ii You are under the regular medical care of and acting in accordance with the instructions or professional advice of a Medical Practitioner during the initial twelve (12) months of the date of the Injury or the date of the first manifestation of the Sickness; and
- iii such medical care can be evidenced to Us; and
- iv such medical care can be demonstrated by a Medical Practitioner as medically recommended to improve Your condition and to avoid You suffering a Temporary Total Disablement;

then the Insured Event is extended to twenty-four (24) months of the date of the Injury or the date of the first manifestation of the Sickness.

Table of Benefits

Capital Benefits Cover		
	INSURED EVENTS Injury resulting directly in	BENEFITS Being percentage of the amount shown in the Schedule against Capital Benefits
1	Accidental Death	100%
2	Permanent Total Disablement	100%
3	Permanent and incurable paralysis of all Limbs	100%
4	Permanent Total Loss of two Limbs	100%
5	Permanent Total Loss of one Limb	100%
6	Permanent Total Loss of sight in both eyes	100%
7	Permanent Total Loss of sight in one eye	100%
8	Permanent Total Loss of the lens of the eye	60%
9	Permanent Total Loss of hearing in: a. Both ears b. One ear	a. 80% b. 20%
10	Third degree burns and or resultant disfigurement which covers more than 40% of the entire external body	50%
11	Permanent Total Loss of use of four Fingers and Thumb of either Hand	80%
12	Permanent Total Loss of use of four Fingers of either Hand	50%
13	Permanent Total Loss of use of the Thumb of either Hand: a. both joints b. b. one joint	a. 30% b. 15%
14	Permanent Total Loss of use of one Finger of either Hand: a. three joints b. two joints c. one joint	a. 10% b. 7.5% c. 5%
15	Permanent Total Loss of use of Toes of either Foot: a. all - one Foot b. great - both joints c. great - one joint d. other than great - each Toe	a. 15% b. 5% c. 3% d. 1%
16	Fractured leg or patella with established non-union	10%
17	Shortening of Leg by at least 5cm	7.5%
18	Permanent Total Disablement not otherwise provided for under Insured Events 8-17 inclusive	Such percentage of the Sum Insured as certified by Your treating Medical Practitioner which corresponds to the percentage

	reduction in whole bodily function but not more than 75%, and being in Our opinion not inconsistent with the compensation provided under Insured Events 8-17 inclusive.
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Weekly Benefits Cover		
	INSURED EVENTS	BENEFITS
	Injury resulting directly in:	Up to the weekly benefit amount shown in the Policy Schedule against Weekly Benefits
19	Temporary Total Disablement caused directly and solely by an Injury	During such disablement, the Weekly Benefit as specified in the Policy Schedule or the applicable percentage of Your Pre-Disability Earnings as shown in the Policy Schedule against Weekly Benefits, whichever is the lesser.
20	Temporary Partial Disablement caused directly and solely by an Injury	During such disablement 25% of Event 19 per week. If You are able to return to work in a reduced capacity, then the compensation payable shall be calculated as the difference between the compensation for Event 19 per week and the current income received from the reduced work capacity. To qualify for this continuing weekly benefit Your partial disablement must arise solely and as a direct result from the same Injury as the total disablement which preceded it and for which You received a Weekly Benefit under the Policy.
	Sickness resulting directly in:	Up to the weekly benefit amount shown in the Policy Schedule against Weekly Benefits
21	Temporary Total Disablement caused directly and solely by Sickness	During such disablement, the Weekly Benefit as specified in the Policy Schedule or the applicable percentage of Your Pre-Disability Earnings as shown in the Policy Schedule against Weekly Benefits, whichever is the lesser.
22	Temporary Partial Disablement caused directly and solely by Sickness	During such disablement 25% of Event 21 per week. If You are able to return to work in a reduced capacity, then the compensation payable shall be calculated as the difference between the compensation for Event 21 per week and the current income received from the reduced work capacity. To qualify for this continuing weekly benefit Your partial disablement must arise solely and as a direct result from the same Sickness as the total disablement which preceded it and for which You received a Weekly Benefit under the Policy.

Additional Benefits

Funeral Expenses

Where a claim is payable for Event 1 – Accidental Death, We will pay the reasonable and actual funeral costs up to a maximum of \$5,000 in addition to the sum insured for Event 1 where the Accidental Death is covered by this Policy.

Return to Work Assistance

If during the Period of Insurance and within the Scope of Cover, You suffer an Injury or Sickness which results in benefits being payable for Events 19 or 21, We will assist You in arranging for professional assistance recommended by a Medical Practitioner or occupational therapist or rehabilitation specialist to improve Your physical and/or emotional condition in order to return to Your usual occupation.

Assistance includes but is not limited to special equipment for and/or modifications to Your usual workplace, if Your employer agrees to this.

We will pay the actual and reasonable costs up to \$10,000 for any one (1) event provided that those costs are not:

- a. insured elsewhere under this Policy; or
- b. an expense to which General Exclusion (q) applies.

Tuition or Advice Expenses

If during the Period of Insurance and whilst within the Scope of Cover, You sustain an Injury or Sickness which results in a benefit being payable for Events 19 or 21, We will reimburse expenses incurred by You for tuition or advice by a registered training organisation, provided such tuition or advice is undertaken with Our prior agreement (not to be unreasonably withheld or delayed) and that evidence is presented from a Medical Practitioner certifying the tuition or advice is medically necessary or at least substantially beneficial in returning You to work.

Reimbursement under this provision will be limited to the actual costs incurred not exceeding \$500 per month and will be payable for a maximum of six (6) months.

Section 3 - Exclusions

Exclusions apply to all parts of this Policy;

Notwithstanding any provision to the contrary within this insurance, or any endorsement thereto, it is agreed that this insurance excludes any loss or expense of whatsoever nature directly or indirectly caused by, or resulting from, or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss or expense;

- War, whether war be declared or not, hostilities or any act of war or civil war;
- the actual or threatened use of pathogenic or poisonous biological or chemical materials by any person(s), committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public or any section of the public in fear;
- nuclear reaction, nuclear radiation or radioactive contamination;
- any act of terrorism, or any action taken in controlling, preventing, suppressing or in any way relating to an act of terrorism.

This Policy does not cover claims arising directly or indirectly from:

- a. Your own criminal act;
- b. You being Under the Influence of alcohol or drugs (other than drugs prescribed by a Medical Practitioner and taken as directed);
- c. Acquired Immune Deficiency Syndrome (AIDS) or AIDS related Complex (ARC) howsoever this syndrome has been acquired or may be named;
- d. alcoholism or illicit drug use;
- e. participating in, or training for, any Professional Sport;
- f. participating in motor sports of any kind including practice or time trials;
- g. parachuting, hang gliding, or any other aerial activity except when working in Your usual occupation or as a fare paying passenger on an airline with scheduled flights;
- h. suicide or attempted suicide;
- i. intentional self-injury or attempted intentional self-injury;
- j. any Occupational Disease meaning any abnormal condition, howsoever it may be named, that is not traceable to an Accident during the course and scope of employment and during the Period of Insurance and has been caused by exposure to a disease producing agent or agents present in Your occupational environment.
- k. any Pre-Existing Condition;
- l. delay or consequential loss of any description;
- m. pregnancy or childbirth;
- n. neurosis, psychoneurosis, psychosis, mental disorder or disease, emotional disorder or disease, depression, stress, anxiety condition or disorder or mental illness of any kind; or chronic fatigue syndrome, unless You are being treated by a psychiatrist, psychologist or other appropriate specialist; and on the basis that the psychological condition or disorder is not considered to be a Pre-Existing Condition;
- o. any other exclusion set out in the Policy Schedule;
- p. You being outside the age limit as stated on the Policy Schedule;
- q. any claim which would result in Our contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth), Private Health Insurance (Health Insurance Business) Rules as updated from time to time, or National Health Act 1953 (Cth) or any amendment to, or consolidation or re-enactment of those Acts or Rules.

Sanction Limitation and Exclusion Clause

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the Policy remain unchanged.

Chubb Insurance Australia Limited is a subsidiary of a US company and Chubb Limited, a NYSE listed company. Consequently, Chubb Insurance Australia Limited is subject to certain US laws and regulations in addition to EU, UN and national sanctions restrictions, which may prohibit it from providing cover or paying claims to certain individuals or entities or insuring certain types of activities related to certain countries such as but not limited to Iran, Syria, North Korea, North Sudan, Crimea and Cuba.

Section 4 - General Conditions

Benefits not payable

Benefits shall not be payable in the following circumstances:

- a. beyond the date of Your death (except if there is a valid entitlement to claim benefits under Event 1 – Accidental Death);
- b. before the date on which You first consulted a Medical Practitioner for an Injury or Sickness;
- c. for any circumstances that occur outside the Scope of Cover specified in the Policy Schedule;
- d. unless there is an amount shown in the Policy Schedule against the relevant benefit to which the claim relates.

The amount We pay under this Policy is subject to the other terms, conditions and exclusions of the Policy.

Capital Benefits

- a. In the case of Your Accidental Death, We will pay the relevant compensation to Your estate.
- b. We will not pay any Capital Benefit for more than one Injury arising from the same event. We will, however, pay You the highest applicable Capital Benefit.
- c. Any compensation payable for Capital Benefits 1-18 shall be reduced by any sum already paid for Weekly Injury Benefits (Events 19 and/or 20) in respect of the same Injury.

Weekly Benefits

Benefits shall not be payable for Events 19, 20, 21 and/or 22:

- a. in excess of the Benefit Period as set out in the Policy Schedule, whether there is a recurrence or not;
- b. during the Waiting Period;
- c. after the Waiting Period, in an amount which exceeds the lesser of:
 - i. the maximum sum insured shown in the Policy Schedule against Weekly Benefits, or
 - ii. the applicable percentage of Your Pre-Disability Earnings as shown in the Policy Schedule against Weekly Benefits.

The amount of any benefit for Temporary Total Disablement and Temporary Partial Disablement will be reduced by any amount You:

- a. are entitled to receive or receive, by way of periodical benefits, or insurance payments of any kind including, but not limited to, income protection insurance benefits for the same Injury or Sickness,
- b. Receive as wages, salary or income from any other source.
- c. We will deduct the periodical payments of these amounts from the weekly benefit amount We pay referable to the same period (but not below zero).

With respect to sick leave payments that You receive whilst claiming on this Policy, We may reduce Your Weekly Benefit payment, but only if the combined amount of Your Weekly Benefit payment under this Policy and the sick leave payments received from Your employer are more than 90% of your Pre Disability Earnings.

When Weekly Benefits are paid

Weekly benefits are paid fortnightly in arrears. We will pay one seventh (1/7th) of the weekly benefit for each day that benefits are payable.

Maximum Benefit Period and Recurrence

Clause – Weekly Benefits

If the weekly benefit has been paid for a period less than the maximum Benefit Period shown on Your Policy Schedule and You are able to claim under Events 19, 20, 21 and/or 22 as a result of a recurrence of the same Injury or Sickness within 6 months of Your previous Temporary Total Disablement or Temporary Partial Disablement ending, then any weekly benefit otherwise payable under Events 19, 20, 21 and/or 22 in relation to this recurrence is only payable for the balance (if any) of the maximum Benefit Period as shown on Your Policy Schedule.

In the event that You suffer a recurrence of the same Injury or Sickness more than 6 months after Your previous Temporary Total Disablement or Temporary Partial Disablement ending then You must apply for a new claim subject to all terms and conditions of the Policy.

Your Contact Details

Notices and other information concerning this Policy will be sent to You at the address last advised to Us. It is important that We be advised of any changes to Your contact information.

Change of Occupation / Redundancy

Cover is provided under this Policy on the condition that You continue in Your occupation advised to us on Your application form. Should You change Your type of occupation, You must notify Us and cover is only continued if We confirm the cover continues for You in Your new occupation. If you are covered in Your new occupation, it may be on different terms, and upon expiry of the Period of Insurance, We may decline to offer renewal terms.

Paying for the insurance

Instalments

If Your premium is payable by instalments (fortnightly, monthly, quarterly or half-yearly) You must pay the instalments when due to keep the Policy in force.

We may cancel the Policy by giving notice if any instalment of premium has remained unpaid for thirty (30) days or more from the due date.

We will not pay any claim relating to an Injury or Sickness that first manifests after the unpaid instalment was due.

We may deduct from any claim amount benefit payment, any unpaid premium or instalment of premium.

Cancellation Rights

You may cancel Your Policy at any time by notifying Us in writing.

The cancellation will take effect from the later of the date of cancellation specified by Your written correspondence or at 4.01pm AEST on the date We receive Your written cancellation. Provided no claim has been paid or accepted by Us as being paid under the Policy, We will refund any unused portion of the premium You have paid for Your Policy less any amount which covers the period for which You were insured. If the Policy is cancelled and We have either paid a claim or accepted a claim as being payable under the Policy, there will be no refund of premium.

We may cancel the Policy to the extent permitted by law by giving three (3) working days' notice in writing to You at Your address on Our file.

Renewal Terms

We will write to You at least 14 days before Your Policy expires to confirm the date and time Your policy expires. When we write to You, We may offer a new Policy on the same terms or on different terms or We may refuse to renew the Policy. We will offer You a new Policy by sending a renewal notice to You identifying the new premium and any other changes to the terms of this Policy. You accept by paying the new premium or giving Us notice of acceptance.

Section 5 - Claiming a Benefit

- a. Notice must be given to Us as soon as reasonably practicable of any Injury or Sickness which causes or may cause Your disablement. Notice must be given to Us as soon as reasonably practicable in the event the death of the Insured Person resulting from an Accident.
- b. If You or Your legal representative want to make a claim, You or they must complete Our claim form.
- c. You must get proper medical advice from a qualified Medical Practitioner as soon as possible after sustaining Injury or Sickness and provide Us, at your own expense with any medical and other certificates and evidence required by Us that is reasonably required to assess Your claim.
- d. You must give Us details of any other insurance covering the same Injury or Sickness.
- e. You must undergo any medical examination We may reasonably require to assess the claim; and which We will arrange at our own expense.
- f. You must continue to be a resident of Australia.
- g. You must provide Us such evidence as We reasonably require, including in respect of Your state of health, level of disability and medical history, otherwise this may affect Our assessment of Your claim. If We are prejudiced as a result of non-compliance with this condition, where permitted by the Insurance Contracts Act 1984 (Cth) We may be entitled to reduce our liability to pay a claim to the extent of the prejudice or refuse to pay a claim.
- h. Report of Claim Forms: We will, upon receipt of a notice of claim furnish such forms as are usually required by Us for filing Proof of Claim.

Proof of Claim: Written Proof of Claim must be provided to Us at Our office within ninety (90) days after the date of the Event. Failure to provide such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to do so, provided that the proof is provided as soon as is reasonably possible.

Other Information

We may ask You to provide such evidence to support Your entitlement to a benefit as We may reasonably request. This evidence may include, but is not limited to the following:

- written authorities allowing Us to access medical, financial or other relevant information, which may include personal and sensitive information;
- in the case of a weekly benefit, evidence of Your Pre-Disability Earnings, details of income or periodic payments You received from other sources. We may require verification of this information by way of a financial audit;
- details of any other insurance covering the same, or similar, condition for which You are making a claim;

For any reason, in the event that You elect to instruct a solicitor and obtain Your own legal advice, all costs associated with such advice and representation must be borne by You in full.

Your co-operation

When making a claim You are under a duty to act with utmost good faith. We owe the same duty to You in assessing the claim. You must therefore co-operate with Us and comply with Our reasonable requests in assessing the claim.

Subrogation

We are entitled to commence or take over legal proceedings in Your name for the defence or settlement of any claim, or to sue or prosecute any other person to recover any monies payable by them at law. You must not take any action to prejudice any such right of recovery and must co-operate and do all things necessary to enable the recovery action to be prosecuted. This includes providing any statements, documents or assistance We require, including the giving of evidence in court.

Section 6 - Definitions

In this Policy some words have a special meaning (whether expressed in the singular or the plural) and We define them below:

Accident means a sudden, unexpected, specific event, which occurs fortuitously at an identifiable time and place and is unforeseen or unintended by You and which results in an Insured Event within twelve (12) calendar months, unless otherwise agreed by Us.

Accidental Death means death occurring as a result of Injury.

Fingers, Thumb or Toes means the digits of a Hand or Foot.

Foot means the entire foot below the ankle.

Hand means the entire hand below the wrist.

Injury means a bodily injury resulting solely and directly from an Accident, where the Injury and Accident occur during the Period of Insurance. For the avoidance of doubt, the following would not be an Injury:

- a Sickness or a condition ordinarily described as being a Sickness;
- a Pre-Existing Condition;
- any degenerative or congenital condition or other condition which does not result solely and directly from an Accident.

Insured, Insured Person, You and Your means the person specified as the Insured in the Policy Schedule.

Insured Event means the insured events described in the Table of Benefits.

Limb means the entire limb between the shoulder and the wrist or between the hip and the ankle.

Medical Practitioner means a person who is duly qualified and legally registered to practice medicine in Australia, who is not You, Your spouse/partner or a member of Your family.

Period of Insurance means the period during which cover is provided under the policy as set out in Your Policy Schedule.

Permanent means having lasted, or where the medical evidence shows that it will last, twelve (12) consecutive months from the date of the Injury and at expiry of that period, in the opinion of a Medical Practitioner beyond hope of improvement.

Permanent Total Disablement means disablement which entirely prevents You from attending to any business or occupation of any and every kind and which lasts twelve (12) months and at the expiry of that period is beyond the hope of improvement.

Permanent Total Loss means the full and Permanent loss of the use of the part of Your body referred to in the Capital Benefits Table.

Policy means this product disclosure statement, this policy wording, any endorsements, the Policy Schedule and any other documents that We issue to You and advise You that they form part of the Policy.

Pre-Disability Earnings means the weekly equivalent of gross annual remuneration from Your employer for Your personal exertion, averaged over the 12 months prior to the Injury or Sickness (if applicable) which caused Your Temporary Total Disablement, inclusive of bonuses, commissions or allowances.

Pre-Existing Condition means a Sickness, illness, disease, Injury, condition, (including any side-effect or symptoms of a condition) of which You were aware of which a reasonable person in the circumstances could be expected to have been aware, or for which You have received or sought medical attention or treatment or for which You have undergone testing prior to the commencement of the Period of Insurance.

Pre-Existing Conditions specifically include congenital or degenerative conditions for which You have been diagnosed or were aware of or of which a reasonable person in the circumstances could be expected to have been aware of prior to the commencement of the Period of Insurance regardless as to whether You were at that time or subsequently being treated for them.

Professional Sport means any sport for which You receive a fee, allowance, sponsorship or monetary reward as a result of Your participation, which in totality accounts for more than fifty percent (50%) of Your annual income from all sources.

Schedule means the relevant schedule and endorsements issued which sets out the specific insurance details for You.

Scope of Cover means the operative time of the cover under this Policy as specified in the Policy Schedule.

Sickness means an illness, disease or disorder where symptoms first manifest during the Period of Insurance. A Sickness is not an Injury or a Pre-Existing Condition.

Temporary Partial Disablement means that solely as a result of Injury or Sickness and within twelve (12) months of the date of the Injury or Sickness You are temporarily unable to perform a substantial part of Your occupation or any other occupation, profession or business which You are reasonably qualified to perform based on Your education, training or experience, for longer than the Waiting Period stated in the Policy Schedule and is under the regular care and acting in accordance with the instructions or professional advice of a Medical Practitioner.

Temporary Total Disablement means that solely and directly as a result of Injury or Sickness and within twelve (12) months of the date of the Injury or Sickness, You are entirely and continuously unable to engage in Your usual occupation or employment, for which You are covered under Your Policy, or from any other occupation, profession or business which in Our opinion You are qualified to perform based on Your education, training or experience and:

- You are not working in any employment or occupation; and
- You are under the regular care and attendance of and following the advice and treatment recommended by a Medical Practitioner.

Under the Influence in relation to a person, means that the person is under the influence of alcohol or a drug to the extent that the person's capacity to exercise proper care and skill is impaired.

Waiting Period means the period starting on the first day of Temporary Total Disablement after You have consulted a Medical Practitioner for an Injury or Sickness.

We, Us and Our means Chubb Insurance Australia Limited (ABN 23 001 642 020 AFSL: 239687).

Disclaimer

All information in this PDS is current at the time of issue. We may change the information from time to time that is not materially adverse by preparing a product information update.



How to make a claim with WageCover

When you sustain an injury or sickness which prevents you from attending Your place of work, you must as soon as possible seek and follow medical advice from a qualified medical practitioner.

As soon as possible contact WageCover of 02 9970 8411 or claims@wagecover.com.au and obtain a claim form. Claim forms are also available on our website www.wagecover.com.au

Complete all questions on the claim form as required and have the doctor who first attended to you complete the medical certificate.

Forward the complete claim form including all medical certificates/reports to:



WageCover

GPO Box 250, Sydney NSW 2001

T: (02) 9970 8411

E: claims@wagecover.com.au

W: wagecover.com.au

ABN: 31 070 231 748 ASFL 246 276