



Inbound Medical Expenses



AHI
Product Disclosure Statement (PDS)
and Policy Wording

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Important Information

This document contains two parts:

- Product Disclosure Statement - contains general information the Insured needs to be aware of before applying for the product and about the Policy; and
- The Policy Wording - contains the terms and conditions of this insurance Policy.

Product Disclosure Statement (PDS)

Accident & Health International (AHI)

Accident & Health International Underwriting Pty Limited, ABN 26 053 335 952, AFS Licence No. 238261 (AHI) is an underwriting agency specifically created to provide Personal Accident, Medical and Travel insurance. AHI acts on behalf of Tokio Marine & Nichido Fire Insurance Co., Ltd, ABN 80 000 438 291, AFS Licence No. 246548 (TMNF), with full authority to quote and issue contracts of insurance, collect premiums and pay Claims.

For any queries about this Policy, please contact the appointed insurance advisor. Their details are shown in the Policy Schedule. In the event there is no appointed advisor, please contact AHI. Their details are in this document.

The Insurer

Tokio Marine & Nichido Fire Insurance Co., Ltd,
ABN 80 000 438 291, AFS Licence No. 246548 (TMNF).

What is a Product Disclosure Statement (PDS)

This Product Disclosure Statement (PDS) contains important information about this product and includes the Policy Wording. You should read this PDS carefully before making a decision to purchase this product. This PDS will assist you in making an informed decision whether this product will meet your needs. In this PDS:

1. 'We', 'Our', 'Us' means Tokio Marine & Nichido Fire Insurance Co., Ltd, ABN 80 000 438 291, AFS Licence No. 246548 (TMNF).
2. 'Insured' means the person or company who is named in the Policy Schedule as the Insured. The Insured is the contracting party for this Policy.
3. 'Insured Person' means any person shown by name, classification or meeting the criteria specified for an Insured Person in the Policy Schedule for the insurance cover selected by the Insured and with respect to who the premium has been paid. The Insured Person and the type of cover chosen will be set out in the Policy Schedule.

What is 'the Policy'

A policy is a contract of insurance between the Insured and the Insurer, and contains all the details of the cover that We provide.

The Policy consists of:

1. The Policy Wording document which sets out details of the Insured's cover, applicable terms, conditions, limitations and exclusions; and
2. The current Policy Schedule, issued by Us to you, which is a separate document setting out the specific terms of insurance applicable to you. The specific terms include exclusions, conditions, limits and other terms and conditions specifically applicable to your cover, and may amend the Policy Wording in this PDS. This is referred to as the Policy Schedule in this Policy document; and
3. Any other document issued by Us in writing, which

modifies any of the above, such as an endorsement or supplementary PDS.

The Policy should be carefully read and retained by the Insured. These documents should be read together as they jointly form the contract of insurance between Us and the Insured. Any new or replacement Policy Schedule detailing changes to the Policy or the Period of Insurance We may send to the Insured will become the current Policy Schedule, which should be carefully read and retained by the Insured.

The Purpose of the Cover

This insurance is entered into with the Insured and provides cover in relation to the Insured and Insured Persons. In some cases, the Insured may also be an Insured Person.

Insured Persons who are not the Insured are not parties to the contract between Us and the Insured. This means an Insured Person cannot cancel or vary the Policy in any way (only the Insured can do this).

Insured Persons who are not the Insured have a right to recover their loss in accordance with Section 48 of the Insurance Contracts Act. Section 48 states that Insured Persons have the same obligations in relation to a Claim made by them that the Insured would have to Us (for example, complying with Claims conditions such as subrogation) and may discharge the Insured's obligations in relation to a loss. We have the same defences to an action by an Insured Person as We would in an action by the Insured.

Where the Policy covers Insured Persons (other than the Insured), the Insured:

1. is not Our agent;
2. acts independently from Us in entering into this insurance to provide cover to Insured Persons; and
3. is not authorised by Us to provide any recommendations or options about the insurance or other financial services to an Insured Person.

Any notices of expiry, variation, avoidance or cancellation will be sent by Us to the Insured. We will not provide any notices in relation to this insurance to the Insured Persons. The Insured is required to notify Insured Persons when this occurs.

An Insured Person's access to cover:

1. starts at the time the relevant person becomes an Insured Person; and
2. ends at the earliest of the following:
 - a. the relevant person no longer meets the terms specified in the Policy Schedule which apply to an Insured Person;
 - b. the date and time you request that such Insured Person ceases to have access to the Benefits under the Policy; or
 - c. the date and time the Policy ends in accordance with the Policy terms, either because the period of insurance has ceased and the Policy has not been

renewed with Us or the Policy has been cancelled in accordance with the Policy terms.

Our Agreement with the Insured

If We accept the application for cover, the Insured and Insured Persons will be insured under this Policy for:

1. loss or damage caused by one or more of the insured events set out in this Policy; and
2. the other Benefits, as set out in this Policy.

This cover will be given on the basis:

1. that the Insured has paid or agreed to pay Us the premium for the cover the Insured selected when cover was requested and which the current Policy Schedule indicates is in force; and
2. of the verbal and/or written information provided by the Insured to Us prior to inception of the Policy.

Duty Of Disclosure (for Non-Consumer Contracts) & Duty To Take Reasonable Care Not To Make A Misrepresentation (for Consumer Contracts)

Before the Insured enters into a contract of insurance, the Insured has a duty under the Insurance Contracts Act 1984 (Cth), as amended from time to time (ICA), as set out below. Please contact Us if any assistance is required in relation to this section.

For the purposes of this section:

- "Consumer Contract" means a contract of insurance defined under section 11AB of ICA, to which Division 1A, Part IV of ICA applies;
- "Non-Consumer Contract" means a contract of insurance that is not a Consumer Contract, to which Division 1, Part IV of ICA applies.

Duty applicable to a Non-Consumer Contract

If the Policy is a Non-Consumer Contract, the Insured has a duty to disclose anything that the Insured knows, or could reasonably be expected to know, to be a matter relevant to Our decision to enter into a Non-Consumer Contract with the Insured and if so, on what terms.

The Insured does not need to tell Us anything that:

- reduces the risk We insure the Insured for;
- is common knowledge;
- We know, or should know, as an insurer; or
- We waive the Insured's compliance with this duty

The Insured must comply with this duty up until the time We agree to insure the Insured under a new Policy and when the Policy is renewed, varied, extended, reinstated or replaced.

Duty applicable to a Consumer Contract

If the Policy is a Consumer Contract, before the Insured enters into an insurance contract with Us, the ICA requires the Insured

to take reasonable care not to make a misrepresentation.

What this means is that the Insured must take care to ensure the accuracy of any information that is provided to Us, as Our decision whether to enter into a Consumer Contract with the Insured, and if so on what terms, will be based on the information the Insured provides. The Insured's duty includes:

- Giving honest, accurate and complete answers to any questions We ask;
- Making reasonable enquiries to determine the accuracy of any information given to Us; and
- Taking care to ensure that any representation made to Us is accurate

The Insured must comply with this duty before the commencement of the Policy and when the Policy is renewed, varied, extended, reinstated or replaced.

Non-compliance with your duty

If the Insured does not comply with the duty set out above (as applicable), We may cancel the Policy or reduce the amount We pay for a Claim, or both. If the Insured does not comply with this duty fraudulently, We may avoid the Policy altogether and treat it as if it never existed.

Choosing the most suitable Cover

Cover is provided for the Insured (including where the Insured is also an Insured Person) and the Insured Persons as set out in the Policy Schedule.

It is important that the Insured makes sure that the Sum Insured they have selected for each Benefit provides sufficient protection for their needs.

The Insured can select cover from any of the following Benefits included in the Policy:

Benefits

Some or all of the following Benefits may be included in this Policy. The Sum Insured for each is shown in the Policy Schedule. If the Sum Insured shown in the Policy Schedule is \$0.00 for a Benefit, no cover is provided under this Policy for that Benefit. The circumstances under which a Claim is payable for each of these covers is detailed under "Benefits" in the Policy Wording.

Hospital Expenses
Out-Patient Medical Care Expenses
Prescription Medicines
Herbal Medicines
Maternity Care Expenses
Dental Services (Routine) Expenses
Dental Services (Major) Expenses
Optical Expenses
Acupuncture Expenses
Chiropractic Expenses
Dietetics Expenses
Hypnotherapy Expenses
Naturopathic Expenses

Osteopathic Expenses
Physiotherapy Expenses
Podiatry Expenses
Speech Therapy Expenses
Medical Aids & Medical Mobility Equipment
Ambulance Service Expenses
Psychology Expenses
Home Nursing Expenses
Occupational Therapy Expenses
Medical Transportation Accommodation Expenses Benefit
Parental Hospital Stay Expenses Benefit
Pre and Post Hospitalisation Accommodation Expenses
Repatriation of Mortal Remains / Funeral Expenses

Benefit Limits

Benefits may be subject to Benefit Limits. Benefit Limits may affect the amount payable in the event of a Claim. If a Benefit Limit is applicable to a Benefit, it will be shown in the Policy Schedule below the Benefit it applies to, indented from the left margin of the Schedule of Benefits.

Age Limitation

Age limits apply to this Policy. No cover is provided for Insured Persons who have not attained the minimum age or who have attained the maximum age limits of the Policy at the time of an Event.

1. The maximum age limit is shown in the Policy Schedule against "Maximum Age Limit (sub limits may apply)". If "Maximum Age Limit (sub limits may apply)" is not shown in the Policy Schedule, no maximum age limit applies to the Policy.
2. The minimum age limit is shown in the Policy Schedule against "Minimum Age Limit (sub limits may apply)". If "Minimum Age Limit (sub limits may apply)" is not shown in the Policy Schedule, no minimum age limit applies to the Policy.

Specific age limits may also apply to each Benefit included on this Policy. Please refer to each Benefit for full details.

The most We will Pay

The Policy may include an Aggregate Limit of Liability which is the most We will pay for all Benefits in any one Period of Insurance under this Policy. If applicable, it is shown in the Policy Schedule against "Aggregate Limit of Liability". We may also include an Aggregate Limit of Liability for specific Benefits or Events. If We include a specific Aggregate Limit of Liability for a Benefit or an Event, such limit will be shown in the Policy Schedule. In the event this limit is reached, the amount may be reinstated with Our agreement and payment of the appropriate additional premium (plus any charges).

Choosing a Sum Insured

It is important that the Insured makes sure that the Sum Insured they have selected for each Benefit provides sufficient protection for its needs or the Insured Persons' needs.

Policy Cost and Payment

The cost of the Policy will be shown on the quotation We provide, once We have received all required information to complete the quotation. The cost of the Policy is calculated according to various risk indicators such as:

- Age of Insured Persons
- Occupation of Insured Persons
- Activities undertaken during the Scope of Cover
- Previous claims experience for this type of risk
- Risk location
- The Benefit Sum Insured

The cost of the Policy is made up of premium, administration fees and government taxes (such as Goods & Services Tax (GST) and Stamp Duty), where applicable.

Renewal Procedure

Before this Policy expires We will normally offer renewal by sending a renewal invitation advising the amount payable to renew this Policy. It is important that the Insured checks the information shown before renewing each year to be satisfied that the details are correct.

Taxation Implications

This Policy may be subject to a Goods & Services Tax in relation to premium.

Depending on the location of the risk being insured, this Policy may be subject to Stamp Duty in relation to premium and GST.

Depending upon the Insured or Insured Person's entitlement to claim Input Tax Credits under this Policy, We may reduce the payment of any Claim by the amount of any Input Tax Credit.

The Insured and /or Insured Persons should consult an authorised tax advisor if there are any questions that relate to their particular circumstances.

Making a Claim and what is an Excess, Deferral Period and Co-payments

If the Insured or Insured Person needs to make a Claim, please send a written notice of the Claim to AHI within thirty (30) consecutive days of the date of the incident occurring or as soon as reasonably possible. AHI will provide a copy of the claim form which will need to be completed to Our reasonable satisfaction and provided to Us as soon as reasonably practicable. Any costs involved in the collection of information for the form are the responsibility of the Insured or Insured Person.

At any time after a Claim has been lodged We may conduct enquiries into the circumstances of the Claim. We may ask for medical examinations or, in the event of death, We may request an autopsy. This will be done at Our expense.

Any payments will be made in Australian (AUD) dollars unless otherwise shown in the Policy Schedule.

Once a payment is made under this Policy, We may attempt to recover the amount We have paid to the Insured or Insured Person if We find someone else is responsible for the loss or damage. We will do this in the name of the Insured or Insured Person as applicable. We may also need to defend the Insured or the Insured Person against allegations of loss or damage, in which case We require their full co-operation with Us at all times.

Depending on the circumstances of the Claim, an Excess or Deferral Period may apply, or the Insured or Insured Person may be required to contribute to the cost of the Claim as follows:

1. Excess - an Excess is the amount paid by the Insured or Insured Person when a Claim is made.
2. Deferral Period – a Deferral Period is the continuous period of time shown in the Policy Schedule during which no Benefits are payable.
3. Co-payments – a co-payment is an arrangement where We will reimburse a portion of an expense that has been incurred leaving the remainder to be paid by the Insured Person.

To see some example Claim scenarios please visit:

www.ahiinsurance.com.au/claims-examples

Cooling-Off

The Insured has a cooling-off period of twenty-one (21) consecutive days from the date on which the Policy was issued to cancel the Policy. If the request is made to Us in writing to cancel the Policy within the twenty-one (21) consecutive days, We will cancel the Policy and provide a full refund of premium less charges or taxes which we are unable to recover, provided neither the Insured nor any Insured Person has exercised a right or power under the terms of the Policy in that period (e.g. Insured Person has started their Journey, the Policy has already expired or if any Claim has been made under the Policy).

Complaints and Dispute Resolution

The Insured is entitled to make a complaint to Us about any aspect of the Insured's relationship with Us.

We are committed to resolving any complaint or dispute fairly and as quickly as possible. If the Insured is dissatisfied with Our service in any way, please contact Us and We will acknowledge receipt as soon as practicable, and resolve the Insured's concerns within 30 days. If We are unable to or if the Insured is still not satisfied, as part of Our internal dispute resolution process, We will review the Insured's complaint and provide the Insured with a response.

When the Insured makes a complaint, please provide Us with as much information as possible. If the Insured needs any other assistance to make a complaint, please let Our staff know and they will do their best to help the Insured. This might include giving the Insured extra time to explain the Insured's complaint or asking Us to contact another person on behalf of the Insured to get more information about the Insured's complaint.

If the Insured is not satisfied with Our response to the Insured's complaint, or We have taken more than 30 days to respond to the Insured from the date the Insured first made the Insured's complaint, the Insured's may be eligible to escalate the matter to the Australian Financial Complaints Authority (AFCA) if the Insured's matter is within the jurisdiction as set out in their Rules. AFCA is an independent external disputes resolution scheme who can assess the Insured's matter free of charge to the Insured, and can issue a binding outcome on Us. The Insured does not have to accept any decisions that We or AFCA makes. If the Insured's matter falls outside the AFCA jurisdiction as set out in their Rules, the Insured can access any other external dispute resolution options.

How to make a complaint

The Insured can contact Us to make a complaint, or if the Insured requires assistance to lodge a complaint, using the contact details provided below:

Post: GPO Box 4616, SYDNEY NSW 2001

Email: complaints@tokiomarine.com.au

Phone: [\(02\) 9225 7599](tel:(02)92257599)

When the Insured makes a complaint, We will:

- acknowledge the Insured's complaint as soon as practicable;
- keep a record of the Insured's complaint and give the Insured a reference number and contact details so that the Insured can follow up at any time;
- make sure we understand and investigate the cause of the Insured's complaint;
- respond to the Insured as quickly as possible;
- keep the Insured informed of Our progress at least every 10 business days if We can't resolve the Insured's complaint straight away; and
- provide an outcome within a maximum of 30 calendar days.

If We're unable to provide the Insured with an outcome within 30 days, We will:

- inform the Insured of the reason for the delay;
- if the Policy is a Consumer Contract, advise the Insured of the Insured's right to complain to AFCA; and
- provide the Insured with AFCA's contact details.

Privacy

AHI – Privacy

As part of AHI's dealings with the Insured and Insured Persons, AHI may need to collect personal information (which may include sensitive information) when the Insured is applying for, changing or renewing a Policy with Us or when We are processing a Claim in order to help Us properly administrate the Insured's insurance proposal, policy or Claim. AHI will collect this information directly from the Insured or Insured Person where possible, but there may be occasions when AHI collects this information from a third party such as an insurance advisor.

AHI will only use information for the purposes for which it was collected, other related purposes and as permitted or required by law. The level of quality and/or quantity of information provided may affect AHI's ability to provide insurance cover as needed.

AHI may share this information with other companies within its group and third parties who provide services to AHI or on Our behalf, some of which may be located outside of Australia

For more details on how AHI collects, stores, uses and discloses personal information, please read AHI's privacy policy located at www.ahiinsurance.com.au Alternatively, contact AHI at privacy@ahiinsurance.com.au or call (02) 9251 8700 to request a copy be sent.

It is recommended to obtain a copy of this privacy policy and read it carefully. By applying for, using or renewing any of AHI's products or services, or providing AHI with collected personal information, agreement is granted to AHI to this information being collected, stored, used and disclosed as set out in this policy.

AHI's privacy policy also contains information about how to access and seek correction of collected personal information, complain about a breach of the privacy law, and how AHI will deal with a complaint.

TMNF – Privacy

Privacy is important to Us. TMNF is dedicated to upholding the Insured and Insured Person's privacy and protecting their personal information. We are bound in Australia by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles, along with any other applicable privacy laws and codes, when collecting, using, disclosing, holding, handling and transferring any personal information. TMNF has ongoing practices, procedures and systems in place to ensure that We manage personal information in an open and transparent way.

We may use the Insured or Insured Persons personal information (such as name, date of birth, contact details, and in certain cases explained in Our Privacy Policy, sensitive information) for the following purposes:

- to determine whether and on what terms We might issue the Insured or Insured Persons with an insurance policy;
- to open and administer any products and services the Insured or Insured Persons may sign up for;
- to help improve Our products and services;
- to undertake market research, customer data analysis and direct marketing activities;
- to manage and resolve complaints made;
- to report information required by law or regulations;
- to perform any other appropriately related functions

If the Insured or Insured Persons don't provide all the information requested, the main consequence is that We may not be able to issue the Insured or Insured Persons with a policy or pay a Claim.

Unless it is unreasonable or impracticable under the circumstances, We will collect the Insured or Insured Persons personal information directly from the Insured or Insured

Persons advisor or someone authorised by the Insured or Insured Persons, for example, the Insured or Insured Persons insurance broker, financial planner, legal services provider, agent or carer. In issuing and/or managing the Insured or Insured Persons policy or Claim We may need to disclose the Insured or Insured Persons personal information to third parties such as another insurer, Our reinsurers, an insurance broker, Our legal providers, Our accountants, loss investigators or adjusters, anyone acting as the Insured or Insured Persons agent or regulatory bodies as well as Our various third party service providers described in Our Privacy Policy. We may also disclose the Insured or Insured Persons information as required by law.

In providing the Insured or Insured Persons with Our services it may be necessary to disclose the Insured or Insured Persons information overseas where We have a presence or engage such parties, including but not limited to Japan, USA, Canada, Bermuda, New Zealand, Thailand, Hong Kong, Europe (including the United Kingdom), Singapore and India.

We will otherwise collect, hold, use and disclose the Insured or Insured Persons personal information in accordance with Our Privacy Policies, which set out how the Insured or Insured Persons may access and correct the personal information that We hold about the Insured or Insured Persons and how to lodge a complaint.

To learn more about collection and use of the Insured or Insured Persons personal information, see Our Privacy Policy, which can be viewed at Our website www.tokiomarine.com.au or contact Us on 02 9225 7599.

Updating the PDS

Information in the PDS may need to be updated from time to time if certain changes occur and where this is required and permitted by law. We will issue the Insured with a new PDS or a Supplementary PDS to update information in the PDS.

If the update is to correct a statement or an omission, that is not materially adverse from the point of view of a reasonable person deciding whether to acquire this Policy, we may issue the Insured with notice of this information in other forms. A paper copy of any updated information can be obtained without charge by calling Us on the contact details provided in this document.

Intermediary Remuneration

Tokio Marine & Nichido Fire Insurance Co., Ltd pays remuneration to insurance intermediaries when We issue, renew or vary a Policy the intermediary has arranged or referred to Us. The type and amount of remuneration varies and may include commission and other payments. Information about the remuneration We may pay intermediaries can be obtained by requesting it from the intermediary or insurance advisor.

Financial Claims Scheme

The Insured or Insured Person may be entitled to payment under the financial claims scheme in the event Tokio Marine &

Nichido Fire Insurance Co., Ltd becomes insolvent. Access to the Scheme is subject to eligibility criteria. Information about the scheme can be obtained from www.fcs.gov.au.

General Insurance Code of Practice

We proudly support and are a signatory to the General Insurance Code of Practice ('the Code').

The purpose of the Code is to raise the standards of practice and service in the general insurance industry. The objectives of the Code are:

- to commit Us to high standards of service;
- to promote better, more informed relations between Us and Our valued customers;
- to maintain and promote trust and confidence in the general insurance industry;
- to provide fair and effective mechanisms for the resolution of complaints and disputes between Us and the Insured; and
- to promote continuous improvement of the general insurance industry through education and training.

This is Our commitment to all Our valued customers. We have adopted and support the Code and are committed to complying with it.

Further information about the Code and the customer's rights under it is available at www.codeofpractice.com.au or contact Us.

Contact Details

Accident & Health International Underwriting Pty Limited

ABN 26 053 335 952
AFS Licence No. 238261
Level 17, 60 Margaret Street
SYDNEY NSW 2000

Telephone: (02) 9251 8700
Fax: (02) 9251 8755
Website: www.ahiinsurance.com.au
Email: enquiries@ahiinsurance.com.au

The Insurer

Tokio Marine & Nichido Fire Insurance Co., Ltd
ABN 80 000 438 291
AFS Licence No.246548 (TMNF)
Level 17, 60 Margaret Street,
SYDNEY NSW 2000

Telephone: +61 2 9225 7500
Website: www.tokiomarine.com.au

This Product Disclosure Statement was prepared on 09/02/2024. AHI is authorised to distribute this Product Disclosure Statement.

Policy Wording

Important Notice

Accident & Health International Underwriting Pty Ltd (hereinafter called AHI) gives notice that this contract has been effected under an Authority given to AHI by the Insurer(s). AHI has entered into the contract as an agent of the Insurer(s) and not an agent of the Insured. A commission is payable by Us to AHI for arranging this insurance.

All cover under this Policy is subject to:

1. the payment of premium; and
2. the terms and conditions contained in this Policy document and in the Policy Schedule; and
3. the limits of liability referred to in the Policy and in the Policy Schedule.

This Policy consists of several Benefits. An Insured Person is covered for insurance under only those Benefits selected by the Insured as shown in the Policy Schedule.

We hereby agree to insure such Insured Persons as nominated by the Insured from time to time on the terms, conditions, limitations and exclusions set out in this Policy.

There is a maximum amount payable under each Benefit of the Policy with respect to each Insured Person, and with respect to all Claims payable under this Policy during each Period of Insurance. The limit of Our liability is the Sum Insured against each Benefit as shown in the Policy Schedule and is subject to the overall maximum amount in any one Period of Insurance as also shown in the Policy Schedule against "Aggregate Limit of Liability".

Within this Policy certain capitalised words have specific meanings as defined in the 'AHI Standard Definitions' section. It is important that you are aware of them. Words that are capitalised but are not defined in the 'AHI Standard Definitions' section refer to corresponding section headings within this Policy.

Benefits

The Policy consists of a number of Benefits that provide the level of cover to the Insured and/or Insured Persons. Please refer to the relevant Benefits of the Policy and the Policy Schedule for full Benefits details. The General Conditions and Limitations and General Exclusions of this Policy apply to all Benefits of the Policy in addition to the specific Conditions and Exclusions of the Benefit. If the Sum Insured stated in the Policy Schedule is \$0.00 for a Benefit, no cover is provided under this Policy for that Benefit.

Each Benefit is explained under four (4) applicable headings:

1. Extent of Cover – details the Events that are covered under each Benefit.
2. Compensation – details the way We will pay the Compensation under each Benefit.
3. Conditions – explains the conditions which are required to be met for an Insured or Insured Person to make a Claim against that Benefit and are in addition to the General Conditions and Limitations that apply to all Benefits under this Policy.
4. Exclusions – details when We will not pay a Claim under each Benefit and are in addition to the General Exclusions that apply to all Benefits under this Policy.

This Policy contains a number of provisions in the Benefit sections, General Conditions and Limitations, and General Exclusions that an Insured Person (and in some circumstances the Insured) is required to comply with.

If an Insured or an Insured Person does not comply with the terms of the Policy, such as a provision that is set out in a Benefit section, in the Policy Schedule, or in the General Conditions and Limitations, or General Exclusions, then the Insurer may be entitled under Section 54 of the Insurance Contracts Act to:

1. refuse to pay a Claim in whole or in part that fairly represents the extent to which its interests are prejudiced as a result of the non-compliance; or
2. refuse to pay a Claim in whole or in part where the non-compliance has caused or contributed to all or some of the loss that is the subject of the Claim.

Benefit Limits

Benefits may be subject to Benefit Limits. Benefit Limits may affect the amount payable in the event of a Claim. If a Benefit Limit is applicable to a Benefit, it will be shown in the Policy Schedule below the Benefit it applies to, indented from the left margin of the Schedule of Benefits.

All definitions for terms used in each Benefit or Benefit Limit can be found under the AHI Standard Definitions heading of this Policy.

Hospital Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury or suffers a Sickness which necessitates them being admitted as a private or public Hospital in-patient or day patient, and as a result they incur Hospital Expenses which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Hospital Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Out-Patient Medical Care Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person incurs Out-Patient Medical Care Expenses which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Out-Patient Medical Care Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

1. No cover is provided for medical assessments or medications prescribed expressly for the purpose of travel or employment.

Prescription Medicines

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person incurs expenses for Prescription Medicines which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Prescription Medicines".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

1. No cover is provided for contraception and related birth control medicines whether prescribed or not.
2. No cover is provided for vaccinations or immunizations which are not required for school or child care enrolment and attendance.

Herbal Medicines

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person incurs expenses for Herbal Medicines which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Herbal Medicines".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

1. No cover is provided for contraception and related birth control medicines whether prescribed or not.
2. No cover is provided for vaccinations or immunizations which are not required for school or child care enrolment and attendance.

Maternity Care Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person is pregnant and incurs Maternity Care Expenses which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Maternity Care Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The maximum Compensation payable per pregnancy is the amount shown in the Policy Schedule against "Maternity Care Expenses" in the Period of Insurance in which the Insured Person became pregnant.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Dental Services (Routine) Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person incurs Dental Services (Routine) Expenses which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Dental Services (Routine) Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Dental Services (Major) Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person incurs Dental Services (Major) Expenses which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Dental Services (Major) Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Optical Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person incurs expenses for spectacles and/or contact lenses as prescribed by the treating qualified optometrist, which are not otherwise excluded in this

Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Optical Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Acupuncture Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person incurs expenses for acupuncture services, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Acupuncture Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. We will only pay for services provided by an Allied Health Care Provider.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Chiropractic Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person incurs expenses for chiropractic services, which are not otherwise excluded in this

Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Chiropractic Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. We will only pay for services provided by an Allied Health Care Provider.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Dietetics Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person incurs expenses for dietetics services, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Dietetics Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. We will only pay for services provided by an Allied Health Care Provider.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Hypnotherapy Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person incurs expenses for

hypnotherapy services, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against “Hypnotherapy Expenses”

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. We will only pay for services provided by an Allied Health Care Provider.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Naturopathic Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person incurs expenses for naturopathic services, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against “Naturopathic Expenses”.

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. We will only pay for services provided by an Allied Health Care Provider.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Osteopathic Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person incurs expenses for osteopathic services, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against “Osteopathic Expenses”.

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. We will only pay for services provided by an Allied Health Care Provider.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Physiotherapy Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person incurs expenses for physiotherapy services, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against “Physiotherapy Expenses”.

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. We will only pay for services provided by an Allied Health Care Provider.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Podiatry Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person incurs expenses for podiatry services, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Podiatry Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. We will only pay for services provided by an Allied Health Care Provider.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Speech Therapy Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person incurs expenses for speech therapy services, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Speech Therapy Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. We will only pay for services provided by an Allied Health Care Provider.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Medical Aids & Medical Mobility Equipment

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury or suffers a Sickness and as a result incurs expenses for Medical Aids & Medical Mobility Equipment which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Medical Aids & Medical Mobility Equipment".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. We will only pay for services provided by an Allied Health Care Provider.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Ambulance Service Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury or suffers a Sickness and as a result incurs Ambulance Service Expenses which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Ambulance Service Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Psychology Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person incurs Psychology Expenses, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Psychology Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. We will only pay for services provided by an Allied Health Care Provider.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Home Nursing Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury or suffers a Sickness and as a result incurs Home Nursing Expenses which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Home Nursing Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Occupational Therapy Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury or suffers a Sickness and as a result incurs Occupational Therapy Expenses which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Occupational Therapy Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. We will only pay for services provided by an Allied Health Care Provider.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Medical Transportation Accommodation Expenses Benefit

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person has a Claim which We accept under this Policy against:

1. Ambulance Service Expenses; or
2. Non-Emergency Medical Transportation Expenses Benefit,

and as a result the Insured Person or a person accompanying the Insured Person incurs reasonable expenses for:

1. Overnight accommodation whilst en-route to the Hospital location; and/or
2. Accommodation prior to the Insured Person being

- admitted to Hospital; and/or
3. In the case of the accompanying person, accommodation for that accompanying person whilst the Insured Person is admitted to a Hospital as an in-patient; and/or
 4. Accommodation after the Insured Person has been released from Hospital,

which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Medical Transportation Accommodation Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The presence of accompanying persons must be certified by a Medical Practitioner as being medically necessary.
2. The presence of accompanying persons must be authorised by AHI or AHI Assist (if involved) prior to the expense being incurred, where reasonably practicable to do so in the circumstances.
3. En-route Accommodation Expenses are only covered when reasonably necessary due to airline schedules.

Exclusions

1. No cover is provided for any Accommodation Expenses which are recoverable from an airline or hotel.

Parental Hospital Stay Expenses Benefit

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person who is aged under twelve (12) years is admitted as an in-patient to a Hospital and as a result the Insured Person's parent incurs expenses to stay at the Hospital with the Insured Person, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum We will pay per Event is shown in the Policy Schedule against "Parental Hospital Stay Expenses Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Pre and Post Hospitalisation Accommodation Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person requires medical test(s) or examinations to be undertaken and as a result incurs expenses for accommodation whilst waiting for the medical test(s) or examinations to be undertaken at a Hospital, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Hospitalisation Accommodation Expenses".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The Insured Person's attending Medical Practitioner, AHI Assist (if involved) and the Hospital must agree that it is medically necessary for the Insured Person to remain in the vicinity of the Hospital.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Repatriation of Mortal Remains / Funeral Expenses

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person dies outside their Country of Domicile and as a result expenses are incurred for:

1. cremation or a funeral for the deceased Insured Person if the body is buried/cremated at the place of death; or
2. repatriation of the Insured Person's body or ashes to a place nominated by their legal representative,

which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Repatriation of Mortal Remains / Funeral Expenses Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

1. No cover is provided for any Claim in any way caused by or resulting from:
 - a. coronavirus disease (COVID-19); or
 - b. severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); or
 - c. any mutation or variation of SARS-CoV-2.

General Exclusions

The following exclusions apply to all Benefits under this Policy. We will not pay for a Claim under the Policy if the Claim arises directly or indirectly out of or in relation to any of the following:

1. Insured Person who has attained the age shown in the Policy Schedule against "Maximum Age Limit (sub limits may apply)":
 - a. the Private Health Insurance Act 2007 and the Private Health Insurance (Health Insurance Business) Rules;
 - b. Health Insurance Act 1973 (Cth); or
 - c. National Health Act 1953 (Cth),
as amended from time to time.
 2. any Claims arising from the Insured Person being under the influence of intoxicating liquor or any other drug unless it was prescribed by a Medical Practitioner and taken in accordance with the Medical Practitioner's advice.
 3. an Insured Person engaging in or taking part in naval, military or air force service or operations.
 4. racing and/or time trials of any form, other than on foot.
 5. the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel.
 6. any deliberate self-inflicted harm or Injury, caused or committed by the Insured Person, including suicide or attempted suicide, reckless misconduct or any criminal or illegal act.
 7. War, Civil War, rebellion, revolution, insurrection or military or usurped power in or confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any government or public or local authority in the Insured's Country of Domicile or Country of Inpatriation, or the Insured Person taking part in a riot or civil commotion.
 8. an Insured Person engaging in or taking part in or training for Professional Sports of any kind.
 9. an Insured Person engaging in air travel except as a passenger in any registered and licensed aircraft that carries passengers.
 10. travel that is planned and/or undertaken:
 - a. by the Insured Person against the advice of a Medical Practitioner; or
 - b. when the Insured Person is unfit to travel; or
 - c. for the purpose of the Insured Person to seek medical attention for a Pre-Existing Condition.
 11. any bone marrow treatment or organ transplant.
 12. any congenital deformities or abnormalities occurring or diagnosed prior to the Insured Person's Effective Date of Cover under this Policy.
 13. any cosmetic, elective or plastic surgery (except and to the extent that it is necessary for the cure or alleviation of an Injury to the Insured Person).
 14. any expenses or charges incurred after the Insured Person or their representatives or Insured refused to follow or ignored the instructions and directions of AHI.
 15. any infertility, sterilisation or abortion (unless certified as medically necessary by the attending Medical Practitioner).
 16. any medical services provided within the Commonwealth of Australia where an eligible Insured Person receives:
 - a. treatment or services which are covered by Medicare and the contribution of any further payment to this service would contravene provisions of the Private Health Insurance Act 2007 (Cth); or
 - b. the Health Insurance Act 1973 (Cth), the National Health Act 1953 (Cth), or any succeeding or amending legislation to the aforementioned Acts; or
 - c. supplies or purchases Prescription Medicines or pharmaceutical supplies that are either available through the Pharmaceutical Benefits Scheme (PBS) of Australia, or below the PBS co-payment threshold; or
 - d. Medicare eligible services where the service provider has charged above the Medicare Scheduled Fee for that itemised service (i.e. the difference or "gap" payment, including booking fees, administration fees).
 17. any Benefits, treatment or services covered by compensation under Australian or international equivalents of National Health schemes, Government Sponsored Funds, Workers' Compensation Acts, Transport Compensation Acts or Private Health Insurance of which the Insured Person is a member, or where payment of Benefits under this Policy would be in breach of such statutes.
 18. any non-medical services including but not limited to telephone, newspapers, magazines and television.
 19. any expenses incurred whilst an Insured Person is undertaking private Leisure Travel outside of the Insured's Country of Inpatriation or Country of Domicile.
 20. any medication, medical supplements or medical supplies that are able to be purchased without the need for a medical prescription (i.e. over-the-counter).
 21. any treatment arranged in advance of Insured Person's arrival in the Country of Inpatriation.
 22. an Insured Person playing or training for any code of football with a registered club or the Insured Person being a registered player
 23. losses arising from Nuclear, Biological or Chemical Terrorism.
 24. any Pre-Existing Conditions, unless the Pre-Existing Condition had been declared to and accepted by Us in writing.
- No cover is provided or deemed to be provided and We shall not be liable to pay any Claim or provide any benefit hereunder to the extent that:
25. the provision of such cover, payment of such Claim or provision of such benefit would expose Us to any sanction, prohibition or restriction under United Nations Security Council (UNSC) resolutions or the trade or economic sanctions, laws or regulations of Australia, European Union, United Kingdom and/or the United States of America.

General Conditions and Limitations

The following conditions and limitations apply to this Policy.

Additions and Deletions

The Insured must declare to Us in writing of any Insured Persons who are required to be covered under the Policy during the Period of Insurance within thirty (30) consecutive days from their Effective Date of Cover. Cover will be subject to a pro-rata premium for time on risk, which can be paid on a quarterly or annual basis. The Insured must also declare to Us any Insured Persons who no longer require cover under the Policy within thirty (30) consecutive days from their date of cessation.

The maximum pro-rata refund premium applicable for Insured Persons that no longer require cover under the Policy will be limited to one hundred and twenty (120) consecutive days. Furthermore, We reserve the right not to refund any premium, or only a refund portion of the premium, if We have paid a Claim or intend to pay a Claim under the Policy during the Period of Insurance.

Age Limitation

Age limits apply to this policy. No cover is provided for Insured Persons who have not attained the minimum age or who have attained the maximum age limits of the Policy at the time of an Event.

1. The maximum age limit is shown in the Policy Schedule against "Maximum Age Limit (sub limits may apply)". If "Maximum Age Limit (sub limits may apply)" is not shown in the Policy Schedule, no maximum age limit applies to the Policy.
2. The minimum age limit is shown in the Policy Schedule against "Minimum Age Limit (sub limits may apply)". If "Minimum Age Limit (sub limits may apply)" is not shown in the Policy Schedule, no minimum age limit applies to the Policy.

Specific age limits may also apply to each Benefit included on this Policy. Please refer to each Benefit for full details.

Cancellation

1. The Insured may cancel the Policy at any time by telling Us in writing:
 - a. If the Insured cancels the Policy, (subject to the cooling-off rights) We shall retain and be entitled to the proportional premium for the period during which the Policy has been in force plus Our cancellation charge;
 - b. Cancellation by the Insured will be effective when We receive the request; and
 - c. Where there is more than one Insured under the Policy, We will only cancel the Policy when a written

agreement to cancel it is received from all of the Insureds.

2. We may only cancel the Policy by giving the Insured written notice and where permitted by law, including where it is in accordance with the provisions contained in Part VII 'expiration, renewal and cancellation' of the Insurance Contracts Act, including where the Insured has:
 - a. made a misrepresentation to Us before the Policy was entered into in breach of the duty to take reasonable care not to make a misrepresentation; or
 - b. failed to comply with a provision of the Policy including failure to pay the premium; or
 - c. made a fraudulent Claim under the Policy or any other policy during the time the Policy has been in effect; or
 - d. failed to notify Us of a specific act or omission as required by the Policy.
3. If We cancel the Policy, We will advise the Insured in writing and cancellation will take effect at whatever is the earlier of the following times:
 - a. when another contract of insurance is taken out by the Insured to replace the Policy; or
 - b. at 4.00p.m. local standard time of the third business day after the day on which notice was given to the Insured or such later time as We may specify in the notice.

After cancellation and subject to the cooling-off rights (See 'Important Information'), We will keep the premium for the period that the Policy was in force and We will return to the Insured the unexpired portion of the premium for the period from the date the Policy was cancelled to the due date of the Policy. We will not refund any premium if a Claim has been made under any Benefit of this Policy.

4. Where the Policy is cancelled, We do not notify any Insured Persons who are not the Insured.

Change in Activities

The Insured must inform Us as soon as reasonably practicable of any change or alteration in the Insured's activities that the Insured knows, or ought reasonably to know, will cause an increase in the likelihood of the Insured or an Insured Person making a Claim under the Policy.

This includes but is not limited to:

- Change in work duties performed; or
- Change in business activities; or
- Changes in location of the risk

If We agree to accept this change, We will do so in writing, and you must pay Us any additional premium that we may reasonably require. We reserve the right to amend cover or decline to cover any change in activities according to the terms of the Policy or where permitted by law. We also reserve the right to charge additional premium where We agree to cover the change in activities.

Furthermore, where We are permitted by law to cancel the Policy as a result of a failure by the Insured to notify Us, as required, We reserve the right not to refund any premium, or only a refund portion of the premium, if We have paid a Claim or intend to pay a Claim under the Policy during the Period of Insurance.

Claim Forms

We will, upon receipt of notice of a Claim, provide Claim forms and other documentation as required by Us for completion by the Insured Person and/or Insured as the case may be. We shall not be liable to make any payment under this Policy unless the Claim form is completed to Our reasonable satisfaction and provided to Us as soon as reasonably practicable. All information reasonably required by Us must be furnished at the expense of the Insured unless otherwise agreed by Us.

From time to time We may request a progressive Claim form be completed by the Insured Person's attending Medical Practitioner.

Claims Off-Set and Other Deductions

In respect of any Benefit which is intended to reimburse incurred expenses or financial losses, there is no cover under the Policy for any loss, damage, liability, Insured Event, Injury or Sickness which is covered under any Other Insurance policy, health or medical scheme or any government legislation or is payable by any other source. We will however pay the difference between what is payable under the Other Insurance policy, health or medical scheme or any government legislation or such other source and what the Insured or the Insured Person would be otherwise entitled to recover under the Policy, where permissible by law.

Consent to Notification

Acceptance of this Policy means that the Insured consents that We may provide information, including but not limited to notices, in an email or in any other form of electronic communication.

Currency

All amounts shown in the Policy are in Australian dollars (AUD), unless otherwise shown in the Policy Schedule against "Policy Currency". Any Claim or Benefit paid under this Policy will be paid in Australian dollars (AUD) or the currency shown in the Policy Schedule against "Policy Currency". International bank transaction fees are covered to a maximum of fifty (\$50) dollars per Claim.

If expenses are incurred in a currency different to Australian dollars (AUD) dollars or the currency shown in the Policy Schedule against "Policy Currency", then the rate of currency exchange used to calculate the amount payable will be the rate at the time of incurring the expense or suffering a loss sourced from the OANDA website www.oanda.com. Note, that exchange rate differences may occur resulting in variation between original value and final payment amount, this can be minimised by requesting all payment be made in Australian dollars (AUD) into an Australian bank account.

Documentation

The Insured must provide all Insured Persons:

1. with a copy of the PDS at the commencement of the Period of Insurance;
2. with information that any Claim they make is subject to the terms, conditions and exclusions of the Policy;
3. with information that is relevant to the Policy cover contained in the Policy Schedule, including but not limited to the definition of Insured Persons, the Period of Insurance, the Scope of Cover and the nature and effect of any endorsement to the Policy; and
4. if the Policy is lapsed or cancelled, a note to this effect.

As We are not in direct contact with, and We do not know who the fluctuating body of Insured Persons are, We must rely on the Insured to ensure that the Insured Persons receive the required Policy information.

Due Diligence

The Insured and all Insured Person(s) will exercise due diligence in doing all things to avoid or reduce any loss under the Policy.

Duplicate Benefit Cover

If an Insured Person is entitled to a benefit payable under more than one policy issued by Us held by the same Insured and for the same Event, We will only pay a benefit under one policy, whichever provides the highest benefit limit

Duty to Co-Operate

1. The Benefits of this Policy depend on the Insured or any person covered by this Policy giving Us or AHI any reasonable information and help We or AHI require. This includes giving Us or AHI written statements and/or documents We or AHI consider relevant. We or AHI may also require the Insured or any person covered by this Policy to attend court to give evidence. The Insured and any person covered by this Policy must help Us or AHI even when We have paid a Claim.
2. If the Insured or any person covered by this Policy do not cooperate with the above the Insured or any person covered by this Policy will be in breach of this Policy and payments may be either suspended, or be reduced to the extent that the Insured's non-cooperation prejudices Our liability to make ongoing Benefit payments as permitted by Section 54 of the Insurance Contracts Act

Governing Law and Jurisdiction

This Policy shall be governed and construed in accordance with the laws of Australia. Any dispute under this Policy shall be resolved in accordance with the laws of Australia.

Headings

Headings have been included for ease of reference and it is understood and agreed that the terms, conditions and exclusions of the Policy are not to be construed or interpreted by reference to such headings.

Instalment Premium Payments

Where We agree that the Insured can pay the premium by seven (7) or more premium instalments and an instalment is unpaid for more than one (1) month, We may be entitled to cancel your policy in accordance with Section 62 of the Insurance Contracts Act.

Limit of Liability

The most We will pay in any one Period of Insurance under this Policy is shown in the Policy Schedule against "Aggregate Limit of Liability". We may also include an Aggregate Limit of Liability for specific Benefits or Events. If We include a specific Aggregate Limit of Liability for a Benefit or an Event, such limit will be shown in the Policy Schedule. In the event the Aggregate Limit of Liability is reached, the amount can be reinstated with Our agreement and payment of the appropriate additional premium (plus any charges).

Notice of Claim

Written notice of Claim must be given to AHI as soon as reasonably practicable after the occurrence of any circumstances giving rise to a Claim.

Other Insurance

In the event of a Claim, the Insured Person must advise Us as soon as reasonably practicable of any Other Insurance they are entitled to Claim under or have access to that covers the same risk or loss.

Payments

Unless otherwise stated, all Compensation shall be paid to the Insured Person, or in the case of the Insured Person's death, to the Insured Person's legal personal representative.

Physical Examination and Autopsy

In relation to a Claim under this Policy where We do not agree with the opinion given by the Medical Practitioner, We have the right (at Our own expense) to conduct any medical examination or examinations of the Insured Person or in the event of death, arrange for an autopsy to be carried out. We may also at any time during a Claim ask for further information or appoint a person to conduct further enquiries into the nature and circumstances of the Claim.

If the Medical Practitioner (authorised by Us) forms an opinion that is contrary to the opinion of the initial Medical Practitioner, We will obtain an independent Medical Practitioner's opinion which will be the opinion used for the purposes of determining a Claim.

Premium Adjustments

This Policy may be subject to a premium adjustment if there are any changes to the underwriting information provided by the Insured. We may ask for updated underwriting information at the end of the Period of Insurance.

Any premium adjustment is subject to the Insured's Claims

experience and the application of Our minimum premium (which is available on request).

Singular / Plural

If it is consistent with the context of any clause in this Policy, the singular includes the plural and vice versa.

Subrogation

1. If We make any payments under the Policy to an Insured or an Insured Person, then, to the extent the Insured or Insured Person may have a cause of action for loss or damage against any third party in respect of the facts, matters and circumstances which gave rise to the payments being made under the Policy, then We have a right of subrogation and repayment including any Claim for interest by way of an action which may be brought in the name of the Insured and/or Insured Person against such third party. Both the Insured and Insured Person must provide reasonable cooperation to Us in pursuing any such right.
2. If the Insured Person brings a Claim for loss or damage in their own name against a third party in respect of the facts, matters and circumstances which gave rise to the payments being made under this Policy, then the Insured Person must include in their Claim any payments which may be recoverable from the third party including a Claim for interest (recoverable payments) and should the Insured Person recover damages against the third party either by way of settlement or judgment then the Insured Person must repay to Us out of any such damages the recoverable payments which the Insured Person received under this Policy. We will provide reasonable cooperation to the Insured Person and their legal advisers in bringing any such action.
3. If the Insured Person has at any time entered into or enters into a contract or agreement with another party that prevents the Insured Person's entitlement, and hence Our entitlement, to recover under Our right of subrogation then We may be entitled to rely on Section 54 of the Insurance Contracts Act to refuse to pay a Claim in whole or in part.

Written Approval

If the Insured Person seeks to return to the Country of Inpatriation from their Country of Domicile, it must be on the written approval of Our Medical Practitioner in consultation with the Insured Person's attending Medical Practitioner.

AHI Standard Definitions

The meaning of the words as defined in this section apply to this Policy, when such words are capitalised.

ACCIDENT means a sudden, external, unforeseeable and unexpected specific Event which occurs at a definable time and place.

AGGREGATE LIMIT OF LIABILITY means the most We will pay.

AHI means Accident & Health International Underwriting Pty Ltd, ABN 26 053 335 952, AFS Licence No. 238261, of Level 17, 60 Margaret Street, Sydney, New South Wales, 2000, Australia.

AHI ASSIST means AHI's international medical, safety & security and emergency management service.

ALLIED HEALTH CARE PROVIDER means a legally licensed, registered and qualified health professional that performs diagnostic procedures, provides therapeutic service and patient care in a Hospital, private practice, in-home or community health facility who is not:

1. a Medical Practitioner and who is not the Insured Person and/or the Insured, or
2. a Relative of the Insured and/or Insured Person.

Allied Health Care Provider includes but is not limited to audiologists, chiropractors, dental hygienists, dietitians, exercise physiologists, medical technologists, occupational therapists, orthoptists, orthotists and prosthetists, osteopaths, pharmacists, podiatrists, psychologists, physical therapists, radiographers, respiratory therapists, speech / language pathologists, sonographers, and social workers.

AMBULANCE SERVICE EXPENSES means charges for transportation in a medical emergency vehicle and/or aircraft of an Insured Person to a Hospital, including inter-Hospital transfers that are necessary because the original admitting Hospital does not have the required medical facilities. It does not mean transfers due to Insured Person preferences.

BENEFIT means Compensation which We will pay to the Insured or Insured Person, or as otherwise specified in the Policy, when a specific set of circumstances are satisfied as detailed in this Policy. Benefits are located under the Benefits heading in the Policy Wording.

BENEFIT LIMIT means a condition applicable to a Benefit.

BENEFIT PERIOD means the maximum period of time for which We will continue to pay a Benefit irrespective of whether Claims are made under this Policy or another policy held by the Insured or Insured Person with Us, unless We have agreed to provide that cover over and above this Policy. If a Deferral Period applies to the Benefit, the Benefit Period for that Benefit begins at the end of the Deferral Period.

CHARTER FLIGHT means an aircraft that is chartered for a specific trip(s) by the Insured or Insured Person to fly to and/or from declared take-off and landing facilities and where the flight is not part of an airline's regular scheduled flights for the general public.

CIVIL WAR (whether declared or not) means any of the following: armed opposition, insurrection, revolution, armed rebellion or sedition between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or idealistic groups.

CLAIM means an application for Compensation under a Benefit of this Policy.

COUNTRY OF DOMICILE means the country in which the Insured Person is deemed a citizen or permanent resident (e.g. holder of a multiple entry visa or permit which gives an Insured Person resident rights in such country).

COUNTRY OF INPATRIATION means a country other than the Insured Person's Country of Domicile and must be Australia, provided that Australia is the country where:

1. where the Insured Person will spend most of their time whilst outside of their Country of Domicile; or
2. where the Insured Person is residing whilst on an overseas expatriate assignment; or
3. as declared to Us.

DAILY BENEFIT means the maximum amount We will pay for each elapsed period of twenty four (24) consecutive hours.

DEFERRAL PERIOD means the continuous period of time shown in the Policy Schedule during which no Compensation is payable for a Benefit. The Deferral Period begins at the point in time that the Benefit would have been payable if there was no Deferral Period.

DENTAL SERVICES (MAJOR) EXPENSES means charges (approved by Us) made by a Medical Practitioner for root canal treatment, endodontic treatment, oral surgery, anesthetic services, periodontal surgery, orthodontic services, installation of and repairs to crowns and bridges, new dentures, dental repairs and remodeling and other specialist services.

DENTAL SERVICES (ROUTINE) EXPENSES means charges made by a Medical Practitioner for examinations, scaling and cleaning (removal of plaque), application of fluoride, amalgam or composite resin dental filling and restorations, diagnostic services, x-rays, injections and single Tooth extraction.

EFFECTIVE DATE OF COVER means the date the:

1. Insured Person first becomes an Insured Person under this Policy and is shown in the Policy Schedule or subsequent endorsement as an Insured Person; and
2. Premium is paid or agreed to be paid by the Insured for the Insured Person.

EXCESS means the amount an Insured or Insured Person must contribute towards the cost of a Claim under this Policy. Where an Excess applies it will be shown in the Policy Schedule and Compensation will be paid less the Excess amount.

EXPENSE LIMITATION means the maximum percentage of an expense which We will reimburse in the event of a Claim.

EVENT means a situation or series of situations that give rise to a Claim.

HERBAL MEDICINES means medicine that is natural 'botanical' (legally approved plants or plant extracts) that may be ingested or applied to the skin to treat Injury or Sickness, that is prepared and purchased from a Medical Practitioner or legally licensed and registered herbalist as prescription only. It is used as an alternative to pharmaceutical derived medication prescribed by a Medical Practitioner and does not include any pharmaceutical prepared or manufactured herb based vitamins, supplements, peptides, breathing vapour, scented candles and purifiers or associated equipment.

HOME NURSING EXPENSES means expenses incurred by an Insured Person for home nursing care, provided the care is considered necessary as evidenced by a written statement from a Medical Practitioner and such care is provided by a legally qualified and registered nurse who is not the Insured, the Insured Person, a Relative of the Insured and/or the Insured Person or an employee or director of the Insured.

HOSPITAL means a place registered as a hospital for the care and treatment of sick or injured persons and which has the following characteristics:

1. organised diagnostic and surgical facilities, either on premises or in facilities available to the hospital on a pre-arranged basis;
2. provides twenty-four (24) hours a day nursing services by registered nurses;
3. is under the supervision of a Medical Practitioner; and
4. is not primarily a clinic, a place for custodial care, a place for the treatment of alcoholism or any other substance

abuse, a nursing, rest or convalescence home or home for the aged or similar establishment.

HOSPITAL EXPENSES means charges whilst in Hospital for:

1. Hospital room and board;
2. use of operating theatre;
3. Prescription Medicines;
4. dressings/bandages;
5. splints;
6. plaster casts;
7. rental of wheelchair;
8. miscellaneous Hospital equipment;
9. Medical Practitioner services;
10. anesthesia and its administration;
11. surgical procedures;
12. Allied Health Care Provider services;
13. dental care and treatment.

INCOME means:

1. If the Insured Person is an employee, the Insured Person's gross weekly rate of pay exclusive of overtime payments, bonuses, commissions and allowances averaged over the period of three hundred and sixty-five (365) consecutive days prior to the date the disablement (with respect to which We have agreed to pay a Claim under the Policy) commenced or over such shorter period that an Insured Person has been continuously employed prior to the date of disablement as certified by the Medical Practitioner; or
2. In the case of a self-employed person, the Insured Person's weekly pre-tax income derived from personal exertion, after deduction of all expenses necessarily incurred in connection with that income, averaged over the period of three hundred and sixty-five (365) consecutive days or over such shorter period that an Insured Person has been continuously self-employed prior to the date of disablement as certified by the Medical Practitioner.

If the Insured Person does not meet 1 or 2 above, then the Insured Person's Income shall be deemed to be nil.

INJURY means bodily injury resulting from an Accident that occurs fortuitously to the Insured Person. Injury does not include:

1. any consequences of an Injury which are ordinarily described as being a Sickness, illness or disease, including but not limited to any congenital condition, heart condition, stroke or any form of cancer;
2. an aggravation of a pre-existing Injury;
3. any degenerative condition.

INSURANCE CONTRACTS ACT means the Insurance Contracts Act 1984 (Cth) as amended from time to time.

INSURED means the named company, organisation or person listed as the Insured in the Policy Schedule with whom We enter into the Policy. They are the contracting party.

INSURED EVENT means an Event covered under the Policy.

INSURED PERSON means any person stated by name, classification or meeting the criteria specified for an Insured Person in the Policy Schedule for the insurance cover selected by the Insured and with respect to whom a premium has been paid.

INSURER means:

Tokio Marine & Nichido Fire Insurance Co., Ltd,
ABN 80 000 438 291
AFS Licence No.246548 (TMNF)

Level 17, 60 Margaret Street,
SYDNEY NSW 2000

Telephone: +61 2 9225 7500
Website: www.tokiomarine.com.au

LEISURE TRAVEL means travel or a component of travel which is not related to the business of the Insured.

LOSS OF USE means loss of, by physical severance, or total and Permanent loss of the effective use of a part of the body.

MATERNITY CARE EXPENSES means charges for pre-natal, delivery and post-natal care and treatment (up to one hundred and eighty-two (182) consecutive days after the birth of the child) for the care and treatment of the mother from the date of conception (or known conception).

MEDICAL AIDS means any device that is not surgically implanted, including but not limited to CPAP machines, hearing aids, nebulisers and glucose monitors as deemed to be necessary in the treatment of the Insured Person by the treating Medical Practitioner. This excludes household appliances including all air purifiers, vaporisers and humidifiers.

MEDICAL MOBILITY EQUIPMENT means any out of Hospital mobility and movement equipment to assist in patient transportation and recovery approved by a Medical Practitioner including A-frames, crutches, walker, walking stick, wheelchair (non-motorised), scooter (non-motorised), moon boot, knee brace, neck, arm or leg supports.

MEDICAL PRACTITIONER means a person who:

1. is qualified in medicine, optometry, psychology, psychiatry, or dentistry, and registered with the relevant

2. medical board of Australia or the respective medical board of the country in which they practice medicine, psychology, psychiatry, optometry, or dentistry and is not the Insured Person, the Insured, director or employee of the Insured, or Relative of the Insured.

NON-SCHEDULED FLIGHT means a flight(s) in an aircraft that flies over normal air-routes but does not follow set timetables and the take-offs and/or landings are on recognised airfields or airports or similar facilities.

NUCLEAR, BIOLOGICAL OR CHEMICAL TERRORISM means Terrorism involving the use of fusion, fission, radiation, biological or chemical weapons.

OCCUPATIONAL THERAPY EXPENSES means the reasonable and necessarily incurred charges for rehabilitation treatment and/or occupational therapy as prescribed by the treating Medical Practitioner as a result of an Injury or Sickness.

OTHER INSURANCE means in the event of a Claim, the Insured or an Insured Person must advise Us as to the existence of any other insurance they are entitled to Claim under or have access to that covers the same Events or loss.

OUT-PATIENT MEDICAL CARE EXPENSES means charges for Medical Expenses which are not Hospital Expenses.

PARTNER means an Insured Person's wife or husband, de-facto partner or a partner who has continuously cohabited with the Insured Person for a period of ninety (90) consecutive days or more at the time of the Event.

PERIOD OF INSURANCE means the period of time after the Inception Date and before the Expiry Date shown in the Policy Schedule.

POLICY means this Product Disclosure Statement (PDS), the policy wording, current Policy Schedule and any other documents We may issue to the Insured that We advise will form part of the Policy. Other documents can consist of endorsements and/or Supplementary Product Disclosure Statements (SPDS's).

POLICY SCHEDULE means any current, subsequent, renewal or variation schedule listing the Benefits and limits that forms part of the Policy issued by Us to the Insured.

PRE-EXISTING CONDITION means injury, sickness, any medical or physical condition, symptom, disorder, disease, disability or illness (including mental illness), of which an Insured Person, in the three hundred and sixty-five (365) consecutive days prior to becoming the Insured Person:

1. was aware of, or a reasonable person in the circumstances could be expected to have been aware of, whether diagnosed or not; or
2. has sought, or received recommendation for, medical advice or treatment, or a reasonable person in the circumstances would have sought medical advice or treatment.

Any medical condition that an Insured Person has suffered from or been treated for, which is ongoing monitoring or investigation, is considered a Pre-Existing Condition.

PRESCRIPTION MEDICINES means medication prescribed by a Medical Practitioner and are not available without a prescription.

PROFESSIONAL SPORTS means any sport for which an Insured Person receives an allowance, sponsorship, appearance fee or monetary payment as a result of the Insured Persons' participation, which accounts for more than fifteen (15%) percent of the Insured Persons' annual Income from all sources.

PSYCHOLOGY EXPENSES means charges made by a duly qualified psychologist for the provision of mental health services provided that the Insured Person is referred for such treatment by their treating Medical Practitioner.

RELATIVE means the Insured Person's spouse or partner, children, parent, parent-in-law, grandparent, step-parent, grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, fiancé, fiancée, half-brother, half-sister, aunty, uncle, niece or nephew.

SCOPE OF COVER means the operative period for which a Benefit is payable, as shown in the Policy Schedule.

SICKNESS means any illness (including mental illness), medical or physical condition, symptom, disorder, disability, or disease suffered by the Insured Person, which is not a Pre-Existing Condition and which manifests itself during the Period of Insurance.

SUM INSURED means the maximum amount of Compensation We will pay under a Benefit for any one Insured Person, for any one Event. and is under the regular care of, and acting in accordance with the instructions or advice of a Medical Practitioner.

TERRORISM means any act, preparation in respect of action or threat of action, designed to:

1. influence a government or any political division within it for any purpose; and/or
2. intimidate or influence the public or any section of the

public with the intention of advancing a political, religious, ideological or similar purpose.

TOOTH or TEETH means a sound and natural permanent tooth but does not include first or milk teeth, dentures, implants, crowns, prosthetic teeth and dental fillings.

WAITING PERIOD means the period of continuous cover that an Insured Person must accumulate before a specific Benefit/ any Benefits can be paid.

WAR (whether war is declared or not) means a state of armed conflict between different countries, different groups or factions within a country, Nuclear, Biological or Chemical Terrorism, invasion, acts of foreign enemies, hostilities, or war-like operations or Civil War.

WE/OUR/US/TMNF means the Insurer.

Contact Us

To find out how AHI can help
you protect what matters
most, please get in touch.

Sydney | Melbourne | Brisbane | Perth
1800 618 700

