



# International Travel Insurance

Combined Financial Services Guide and Product Disclosure Statement

Effective Date 13 January 2021

**nib**

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## About this document

There are two parts to this document. The first part is your Product Disclosure Statement (PDS) which provides the important information about this policy, including the detailed terms, conditions and exclusions, and how to contact us. XL Insurance Company SE, Australia branch (ABN 36 083 570 441) (the insurer), are responsible for the PDS section in this document.

The second part of this document is the Financial Services Guide (FSG) which provides information about who we are, who we do business with to provide you with insurance, how we and our business partners are paid, how to make a complaint and other details to help you decide whether to use any of the services offered by us. nib Travel Services (Australia) Pty Limited, ABN 81 115 932 173, AFSL No 308461 (nib), are responsible for the FSG section in this document.

## About the insurer

This insurance is underwritten by XL Insurance Company SE, Australia branch (ABN 36 083 570 441). XL Insurance Company SE is part of AXA XL, a division of AXA.

## About nib Travel Insurance Distribution

This policy is distributed and issued by nib Travel Insurance Distribution Pty Limited, ABN 40 129 262 175, AR 336467 (nib Travel Insurance Distribution), who are an authorised representative of nib Travel Services (Australia) Pty Limited, ABN 81 115 932 173, AFS Licence No 308461 (nib). For information on how these insurance providers work together and the services they provide, please refer to the FSG at the back of this combined document.

# Product Disclosure Statement

## Important information

In this PDS **we** explain important information about this policy including how **we'll** protect **your** privacy and how to make a complaint or access **our** dispute resolution service.

### nib International Assistance

nib International Assistance provides emergency assistance for people who are covered under nib travel insurance policies worldwide. **Our** experienced insurance specialists can be contacted by telephone 24 hours a day, 7 days a week to help **you** in the event of an emergency and to liaise on **your** behalf with **our** in-house medical team.

nib International Assistance will also work closely with the claims department to assess **your** entitlement to financial assistance.

**Our** team is connected with a global network that provides:

- Medical care;
- Medical transfer to a hospital or repatriation to Australia where necessary;
- Guidance and support even if **your** loss may not be covered by the policy;
- Access to general policy and coverage advice, and
- Access to translation services.

### How to contact nib International Assistance

Please contact the nib International Assistance team using the contact details below:

Phone	+61 3 8523 2800 Within Australia: 1300 555 019
Fax	+61 3 8523 2815
Email	<a href="mailto:travelassist@nib.com.au">travelassist@nib.com.au</a>

### The cost of this policy

The total premium is the amount **we** charge **you** for this policy. It includes the amount **we** have calculated for the risk, commission and taxes and government charges applicable. The premium will be shown on the Certificate of Insurance.

When calculating the premium **we** take a number of factors into account. These factors and the degree to which they affect the premium will depend on the information **you** give **us** and the level and type of cover **you** choose.

The main factors that impact **your** premium include:

- the length of **your** trip;

- **your** destination;
- the travel plan chosen;
- **your** age;
- additional premium payable for any available options **you** choose:
  - ◆ cancellation limit
  - ◆ **snow sports** cover option
  - ◆ **rental vehicle** insurance excess
  - ◆ specified items
  - ◆ variable excess
  - ◆ **specified medical conditions**

For example, premiums may be higher if **you** are in a higher risk age group, for longer **trips**, destinations that are high risk or have higher medical costs, plans with greater coverage, and/or when **you** choose to purchase additional cover.

This policy is only valid when **you** pay the premium and **our representative** issues a Certificate of Insurance to **you**.

## Additional options to purchase

**We** offer the following options for **you** to purchase. These options can be added with payment of an additional premium, depending on the travel plan **you** select, and will be shown on **your** Certificate of Insurance when **you** purchase **your** policy.

### Cancellation option

For all plans, the policy limit for “**Cancellation or holiday deferment costs**” must be chosen at the time of purchase; the limit will then appear on the Certificate of Insurance.

Depending on the travel plan **you** choose, **you** can vary the maximum **trip** limit at the time **you** purchase **your** policy, and **you** will be advised of any change in premium. **Your** policy limit for “**Cancellation or holiday deferment costs**” and any additional premium will be shown on **your** Certificate of Insurance.

### Snow sports cover option

This option is available with the Comprehensive and Annual Multi Trip Plans with payment of an additional premium. When chosen, this option is shown on **your** Certificate of Insurance. Applicable limits are applied per adult and are not increased for accompanying **children**.

If **you’ll** be taking part in **snow sports** on **your trip**, **you** must select the “**Snow sports cover option**” when **you** buy **your** policy to receive cover under **your** travel plan for any claim arising from participation in **snow sports**. In addition, **you** will receive the following benefits:

Benefit	Applicable limits per adult
Any claim arising from participation in <b>snow sports</b>	Up to the applicable limit of the relevant section.
Ski lift passes	\$300

Benefit	Applicable limits per adult
Ski run closure	\$100 per day up to a maximum of \$500
Hire replacement snow equipment	\$300

Refer to the section “**Snow sports cover**” for further cover details with this option.

### Additional rental vehicle insurance excess option

This option is available with the Comprehensive and Annual Multi Trip Plans with payment of an additional premium. When chosen, this option is shown on **your** Certificate of Insurance.

If **you** are hiring a **rental vehicle**, **you** may have to pay an insurance excess for an accident or theft. **We** have included cover for **rental vehicle** insurance excess; however, **you** may wish to increase this cover for an additional amount.

Maximum additional policy limit	Additional units of cover
\$5,000	Additional premium charged for each \$500 unit of additional limit selected.

This insurance does not provide cover for **your** liability arising out of **your** use of a **rental vehicle**. Please ensure **you** have liability insurance adequate for the country(ies) where **you** will be using the **rental vehicle**.

### Specified items option

This option is available on the Comprehensive, Annual Multi Trip and Essentials Plans. Specified items are shown on **your** Certificate of Insurance.

**You** can cover items worth more than the luggage item limit shown for **your** plan by specifying the item(s) and paying an additional amount. Items separately insured under this Specified items option are covered up to the amount specified, even if this amount exceeds the total “**Luggage and personal effects**” limit set out in the “**Schedule of benefits**” for **your** plan.

- Maximum individual specified item limit: \$4,000
- Maximum total for all specified items: \$10,000

**You** must insure the total value per item. Please ensure **you** have proof of value of any item **you** specify. This will be required should **you** make a claim. Depreciation does not apply to specified items in the event of a claim. Cover for specified items is subject to the terms and conditions as detailed under the section “**Luggage and personal effects**”.

### Variable excess option

When **you** apply for insurance, **we** will let **you** know the applicable premium **you** have to pay. The premium and any excess applicable to **your** selected plan will be shown on **your** Certificate of Insurance.

Where a plan allows **you** to vary the excess, **your** premium will be adjusted accordingly; the lower the excess **you** select, the higher **your** premium will be.

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Refer to the section “Excesses” for more information on how excesses work.

## Specified medical conditions option

(Not available on Essentials Plan.)

If **you** seek cover for events that arise from or relate to **your existing medical condition(s)** - other than those listed in “Automatically covered conditions” for which **you** meet the eligibility criteria - please refer to the section “Existing medical conditions” for the application, medical screening and cover details.

If **we** agree to offer **you** cover for **your existing medical condition(s)**, **we** will advise **you** in writing of any additional terms and conditions of that cover, including any additional excess and premium that will be payable. If **you** purchase this cover, it will be shown on **your** Certificate of Insurance.

## Specified medical conditions excess

If **you** receive cover for any **specified medical condition(s)** and **your** Certificate of Insurance shows **you** have this cover, an additional excess may also apply to each occurrence relating to **your specified medical condition(s)** when **you** claim. This additional excess will also be shown on **your** Certificate of Insurance and on any other related documents **we** send **you**; however, **you** cannot change or remove this excess.

## Duty of Disclosure

Before **you** enter into, vary or extend an insurance contract, **you** have a duty of disclosure under the Insurance Contracts Act 1984. When **we** ask **you** questions that are relevant to **our** decision to insure **you** and on what terms, **you** must tell us anything that **you** know and that a reasonable person in the circumstances would include in answering the questions.

When amending or extending **your** contract of insurance, **we** will ask **you** specific questions about any change in **your** circumstances. **You** must tell **us** about any change to something **you** have previously told **us**, otherwise **you** will be taken to have told **us** that there is no change. **You** have this duty until **we** agree to insure, amend or extend the contract.

If **you** do not tell **us** anything **you** are required to tell **us**, **we** may cancel **your** contract or reduce the amount **we** will pay **you** if **you** make a claim, or both. If **your** failure to tell **us** is fraudulent, **we** may refuse to pay a claim and treat the contract as if it never existed.

## Cooling-off period

### Cancelling within the cooling-off period

**You** have 21 days from the day **you** buy **your** policy to decide if the cover is right for **you**. If it's not, **you** can cancel **your** policy within this 'cooling-off period', and **we'll** give **you** a full refund of **your** premium provided that:

- **you** haven't started **your** trip; and
- **you** haven't made a claim; and
- **you** don't intend to make a claim or exercise any other right under **your** policy.

To cancel **your** policy within the cooling-off period, contact **our** representative. **Your** refund will be processed within 15 business days.

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## labelling Cancellling outside the cooling-off period

If **you** request to cancel **your** policy outside the cooling-off period, **we** may, at **our** discretion, refund that part of **your** premium paid for the unused **period of insurance**. **You** cannot have started **your trip**, made a claim and/or intend to make a claim or exercise any other right under **your** policy.

## labelling Cancellation by us

**We** can cancel **your** insurance in any way permitted by law, including if **you** have:

- failed to comply with **your** Duty of Disclosure; or
- made a misrepresentation to **us** before the policy was entered into or amended; or
- failed to comply with a provision of a policy, including failure to pay the premium; or
- made a fraudulent claim under this policy or any other current policy; or
- failed to notify **us** of a specific act or omission as required by the policy.

If **we** cancel **your** policy, **we** will do so by giving **you** written notice. **We** will deduct from the premium an amount to cover the shortened period for which **you** have been insured by **us** and refund to **you** what is left.

## labelling The General Insurance Code of Practice

**We** are a signatory to the General Insurance Code of Practice developed by the Insurance Council of Australia. The Code is designed to promote good relations and insurance practice between insurers, authorised representatives and consumers. The Code sets out what **we** must do when dealing with **you**. **You** can obtain a copy of the Code from [codeofpractice.com.au](http://codeofpractice.com.au).

## labelling Privacy

nib Travel Insurance Distribution Pty Limited and nib Travel Services (Australia) Pty Limited ("**we**", "**us**", "**our**" in this privacy section) collect **your** personal information, and in some cases **your** sensitive information, in order to issue, arrange and manage **your** travel insurance or to provide **you** with related services. **We** will only collect personal and sensitive information from **you** or from those authorised by **you**, such as our distributors.

**We** may disclose **your** personal and sensitive information to third parties involved in the above process, such as travel agents and consultants, travel insurance providers, insurers and reinsurers, claims handlers, investigators and cost containment providers, medical and health service providers, legal and other professional advisers, **your** and our agents and our related companies. Some of these third parties may be located in other countries such as the UK, Europe and the USA.

Our Privacy Policy details how we collect, use, store and disclose **your** personal and sensitive information as well as how **you** can seek access to and correct **your** personal information or make a complaint. **You** may not access or correct personal information of others unless **you** have been authorised by them, or are authorised under law or they are **your** dependants.

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By providing us **your** personal and sensitive information, **you** consent to us collecting, using, storing and disclosing it in accordance with our Privacy Policy. If **you** don't provide all of the personal and sensitive information we've requested, whether directly or through others, we may not be able to provide **you** with our services or products including being able to process **your** application for insurance.

**You** can view our full Privacy Policy at: <https://www.nib.com.au/travel-insurance/privacy>.

## Resolving complaints and disputes

If **you** have any feedback about **our** service – positive or negative – **we** would like **you** to share it with **us**. Refer to **our** contact details on the last page of this document.

### How we handle complaints

If **you** have a complaint arising out of this insurance or the financial services provided by the insurer, **our representatives**, affiliates, or service providers, please contact:

nib Customer Relations

PO Box A975

Sydney NSW 1235 Australia

Phone: 1300 025 121

Email: [idr-care@nib.com.au](mailto:idr-care@nib.com.au)

nib will acknowledge **your** complaint within 5 business days and provide **you** with the contact details of the person handling **your** complaint. **We** will respond to **your** complaint within 15 business days. If more time is needed to collect necessary information or complete any further investigation required, nib will agree with **you** a reasonable alternative timeframe.

If **you** are not satisfied with the response to **your** complaint, **you** should contact XL Insurance Company SE, Australia branch, for consideration under their dispute resolution process at:

The Complaints Officer

XL Insurance Company SE, Australia branch

L28 123 Pitt St, Sydney NSW 2000

Email: [idraustralia@axaxl.com](mailto:idraustralia@axaxl.com)

**Your** dispute will be acknowledged within 5 working days of receipt, and XL Insurance Company SE, Australia branch, will send a final response on behalf of the insurer within 15 business days.

If **we** are unable to resolve **your** complaint within 45 days of receiving **your** original complaint, or if **you** are still not satisfied with the outcome, **you** can choose to have **your** complaint independently reviewed by the Australian Financial Complaints Authority, or AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

AFCA can be contacted at:

Website: [afca.org.au](http://afca.org.au)

Email: [info@afca.org.au](mailto:info@afca.org.au)

Telephone: 1800 931 678 (free call)

In writing to: Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001

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## Changing your policy

Changes to this policy only become effective when **we** agree to them and send **you** a new Certificate of Insurance detailing the change.

If **you** wish to change **your** personal details or travel dates after **your** Certificate of Insurance has been issued, please contact **us** for approval; **we** may require additional information to review the change request.

## Changes to your travel plans

**You** must tell **us** as soon as possible if circumstances occur, or if changes or alterations are intended or made, which increase the risk of loss, damage or **injury**. This may result in changes to **your** cover.

For example, **you** intend to spend more than 24 hours in a destination country or region not listed on **your** Certificate of Insurance.

If **you** don't nominate the destination country or region for **your trip** which would impact **our** decision to offer **you** cover or the terms of the cover offered, any claim under the policy relating to that undisclosed destination country or region may be reduced to nil.

## Extending your policy

Depending on **your** circumstances, if **you** want to change the dates of **your** cover, **you'll** need to either extend **your** policy or buy a new one (for the additional days). Here's when **you** can extend **your** policy:

- if all travellers are currently within the plan age limits – such as if **you** are travelling with accompanying **children** who are still under 25;
- if **you** haven't claimed and don't intend to claim under an event that has already occurred;
- if **your** health (and any other relevant circumstances that might foreseeably lead to a claim) hasn't changed; and
- if **you** don't have any **specified medical conditions** covered under **your** current policy.

If **you** don't satisfy all these criteria, don't worry; **you** can apply to buy a new policy for the additional dates. If **you** don't qualify for an extension and have to buy a new policy to cover **your** additional travel days, the PDS and the pricing in use at the time **you** buy **your** new policy will apply.

**You** can only extend a policy up to a maximum of 12 months from the original departure date shown on **your** Certificate of Insurance

**You** cannot extend the 45 day **trip** duration of the Annual Multi Trip Plan, however; **you** can apply for a Comprehensive policy to cover the additional dates, provided that **you** meet the eligibility requirements.

## Automatic extension

If the **scheduled public transport you're** travelling on is delayed, or **your trip** is delayed by an event that entitles **you** to make a claim under this policy, the **period of insurance** will automatically be extended beyond the period of **your** original **trip**. This extension lasts until **you're** capable of travelling to **your** final destination via the most efficient and direct route, including the journey there, or for a period of 6 months beyond the **period of insurance**, whichever happens first.

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## Jurisdiction and Choice of Law

This policy is governed by and construed in accordance with the law of New South Wales, Australia. **You** agree to submit to the exclusive jurisdiction of the courts of New South Wales under this 'Jurisdiction and Choice of Law' clause should a dispute arise under this policy.

## Financial Claims Scheme

This policy may be a protected policy under the Federal Government's Financial Claims Scheme (FCS), which is administered by APRA. The FCS may apply in the event that a general insurance company becomes insolvent. If the FCS applies, a person who is entitled to make a claim under this policy may be entitled to a payment under the FCS. Access to the FCS is subject to eligibility criteria. **You** may obtain further information about the FCS from [www.fcs.gov.au](http://www.fcs.gov.au) and the APRA hotline on 1300 55 88 49.

## Our agreement with you

This policy is underwritten by XL Insurance Company SE, Australia branch (ABN 36 083 570 441). XL Insurance Company SE is part of AXA XL, a division of AXA. This policy is an agreement between **you** and **us**, made up of:

- **your** application for insurance; and
- this Combined Financial Services Guide and Product Disclosure Statement; and
- **your** Certificate of Insurance, which sets out the cover **you've** chosen and any terms specific to **you**; and
- any other documentation **we** issue to **you** outlining terms and conditions of **your** cover.

The cover under this policy is provided during the **period of insurance**, once **you've** paid **us your** premium. There are also:

- conditions and exclusions which apply to specific covers or sections;
- "General exclusions", which apply to any claim **you** make;
- general conditions, which set out **your** responsibilities under this policy;
- "Claims conditions", which set out **our** rights and **your** responsibilities when **you** make a claim; and
- other terms which set out how this policy operates.

## Paying your premium

**You** must pay **your** premium (which includes commission, stamp duty and GST if applicable) at the time **you** take out this policy.

**Your** premium is set out on **your** Certificate of Insurance. If **you** did not pay **your** premium at the time **you** took out this policy, then **we** will treat this policy as never having operated and there'll be no cover.

## Excesses

An excess is an amount **you** must pay once for each claim **you** make, except for benefit sections which state: "No excess applies to claims under

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this benefit". The excess is deducted from any claim payment **we** make to **you**. If **you** make more than one claim under **your** policy, the excess will apply to each claim which arises from each separate set of circumstances.

When **you** apply for insurance, **we** will let **you** know the applicable premium **you** have to pay, and **your** excess will be shown on **your** Certificate of Insurance. Depending on **your** plan, **you** may vary **your** excess. Refer to the section "**Variable excess option**" under "**Additional options to purchase**".

## How much we'll pay

The most **we'll** pay for a claim is the applicable limit set out in the "**Schedule of benefits**" for the plan **you** have purchased and for the cover or section **you're** claiming under, less any excess and depreciation, where applicable. For more information about excesses, refer to the section "**Excesses**"; for more information on depreciation, refer to the "**Luggage and personal effects**" section which explains how **we** calculate depreciation.

## When does the policy begin and end?

**Your** policy will be valid for the **period of insurance** once **you've** paid **your** premium and **you've** been provided with a Certificate of Insurance. Cover under the Annual Multi Trip Plan is available for any **trip** to be taken during the **period of insurance**, for up to 45 continuous days each **trip**. The policy is not a renewable contract of insurance.

## When does Cancellation cover begin and end?

**Your** cancellation cover:

- begins from the time **your** Certificate of Insurance is issued for:
  - ◆ benefit section "**Cancellation or holiday deferment costs**"; and
  - ◆ events 1-4 In the benefit section "**Coronavirus travel costs**"; and
- ends when **you** return to **your home in Australia** or when the **period of insurance** ends, whichever happens first.

For the Annual Multi Trip Plan, for each **trip**:

- cover begins from the time **your** Certificate of Insurance is issued for:
  - ◆ the benefit section "**Cancellation or holiday deferment costs**"; and
  - ◆ events 1-4 In the benefit section "**Coronavirus travel costs**"; and
- cover ends the earlier of:
  - ◆ the time you return to your home in Australia; or
  - ◆ the end of the 45th day of your trip; or
  - ◆ the end of the **period of insurance**.

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## When does cover for all other benefits and events begin and end?

- Cover under all other benefits and events begins when **you** leave **your home in Australia** to begin **your trip** or the departure date of the **trip** shown on **your** Certificate of Insurance, whichever happens last. Cover ends when **you** return to **your home in Australia** or when the **period of insurance** ends, whichever happens first.
- For the Annual Multi Trip Plan, for each **trip**, cover under all other benefits and events begins during the **period of insurance** shown on **your** Certificate of Insurance from the time **you** leave **your home in Australia** to begin **your trip**. Cover ends the earlier of:
  - ◆ the time **you** return to **your home in Australia**; or
  - ◆ the 45th day of **your trip**; or
  - ◆ the end of the **period of insurance**.

## Waiting period

If at the time **you** buy **your** policy (ie, the policy "Issue date") **you've** already started travelling, a 72-hour waiting period applies before any cover for any events begins. This means there is no cover under this policy for any events that occur within the first 72 hours of buying **your** policy. Cover only begins after the 72-hour waiting period, and cover is only for events first occurring after the 72-hour waiting period.

In addition, if **you** select a **trip** departure date that is more than 72 hours after buying **your** policy:

- cover under the benefit section "**Cancellation or holiday deferment costs**" and events 1-4 under the benefit section "**Coronavirus travel costs**" begins after the 72-hour waiting period for any events that first occur after the 72-hour waiting period; and
- cover for all other benefits and events begins from the **trip** departure date shown on **your** Certificate of Insurance for events that first occur after the **trip** departure date.

If **you** have an nib travel insurance policy that will expire whilst **you** are travelling, and **you** purchase a new policy before **your** policy expires (at 11.59pm AET) on the return date shown on **your** Certificate of Insurance, the waiting period will not apply to that new policy, provided that there is no gap between the **periods of insurance**.

## Updating this document

This document is current for the period of insurance outlined in **your** Certificate of Insurance. **We** may need to:

- update this document where required to comply with law:
  - ◆ if the changes affect a policy **you** currently have with **us**, **we** may issue **you** with a new Product Disclosure Statement to update the relevant information; If **we** do so, **we** will notify **you** via your email, phone number and/or via **our** website at <https://www.nibtravelinsurance.com.au/>.
- update Product Disclosure Statements more generally from time to time.

- ◆ **we** ask that **you** read the new Product Disclosure Statement in full, as it may differ from the wording of previous policies **you** had with **us**; and it may affect **your** cover or **your** decision to purchase cover with **us**.

**You** can get a paper copy free of charge by contacting **us**.

## Responsibility for this document

XL Insurance Company SE, Australia branch, are responsible for the PDS in this document.

## Plans

When **you** take out this policy **you** must choose from the following plans:

- Comprehensive
- Essentials
- Annual Multi Trip

**Your** Certificate of Insurance will show the plan **you've** chosen.

## Comprehensive Plan

### Schedule of benefits

This Schedule of benefits forms part of **your** policy and shows the limits and sub-limits for the benefits. Applicable limits are applied per adult traveller and are not increased for accompanying children. **You** must read this "[Schedule of benefits](#)" together with **your** Certificate of Insurance and this Product Disclosure Statement.

Benefit	Applicable limits per adult
<b>Cancellation and Additional Expenses</b>	-
Cancellation or holiday deferment costs	Chosen limit +
<i>Agents cancellation fees sub-limit</i>	\$2,000
Emergency travel arrangements and accommodation expenses	Unlimited
<i>Meals sub-limit</i>	\$500; limit \$75 per 24hrs
<i>Emergency internet/telephone sub-limit</i>	\$250
Post hospital accommodation	\$500; limit \$100 per day
<b>Medical Expenses</b>	-
Overseas medical expenses	Unlimited <sup>^</sup>

<b>Benefit</b>	<b>Applicable limits per adult</b>
<i>Critical <b>illness</b> or <b>injury</b> – emergency travel expenses for a friend or relative sublimit</i>	\$20,000
Hospital compensation	\$8,000; limit of \$50 per 24hrs
Dental expenses due to sudden and acute pain	\$1,000
<b>Medical evacuation and repatriation</b>	Unlimited
<i>Home services sub-limit</i>	\$500
<b>Extra travel cover</b>	-
Travel delay	\$2,000; limit \$250 per 24hrs
Missed connection – special events	\$2,000
Resumption of trip	\$3,000
Emergency accommodation due to <b>terrorism</b>	\$3,000; limit \$300 per day
Emergency expenses to avoid disaster	\$1,000
Early return home	\$2,000
<b>Rental vehicle expenses</b>	-
<b>Rental vehicle</b> insurance excess	\$5,000+
Return of <b>rental vehicle</b>	\$750
<b>Luggage</b>	-
Luggage and personal effects maximum limit	\$12,000
<b>Personal computer</b> , camera, video individual item limit	\$4,000
<i>Smartphones</i>	\$1,000
<i>Other individual item limit</i>	\$700
Emergency luggage	\$500
Stolen cash	\$250
Hiring replacement golf and surf equipment	\$200
Replacement passports and travel documents	\$3,000
Fraudulent use of credit or debit cards	\$3,000
<b>Personal accident</b>	-

<b>Benefit</b>	<b>Applicable limits per adult</b>
Accidental death	\$25,000
<i>Accompanying <b>children</b> sub-limit</i>	<i>\$1,000 per <b>child</b></i>
Funeral expenses overseas	\$25,000
Total permanent disability	\$12,500
Loss of income	\$10,000; limit of \$1,667 per month
<b>Personal liability</b>	\$2,500,000
<b>Coronavirus travel costs</b>	\$2,500

+ This is a limit per policy; it is the most **we'll** pay for all people on **your** Certificate of Insurance combined, per **trip**.

^ For up to 12 months after the **illness** first appears or **injury** first occurs.

## Guidelines

- This plan is only available to **residents of Australia**.
- This plan ends once **you** have returned to **your home in Australia** or the **period of insurance** ends, whichever happens first.
- If **you** have a high risk medical condition or require cover for an **existing medical condition** other than those automatically covered, please contact **us** to complete a medical screening assessment, which must be completed before the Certificate of Insurance can be issued.
- There is no provision to suspend this plan during the **period of insurance**.
- This plan cannot be purchased more than 18 months prior to travel.
- A policy premium is charged for each adult traveller; accompanying **children** are insured for no additional premium.
- There is no age limit on this plan. However, **we** may ask **you** some questions about **your** health and lifestyle at the time **you** buy **your** policy and then determine whether **we** will offer **you** cover and on what terms.
- Any options selected by **you** are in addition to this plan and are referenced in **your** Certificate of Insurance.

## Essentials Plan

### Schedule of benefits

This "**Schedule of benefits**" forms part of **your** policy and shows the limits and sub-limits for the benefits. Applicable limits are applied per adult traveller and are not increased for accompanying **children**. **You** must

read this “[Schedule of benefits](#)” together with **your** Certificate of Insurance and this Product Disclosure Statement.

<b>Benefit</b>	<b>Applicable limits per adult</b>
<b>Cancellation and additional expenses</b>	-
Cancellation or holiday deferment costs	Chosen limit +
<i>Agent’s cancellation fees sub-limit</i>	<i>\$2,000</i>
Emergency travel arrangements and accommodation expenses	\$15,000
<i>Meals sub-limit</i>	<i>\$500; limit \$75 per 24 hrs</i>
<i>Emergency internet/telephone sub-limit</i>	<i>\$250</i>
<b>Medical expenses</b>	-
Overseas medical expenses	Unlimited <sup>^</sup>
<i>Critical <b>illness</b> or <b>injury</b> – emergency travel expenses for a friend or relative sublimit</i>	<i>Not insured</i>
Hospital compensation	\$5,000; limit of \$50 for every 24 hours
Dental expenses due to sudden and acute pain	\$1,000
<b>Medical evacuation and repatriation</b>	\$500,000
<i>Home services sub-limit</i>	<i>Not insured</i>
<b>Extra travel cover</b>	-
Travel delay	\$1,000; limit \$250 per 24 hrs
Missed connection - special events	Not insured
Resumption of trip	Not insured
Emergency accommodation due to <b>terrorism</b>	Not insured
Emergency expenses to avoid disaster	\$1,000
Early return home	\$2,000
<b>Rental vehicle expenses</b>	-
<b>Rental vehicle</b> insurance excess	\$2,000 +
Return of <b>rental vehicle</b>	\$750
<b>Luggage</b>	-

<b>Benefit</b>	<b>Applicable limits per adult</b>
Luggage and personal effects maximum limit	\$5,000
<i>Individual item limit</i>	<i>\$500</i>
Emergency luggage	\$200
Stolen cash	Not insured
Hiring replacement golf and surf equipment	Not insured
Replacement passports and travel documents	\$1,000
Fraudulent use of credit or debit cards	Not insured
<b>Personal accident</b>	-
Accidental death	\$10,000
<i>Accompanying <b>children</b> sub-limit</i>	<i>\$1,000 per <b>child</b></i>
Funeral expenses overseas	\$15,000
Total permanent disability	Not insured
Loss of income	Not insured
<b>Personal liability</b>	\$1,000,000
<b>Coronavirus travel costs</b>	Not insured

+ This is a limit per policy; it is the most **we'll** pay for all people on **your** Certificate of Insurance combined, per **trip**.

^ For up to 12 months after the **illness** first appears or **injury** first occurs.

## Guidelines

- This plan is only available to **residents of Australia** up to 69 years of age at the time the Certificate of Insurance is issued.
- This plan ends once **you** have returned to **your home in Australia** or the **period of insurance** ends, whichever happens first.
- This plan does not cover **existing medical conditions** unless it is one that is automatically covered. If **you** require cover for any other **existing medical condition**, please ask **our representative** or **us** about other travel insurance products which may be available.
- This plan does not provide cover for any **snow sports**.
- There is no provision to suspend this plan during the **period of insurance**.
- This plan cannot be purchased more than 12 months prior to travel.
- A policy premium is charged for each adult traveller; accompanying **children** are insured for no additional premium.
- Any options selected by **you** are in addition to this plan and are referenced in **your** Certificate of Insurance.

# Annual Multi Trip Plan

## Schedule of benefits

This “[Schedule of benefits](#)” forms part of **your** policy and shows the limits and sub-limits for the benefits. Applicable limits are applied per adult traveller and are not increased for accompanying **children**. **You** must read this “[Schedule of benefits](#)” together with **your** Certificate of Insurance and this Product Disclosure Statement.

<b>Benefit</b>	<b>Applicable limits per adult</b>
<b>Cancellation and additional expenses</b>	-
Cancellation or holiday deferment costs	Chosen limit +
<i>Agents cancellation fees sub-limit</i>	\$2,000
Emergency travel arrangements and accommodation expenses	Unlimited
<i>Meals sub-limit</i>	\$500; limit \$75 per 24hrs
<i>Emergency internet/telephone sub-limit</i>	\$250
Post hospital accommodation	\$500; limit \$100 per day
<b>Medical expenses</b>	-
Overseas medical expenses	Unlimited <sup>^</sup>
<i>Critical <b>illness</b> or <b>injury</b> – emergency travel expenses for a friend or relative sublimit</i>	\$20,000
Hospital compensation	\$8,000; limit of \$50 per 24hrs
Dental expenses due to sudden and acute pain	\$1,000
<b>Medical evacuation and repatriation</b>	Unlimited
<i>Home services sub-limit</i>	\$500
<b>Extra travel cover</b>	-
Travel delay	\$2,000; limit \$250 per 24hrs
Missed connection – special events	\$2,000
Resumption of trip	\$3,000

<b>Benefit</b>	<b>Applicable limits per adult</b>
Emergency accommodation due to <b>terrorism</b>	\$3,000; limit \$300 per day
Emergency expenses to avoid disaster	\$1,000
Early return home	\$2,000
<b>Rental vehicle expenses</b>	-
<b>Rental vehicle</b> insurance excess	\$5,000 +
Return of <b>rental vehicle</b>	\$750
<b>Luggage</b>	-
Luggage and personal effects maximum limit	\$12,000
<b>Personal computer, camera, video individual item limit</b>	\$4,000
<i>Smartphone individual item limit</i>	\$1,000
<i>Other individual item limit</i>	\$700
Emergency luggage	\$500
Stolen cash	\$250
Hiring replacement golf and surf equipment	\$200
Replacement passports and travel documents	\$3,000
Fraudulent use of credit or debit cards	\$3,000
<b>Personal accident</b>	-
Accidental death	\$25,000
<i>Accompanying <b>children</b> sub-limit</i>	<i>\$1,000 per <b>child</b></i>
Funeral expenses overseas	\$25,000
Total permanent disability	\$12,500
Loss of income	\$10,000; limit of \$1,667 per month
<b>Personal liability</b>	\$2,500,000
<b>Coronavirus travel costs</b>	\$2,500

+ This is a limit per policy; it is the most **we'll** pay for all people on **your** Certificate of Insurance combined, per **trip**.

^ For up to 12 months after the **illness** first appears or **injury** first occurs.

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## Guidelines

- This plan is only available to **residents of Australia**.
- There is no cover under this plan when **you** are between **trips**, other than any benefits **you** may be entitled to under the “**Cancellation or holiday deferment costs**” and events 1-4 under “**Coronavirus travel costs**”.
- If **you** have a high risk medical condition or require cover for an **existing medical condition** other than those automatically covered, please contact **us** to complete a medical screening assessment, which must be completed before the Certificate of Insurance can be issued.
- There is no provision to suspend this plan during the **period of insurance**.
- This plan cannot be purchased more than 6 months prior to the nominated commencement date.
- This plan provides cover for any **trip** overseas or within Australia a minimum of 200km from **your home**.
- Named adults can travel independently to any other named adult on **your** plan. **Children** are only covered whilst accompanying an adult named on **your** Certificate of Insurance.
- There is no limit to the number of **trips you** may take during **your** 12 month **period of insurance**.
- The maximum duration of any one **trip** is 45 days. For any **trips** longer than this duration please refer to the section headed “**Extensions**” and contact **our representative**.
- A policy premium is charged for each adult traveller; accompanying **children** are insured for no additional premium.
- There is no age limit on this plan. However, **we** may ask **you** some questions about **your** health and lifestyle at the time **you** buy **your** policy and then determine whether **we** will offer **you** cover and on what terms.
- Any options selected by **you** are in addition to this plan and are referenced in **your** Certificate of Insurance.

## Plan selection

**You** must select a region based on the country(ies) **you** will be travelling to:

- Worldwide: or
- Worldwide excluding USA and Nepal.

## Policy expiration

- This policy will expire 12 months from the nominated “Departure date” on **your** Certificate of Insurance and it is not a renewable contract. If it is possible that **your** policy may expire during **your trip you** should reapply for a new policy by contacting **our representative** to obtain a new PDS. If **you** wish to re-apply **you** should complete a new application and, if required, contact **us** to complete a medical screening assessment.

- If **you** have continuous cover, the maximum allowable **trip** duration will start again at the “Departure date” nominated on the new Certificate of Insurance.

## Definitions

The words and terms in **bold** throughout this policy have special meanings set out below. Plurals and other forms of these words shall have the same meaning as in the singular form.

Where other words and terms are only used in one section of the policy, **we’ll** describe their special meaning in that section. Plurals and other forms of these words shall have the same meaning.

Word or term	Meaning
<b>Carrier</b>	the scheduled airline, vessel, train, or motor coach public transport in which <b>you</b> are to travel to or from <b>your</b> intended destination.
<b>Children</b>	<p><b>your</b> children, stepchildren, grandchildren, foster children, and children for whom <b>you</b> are the legal guardian, who are travelling with <b>you</b> on the same itinerary for the entire duration of <b>your trip</b> and at the time the Certificate of Insurance is issued are:</p> <ul style="list-style-type: none"> <li>■ under 25 years of age, and</li> <li>■ working less than 30 hours per week.</li> </ul>
<b>Close contact</b>	<ul style="list-style-type: none"> <li>■ face-to-face contact in any setting with a confirmed or probable case, for 15 minutes or more. This is cumulative over the course of one week. It starts from 48 hours before the onset of symptoms in the confirmed or probable case; or</li> <li>■ sharing a closed space with a confirmed or probable case for a prolonged period (e.g. more than 2 hours). This is in the period extending from 48 hours before onset of symptoms in the confirmed or probable case.</li> </ul>
<b>Close relative</b>	a relative of <b>yours</b> or of a member of <b>your travelling party</b> , who is resident in Australia or New Zealand. It means a spouse, de facto partner, parent, parent-in-law, daughter, son, daughter-in-law, son-in-law, brother, sister, brother-in-law, sister-in-law, niece, nephew, grandchildren, grandparent, stepparent, stepchildren, fiance or fiancée, or legal guardian.
<b>Coronavirus</b>	the SARS-CoV-2 virus, and any disease caused directly by this virus, including COVID-19.
<b>Electronic equipment</b>	personal and portable game consoles, media players, satellite navigation units, wearable technology, headphones.

Word or term	Meaning
<b>Existing medical condition</b>	<p>any <b>illness</b> or <b>injury</b> for which, in the 12 months prior to policy purchase, <b>you</b> have:</p> <ul style="list-style-type: none"> <li>■ had symptoms, or</li> <li>■ been diagnosed, or</li> <li>■ been prescribed medication, or</li> <li>■ received (or are waiting for) medical treatment, or</li> <li>■ received (or are waiting for) tests, investigations or specialist consultation, or</li> <li>■ received or been advised to attend a follow-up consultation; and/or</li> <li>■ had surgery or attended a hospital or clinic (as an outpatient or inpatient).</li> </ul> <p>It also includes any chronic or ongoing medical condition or terminal <b>illness</b>.</p> <p>This definition applies to <b>you</b>, <b>your travelling party</b>, a <b>close relative</b> or a business partner.</p>
<b>Financial default</b>	<p>the insolvency, bankruptcy, provisional liquidation, financial collapse, appointment of receivers or any other form of insolvency administration of any person, company, or organisation.</p>
<b>Home in Australia</b>	<p><b>your</b> usual residential address in Australia. If <b>you</b> do not travel directly to <b>your</b> home in Australia at the completion of <b>your trip</b>, it means the point of arrival of <b>your</b> pre-paid <b>scheduled public transport</b> or an Australian hospital if <b>we</b> repatriate <b>you</b>.</p>
<b>Illness</b>	<p>any disease or sickness affecting the body or mind.</p>
<b>Injury</b>	<p>a bodily injury that is caused solely and directly by external and visible means as a result of an accident and which does not result from an <b>illness</b>.</p>
<b>Medical practitioner</b>	<p>a medical professional registered and certified by the National and/or State Health Board either in Australia or in the country in which <b>you</b> are being treated whilst on <b>your trip</b>, and who is licensed to provide treatment, medication/prescriptions and medical opinions and reports – for example doctors, physiotherapists, dentists, psychologists and psychiatrists.</p> <p>A medical practitioner does not include a person who is related to <b>you</b> or a member of <b>your travelling party</b>.</p>

Word or term	Meaning
<b>Natural disaster</b>	flood, cyclone, tornado, hurricane, typhoon, wild fire, tsunami, earthquake, landslide, avalanche, volcanic eruption.  Natural disaster does not include outbreak of disease, epidemic, pandemic, or any other event that is not specifically included in this definition.
<b>Our representative</b>	an intermediary and their employees appointed by <b>us</b> as <b>our</b> agent to issue or vary nib travel insurance products on <b>our</b> behalf.
<b>Period of insurance</b>	the period of cover specified in the Certificate of Insurance.
<b>Personal computer</b>	laptops, notebooks, tablets, other personal hand-held wireless devices that convey data or information (excluding smartphones).
<b>Professional sporting activity</b>	a sporting activity where <b>you</b> are paid to participate, appear or train or where <b>you</b> receive sponsorship, income or prize money, regardless of whether or not <b>you</b> are a professional sports person.
<b>Rental vehicle</b>	Any 4-wheeled vehicle with a gross vehicle mass less than 4.5 tonnes that <b>you</b> : <ul style="list-style-type: none"> <li>■ hire from a registered rental vehicle company; and</li> <li>■ have a rental vehicle agreement in writing.</li> </ul>
<b>Resident of Australia</b>	an Australian citizen; permanent resident; holder of a skilled working visa (including 457 and Temporary Skill Shortage visa, but not a working holiday visa); student visa; holder of a partner/spouse visa which allows <b>you</b> to stay in Australia for at least 2 years; or New Zealand passport holder; all with unrestricted right of entry into Australia and access to long-term medical care in Australia.
<b>Scheduled public transport</b>	publicly available flights, cruises, rail services, bus services, ferries that run to a published timetable.
<b>Snow sports</b>	snow skiing and snowboarding on and off piste, back country skiing and snowboarding, snowmobiling, tobogganing, cross-country skiing, telemark skiing.
<b>Specified medical conditions</b>	an <b>existing medical condition</b> that <b>we've</b> agreed in writing to cover under <b>your</b> policy and for which <b>you've</b> paid an additional premium. The additional premium will be shown on <b>your</b> Certificate of Insurance.
<b>Terrorist act/ Terrorism</b>	An act or threat of violence of any person or group, organisation or government committed for political, religious, ideological or similar purposes, including the intention to influence any government and/or to put the public in fear.

Word or term	Meaning
<b>Total permanent disability</b>	permanent and total loss of sight in one or both eyes, or permanent and total loss of use of one or more limbs.
<b>Travelling party</b>	<b>you</b> and any travelling companion who has made arrangements to accompany <b>you</b> for at least 50% of <b>your trip</b> .
<b>Trip</b>	<p>In the case of the Comprehensive and Essentials: it means travel during the period between the departure date and the return date listed on <b>your Certificate of Insurance</b>. The trip must start and/or end at <b>your home in Australia</b>.</p> <p>In the case of the Annual Multi Trip Plan, trip(s) means any travel up to 45 days in duration between the departure date and return date shown on <b>your Certificate of Insurance</b>. Each trip must:</p> <ul style="list-style-type: none"> <li>• Start and end at <b>your home in Australia</b>, and</li> <li>• Be to a destination of at least 200km from <b>your home in Australia</b>, and</li> <li>• Include travel by either pre-paid <b>scheduled public transport</b> or hire car.</li> </ul> <p>The period of travel cannot be altered without <b>our</b> consent.</p>
<b>Unattended</b>	<p>leaving <b>your</b> luggage or personal effects:</p> <ul style="list-style-type: none"> <li>■ in a public place where it can be taken without <b>your</b> knowledge or at a distance from which <b>you</b> cannot prevent it from being taken; or</li> <li>■ with a person who is not a member of <b>your travelling party</b> or working for <b>your carrier</b> or accommodation provider.</li> </ul>
<b>We, our, us</b>	nib Travel Services (Australia) Pty Limited ABN 81 115 932 173 AFSL No 308461, who deal with <b>you</b> as an agent of the insurer, XL Insurance Company SE, Australia branch (ABN36 083 570 441).
<b>You, your, yours, yourself</b>	the people listed in the Certificate of Insurance.

## Existing medical conditions

**We** automatically cover certain **existing medical conditions** listed under the section "**Automatically covered conditions**".

If **you** choose the Comprehensive, Annual Multi Trip Plans, **you** must apply for cover under the "**Specified medical conditions option**" at time of policy purchase if:

- **you** have a high risk medical condition, and/or
- **you** have an **existing medical condition** **you** want cover for.

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(This option is not available with the Essentials Plan.)

## What's an existing medical condition?

An **existing medical condition** is one for which, in the 12 months prior to policy purchase, **you** have:

- had symptoms, or
- been diagnosed, or
- been prescribed medication, or
- received (or are waiting for) medical treatment, or
- received (or are waiting for) tests, investigations or specialist consultation, or
- received or been advised to attend a follow-up consultation; or,
- had surgery or attended a hospital or clinic (as an outpatient or inpatient).

It also includes any chronic or ongoing medical condition or terminal **illness**.

This definition applies to **you**, **your travelling party**, a **close relative** or a business partner.

## Getting cover for existing medical conditions (the "Specified medical conditions option")

A number of the most common medical conditions are automatically covered by **your** policy. Even if **your existing medical condition** isn't automatically covered, in many cases **you'll** still be able to get cover on application. Here's what **you** need to do:

1. Check if **your** condition is an automatically covered condition:

**We'll** automatically cover **you** for over 40 medical conditions. If **your existing medical condition** is on the list of "**Automatically covered conditions**", and **you** satisfy all the criteria related to that condition, **you're** covered for events that arise from or relate to that condition as part of **our** standard cover.

2. Apply to add any conditions that aren't automatically covered as "**specified medical conditions**":

If **you** have one or more **existing medical conditions** that aren't automatically covered that **you** want cover for, **you** must let **us** know at the time **you** buy **your** policy and complete a medical screening. **We'll** ask **you** some questions about **your** health and then determine whether **we** can offer **you** cover and, if so, on what terms.

In many cases, **we** expect that **we'll** be able to offer **you** cover for **your existing medical condition(s)** for an additional premium. If **you** choose to pay the additional premium, the condition becomes a **specified medical condition** covered under **your** policy, and the premium and any additional **excess** will be shown on **your** Certificate of Insurance. **You'll** then be covered for events that arise from or relate to the **specified medical condition(s)**.

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## What happens if you choose not to get cover for your existing medical condition?

If **you** have an **existing medical condition** that's not automatically covered under **your** policy or added to **your** policy as a **specified medical condition**, then **you** won't be covered for any claim that arises from that **existing medical condition**.

### High risk medical conditions

If **you** have ever had any of the following medical conditions, **you** must have a medical screening before or at the time **you** buy **your** Comprehensive or Annual Multi Trip policy. **We** will then determine if the condition can be added to **your** policy and covered as a **specified medical condition**.

- heart conditions – cardiovascular/coronary heart disease;
- respiratory conditions (except asthma and/or sleep apnoea providing they are automatically covered);
- chronic kidney disease;
- conditions involving the neck or back;
- cancer which has metastasised (the process by which cancer spreads from the place at which it first arose as a primary tumour to distant locations in the body);
- immune system deficiencies/reduced immunity; or
- any terminal **illness**.

### Automatically covered conditions

**We** automatically cover **you** for over 40 **existing medical conditions**. **Your** medical condition is classified by **us** as an automatically covered condition if it's listed in the table below, provided that **you** satisfy all criteria listed for that condition. **You** must read this section together with the "**General exclusions**", as these may affect **your** cover.

Medical condition	Criteria
Acne	<b>You</b> haven't received treatment for <b>your</b> Acne from a <b>medical practitioner</b> in the three months prior to buying <b>your</b> policy.
Allergies	<b>You</b> follow advice in accordance with <b>your medical practitioner</b> (such as to carry epipens, antihistamines/ other preventative medication at all times) and, at the date <b>you</b> buy <b>your</b> policy, <b>you</b> : <ul style="list-style-type: none"><li>■ have no other known or underlying respiratory conditions or diseases (for example, Asthma); and</li><li>■ have not required treatment from a <b>medical practitioner</b> for <b>your</b> allergies in the last six months.</li></ul>
Anaemia (Iron Deficiency)	No criteria apply.

Medical condition	Criteria
<b>Asthma</b>	<p>At the date <b>you</b> buy <b>your</b> policy, <b>you</b>:</p> <ul style="list-style-type: none"> <li>■ are under 60 years of age;</li> <li>■ have no other known or underlying respiratory conditions (including Sleep Apnoea);</li> <li>■ haven't required cortisone medication, except taken by inhaler or puffer; and</li> <li>■ haven't required hospitalisation for Asthma in the last two years, including as an outpatient.</li> </ul>
<b>Bell's Palsy</b>	No criteria apply.
<b>Benign Positional Vertigo</b>	At the date <b>you</b> buy <b>your</b> policy, <b>you</b> haven't required hospitalisation for Benign Positional Vertigo in the last two years, including as an outpatient.
<b>Bunions</b>	At the date <b>you</b> buy <b>your</b> policy, <b>you</b> haven't had surgery for Bunions in the last three months and have no surgery planned.
<b>Carpal Tunnel Syndrome</b>	At the date <b>you</b> buy <b>your</b> policy, <b>you</b> haven't had surgery for Carpal Tunnel Syndrome in the last three months and have no surgery planned.
<b>Cataracts</b>	At the date <b>you</b> buy <b>your</b> policy, <b>you</b> have no ongoing complications, haven't had surgery for Cataracts in the last three months, and have no surgery planned.
<b>Coeliac Disease</b>	At the date <b>you</b> buy <b>your</b> policy, <b>you</b> haven't required hospitalisation for Coeliac Disease in the last two years, including as an outpatient.
<b>Congenital Blindness</b>	No criteria apply.
<b>Congenital Deafness</b>	No criteria apply.
<b>Diabetes Mellitus (Types I and II)</b>	<p>At the date <b>you</b> buy <b>your</b> policy, <b>you</b>:</p> <ul style="list-style-type: none"> <li>■ were diagnosed more than six months ago;</li> <li>■ haven't had any complications in the last six months;</li> <li>■ have no eye, kidney, nerve or vascular complications;</li> <li>■ have a blood sugar level reading between 4 and 12 or a HbA1C score of 9% or less; and</li> <li>■ have no known cardiovascular/ coronary heart disease.</li> </ul>

Medical condition	Criteria
Dry Eye Syndrome	No criteria apply.
Ear Grommets	At the date <b>you</b> buy <b>your</b> policy, <b>you</b> have no current ear infection.
Epilepsy	At the date <b>you</b> buy <b>your</b> policy, <b>you've</b> : <ul style="list-style-type: none"> <li>■ no underlying medical conditions (for example, previous head trauma, stroke);</li> <li>■ not changed <b>your</b> medication regime for Epilepsy in the last 12 months; and</li> <li>■ not required hospitalisation for Epilepsy in the last two years, including as an outpatient.</li> </ul>
Folate Deficiency	No criteria apply.
Gastric Reflux	<b>Your</b> Gastric Reflux doesn't relate to another underlying diagnosis (examples: hernia or gastric ulcer).
Glaucoma	At the date <b>you</b> buy <b>your</b> policy, <b>you</b> have no ongoing complications, haven't had surgery for Glaucoma in the last three months, and have no surgery planned.
Goitre	The underlying medical cause excludes tumour.
Grave's Disease	At the date <b>you</b> buy <b>your</b> policy, <b>you</b> haven't received treatment from a <b>medical practitioner</b> for Grave's Disease in the last six months.
Hashimoto's Disease	The underlying medical cause excludes tumour.
Hiatus Hernia	At the date <b>you</b> buy <b>your</b> policy, <b>you</b> haven't had surgery for Hiatus Hernia in the last six months and have no surgery planned.
Hypercholesterolemia/ Hyperlipidaemia (High Cholesterol / High Lipids)	Provided <b>you</b> have no cardiovascular/ coronary heart disease.
Hypertension (High Blood Pressure)	Provided at the date <b>you</b> buy <b>your</b> policy: <ul style="list-style-type: none"> <li>■ <b>you</b> have no known cardiovascular/ coronary heart disease; and</li> <li>■ <b>your</b> current blood pressure reading is lower than 165/95.</li> </ul>
Hypothyroidism (underactive thyroid)	The underlying medical cause excludes tumour.

Medical condition	Criteria
<b>Hyperthyroidism (overactive thyroid)</b>	The underlying medical cause excludes tumour.
<b>Impaired Glucose Tolerance</b>	At the date <b>you</b> buy <b>your</b> policy, <b>you</b> : <ul style="list-style-type: none"> <li>■ were diagnosed more than six months ago;</li> <li>■ haven't had any complications in the last six months;</li> <li>■ have no eye, kidney, nerve or vascular complications;</li> <li>■ have a blood sugar level reading between 4 and 12 or a HbA1C score of 9% or less; and</li> <li>■ have no known cardiovascular/ coronary heart disease.</li> </ul>
<b>Incontinence</b>	<b>You</b> have no underlying gastrointestinal or urinary condition.
<b>Insulin Resistance</b>	At the date <b>you</b> buy <b>your</b> policy, <b>you've</b> : <ul style="list-style-type: none"> <li>■ no known cardiovascular/coronary heart disease; and</li> <li>■ not required hospitalisation for Insulin Resistance in the last two years, including as an outpatient.</li> </ul>
<b>Iron Deficiency</b>	No criteria apply.
<b>Macular Degeneration</b>	No criteria apply.
<b>Migraine</b>	<b>You</b> haven't required hospitalisation for Migraines in the two years prior to buying <b>your</b> policy, including as an outpatient.
<b>Nocturnal Cramps</b>	No criteria apply.
<b>Osteoporosis/ Osteopenia</b>	At the date <b>you</b> buy <b>your</b> policy, <b>you</b> : <ul style="list-style-type: none"> <li>■ haven't had any fractures;</li> <li>■ don't require more than one medication for this condition; and</li> <li>■ have no other conditions involving the neck or back.</li> </ul>
<b>Pernicious Anaemia</b>	No criteria apply.

Medical condition	Criteria
<b>Plantar Fasciitis</b>	At the date <b>you</b> buy <b>your</b> policy, <b>you</b> haven't had surgery for Plantar Fasciitis in the last three months, and have no surgery planned.
<b>Raynaud's Disease</b>	At the date <b>you</b> buy <b>your</b> policy, <b>you</b> haven't required treatment by a <b>medical practitioner</b> for Raynaud's Disease in the last six months.
<b>Sleep Apnoea</b>	At the date <b>you</b> buy <b>your</b> policy, <b>you</b> : <ul style="list-style-type: none"> <li>■ have no other known or underlying respiratory conditions (including Asthma); and</li> <li>■ haven't required hospitalisation for Sleep Apnoea in the last two years, including as an outpatient.</li> </ul>
<b>Solar Keratosis</b>	<b>Your</b> condition has been confirmed as benign.
<b>Trigeminal Neuralgia</b>	<b>You</b> haven't required treatment by a <b>medical practitioner</b> for Trigeminal Neuralgia in six months prior to buying <b>your</b> policy.
<b>Trigger Finger</b>	At the date <b>you</b> buy <b>your</b> policy, <b>you</b> haven't had surgery for Trigger Finger in the last three months, and have no surgery planned.
<b>Vitamin B12 Deficiency</b>	No criteria apply.

## Changes in your health before travelling

If **you** develop a new medical condition (or the symptoms of one) after **you** buy **your** policy but before **you** depart on **your** trip, **you** must check with **your medical practitioner** that **you** are fit to travel and get written confirmation. If **you** don't get **your medical practitioner's** written confirmation before **you** travel, and/or are unfit to travel due to **your** medical condition, **you** won't be covered for any claim that arises from that condition if **you** still travel.

Don't forget, if **you** had symptoms of a condition or were undergoing investigations for it at the time **you** bought **your** policy, **we** consider that to be an **existing medical condition**. If **you** forgot to tell **us** about this when **you** bought **your** policy, contact **us** as soon as possible (contact details on last page of this document).

## Pregnancy

If **you're** pregnant at the time **you** buy **your** policy, or fall pregnant afterwards, **you'll** have cover under the benefits of this policy for any event that arises from **your** pregnancy, provided that the event that causes **your** claim:

- 
- is covered by this policy;
  - is a pregnancy-related **illness**; and
  - occurs up to the end of the 26th week of a single pregnancy (or the 19th week of a multiple pregnancy).

Further, pregnancy-related **illnesses** such as hyperemesis (severe morning sickness), gestational diabetes, and any other must either have:

- first developed unexpectedly after **you** bought **your** policy and not be related to any previous pregnancy-related **illness you** had prior to buying **your** policy (either with a current or past pregnancy); or
- been added to **your** policy following a medical screening and **our** written offer to cover (under the Comprehensive or Annual Multi Trip Plans). See [“Adding cover if you’ve had a pregnancy-related illness”](#).

These conditions apply whether **you** fall pregnant naturally or with medical assistance (for example, through IVF).

## Adding cover if you’ve had a pregnancy-related illness

([“Specified medical conditions option”](#), and only applicable on the Comprehensive and Annual Multi Trip Plans.)

If **you** have a history of pregnancy-related **illnesses**, either with a current or a past pregnancy, and would like to apply for cover for them, **you** must tell **us** about these conditions before or at the time **you** buy **your** policy and complete a medical screening. **We’ll** ask **you** some questions about **your** health and then decide whether **we** can offer cover for **your** pregnancy-related **illnesses** and, if so, on what terms.

If **we** agree to offer **you** cover, and **you** pay the additional premium for this cover when **you** buy **your** policy, **your** approved pregnancy-related **illnesses** become **specified medical conditions** under **your** policy. The premium **you** have paid as well as any additional excess applicable will be shown on **your** Certificate of Insurance.

For more information on how to add pregnancy-related **illnesses**, see [“Getting cover for existing medical conditions”](#).

## When aren’t you covered?

**You** won’t be covered for any claims that arise from any past or current pregnancy-related **illness** if **you** don’t apply for cover for those medical conditions, they aren’t approved by **us** in writing and **you** don’t pay the applicable premium for that cover at the time **you** buy **your** policy.

This means that if **you** don’t tell **us** about current or past pregnancy-related **illness(es)** at the time **you** buy **your** policy – or if **you** do tell **us** about them and choose not to pay the additional premium to cover them as **specified medical conditions** – **you** won’t be covered for any claims that arise as a result of those **illnesses**.

Also, **you** should plan **your trip** so **you’re home** by the end of the 26th week for single pregnancies (or the 19th week for multiple pregnancies). If **you** don’t, and something happens, **you** won’t be covered.

## Looking to fall pregnant?

**You** don’t need to currently be pregnant to apply for cover in relation to any pregnancy-related **illnesses you’ve** had in the past. If **you’re** thinking

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about having a baby and **you** have a history of pregnancy-related **illnesses**, follow the instructions in this section to apply for cover. If **you** don't tell **us** about prior pregnancy-related **illnesses** and **you** then fall pregnant, there's no cover under **your** policy for anything that happens as a result of those **illnesses**.

## Cancellation and additional expenses

This section is divided into different benefits which apply depending on the plan, limits and any optional benefits **you** have chosen. The plan and any applicable limits appear on **your** Certificate of Insurance.

**You** must read this section together with the "General exclusions" as these may affect **your** cover.

### What are the events that will be covered under this section?

**We** will cover **you** under this "Cancellation and additional expenses" section in respect of **your** planned **trip** if one of the following events occurs after the issue of the Certificate of Insurance:

1. **you** are unable to start or finish the **trip** because of the death, sudden serious **illness** or serious **injury** arising before or during the **trip** of:
  - a. **you**; or
  - b. a member of **your travelling party**; or
  - c. a **close relative** or business partner who is a **resident** in Australia or New Zealand.

However, before **we** will cover **you**, **you** must provide **us** with proof that:

- **you** or a member of **your travelling party** were certified medically unfit to travel by a **medical practitioner**; or the death has occurred, or
  - in the case of a **close relative** or business partner, the death has occurred, or the **illness** or **injury** required hospitalisation or for **you** to care for them.
2. **your** pre-paid **scheduled public transport** services or pre-paid tour have been cancelled or restricted by **your carrier** or service provider because of severe weather, **natural disaster**, riot, strike, civil insurrection, or hijacking.
  3. **your** pre-paid accommodation has been destroyed or is uninhabitable due to severe weather or **natural disaster** and no alternative equivalent accommodation is available in the vicinity. **You** must have done everything reasonable to obtain alternative accommodation.
  4. a member of the **travelling party** is summoned to jury duty or to give evidence in a court of law.
  5. **you** have been involved in, or **your** travel arrangements have been cancelled or delayed by, a motor vehicle, railway, air or marine accident. **You** must have evidence confirming the accident, such as documentation from an official body in the country where the accident happened.

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6. **your** passport, travel documents or credit cards are stolen, accidentally lost or damaged.
  7. a member of **your travelling party** has been retrenched from their permanent employment in Australia.
  8. the cancellation of pre-arranged leave by an employer for a member of **your travelling party** who is a permanent employee of the police, fire, ambulance or emergency services.
  9. **you** are unable to start the **trip** because **your** employer cancels **your** pre-arranged leave and **you** are in permanent employment. This cover is limited to \$1,000.
  10. a wedding, conference, pre-paid concert, course, tuition or ticketed sporting event has been cancelled, and the sole purpose of the **trip** is to attend that wedding, conference, concert, course, tuition or ticketed sporting event.
  11. a tour operator or wholesaler has cancelled a tour because there are not enough people to begin or complete the tour. Cover is limited to the pre-paid cost of the transport arrangements purchased solely to get to the departure point of the tour and returning from the finishing point of that tour, or rearrangement costs, whichever is the lesser.

## Cancellation or holiday deferment costs

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

### What is covered?

If **you** have to cancel or rearrange **your trip** because of one of the reasons listed under "[What are the events that will be covered under this section](#)", **we** will pay either:

1. the non-refundable portion of **your** pre-paid travel arrangements and cancellation fees charged by **your** travel agent; or
2. the cost to rearrange **your trip**, provided that the cost is not greater than the amount that would have been incurred had **you** cancelled the **trip**,

for anyone listed on **your** Certificate of Insurance.

### What is not covered?

1. **We** will not pay for any event other than those listed as covered under the "[Cancellation and additional expenses](#)" section.
2. **We** will not pay for any unused pre-paid transport costs where **we** have repatriated **you** a distance equivalent to, or greater than, the total distance remaining on **your** itinerary at the point of repatriation. Where the total distance of the repatriation is less than the unused travel arrangements **we** will calculate **your** entitlement on a pro-rata basis, taking into account the cost of **your** original ticket.
3. **We** will not pay for any pre-paid **snow sports** arrangements on the Comprehensive or Annual Multi Trip Plans, unless **you** have purchased the "[Snow sports cover option](#)" and this option is shown on **your** Certificate of Insurance.
4. There is no cover where **you** have made a claim for the same costs under any other section of the policy.

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5. **We** will not pay for any non-refundable costs for anyone not named on **your** policy.
  6. **We** will not pay more than the cancellation amount that **you** selected which appears on **your** Certificate of Insurance.
  7. In the case of Agent's cancellation fees, **we** will not pay more than the limit outlined in the "[Schedule of benefits](#)".

### What is the most we will pay?

The most **we** will pay per policy for this benefit is the "Cancellation - chosen limit" shown on **your** Certificate of Insurance.

If **you** paid for any part of **your trip** using loyalty points, **we** will choose between either paying for or reinstating lost Frequent Flyer Points or similar reward points.

The amount **we** will pay is calculated as follows:

1. the cost of the equivalent class airline ticket, based on the best available advance purchase airfare for the same season of the following year, less **your** financial contribution towards the airline ticket;
2. multiplied by the total amount of points lost;
3. divided by the total amount of points redeemed to obtain the airline ticket.

#### Example:

Equivalent class advance purchase airfare = \$1,000

Points lost = 5,000

Points redeemed to obtain original ticket = 20,000

Claimable amount =  $\$1,000 \times (5,000/20,000) = \$250$

**We** will not pay for or reinstate **your** Frequent Flyer Points or similar reward points if **you** are able to recover the points or their value from any source.

## Emergency travel arrangements and accommodation expenses

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

### What is covered?

**We** will cover **you** for expenses **you** incur for **your** reasonable additional travel, accommodation, meals, internet use and emergency telephone calls, if **you** have to interrupt **your trip** after it has begun, because of an event set out under "[What are the events that will be covered under this section?](#)".

**We** will pay the higher of the non-refundable cancellation fees or the additional rearrangement costs that have been incurred as a result of the same event.

### What is not covered?

1. **We** will not pay for any event other than those listed under "[What are the events that will be covered under this section?](#)".

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- Any additional travel **you** undertake must be at the fare class that **you** originally chose, except where written approval is provided by **us**.
  - If the interruption to **your trip** requires repatriation or an early return to Australia, **you** must not organise any additional travel or accommodation in excess of \$2,000 without prior consent from **us**.
  - If **you** return to **your home in Australia** because of the interruption and **you** did not have a return ticket at the time of the event that causes a claim under this section, **we** will deduct from the amount **we** pay **you** the cost of an economy class airfare at the **carrier's** regular published rates for the return journey.
  - We** will not pay for any expenses **you** incur to resume **your trip** after **you** have returned to **your home in Australia**, except as set out under the section "**Resumption of trip**".
  - We** will not pay for additional accommodation where **you** have claimed for cancelled accommodation expenses covering the same period of time.
  - We** will not pay for accommodation expenses for periods where **you** have not forfeited pre-paid accommodation arrangements, except as set out under "**Post-hospital accommodation**", or if **you** are past **your** planned return date and **we** agree that **you** are unfit to travel.
  - There is no cover where **you** have made a claim for the same event under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the "**Schedule of benefits**" for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Post-hospital accommodation

**You** are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

### When does the cover begin and end?

The cover under this benefit begins when **you** leave hospital and ends when **your medical practitioner** deems **you** are fit to resume **your trip**, or after 5 days, whichever occurs first.

### What is covered?

**We** will cover **you** if **you** are hospitalised overseas for more than 48 hours because of an **illness** or **injury** which first happened while **you** were outside Australia on **your trip**, and **you** need accommodation to recover from **your illness** or **injury** after **you** leave hospital. Before **we** will pay this **you** must have written consent from **us**.

### What is not covered?

- We** will not pay for post-hospitalisation accommodation expenses when **you** have also made a claim for cancelled accommodation expenses covering the same period of time.
- There is no cover where **you** have made a claim for the same costs under any other section of the policy.

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## What is the most we will pay?

The most **we** will pay for this benefit is shown in the “**Schedule of benefits**” for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Medical expenses

This section is divided into different benefits which apply depending on the plan **you** have chosen.

**You** must read this section together with the “**General exclusions**” as these may affect **your** cover.

## Overseas medical expenses

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

### What is covered?

**We** will cover **you** for:

1. reasonable and necessary emergency medical, hospital and ambulance expenses that **you** incur as a result of **your** death or **your** new **illness** or **injury, specified medical condition, or “automatically covered condition”**;
2. a return economy class airfare and reasonable accommodation for a friend or relative to travel directly to **you**, if **you** are hospitalised with a sudden, life-threatening **injury** or **illness** during **your trip**;
3. dental treatment expenses **you** incur as a result of an **injury** to healthy natural teeth and which cannot be delayed until **your** return to Australia.

All treatment must be provided by a qualified and registered **medical practitioner** in the country **you** are being treated in.

Where **you** need treatment for an **injury** by a physiotherapist, chiropractor or osteopath, **you** may have the first 6 treatments without asking **us**. Any treatments after that must be with **our** consent.

All expenses under this section must be incurred within 12 months of the date of the **illness** or **injury**.

### What is not covered?

1. There is no cover for any medical, hospital, dental or ambulance expenses **you** incur in Australia. **We** cannot cover these because **we** are not allowed to do so by law.
2. There is no cover for medical expenses if **you** travelled with the intention of receiving medical treatment.
3. There is no cover under this benefit because of an **illness** or **injury**, the signs and symptoms of which **you** first became aware of after **you** purchased **your** policy but before **you** started **your trip**, where **you** did not obtain confirmation from **your medical practitioner** that **you** were fit to travel.
4. There is no cover for any person whose date of birth is after the date that the Certificate of Insurance was issued, unless **you** advised **us** and **we** agreed to provide cover.

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5. There is no cover for damage to dentures or dental prostheses under this section. Refer to the “**Luggage and personal effects**” section for cover that may be available.
  6. There is no cover for dental expenses to treat gingivitis, decay, normal wear and tear or the normal maintenance of dental health.
  7. There is no cover for crowns, caps, whitening, cleaning, scaling, creation of a new dental bridge or dental implants.
  8. There is no cover for any **existing medical condition** unless **you** have applied for cover for the **existing medical condition**, **we** have agreed to cover it in writing and, if applicable, **you** have paid the additional fee or the medical condition is one that is automatically covered.
  9. There is no cover for ongoing payments under this benefit if **we** decide that **you** are capable of being repatriated to Australia. If **you** do not agree to return to Australia to continue **your** medical treatment, ongoing cover will be limited to what **we** determine would have been the cost to return **you** to Australia.
  10. There is no cover where **you** have made a claim for the same costs under any other section of the policy.
  11. There is no cover under this benefit for a loss which arises from a lack of due care and responsibility on **your** part by neglecting to observe appropriate preventative measures for the travel region, as outlined by the World Health Organization, including obtaining relevant vaccinations, malaria prophylaxis, and hygiene measures. Please refer to [www.who.int](http://www.who.int) for further information.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “**Schedule of benefits**” for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**, subject to the following:

- Medical expenses to treat an **illness** or **injury** must be reasonable and medically necessary,
- If **you** have paid an additional premium for cover for a **specified medical condition**, any additional terms and conditions which **we** notified to **you** in writing will also apply,
- The most **we** will pay for a dental **injury** event requiring only dental treatment is \$1,000.

## Hospital compensation

No excess applies to claims under this benefit.

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

### What is covered?

**We** will cover **you** if **you** are hospitalised overseas for more than 48 continuous hours because of an **illness** or **injury** which first happened while **you** were outside Australia on **your trip**.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “**Schedule of benefits**” for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

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## Dental expenses due to sudden and acute pain

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

### What is covered?

**We** will cover **you** for dental treatment expenses **you** incur overseas to relieve sudden and acute dental pain.

**We** will pay expenses which **we** believe are reasonable and necessary to treat the pain. Before **we** will pay this **you** must give **us** written certification from **your** treating dentist that treatment is necessary to alleviate **your** pain. Any treatment **you** receive must be given by a dentist or oral surgeon who is registered to practice in the country where **you** receive treatment.

### What is not covered?

1. There is no cover for dental expenses incurred to treat gingivitis, normal wear and tear or the normal maintenance of dental health.
2. There is also no cover for any dental expenses **you** incur in Australia.
3. There is no cover for crowns, caps, whitening, cleaning, scaling, creation of a new dental bridge or dental implants.
4. There is no cover for cosmetic dentistry.
5. There is no cover where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “[Schedule of benefits](#)” for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Medical evacuation and repatriation

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

**You** must read this section together with the “[General exclusions](#)” as these may affect **your** cover

### What is covered?

**We** will cover **you** if **you** have to interrupt **your trip** after it has begun because **you** have suffered an **illness** or **injury** while **you** are on **your trip**, and in **our** opinion on the advice of **our** Emergency Assistance team, **you** need to be evacuated or repatriated. **We** will pay expenses which **we** believe are reasonable and necessary to bring **you** back to **your home in Australia**, or to another destination of **our** choice. The decision to evacuate or repatriate **you** is **ours**, and **we** will not pay for any evacuation or repatriation expenses unless it is medically necessary based on the advice of **our** Emergency Assistance team and **you** have received **our** consent.

**We** will pay for expenses for transporting **your** remains to a funeral home in Australia if **you** die during the **trip**.

**We** will either:

- return **you** to **your home in Australia** with a medical attendant; or

- 
- pay for a return economy class airfare, reasonable accommodation and additional expenses for a friend or relative to fly to, remain with and escort **you** in place of a medical attendant; or
  - return **you** to **your home in Australia** without an attendant.

Under the Comprehensive and Annual Multi Trip Plans, **we** will also pay **you** for necessary home services provided by a registered home services business if **you** have been repatriated to **your home in Australia** by **us** during **your trip** and **your illness or injury** restricts **your** ability to perform these duties. **You** must have **our** consent before **you** incur any costs for home services.

### What is not covered?

1. **We** will not cover **you** if **you** evacuate or repatriate when it is not medically necessary or without **our** consent.
2. There is no cover under this benefit because of an **illness or injury**, the signs and symptoms of which **you** first became aware of after **you** purchased **your** policy but before **you** started **your trip**, where **you** did not obtain confirmation from **your medical practitioner** that **you** were fit to travel.
3. **We** will not pay for any expenses **you** incur to resume **your trip** after **you** have returned to **your home in Australia**.
4. For repatriation, **we** will not pay more than the cost of repatriation to **your home in Australia**.
5. There is no cover for any additional costs for travel **you** undertake that is not at the fare class that **you** originally chose, unless undertaken with **our** consent.
6. If **you** do not have a return ticket at the time of the event that causes a claim under this section, **we** will deduct from the amount **we** pay **you** the cost of an economy class airfare at the **carrier's** regular published rates for the return journey.
7. There is no cover where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the "**Schedule of benefits**" for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Extra travel cover

This section is divided into different benefits which apply depending on the plan **you** have chosen.

**You** must read this section together with the "**General exclusions**" as these may affect **your** cover.

### Travel delay

No excess applies to claims under this benefit.

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

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### What is covered?

**We** will cover **you** if during **your trip** any individual leg of **your** pre-paid, **scheduled public transport** is delayed for at least 6 hours due to an unforeseen reason outside **your** control.

**We** will cover **you** for:

1. the reasonable cost of rearranging **your** travel arrangements to resume **your** pre-paid arrangements; and
2. the cost of reasonable additional accommodation and meals.

### What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “**Schedule of benefits**” for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Missed connection – special events

**You** are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

### What is covered?

**We** will cover **you** if **your trip** is interrupted by an event that is not anticipated, is unexpected, and is outside of **your** control, and **you** are unable to arrive at **your** destination by the time originally scheduled for the purpose of attending a wedding, funeral, conference, 25th or 50th Wedding Anniversary, concert or ticketed sporting event which cannot be delayed as a consequence of **your** late arrival. **We** will pay for the reasonable additional cost of using alternative public transport to arrive at the destination on time.

### What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “**Schedule of benefits**” for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Resumption of trip

This benefit is in place of, and not in addition to, any benefit payable under “**Cancellation or holiday deferment costs**”.

**You** are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

### What is covered?

**We** will cover **you** if **you** have to return to Australia because of the hospitalisation or death of a **close relative** in Australia during **your trip** as a direct result of sudden serious **illness** or serious **injury**. **We** will pay **you** for the transport costs **you** have paid to resume **your** original **trip**.

However, **we** will only do so if, at the date **you** return to Australia:

- **you** have more than 25% of the length of **your trip** remaining, and

- 
- **you** resume **your** journey within 6 months from the date that **you** return to **your home in Australia**, and
  - **you** have not made a claim for cancellation costs under this policy.

#### What is not covered?

1. **We** will pay no more than the cancellation costs that would have been incurred on unused pre-paid arrangements had **you** not resumed **your** journey.
2. There is no cover under this policy for any period of time **you** are in Australia.
3. **Your** policy will not recommence when **you** leave Australia to resume **your** journey. **You** must take out a new policy to have cover.
4. There is no cover where **you** have made a claim for the same costs under any other section of the policy.

#### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “[Schedule of benefits](#)” for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Emergency accommodation due to terrorism

**You** are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

#### What is covered?

**We** will cover **you** after **your trip** has begun for expenses **you** incur for necessary emergency accommodation if **your trip** is interrupted due to a **terrorist act**.

#### What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

#### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “[Schedule of benefits](#)” for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Emergency expenses to avoid disaster

No excess applies to claims under this benefit.

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

#### What is covered?

During **your trip**, **we** will cover **you** for reasonable additional travel arrangements **you** make within 48 hours of a public warning being issued in the mass media of severe weather, **natural disaster**, riot, strike or civil insurrection that is likely/expected to directly impact **your** travel arrangements.

#### What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

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### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “[Schedule of benefits](#)” for **you** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

### Early return home

No excess applies to claims under this benefit.

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

### What is covered?

**We** will cover **you** if **you** usual place of residence or business premises in Australia has been destroyed or rendered insecure due to a **natural disaster**, fire or malicious damage. Cover is limited to the additional expenses incurred in returning **you** to the nearest practical accommodation to **your home in Australia**.

### What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “[Schedule of benefits](#)” for **you** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Rental vehicle expenses

This section is divided into different benefits which apply depending on the plan **you** have chosen.

**You** must read this section together with the “[General exclusions](#)” as these may affect **your** cover.

### Rental vehicle insurance excess

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

### What is covered?

**We** will cover **you** for the **rental vehicle** insurance excess, or the cost of repairing the vehicle, whichever is lower, if:

- **you** rent a vehicle from a rental company;
- it is damaged by accident, storm, fire or theft; and
- **you** are a nominated driver on the Rental Vehicle Agreement.

For this benefit to apply, the **rental vehicle** must have comprehensive motor vehicle insurance for the period of hire.

### What is not covered?

- This cover is not in place of **rental vehicle** insurance and only provides cover for the excess component up to the applicable limit.
- There is no cover for **your** liability resulting out of **your** use of a mechanically propelled vehicle (e.g. motor vehicle or motor cycle).

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- There is no cover where the loss event is not covered by the **rental vehicle's** comprehensive motor vehicle insurance.
  - There is no cover for administration or loss of use fees charged by the rental company.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “**Schedule of benefits**”; or, where **you** have purchased the “**Additional rental vehicle insurance excess option**”, **we** will pay up to the chosen limit for “**Rental vehicle insurance excess**” shown on **your** Certificate of Insurance.

## Return of rental vehicle

No excess applies to claims under this benefit.

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

### What is covered?

**We** will pay towards the cost of returning **your rental vehicle** to the nearest depot, including airport concession charges, if due to a claimable event covered by any section of this policy **you** are unable to do so during **your trip**.

### What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “**Schedule of benefits**” for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Luggage

This section is divided into different benefits which apply depending on the plan **you** have chosen.

**You** must read this section together with the “**General exclusions**” as these may affect **your** cover.

## Luggage and personal effects

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

### What is covered?

**We** will cover **you** for each of the following:

1. accidental loss, theft of, or damage to, **your** luggage or personal effects including things **you** buy during the **trip**, while they are accompanying **you** during **your trip**.
2. loss of, or damage to, dentures or dental prostheses whilst not on **your** person during **your trip**.
3. the cost of medical consultation fees **you** incur to replace prescription medication which is accidentally lost, stolen or damaged, together with the cost of the medication itself.

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4. theft of, or damage to, **your** luggage or personal effects while they are left in a locked motor vehicle or a motor home during daylight hours and there is forced entry into the vehicle.
  5. theft of, or damage to, **your** luggage or personal effects while they are left in a locked storage facility and there is forced entry into the facility.

In the event of a claim under this “Luggage and personal effects” section, **we** will reinstate the applicable limit for one other event that arises from any other set of circumstances.

### What is not covered?

There is no cover under this section for any of the following:

1. accidental loss or damage to or theft of:
  - a. cash, bank or currency notes, cheques or negotiable instruments other than allowed for under the “Stolen Cash” section;
  - b. fragile or brittle items (eg. glass or china), except loss or damage caused by fire, or by accident to the transport carrying them;
  - c. damage to computer, tablet or smartphone screens at any time;
  - d. damage to software or applications;
  - e. luggage or personal effects that are being transported independently of **you**;
  - f. property that **you** leave **unattended** or that occurs because **you** do not take reasonable care to protect it;
  - g. luggage or personal effects for which **you** are entitled to compensation from the **carrier**;
  - h. **personal computers**, smartphones, communication or photographic equipment, **electronic equipment**, jewellery or watches left **unattended** by **you** in a motor vehicle or a motor home for any length of time, even if they are locked in the motor vehicle or motor home;
  - i. luggage or personal effects left **unattended** by **you** between sunset and sunrise in a motor vehicle or a motor home for any length of time;
  - j. luggage or personal effects left **unattended** by **you** in a tent or caravan for any length of time;
  - k. **personal computers**, smartphones, communication or photographic equipment, **electronic equipment**, jewellery or watches checked in as luggage;
  - l. trade items, trade samples or **your** tools of trade or profession;
  - m. gold or precious metals, precious unset or uncut gemstones;
  - n. watercraft of any type (excluding theft of surfboards or damage to surfboards whilst in the custody of a **carrier**);
  - o. a drone i.e. an aircraft without a human pilot aboard;
  - p. sporting equipment whilst in use;

- q. **snow sports** equipment unless **you** have selected the "**Snow sports cover option**" and paid the additional premium;
  - r. luggage or personal effects that have been left in a locked storage facility for greater than 48 hours.
2. wear and tear or depreciation of property or damage by the action of insects or vermin, mildew, humidity, rust or corrosion.
  3. mechanical or electrical breakdown, or malfunction repair costs.
  4. where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the "**Schedule of benefits**" for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**. **We** will not pay more than the original price **you** paid for an item, even if the applicable limit set out in the "**Schedule of benefits**" is higher.

**We** are entitled to choose between:

1. paying the cost of repairing **your** item; or
2. replacing the property; or
3. paying **you** its value in cash after allowing for reasonable wear and tear (depreciation).

Any payment, however, will not exceed the original cost of the item.

The limits for specific items are set out in the "**Schedule of benefits**" and depend on the plan **you** have chosen, unless **you** have separately insured an item under the "**Specified items option**".

A pair or related set of items are considered to be one item (for example, a camera and its lenses (attached or not), tripod and accessories, a chain and pendant, or a pair of hearing aids) unless each individual item has been separately insured under the "**Specified items option**".

If **you** have separately insured an item under the "**Specified items option**", depreciation does not apply. In the event of a claim **you** must provide **us** with a receipt or valuation which is dated from before **you** specified the item on **your** policy. If **you** are not able to supply this, the item(s) will be settled in accordance with the items limits listed in the "**Schedule of benefits**", and the additional premium **you** paid to specify the item will be reimbursed to **you**.

Items separately insured under the "**Specified items option**" are covered up to the amount specified and will not be deducted from the total luggage limit set out in the "**Schedule of benefits**".

### Depreciation

The nominated depreciation rate will apply to each year of age up to a maximum of 80% of the original purchase price of that item.

### Depreciation amounts

10%	Camping, sporting and leisure equipment (not leisure clothing), and musical instruments.
15%	Clothing, footwear, personal effects, luggage, prescription glasses, sunglasses, costume jewellery and books.

20%	<b>Personal computer</b> , communication or photographic equipment, <b>electronic equipment</b> , mobile phones, smart phones, CDs and DVDs.
50%	Toiletries including skin care, makeup, perfume, medication.

Items not listed above will also be subject to depreciation at **our** reasonable discretion.

## Emergency luggage

No excess applies to claims under this benefit.

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

### What is covered?

**We** will cover **you** towards the cost of purchasing essential articles such as clothing, toiletries and personal requisites if **your** accompanied luggage is delayed, misdirected or temporarily misplaced by the **carrier** for a period in excess of 10 hours during **your trip**. If **your** luggage is not recovered, the amount paid by **us** for the loss will be reduced by the total of any amounts paid for under this section.

### What is not covered?

1. There is no cover where **you** have made a claim for the same costs under any other section of the policy.
2. There is no cover for purchase of jewellery, perfume, fragrances or alcohol.
3. This benefit does not apply on the leg of **your trip** that returns **you** to **your home in Australia**.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the [“Schedule of benefits”](#) for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

If after 72 hours **your** accompanied luggage is still missing, the applicable limit for this benefit is doubled.

## Stolen cash

No excess applies to claims under this benefit.

**You** are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

### What is covered?

**We** will cover **you** for the loss of cash that was either carried on **your** person at the time of loss or secured in a locked safe, provided that **you** reported the loss to the police immediately or as soon as possible after becoming aware of the loss and obtained a written police report.

### What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

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### What is the most we will pay?

The most **we** will pay for this benefit is shown in the "Schedule of benefits" for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Hiring replacement golf and surf equipment

No excess applies to claims under this benefit.

**You** are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

### What is covered?

If **your** golf or surf equipment is accidentally lost, delayed or damaged during **your trip we** will pay for the cost of hiring replacement golf or surf equipment.

### What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the "Schedule of benefits" for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Replacement passports and travel documents

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

### What is covered?

**We** will pay for the cost of reissuing or replacing **your** travel or personal documents, drivers licence, travellers' cheques, passport, or debit or credit cards, after they have been stolen, accidentally lost or damaged during **your trip**.

**We** will also cover the reasonable cost of **you** travelling to the nearest location where the documents can be replaced. **You** must comply with any conditions of the issuing body of the travel documents, travellers' cheques, passport, or debit or credit cards.

### What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the "Schedule of benefits" for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Fraudulent use of credit or debit cards

**You** are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

### What is covered?

**We** will cover **you** for the fraudulent use of **your** credit or debit card if it was accidentally lost, skimmed or stolen during **your trip**. **You** must comply with any conditions of the issuing body of the credit or debit card.

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## What is not covered?

1. There is no cover under this benefit if the credit or debit cards are fraudulently used by **you, your** relative or a travelling companion.
2. There is no cover where **you** have made a claim for the same costs under any other section of the policy.

## What is the most we will pay?

The most **we** will pay for this benefit is shown in the “**Schedule of benefits**” for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

# Personal accident

No excess applies to claims under this section.

This section is divided into different benefits which apply depending on the plan **you** have chosen.

**You** must read this section together with the “**General exclusions**” as these may affect **your** cover.

## Accidental death

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

### What is covered?

**We** will pay **your** Estate if during **your trip**:

- **you** suffer an **injury** which results in **your** death within 12 month of the **injury** being sustained; or
- **you** disappear because **your** means of transport disappeared, sank or was wrecked, and **your** body has still not been found 12 months after **your** disappearance.

### What is not covered?

1. There is no cover if **your** death is due to an **illness** or **your** suicide.
2. There is no cover where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “**Schedule of benefits**” for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Funeral expenses overseas

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

### What is covered?

**We** will pay for expenses for **your** burial or cremation overseas if **you** die during the **trip**.

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### What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “**Schedule of benefits**” for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Total permanent disability

**You** are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

### What is covered?

**We** will cover **you** if during **your trip you** suffer an **injury** and as a result of that **injury you** suffer **total permanent disability** within 12 months of sustaining the **injury**.

### What is not covered?

1. There is no cover if **you** suffer **total permanent disability** as a result of an **illness**.
2. There is no cover where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “**Schedule of benefits**” for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Loss of income

**You** are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

### What is covered?

**We** will cover **you** if due to an **injury you** suffer during **your trip**, and on the advice of **your medical practitioner**, **you** are unable to return to **your** usual place of employment or take up an offer of employment in Australia.

**We** will pay **you** for:

- **your** average monthly income based on **your** previous 12 months earnings (net of income tax) in the case **you** are unable to return to **your** usual place of employment; or
- **your** average monthly income based on **your** documented projected income for the next 12 months (net of income tax) if **you** are unable to take up an offer of employment.

This benefit is only payable if **you** are unable to resume or begin **your** employment within 30 days of the **injury**. Before **we** make any payment **we** will contact Centrelink or similar bodies to confirm any payments that must be deducted from any payment **we** make.

### What is not covered?

1. **We** will not pay **you** in respect of the first 30 days after **you** originally planned to resume work in Australia.

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2. There is no cover where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “**Schedule of benefits**” for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Personal liability

**You** are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

**You** must read this section together with the “**General exclusions**” as these may affect **your** cover.

### What is covered?

**We** will pay **you** for **your** legal liability to pay damages or compensation because **your** negligence during the **trip** causes:

1. injury to a person who is not a member of **your** family or **travelling party**; or
2. loss or damage to property that is not owned by **you** or a member of **your** family or **travelling party**, or which is not in **your** or their custody or control.

**We** will also pay **your** legal costs in relation to that liability, but only if **you** get **our** consent before legal costs are incurred or **you** take or are involved in any legal action.

### What is not covered?

1. There is no cover for any liability:
  - a. arising out of **your** trade, business or profession; or
  - b. for injury to an employee arising out of, or in the course of, their employment by **you**; or
  - c. arising out of **your** unlawful, wilful or malicious act; or
  - d. arising out of **your** ownership, possession or use (including as a passenger) of a mechanically propelled vehicle for example, motor vehicle, motor cycle, aircraft or watercraft; or firearm; or
  - e. arising out of **you** passing on an **illness** to another person.
2. There is no cover where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “**Schedule of benefits**” for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

## Coronavirus travel costs

**You** are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

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**You** must read this section together with the “**General exclusions**” as these may affect **your** cover.

For details of the cover available for medical expenses overseas and medical repatriation/evacuation, see sections: “**Overseas Medical Expenses**”, “**Hospital Compensation**” and “**Medical evacuation and repatriation**”.

### What is covered?

This section covers **you** for:

1. **You** or a member of **your travelling party** are diagnosed with **coronavirus** and **you** have to cancel **your trip**, **we** will pay the non-refundable portion of **your** pre-paid travel arrangements. The attending **medical practitioner** must certify that, due to the diagnosis, **you** or they are medically unfit to continue with **your** original travel plans. The diagnosis of **coronavirus** must be made after policy purchase.
2. **Your close relative** or business partner in Australia is hospitalised or dies due to **coronavirus** and **you** have to cancel **your trip**, **we** will pay the non-refundable portion of **your** pre-paid travel arrangements. The diagnosis of **coronavirus** must be made after policy purchase.
3. **You** or a member of **your travelling party** are permanently employed as a healthcare worker, residential care worker or law enforcement officer, and **your** or their pre-approved leave is cancelled by the employer due to **coronavirus**, **we** will pay the non-refundable portion of **your** pre-paid travel arrangements.
4. **You** are unable to stay at **your** pre-booked accommodation due to it being closed for cleaning following a confirmed case of **coronavirus** at the accommodation, **we** will pay for **your** reasonable additional travel and accommodation nearby. **You** must provide written confirmation of the closure from the provider.
5. During **your trip** **you** are denied boarding on **your** scheduled public transport due to **you** being suspected of being infected with **coronavirus**, **we** will pay for **your** reasonable additional travel, meals and accommodation. **You** must provide written confirmation from the **carrier** or relevant authority.
6. During **your trip**, **you**, or a member of **your travelling party** are confined to compulsory quarantine as a result of **your** or their diagnosis of, or confirmed **close contact** with a case of, **coronavirus**, **we** will pay for **your** reasonable additional travel, meals and accommodation, including in-room entertainment. **You** must provide written confirmation from the attending registered **medical practitioner** or local health authority that **your** quarantine is necessary due to **your** or **your travelling party's** diagnosis or confirmed **close contact**.
7. During **your trip**, **you** are unable to take care of **your** dependent children due to **you** being diagnosed with **coronavirus**, **we** will pay **your** reasonable additional childcare costs for a registered or appropriately qualified childcare worker to take care of **your** dependent children who would otherwise have been in **your** full-time care.
8. During **your trip**, **you** are diagnosed with **coronavirus**, **we** will pay **your** reasonable additional pet care services, including kennel and cattery boarding fees or professional pet sitting services, in Australia.

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**You** may need to provide **us** with **your** receipts and written confirmation of any compensation offered or denied.

### What is not covered?

**We** will not pay a claim or loss that arises because of any of the following:

1. **You** buy a policy, make or undertake travel arrangements when **you** are aware, or a reasonable person in **your** circumstances should have been aware, of circumstances that may impact **your** travel plans, or knowingly putting **yourself** in a situation of unreasonable risk, such as:
  - a. **You** know **you** will be unable to avoid **close contact** with a case of **coronavirus** during **your trip**; or
  - b. **You** are medically unfit to travel; or
  - c. **You** travel against medical advice; or
  - d. when **you** know **you** will have to consult a **medical practitioner** during **your trip**.
2. **You** fail to promptly cancel or rearrange **your** travel plans after an event impacts **your trip**, and **you** incur extra costs.
3. **You** neglect to observe appropriate government, health department, and World Health Organization preventative and precautionary measures, including any relevant vaccinations, hygiene or social distancing guidelines.
4. **You** or a member of **your travelling party's** change of mind, disinclination or reluctance to travel.
5. Any expenses where **you're** unable to provide written documentation confirming the incident, or where **you** can't provide proof of **your** expenses, including original receipts, if **we** ask for them.
6. Additional travel and accommodation expenses above the standard originally booked, unless approved by **us**.
7. Expenses **you** incur after **you** return to **your home in Australia**.
8. Additional accommodation expenses, where **you** claim for cancelled accommodation expenses covering the same period of time; or any expenses where **you** have made a claim for the same costs under any other section of the policy.
9. Any quarantine that is broadly imposed by a government or other official body which is not as a result of **your** or a member of **your travelling party's** diagnosis of, or **close contact** with a case of, **coronavirus**.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the "**Schedule of benefits**" for **your** chosen plan. Limits apply per adult and are not increased for accompanying **children**.

## Snow sports cover (optional cover)

"**Snow sports cover**" only applies if **you** have purchased the "**Snow sports cover option**". This option is only available with the Comprehensive and Annual Multi Trip Plans.

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When **you** buy the “**Snow sports cover option**” (which will be shown on **your** Certificate of Insurance) **you** have cover under the other benefit sections for the plan **you** have chosen when **you’re** participating in a **snow sport**.

The following “**Snow sports cover**” benefits are also available when **you** purchase the “**Snow sports cover option**”.

**You** must read this section together with the “**General exclusions**” as these may affect **your** cover.

## Ski lift passes

No excess applies to claims under this benefit.

### What is covered?

**We** will cover **you** for non-refundable, pre-paid ski lift passes or ski equipment hire or tuition fees that cannot be used due to **your illness** or **injury** sustained during **your trip**.

### What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “**Snow sports cover option**”. Limits apply per adult traveller and are not increased for accompanying **children**.

## Ski run closure

No excess applies to claims under this benefit.

### What is covered?

**We** will pay **you** if **you** are prevented from skiing at a pre-booked ski resort for more than 24 continuous hours during **your trip**, because insufficient snow, too much snow or high winds caused a total closure of the lift system.

### What is not covered?

1. **We** will not cover **you** for claims in respect of ski resorts that do not have skiing facilities at least 1,000 metres above sea level. **We** will not cover **you** for claims that arise due to insufficient snow in Northern Hemisphere ski resorts outside the period 15 December to 31 March, or in Southern Hemisphere ski resorts outside the period 1 July to 30 September.
2. There is no cover where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the “**Snow sports cover option**”. Limits apply per adult traveller and are not increased for accompanying **children**.

## Hire replacement snow equipment

No excess applies to claims under this benefit.

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### What is covered?

We will pay **you** the reasonable cost of hiring replacement equipment if **your** snow skiing equipment is lost, delayed or damaged during the **trip**.

### What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

### What is the most we will pay?

The most **we** will pay for this benefit is shown in the "**Snow sports cover option**". Limits apply per adult traveller and are not increased for accompanying **children**.

## General exclusions

These general exclusions apply to all sections of this policy, unless otherwise described in the exclusion.

**You** should read them, together with the cover and the specific exclusions referred to under each section of cover.

There is no cover under any section of this policy for any claim arising because of any of the following:

1. **you** travel:
  - a. even though **you** know **you** are unfit to travel; or
  - b. against medical advice; or
  - c. when **you** know **you** will have to consult a **medical practitioner**; or
  - d. for the purpose of obtaining medical advice or treatment, or
  - e. with a lack of due care and responsibility on **your** part to observe appropriate preventative measures for the travel region as outlined by the World Health Organization, including relevant vaccinations, malaria prophylaxis and hygiene measures. Please see [www.who.int](http://www.who.int) for further information.
2. **you** fail to maintain a course of treatment **you** were on at the time **your trip** commenced.
3. elective or cosmetic treatment or surgery that is not medically necessary, and/or their complications.
4. participation in a clinical trial and/or their complications.
5. gastric banding, gastric sleeve or gastric bypass surgery and/or their complications.
6. recurrence or exacerbation of an **existing medical condition** of **you**, a member of the **travelling party**, a non-travelling **close relative** or business partner. This exclusion will not apply to **specified medical conditions** or if the medical condition is one that is automatically covered.
7. any **illness** or death arising from a terminal prognosis that was made prior to the issue of the Certificate of Insurance.
8. the birth of a child, at any gestation, regardless of the cause.

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9. any pregnancy-related **illness** of the mother after the 26th week of gestation of a single pregnancy (or the 19th week of a multiple pregnancy).
  10. any medical treatment or care that is not required as an emergency, or any alternative therapy, health spa or rehabilitation centre, unless it has been agreed to by **us**.
  11. any cover under the Essentials Plan where **you** are 70 years of age or over at the time the Certificate of Insurance is issued.
  12. a member of the **travelling party** decides to alter their plans or not to continue with the **trip**.
  13. a member of the **travelling party**:
    - a. does not follow official laws or warnings from a governmental authority or organisation, or any other relevant or local authority; or
    - b. intentionally and recklessly places themselves in circumstances, or undertakes activities which pose a risk to their personal safety (except in an attempt to save a human life); or
    - c. deliberately injures themselves; or
    - d. is intoxicated by or is addicted to alcohol;
    - e. is intoxicated by or is addicted to a drug, except a drug taken in accordance with the advice of a registered **medical practitioner** or an over-the-counter drug taken in accordance with the manufacturer's instructions; or
    - f. takes part in a riot or civil commotion; or
    - g. hunts, plays polo, races (except on foot), mountaineers using support ropes, paraglides, rock climbs, abseils, participates in base jumping, running with the bulls, or pot holing; or
    - h. travels in international waters in a private sail vessel or privately registered sail vessel; or
    - i. participates in, or trains for, a **professional sporting activity**; or
    - j. scuba dives unless **you** hold an open water diving licence or **you** were diving under licensed instruction; or
    - k. rides a motor cycle, moped or motor scooter, either as the person in control or as a pillion passenger:
      - (i) with an engine capacity greater than 250cc, or
      - (ii) when not wearing a helmet, or
      - (iii) where the person in control does not have a full motorcycle licence that is valid both in the country of travel and in their country of residence.
    - l. rides an all terrain vehicle or quad bike, either as the person in control or as a pillion passenger.
    - m. participates in activities on snow or ice, other than **snow sports** activities if **you** have purchased the "**Snow sports cover option**", where available.
    - n. participates in any competitive record attempts involving aerial devices or aircraft.
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14. a loss which is recoverable under a scheme that provides coverage for any medical treatment; for example, Medicare, a private health fund, national reciprocal health fund or scheme, workers' compensation scheme, travel compensation fund or accident compensation scheme. **We** will not pay for private medical care when reciprocal health cover is available and accessible. In any case, **we** will only pay for private medical care where approval has been given by nib International Assistance.
  15. any consequential loss, or loss of enjoyment; compensation or financial losses that are not specifically covered.
  16. a loss caused by, or in any way related to a malicious, criminal or dishonest act by a member of the **travelling party** or by a person with whom **you** are in collusion.
  17. **you** act fraudulently in any way or encourage anyone else to give **us** fraudulent information.
  18. a loss arising from an epidemic, pandemic or World Health Organization declaration of a public health emergency of international concern. This exclusion does not apply to:
    - "Overseas medical expenses";
    - "Hospital Compensation";
    - "Medical evacuation and repatriation";
    - "Funeral Expenses overseas"; and
    - "**Coronavirus** travel costs".
  19. a loss arising from war, invasion, act of a foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, military or usurped power or civil insurrection, except as provided for in the section "**Emergency expenses to avoid disaster**".
  20. a loss arising from the use, existence or escape of nuclear materials, biological and or chemical materials, or ionising radiation from, or contamination by, radioactivity from any nuclear fuel, or nuclear waste from the combustion of nuclear fuel.
  21. a loss arising from any government intervention, prohibition, or regulation. This exclusion does not apply to claims under the section "**Coronavirus travel costs**". Please refer to "**Coronavirus travel costs**" for specific exclusions regarding **coronavirus** travel costs.
  22. a government authority seizing, withholding or destroying anything of **yours** or any prohibition by or regulation or intervention of any government or any government not allowing **you** to enter or to stay in that country.
  23. an act or threat of **terrorism**. This exclusion does not apply to "**Cancellation and additional expenses**" event 2 for hijacking in "**What are the events that will be covered under this section**"; "**Emergency accommodation due to terrorism**"; "**Overseas medical expenses; Luggage and personal effects**"; "**Medical evacuation and repatriation**" for the cost of repatriation to or within Australia, if the **carrier** requires **you** to be brought back with a medical escort.
  24. cancellation, delay or rescheduling of **your scheduled public transport** on the part of the **carrier** for operational reasons, mechanical breakdown or maintenance. This exclusion does not apply to the "**Travel delay**" section or the "**Missed connection - special events**" section.
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25. **you** fail to take reasonable precautions to avoid a financial loss after a public warning of a strike, riot, civil commotion, or **natural disaster**.
  26. **you** operate a **rental vehicle** in violation of the rental agreement.
  27. the **financial default** of any person, company or organisation involved in **your** travel arrangements.
  28. a loss under the Annual Multi Trip Plan which occurs in excess of 45 days of any **trip**.
  29. credit card conversion fees or any other bank charges.
  30. an event that occurs during any waiting period that applies to **your** policy.
  31. travelling or planning to travel to a country or region that is the subject of a 'Do not travel' warning issued by the Australian Government.
  32. **you** buy a policy, make or undertake travel arrangements when **you** are aware, or a reasonable person in **your** circumstances should have been aware, of circumstances that could result in a claim. This exclusion does not apply to claims under section "**Coronavirus travel costs**" as there are specific exclusions regarding **coronavirus** travel costs. Please refer to "**Coronavirus travel costs**" for specific exclusions regarding **coronavirus** travel costs.
  33. **you** have not made every reasonable attempt to recover expenses from the **carrier**, accommodation provider, booking agents, travel agents, any compensation scheme, or any other source.
  34. where the provision of cover or a liability to pay a benefit would expose **us** and/or **our** reinsurer(s) to any sanction, prohibition or restriction under United Nations resolutions or any sanctions, laws or regulations of Australia, the European Union, the United Kingdom or the United States.

## Claims

This section describes what **you** should and should not do, as well as conditions that apply when **you** make a claim and at the time loss or damage occurs which is likely to give rise to a claim.

### What you must do in the event of a claim or incident

1. Prevent further loss or damage if it is safe to do so;
2. If something was lost, stolen or vandalised, as soon as possible after becoming aware of the loss or damage, notify report the local police, transport provider, hotel, tour guide or other authority and give **us** evidence confirming the notification, such as documentation about the loss or damage;
3. If there were any witnesses, get their details and a written statement where possible;
4. In the case of an emergency, call **our** 24 hour Emergency Assistance Team;
5. Contact **us** to submit **your** claim as soon as **you** can;
6. Give **us** any documents, letters or notices relating to a claim or possible claim, medical certificates, itemised medical accounts,

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original receipts, rental agreements, repair quotes, ticket and luggage checks or information that **we** reasonably ask for. This will be at **your** expense;

7. If **you** become sick or **injured**, see a **medical practitioner** as soon as possible after **you** become aware of signs or symptoms of the condition and request a written report;
8. If **your** luggage is lost, delayed or damaged by the **carrier**, report this to the **carrier** as soon as possible and send to **us** a copy of the property irregularity report, along with details of any settlement that they make in relation to the loss or damage.

## What you must not do in the event of a claim or incident

1. Make any promise or offer of payment, or admit fault to anyone (except in a court or to the police), or become involved in any litigation in respect of an event that may result in a claim under this policy, without **our** consent;
2. Offer or negotiate to pay a claim or make repairs;
3. Dispose of damaged items unless **we've** said **you** can;
4. Delay telling **us** about an incident, as that could prejudice **our** rights and if so, it may reduce the amount **we** pay for **your** claim;
5. Give **us** false or misleading information.

## Settling claims

Claims, less any applicable excess, will be paid to **you** or **your** personal representative in Australian dollars on the basis of the exchange rate that applied at the time of the event that gave rise to the claim. **We** will not pay more than **your** actual loss.

## Claims conditions

These claims conditions apply to every plan.

### Claims service standard

**Our** claims service standard is to settle **your** claims within 10 working days upon the receipt of a completed Claim Form and all necessary supporting information. If more information is required **we** will contact **you** within 10 working days.

### GST

If **you're** a business **you** must tell **us** if **you're** registered, or are required to be registered, for GST. When **you** do this, **we** need **you** to give **us**:

- **Your** ABN
- The percentage of any input tax credit **you** will claim, or will be entitled to claim, on **your** premium.

When **we** pay a claim, **your** GST status will determine the amount **we** pay **you**. **Your** claim settlement amount will be adjusted to allow for any ITC entitlement.

Unless **we** say otherwise, all amounts in **your** policy are inclusive of GST. There may be other taxation implications affecting **you**, depending upon **your** own circumstances. **We** recommend **you** seek professional advice.

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## How claims administration and legal proceedings are undertaken

When a claim is made **we** have the right, at **our** discretion, to exercise all the legal rights of the person making the claim relating to the incident and to do so in their name. **We'll** take full control of the administration, conduct or settlement of the claim including any recovery or defence **we** think is necessary.

**We'll** also report any suspected fraudulent act to the police for further investigation.

## Other insurance and contribution

**You** must notify **us** of any other insurance which will or may, whether in whole or in part, cover any loss insured under **your** policy.

If at the time of any loss, damage or liability there's any other insurance (whether effected by **you** or by any other person) which covers the same loss, damage or liability **you** must provide **us** with any reasonable assistance **we** require to make a claim for contribution from any other insurer(s).

## Seeking compensation

If **your** loss has been caused by someone else, for example, **your** luggage is damaged by a **carrier**, **you** are required to make every reasonable attempt to recover from the responsible party and provide documentation of that to **us**. If they do not pay **you** the full amount of **your** claim and **your** claim is covered under **your** policy, **we** will make up the difference. **You** must claim from them first.

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

## Providing proof

**You** must be able to provide **us** with evidence confirming that **you've** suffered a loss covered by **your** policy before **we'll** pay **you** for it. **We** may ask **you** for this evidence if **you** make a claim under **your** policy. So **your** claim can be assessed quickly, make sure **you** keep the following:

- proof that **you** owned the item; and
- proof of its value and age.

Therefore **you** should keep all relevant receipts, accounts, valuations and police or medical reports.

If **you** cannot provide the evidence or proof that **we** ask for **we** may not pay **you**.

## Salvage

**We're** entitled to obtain and retain any items or materials salvaged or recovered after **you** make, and **we** agree, to pay a claim by replacing or paying to replace any items or materials. **We** may sell the items or materials and keep the proceeds. **We** may choose to sell the items or materials to **you**, provided **you** agree to pay market price.

## Subrogation, recovery action and uninsured loss

**We** may at any time, at **our** expense and in **your** name, use all legal means available to **you** of securing reimbursement for loss or damage

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arising under **your** policy. In the event **we** do so, **you** agree to give all reasonable assistance for that purpose.

If **you've** suffered loss that wasn't covered by **your** policy as a result of the incident, **we** may offer to attempt to recover this. **You** may also specifically ask **us** to recover this for **you**. **You'll** need to give **us** documents supporting **your** loss. Before **we** include any uninsured loss in the recovery action **we'll** also ask **you** to agree to the basis on which **we'll** handle **your** recovery action. **You** may need to contribute to legal costs in some circumstances.

### **Preventing our right of recovery**

If **you've** agreed not to seek compensation from any person liable to compensate **you** for loss, damage or liability covered by **your** policy, **we** won't cover **you** for that loss, damage or liability.

# Financial Services Guide

In this section you can find information about who nib Travel Insurance Distribution is, our relationships with our business partners, the financial services we provide to you and information about how we and our business partners are paid for those services. It aims to help you make an informed decision about the services offered. You can also find out about how we deal with any complaints and disputes.

## About the Insurer

This insurance is underwritten by XL Insurance Company SE, Australia branch (ABN 36 083 570 441). XL Insurance Company SE is part of AXA XL, a division of AXA.

## About nib Travel Insurance Distribution

nib Travel Insurance Distribution Pty Ltd, ABN 40 129 262 175, AR 336467 (nib Travel Insurance Distribution) is an authorised representative of nib Travel Services (Australia) Pty Ltd ABN 81 115 932 173, AFSL 308461 (nib). nib Travel Insurance Distribution is authorised by nib to distribute and issue travel insurance policies. nib Travel Insurance Distribution may also provide you with general advice about the travel insurance product. nib and nib Travel Insurance Distribution Pty Ltd are wholly owned subsidiaries of nib holdings limited and are part of the nib Group of companies. nib Travel Insurance Distribution and our business partners act on behalf of nib and not on your behalf.

nib acts as the underwriting agent of the insurer under a binding authority from the insurer, which means it can issue, vary, renew or cancel your insurance on their behalf and handle and settle any claims you make. nib acts on behalf of the insurer and not on your behalf.

This travel insurance may be arranged through a distributor, such as a travel agent. Distributors act on our behalf. They may arrange this insurance but are not authorised to give you any advice about the policies.

Affiliates introduce or refer potential travel insurance customers. Affiliates are authorised only to refer you to nib Travel Insurance Distribution who can then arrange the insurance. Affiliates may also provide factual information such as linking to the policy.

## About how we are paid

nib is paid a commission by the insurer for arranging, issuing and managing the travel insurance (including claims under the insurance) on behalf of the insurer. The commission is calculated as a percentage of the premium (and taxes) you pay for the policy. The percentage varies and is partly based on the profitability to the insurer of all the travel insurance policies arranged by or through nib. Employees of the nib Group of companies who provide services in relation to the insurance receive an annual salary, and may receive bonuses based on performance and/or sales.

nib pays a commission to nib Travel Insurance Distribution when you buy a policy, less any discount provided to you. This may be calculated as a percentage of the premium that you pay for the policy or as a percentage of the commission that nib receives from the insurer. The employees of the nib Group of companies who provide services to nib Travel Insurance Distribution receive an annual salary and may be paid bonuses based on performance and/or sales.

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If your travel insurance is arranged through a distributor, the distributor will be paid a referral fee. The referral fee is calculated as a percentage of the gross premium when you buy a policy and is at no extra cost to you. A distributor may receive additional benefits such as discounted travel insurance or marketing assistance.

If your travel insurance is arranged after you have been referred to us by an affiliate, the affiliate will be paid a referral fee. The referral fee is calculated either as a percentage of the gross premium when you buy a policy or as a flat fee for each policy purchased after referral to us by an affiliate and is at no extra cost to you. An affiliate may receive additional benefits such as discounted travel insurance or marketing assistance.

If you would like more information on commissions or remuneration, please contact nib or nib Travel Insurance Distribution either before you buy your insurance or within a reasonable time of receiving this Combined FSG and PDS.

## Feedback, complaints and disputes

If you have any feedback about our service – positive or negative – we would like you to share it with us. Refer to our contact details on the last page of this document.

### How we handle complaints

If you have a complaint arising out of this insurance or the financial services provided by the insurer, nib, our authorised representatives, distributors or affiliates, please contact:

nib Customer Relations  
PO Box A975  
Sydney NSW 1235 Australia

Phone: 1300 025 121

Email: [idr-care@nib.com.au](mailto:idr-care@nib.com.au)

nib will acknowledge your complaint within 5 business days and provide you with the contact details of the person handling your complaint. We will respond to your complaint within 15 business days. If more time is needed to collect necessary information or complete any further investigation required, nib will agree with you a reasonable alternative timeframe.

If you are not satisfied with the response to your complaint, you should contact XL Insurance Company SE, Australia branch, for consideration under their dispute resolution process. You can contact XL Insurance Company SE, Australia branch at:

The Complaints Officer  
XL Insurance Company SE, Australia branch  
Level 28, 123 Pitt St, Sydney NSW 2000

Email: [idraustralia@axaxl.com](mailto:idraustralia@axaxl.com)

Your dispute will be acknowledged within 5 working days of receipt, and XL Insurance Company SE, Australia branch, will send a final response on behalf of the insurer within 15 business days.

If we are unable to resolve your complaint within 45 days of receiving your original complaint, or if you are still not satisfied with the outcome, you can choose to have your complaint independently reviewed by the Australian Financial Complaints Authority, or AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

AFCA can be contacted at:

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Website: [afca.org.au](http://afca.org.au)

Email: [info@afca.org.au](mailto:info@afca.org.au)

Telephone: 1800 931 678 (free call)

In writing to: Australian Financial Complaints Authority, GPO Box 3,  
Melbourne VIC 3001

## Your privacy

We take your privacy seriously and adhere to the Privacy Policy detailed on our website at <https://www.nib.com.au/travel-insurance/privacy>.

## Professional indemnity insurance

nib has professional indemnity insurance arrangements that comply with the requirements of Chapter 7 of the Corporations Act and which (subject to its terms and conditions) cover liability for claims in relation to nib and those who act on nib's behalf, including those who no longer act on our behalf but did at the relevant time.

Where a financial service is provided to you by one of nib's or nib Travel Insurance Distribution's partners, that partner is required to hold professional indemnity insurance arrangements for compensating clients for losses they suffer as a result of a breach of their obligations under the Corporations Act relating to the financial services provided by them.

## Date prepared

nib is responsible for this FSG which was prepared on 10 Dec 2020. nib has authorised nib Travel Insurance Distribution to provide this FSG.

Version: NF\_DST\_02\_13JAN2021

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## Customer Service

Phone: 1300 410 272 (within Australia)

Phone: +61 2 9234 3193 (outside of Australia)

Fax: 1300 657 117

Email: [travel@nib.com.au](mailto:travel@nib.com.au)

## Claims

Phone: 1300 353 176 (within Australia)

Phone: +61 2 7202 0508 (outside of Australia)

Email: [travelclaims@nib.com.au](mailto:travelclaims@nib.com.au)

## Medical Underwriting

Phone: 1300 410 272 (within Australia)

Phone: +61 2 9234 3193 (outside of Australia)

Fax: 1300 657 127

Email: [travel-emc@nib.com.au](mailto:travel-emc@nib.com.au)

## nib International Assistance

Phone: 1300 555 019 (within Australia)

Phone: +61 3 8523 2800 (outside of Australia)

Fax: +61 3 8523 2815

Email: [travelassist@nib.com.au](mailto:travelassist@nib.com.au)

Insurance underwritten by XL Insurance Company SE, Australia branch, ABN 36 083 570 441, who deal with you through their agent nib Travel Services (Australia) Pty Ltd, ABN 81 115 932 173, AFSL No 308461.

