

Accident & Health International Underwriting Pty Ltd

GROUP PERSONAL ACCIDENT

FAMILY DAY CARE AUSTRALIA – PERSONAL ACCIDENT FOR CHILDREN

Product Disclosure Statement (PDS)

Accident & Health International (A & H International)

Accident & Health International Underwriting Pty Limited ABN 26 053 335 952 (AFS licence no. 238261) is an underwriting agency specifically created to offer Personal Accident, Medical and Travel insurance. They have been in operation since March 1998 and act on behalf of Allianz Australia with full authority to quote and issue contracts of insurance, collect premiums and pay claims as agent of Allianz Australia. If you have any queries about this policy you should contact A & H International. Their contact details are at the end of this PDS.

The Insurer

The Insurer of the Policy is Allianz Australia Insurance Limited ABN 15 000 122 850 (AFS licence no. 234708). Their contact details are at the end of this PDS. Allianz Australia is a member of the Allianz Group, one of the world's largest insurance and financial service providers.

What is a Product Disclosure Statement

This Product Disclosure Statement (PDS) contains information about the policy including the benefits and conditions, your rights as a client and other things you need to know to assist you to make an informed decision when choosing your insurance.

In this PDS:

- 'we', 'our' or 'us' means Allianz Australia Insurance Limited.
- 'you' means the person who will be named in the policy schedule as the insured and any person nominated by you from time to time for the insurance cover selected by you and for which the premium has been paid. The type of cover chosen will be set out on the policy schedule.

Key Features of the Policy

We will pay you up to \$2,000 towards incidental expenses and Non-Medicare costs incurred by a child in your care or the child's family for a claim resulting from an accident during the currency of the policy. The accident must occur to a child while under the care of a registered Family Day Care or In-Home carer, and the expenses must arise within twelve (12) calendar months from the date of the accident.

If you elect the "Comprehensive Covers" option, We will pay further expenses up to a maximum of \$10,000 for Capital Benefits as per the Wording.

The Most We Will Pay

The most we will pay for all claims under this Policy during any period of insurance is set out under the Limit of Liability in the policy schedule. Once the Limit of Liability has been paid, you will need to pay us further premium to reinstate the policy cover.

What You Are Not Covered For

There are certain times when there is no cover under the Group Personal Accident policy which means we may refuse to pay your claim. Specific Exclusions are listed in the Policy Wording.

The Cost of Your Policy and Paying For Your Insurance

The cost of your policy will be shown on the quotation provided, once all required information has been received. The cost of your policy is calculated based on number of persons involved, claims experience and other information relative to the particular risk.

The cost of the policy is made up of premium, government taxes such as Goods & Services Tax (GST) and stamp duty, where applicable and fees.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

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

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non disclosure

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

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

Making A Claim and Your Franchise Amount

A franchise amount applies if you make a claim under this policy. A franchise means that any claims under the franchise amount will not be paid, but if the claim is over the franchise amount, the entire claim will be paid. The franchise amount is stated in the Schedule.

If you need to make a claim please send a written notice of claim to A & H International within 30 days of the date of the Injury occurring. A & H International will send you a copy of their claim form which will need to be fully completed. We will not be responsible for any payments under the policy unless this form is fully completed and returned. Any costs involved in the collection of information for the form are your responsibility.

Cooling-Off

If you decide that you do not want the policy, you have a cooling off period of 21 days from the date the policy was issued to cancel the policy. You must tell us in writing that you wish to cancel the policy and we will repay the full amount of premium to you. If you choose to use the cooling-off period, then we will treat the policy as never having existed.

You cannot use this cooling-off period if the policy has already expired or if you have made a claim under it.

Code of Practice and Dispute Resolution

We and A & H International will do everything possible to provide a quality service to you. If you have any concern or complaint A & H International staff are always available to listen to you and to help where they can.

If, after talking to a staff member, you wish to take the matter further, A & H International has a Complaints and Dispute Resolution Procedure which undertakes to provide an answer to you within fifteen (15) working days. Please contact the Disputes Resolution Manager – see contact details at the end of this Product Disclosure Statement.

If you are not happy with any decision and it relates to a claim, you may take your complaint to the Insurance Ombudsman Service Limited (IOS), an independent and external dispute resolution body. Access to the IOS process is free of charge to you. In addition, although Allianz Australia is bound by the IOS's decision, you are not and you can pursue the matter elsewhere if you wish. If the dispute relates to Privacy it may be referred to the Privacy Compliance Committee of the IOS.

Please contact A & H International if you would like further information about the IOS or contact:

Insurance Ombudsman Service Limited
PO Box 561
Melbourne VIC 8007
Telephone: 1300 780 808
Email: ios@insuranceombudsman.com.au
Web: www.insuranceombudsman.com.au

Personal Information and Privacy

You have the right to apply for access to personal information held by Us. Such application should be directed to Us in writing where it will be considered by Our internal privacy disputes department. If the information collected is incorrect or inaccurate we will correct it.

We are committed to protecting your privacy. We use the information you provide us to quote on your application for a policy, to provide the insurance, administer the policy and assess and manage any claims. We only provide personal information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy.

If you do not provide us with full information, we cannot properly quote for your insurance and we cannot insure you. You can check the personal information we hold about you at any time. Such application should be directed to A & H International in writing where it will be considered by their internal Privacy Disputes Department.

If you provide us with personal information about anyone else, we rely on you to have their consent if you will be providing their information to us, and that you have told them to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, please visit our website to obtain a copy: <http://www.acchealth.com.au>

Governing Law And Jurisdiction

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

Contact Details

Accident & Health International Underwriting Pty Limited
ABN 26 053 335 952
AFS Licence No: 238261
Level 32, 60 Margaret Street
SYDNEY NSW 2000

Telephone: (02) 9251 8700
Fax: (02) 9251 8755
Website: <http://www.acchealth.com.au>
Email: enquiries@acchealth.com.au

The Insurer

Allianz Australia Insurance Limited
ABN 15 000 122 850
AFS Licence No: 234708
2 Market Street
SYDNEY NSW 2000

Telephone: 132 664
Website: <http://www.allianz.com.au>

This Product Disclosure Statement was prepared on 5th November, 2007. A & H International are authorised by Allianz Australia Insurance Limited to distribute this Product Disclosure Statement.

VOLUNTARY WORKERS GROUP PERSONAL ACCIDENT POLICY

FAMILY DAY CARE AUSTRALIA – PERSONAL ACCIDENT FOR CHILDREN

IMPORTANT INFORMATION

Accident & Health International Underwriting Pty Ltd (hereinafter called A & H International) gives notice that this contract has been effected under an Authority, given to A & H International by The Company. A & H International has entered into the Contract as an agent of The Company and not an agent of the Insured.

All cover under this Policy is subject to:

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

Subject to the terms, conditions, exclusions and limitations contained in this Policy, this Policy provides cover for Disablement caused by Injury only and Benefits are payable in the circumstances set out in the Policy. The particular cover which applies to You and which You selected when You applied for this insurance is referred to in the schedule which forms part of this Policy.

INDEX

	Page
Important Definitions	3
Table of Benefits – Standard Covers	4
Table of Benefits – Comprehensive Covers	5
General Conditions and Limitations	6
Exclusions	7

IMPORTANT DEFINITIONS

For the purpose of this Policy, the following important definitions apply:

INJURY means bodily Injury resulting from an accident which is an external event that occurs fortuitously to the Insured Person during the Period of Insurance and results in any of the Insured Events specified in the Table of Benefits within twelve (12) calendar months from the date thereof. Injury does not include:

- a. any consequences of an Injury which are ordinarily described as being a disease, including but not limited to any congenital condition, heart condition, stroke or any form of cancer;
- b. an aggravation of a pre-existing Injury;
- c. any other Pre-Existing Condition;
- d. any degenerative condition.

LOSS OF USE means loss of, by physical severance, or total and permanent loss of the effective use of the part of the body referred to in the Table of Benefits.

PERIOD OF INSURANCE means the period stated in the Schedule.

PERMANENT in relation to disablement means disablement lasting at least twelve (12) consecutive months, and at the end of that time being beyond hope of improvement.

PRE-EXISTING CONDITION means a condition in respect of which the Insured Person was aware of (whether diagnosed or not) or has sought treatment for prior to the inception of his or her Policy.

ARRANGEMENT DATE is the date cover was arranged by Us.

SCHEDULE includes any current Schedule or renewal or variation of this Policy.

THE COMPANY or We/Our/Us means Allianz Australia Insurance Limited, ABN 15 000 122 850, of 2 Market Street, Sydney, NSW, 2000, Australia, a company duly incorporated under the laws of Australia and registered in New South Wales, Australia.

A & H INTERNATIONAL means Accident & Health International Underwriting Pty Ltd, AFS Licence No. 238261, ABN 26 053 335 952, of Level 4, 33 York Street, Sydney, New South Wales, 2000, Australia.

YOU/YOUR is the Insured Person named in the Schedule. If the Insured is not the Insured Person, then **YOU/YOUR** in connection with the payment of premium, the General Conditions and receipt of Benefits means the Insured and in connection with the circumstances in which entitlement to Benefits arise means the Insured Person.

EXTENT OF COVER

If an Insured Person suffers an injury during the Scope of Cover, during the Period of Insurance and whilst engaged on authorised activities, we will reimburse the cost of the following listed expenses, and upon receipts furnished by the Insured for such expenses directly attributable to such disablement. However, all Insured Events including Disablement must occur within twelve (12) months of the Injury.

Standard Covers

We will pay a maximum of two thousand (\$2,000) dollars for any expenses listed in the Table of Benefits – Standard Covers for any one claim.

TABLE OF BENEFITS – STANDARD COVERS

INSURED EVENTS

Injury resulting directly in:

1.	Non-Medicare Medical Expenses If an Insured Person suffers an Injury during the Period of Insurance and whilst engaged on authorised activities, we will pay the cost of the following expenses, provided they are incurred within twelve (12) months of the Injury, being expenses paid to a legally qualified medical practitioner, nurse, hospital or ambulance service for medical, surgical, x-ray, hospital or nursing treatment, including the cost of medical supplies and ambulance hire, but excluding the cost of dental treatment unless such treatment is necessarily incurred to teeth (excluding dentures) and is caused by Injury, provided that we shall not be liable to make any refund in respect of: a. any expenses recoverable by the Insured Person from any other source except for the excess of the amount recoverable from such other source. b. the rendering in Australia of a professional service for which Medicare benefit is, or would but for subsection 18(4) of the Health Insurance Act 1973 be payable. c. any expenses to which section 67 of the National Health Act 1953 (as amended) or any of the regulations made there under apply. d. expenses claimable through Compulsory Third Party Motor Insurance; e. pharmaceutical covered by the Pharmaceutical Benefits Scheme (PBS).
2.	Clothing Cost of replacement clothing similar or the same as the clothing damaged during the Insured Injury or damaged in the process of medical treatment.
3.	Travel Expenses The reasonable costs of travel for the Insured Person and one accompanying Adult to obtain treatment at the nearest suitable facility, for an Insured injury. All expenses must be documented, receipted and provide medical substantiation.
4.	Accommodation The reasonable costs of accommodation for the Insured Person and one accompanying Adult, if suitable medical treatment is unavailable within a 4 hour radius. All expenses must be documented, receipted and provide medical substantiation.
5.	Childcare Fees Reimbursement of Childcare Fees that were paid in advance for periods that the Insured Child will not be attending, due to an Insured injury.
6.	Parent's Loss of Wages If the Insured Person's Parent is required to take time off work to care for the child due to an Insured injury and as a consequence incurs a loss of income, then we will reimburse that amount. Subject to proof from the Parent's employer, work history and confirmation from the treatment Doctor that it is necessary for the Parent to care for the child.

Comprehensive Covers

If, as a result solely and directly of Injury, You suffer from any of the following Insured Events set out in the Table of Benefits, We will pay the compensation set out in the Table below.

TABLE OF BENEFITS – COMPREHENSIVE COVERS**INSURED EVENTS****THE COMPENSATION**

being a percentage of the Sum Insured or the Sum Insured stated in the Schedule

1. Death	1.	100%
2. Paraplegia/Quadriplegia	2.	100%
3. Permanent Total Loss of use of one or two limbs	3.	50%
4. Permanent Total Loss of one or two hands	4.	50%
5. Permanent Total Loss of one or two feet	5.	50%
6. Permanent Total Loss of one or both eye	6.	50%
7. Broken Bone Benefits caused directly and solely by Injury		
a. Neck, Skull or Spine	7 a.	\$5,000
b. Hip, pelvis	7 b.	\$2,000
c. Facial bone or bones, nose or jaw	7 c.	\$2,000
d. Collarbone, Breastbone, rib/ribs or shoulder	7 d.	\$2,000
e. Leg or ankle or knee	7 e.	\$2,000
f. Arm or elbow or wrist	7 f.	\$1,000
g. Hand (not finger or thumb) or foot (not toe or ankle)	7 g.	\$1,000
h. Finger, thumb, toe	7 h.	\$1,000
Maximum compensation any one accident		\$5,000

GENERAL CONDITIONS AND LIMITATIONS

1. No further compensation will be payable under this Policy and all cover under this Policy will cease if You become entitled to the payment of a Sum Insured being 100% of the Sum Insured stated in the Schedule.
2. No compensations are payable unless as soon as possible after the happening of any Injury You obtain and follow medical advice from a legally qualified medical practitioner. Your benefit commences from the time You first sought medical attention following Your Injury.
3. You must give Us immediate written notice if You take out any other insurance with any insurer providing for weekly compensations of a similar kind which, together with this insurance, will exceed Your Earnings.
4. Written notice of claim must be given to Us within thirty (30) days after the occurrence of any circumstances giving rise to a claim or as soon thereafter as is reasonably possible.
5. Upon receipt of a notice of claim, We shall submit Our usual claim form for completion. We shall not be liable to make any payment under this Policy unless the claim form is properly completed and all information reasonably required by Us has been furnished at Your expense.
6. The benefits of this policy depend on You or any person covered by this policy giving Us any reasonable information and help We require. This includes giving Us written statements of documents We consider relevant. We may also require You or any person covered by this policy to attend Court to give evidence. You must help Us even when We have paid Your claim. If You do not co-operate Your payments may be suspended.
7. We may at Our own expense conduct any medical examination or examinations or arrange for an autopsy to be carried out. We may also at any time during Your claim ask for further information or appoint a person to conduct further enquiries into the nature and circumstances of the claim.
8. We may request a progressive claim form be completed by Your attending physician or specialist.
9. No action at law shall be brought to recover on this Policy prior to the expiration of sixty (60) days after Our reasonable requirements in connection with a claim have been met. No such action shall be brought after the expiration of three (3) years after the date of the Injury giving rise to the claim.
10. No action at law or equity shall be brought or maintainable unless and until the parties have first participated in a formal mediation process before a mediator appointed by agreement or failing that by the president of the law society of that state the claimant ordinarily resides. The costs of any mediator shall be borne equally by the parties.
11. This Policy may be cancelled by You at any time by giving Us written notice, in which case We shall retain a proportion of the premium calculated at Our usual short-term rates for the time the Policy has been in force. We may cancel this Policy in accordance with the provisions of the Insurance Contracts Act. Upon cancellation by Us, We shall refund a proportion of the premium paid calculated by reference to the unexpired Period of Insurance.
12. All cover under this Policy shall cease upon the Insured Person attaining the age of fourteen (14) years unless otherwise indicated on the Schedule.
13. All compensations shall be paid to You.
14. If a sum is shown in the Schedule as being the Aggregate Limit of Liability, We shall not be liable to pay compensations under this Policy totalling in all more than the Aggregate Limit of Liability Sum Insured for all claims arising under this Policy during the Period of Insurance shown in the Schedule, including any current Schedule.
15. Any claim or benefit paid under this policy will be paid in the same currency as premium quoted.

EXCLUSIONS

No compensations are payable under this Policy for any Insured Event resulting from Injury:

1. which is deliberately self-inflicted or caused by You, including suicide or attempted suicide whether sane, insane or under any mental distress;
2. which occurs as a result of war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power or confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any Government or Public or Local Authority;
3. which results from You engaging in air travel except as a passenger in any properly licensed aircraft;
4. which results from You engaging in or taking part in naval, military or air force service or operations;
5. which results from You engaging in or taking part in or training for professional sports of any kind;
6. which is attributable wholly or partly to childbirth or pregnancy or the complications of these;
7. which occurs as a result of the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel;
8. which is a sexually transmitted disease, or Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV) infection.
9. which results from a criminal or illegal act committed by You;
10. which results from You being under the influence of alcohol or an illegal drug or there is more alcohol or drugs in Your blood than the law permits;
11. which results from You directly or indirectly suffering from stress, depression, anxiety or any psychosomatic, psychological, psychotic, mental or nervous disorder;
12. which results from any Pre-Existing Condition (as defined);
13. where You receive sick leave payments;
14. which results from any code of football.
15. which results from losses arising from nuclear, chemical or biological terrorism; terrorism includes, but is not limited to, any act, preparation in respect of action or threat of action, designed to:
 - a. influence a government or any political division within it for any purpose, and/or
 - b. influence or intimidate the public or any section of the public with the intention of advancing a political, religious, ideological or similar purpose;
16. which amount to (\$50) dollars or less.