

Seniors

Accident Cash Plan

**Policy Wording and
Product Disclosure Statement (PDS)**

The Over 50s Insurance Specialists

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General Advice

Any general advice that may be contained within this Policy Wording and Product Disclosure Statement (PDS) or accompanying material does not take into account Your individual objectives, financial situation or needs. You need to decide if the limits, type and level of cover are appropriate for You.

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Preparation Date

PDS Code16PDSSNRRC02. This Policy Wording was prepared on 1 November 2016.

Important information about this Policy Wording and PDS

This document is a PDS and is also Our insurance Policy Wording. This document contains important information required under the *Corporations Act 2001* (Cth) **(the Act)** and describes the insurance contract between You and Us.

It has been prepared to assist You in understanding Seniors Accident Cash Plan insurance and making an informed choice about Your insurance requirements. It is up to You to choose the cover You need. It is important that You carefully read and understand this document and Your Policy Schedule before making a decision.

Other documents may form part of our Policy Wording and PDS and if they do, We will tell You in the relevant document.

In return for You paying Us a premium as set out in Section 7, We insure You for the Events described in the Policy Wording and PDS subject to the terms, conditions and exclusions of Your Policy. Please keep this document, Your Policy Schedule and other documents that We tell You form part of Your Policy in a safe place in case You need to refer to them in the future.

Please check these documents to make sure all the information in them is correct. Please let Us know straight away if any alterations are needed or if You change Your address or payment details.

About the Insurer

Chubb Insurance Australia Limited (ABN 23 001 642 020, AFS Licence No. 239687) (**Chubb**) is the insurer of this product. In this PDS, “We”, “Us”, “Our” means Chubb Insurance Australia Limited. Our contact details are:

Head Office:	Level 38, 225 George Street, Sydney NSW 2000
Postal Address:	GPO Box 4907, Sydney NSW 2001
Telephone:	1800 764 292
Facsimile:	+61 2 9335 3467
E-mail:	CustomerService.AUNZ@chubb.com

Chubb is the world’s largest publicly traded property and casualty insurance company. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for over 50 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages,

including Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base. Chubb is a major insurer of many of the country’s largest companies. With five branches and over 500 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

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

General Insurance Code of Practice

We are a signatory to the General Insurance Code of Practice (the Code). The objectives of the Code are to further raise standards of service and promote consumer confidence in the general insurance industry. Further information about the Code and your rights under it is available at www.codeofpractice.com.au and on request.

Who is Australian Seniors Insurance Agency and what we do

Australian Seniors Insurance Agency Pty Ltd (Australian Seniors) ABN 31 604 937 902 is an Authorised Representative of Chubb (AR No. 1008593). Australian Seniors is authorised to deal in and provide general advice on behalf of Chubb regarding certain general insurance products issued by Chubb.

This PDS is issued by the insurer, Chubb Insurance Australia Limited (ABN 23 001 642 020, AFS Licence No. 239687) in this wording "we", "us", or "our" relates to Chubb. Chubb is responsible for this PDS, policy issuance and the assessment and payment of claims.

It's important to note that any advice that Chubb and Australian Seniors may provide is general only and does not take into account your individual circumstances.

For more information please visit www.seniors.com.au

Duty of Disclosure

Your Duty of Disclosure

Before You enter into this contract of insurance, You have a duty of disclosure under the *Insurance Contracts Act 1984*.

The duty applies until We first agree to insure You, and where relevant, until We agree to any subsequent variation, extension, reinstatement or renewal (as applicable).

Answering Our questions

In all cases, if 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.

It is important that You understand You are answering Our questions in this way for Yourself and anyone else that You want to be covered by the contract.

Variations, extensions and reinstatements

For variations, extensions and reinstatements, You have a broader duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

Renewal

Where We offer renewal, We may, in addition to or instead of asking specific questions, give You a copy of anything You have previously told Us and ask You to tell Us if it has changed. If We do this, You must tell Us about any change or tell Us that there is no change.

If You do not tell Us about a change to something You have previously told Us, You will be taken to have told Us that there is no change.

What You do not need to tell Us

You do not need to tell Us anything that:

1. reduces the risk We insure You for; or
2. is common knowledge; or
3. We know or should know as an insurer; or
4. We waive Your duty to tell Us about.

If You do not tell Us something

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.

The Meaning of Certain Words

Throughout this document, certain words begin with capital letters. These words have special meaning and are included in the Definitions,

located at Definitions Section of this Policy Wording and PDS. Please refer to the Definitions section for their meaning.

What You Are Covered For

Your Policy insures You twenty-four (24) hours a day anywhere in the world.

You can choose to be covered under one of the following two (2) Policy plans:

1. Cover for You only
2. Cover for You and Your Spouse/Partner

You can also select from one (1) of the five (5) levels of cover available under the Policy, which are set out in the Schedule of Benefits below.

The following Schedule of Benefits provides a detailed description of the cover available under the Policy. The cover provided is subject to the terms, conditions and exclusions contained in this Policy document.

Schedule of Benefits					
Benefits are halved for policyholders aged from eighty-five (85) years up to and including ninety-five (95) years. Please see Section 6 Benefit Limits.					
	Value	Essential	Privilege	Premier	Deluxe
<p>Home Assistance Benefit — If You are Confined to Bed for more than forty-eight (48) hours as a result of an Accidental Injury, We will reimburse You, upon the production of invoices and/or receipts, the cost of any Domestic Duties assistance:</p> <p>(a) up to the weekly maximum amount shown on Your Policy Schedule current at the time of the accident causing the Accidental Injury;</p> <p>(b) up to the period shown on that Policy Schedule; and</p> <p>(c) while a Doctor certifies the Confinement to Bed necessary.</p>					
Maximum duration payable is thirteen (13) weeks	\$100 per week	\$150 per week	\$200 per week	\$250 per week	\$300 per week
<p>Broken Bones Benefit — If You break a bone(s) listed on Your Policy Schedule as a result of an Accidental Injury and a Doctor certifies this, We will pay You the relevant Broken Bones Benefit up to the maximum amount shown on Your Policy Schedule current at the time of the accident causing the Accidental Injury.</p>					
Neck	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
Hip or Pelvis	\$3,000	\$4,500	\$6,000	\$7,500	\$9,000
Thigh, Heel, Upper Arm, Skull	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000

	Value	Essential	Privilege	Premier	Deluxe
Ankle, Lower Leg, Elbow, Shoulder Blade	\$1,750	\$2,625	\$3,500	\$4,375	\$5,250
Lower Jaw, Collarbone	\$1,500	\$2,250	\$3,000	\$3,750	\$4,500
Lower Arm, Wrist, Sternum, Kneecap	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000
Hand, Foot, Cheekbone, Coccyx	\$500	\$750	\$1,000	\$1,250	\$1,500
Vertebrae, Ribs (each)	\$250	\$375	\$500	\$625	\$750
Nose	\$200	\$300	\$400	\$500	\$600
Thumb (each)	\$100	\$150	\$200	\$250	\$300
Finger or Toe (each)	\$50	\$75	\$100	\$125	\$150
Maximum amount payable per Event	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
Dislocation Benefit — If You suffer a dislocation(s) listed on Your Policy Schedule as a result of an Accidental Injury and a Doctor certifies this, We will pay You the relevant Dislocation Benefit up to the maximum amount shown on Your Policy Schedule current at the time of the accident causing the Accidental Injury.					
Hip, Knee, Wrist, Elbow, Shoulder Blade, Collarbone or Jaw	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000
Thumb (each)	\$100	\$150	\$200	\$250	\$300
Toe or Finger (each)	\$50	\$75	\$100	\$125	\$150
Bag Snatching Benefit — If You are the victim of a Bag Snatching, and provided an official report is lodged with the local police or recognised government law enforcement agency within a reasonable period of time following such Bag Snatching, We will pay You for any stolen cash taken from Your bag as a result, up to the amount stated on Your Policy Schedule.					
Maximum amount payable per Event	\$500	\$500	\$500	\$500	\$500
Serious Accident Benefit — If You suffer a Permanent Loss, Quadriplegia or Paraplegia as a result of an Accidental Injury and a Doctor certifies this, We will pay You the corresponding Serious Accident Benefit shown on Your Policy Schedule current at the time of the accident causing the Accidental Injury.					

	Value	Essential	Privilege	Premier	Deluxe
Paraplegia	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Quadriplegia	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Permanent Loss of use of two Limbs	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Permanent Loss of entire sight of both eyes	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Permanent Loss of hearing in both ears	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Permanent Loss of speech	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Permanent Loss of use of one Limb	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Permanent Loss of entire sight of one eye	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Permanent Loss of hearing in one ear	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Maximum amount payable	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Emergency Transport Benefit — If You suffer an Accidental Injury requiring You to seek emergency transport to obtain medical treatment from a Doctor, We will reimburse You, upon the production of invoices and/or receipts (including certification of treatment by a Doctor), the cost of the emergency transport up to the maximum amount shown on Your Policy Schedule current at the time of the accident causing the Accidental Injury.					
Maximum amount payable per Event	\$250	\$250	\$250	\$250	\$250
Extra Cash Benefit — If You are Confined to Bed for more than forty-eight (48) hours as a result of an Accidental Injury, We will pay You the Extra Cash Benefit shown on Your Policy Schedule current at the time of the accident causing the Accidental Injury.					
Maximum duration payable is thirty (30) days.	\$25 per day	\$50 per day	\$75 per day	\$100 per day	\$125 per day
FAMILY CARE SOS - FREE 24 hour 7 days a week referral helpline for emergency legal and medical assistance, home support services and home modification assistance in Australia. This is a referral service only. The consultation costs are not covered. Help Line Phone 1800 764 292, 24 hours, 7 days a week.					

Add-on Benefit

for the first year* (If purchased within thirty (30) days of offer)

	Value	Essential	Privilege	Premier	Deluxe
<p>Extra Home Assistance Benefit — If You are Confined to Bed for more than forty-eight (48) hours as a result of an Accidental Injury, We will reimburse You, upon the production of invoices and/or receipts, the cost of any Domestic Duties assistance:</p> <p>(a) up to the weekly maximum amount shown on Your Policy Schedule current at the time of the accident causing the Accidental Injury;</p> <p>(b) up to the period shown on that Policy Schedule; and</p> <p>(c) while a Doctor certifies the Confinement to Bed necessary.</p> <p>This Extra Home Assistance Benefit is payable in addition to the Home Assistance Benefit.</p>					
<p>Maximum duration payable is thirteen (13) weeks</p>	\$150 per week				

If You replied within thirty (30) days of receiving the offer, as a special offer to Seniors Card Members We have included the above mentioned add-on benefit. This is only for the first twelve (12) months of Your cover and will automatically expire at the end of the twelve (12) months.

This additional benefit will cease after the first twelve (12) months of Your cover and there is no option of purchasing this cover beyond these twelve (12) months.

If You did not respond within thirty (30) days of receiving the offer You will not have the option of purchasing this additional benefit.

Benefit Limits

The maximum amount per Event for each benefit is the sum specified on Your Policy Schedule for that benefit.

If You are aged from eighty-five (85) years up to and including ninety-five (95) years, benefit limits are half of the limits showing under Section 5 above, *What You Are Covered For*.

If Accidental Injury causes one or more of Permanent Loss or Quadriplegia or Paraplegia, We will only pay for one of them. We will pay for the one that gives the highest benefit and no further benefits are payable under Your Policy or any renewal or replacement Policy.

Premium

We take a number of factors into account when calculating Your premium which could include Your risk profile.

Your premium is paid in advance and includes any amounts payable in respect of compulsory government charges (including stamp duty and GST). We will tell You, when You apply, what premium is payable, when it needs to be paid and how it can be paid.

Monthly Premiums					
Plan	Value	Essential	Privilege	Premier	Deluxe
You only	\$8.95	\$12.95	\$15.95	\$18.95	\$21.95
You and Your Spouse/ Partner	\$16.95	\$24.95	\$30.95	\$36.95	\$42.95

If You fail to pay Your premium on time and Your premium remains unpaid for at least fourteen (14) days, We may refuse to pay a claim arising after payment was due. If Your Policy remains unpaid for thirty-one (31) days, We will cancel Your Policy.

We may change Your premium from the Renewal Date if We notify You of the change in writing prior to that date.

General Exclusions

There are certain times when this insurance may not provide cover.

Your Policy will not apply to any Event arising directly or indirectly out of:

- (a) deliberately self-inflicted injury, suicide or a criminal or illegal act; or
- (b) You being under the influence of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit whilst driving, or being under the influence of any other drug unless it was prescribed by a Doctor and taken in accordance with the Doctor's advice; or
- (c) You engaging in any professional sport meaning Your livelihood is substantially dependent on income received as a result of Your playing sport; or
- (d) You engaging in any motor sports as a rider, driver and/or a passenger; or
- (e) any consequences of war (whether declared or not), invasion or civil war, taking part in a riot or civil commotion; or
- (f) You being a pilot or crew member of any

aircraft, or engaging in any aerial activity except as a passenger in any properly licensed aircraft; or

- (g) Pre-Existing Medical Conditions You may have.

Health Insurance Exclusion

Your Policy does not cover any Event or occurrence which may be deemed as the carrying on of a "Health Insurance Business" as defined under the Private Health Insurance Act 2007 (Cth) nor any benefit which would breach s126 of the Health Insurance Act 1973 (Cth), including the payment of medical expenses in Australia when a Medicare benefit is payable.

Osteoporosis Exclusion

If You have been diagnosed as having osteoporosis prior to the Commencement Date any broken bone(s) suffered will not be covered. If You are diagnosed as having osteoporosis after the Commencement Date, then any broken bone(s) resulting from the first Event are covered however any broken bones(s) resulting from any subsequent Events will not be covered.

Cooling Off Period

You have fourteen (14) days from the date We confirmed, electronically or in writing, that You are covered under Your Policy to decide if the Policy meets Your needs. You may cancel Your Policy simply by advising Us in writing within those fourteen (14) days to cancel it. If You do

this, We will refund any premiums You have paid during this period.

These cooling off rights do not apply if You have made or You are entitled to make a claim during this period.

Cancellation of Your Policy

Your Policy may be cancelled in one of three (3) ways:

1. When You can cancel

You can cancel Your Policy at any time by telling Us in writing. The cancellation will take effect at 4pm Australian Eastern Standard Time the day We receive Your written cancellation. We will refund the premium for Your Policy less an amount which covers the period for which You were insured. However, We do not refund any premium if We have paid a benefit under Your Policy.

2. When We can cancel

We may cancel Your Policy by giving You written notice to the address on file and in accordance with the Insurance Contracts Act 1984 (Cth), including where You:

- (a) breached the Duty of Disclosure;
- (b) breached a provision of Your Policy;
- (c) make a fraudulent claim under any policy of insurance;

If We cancel, We will refund the premium for Your Policy less an amount to cover the period for which You were insured.

3. Automatic cancellation

Your Policy will be cancelled automatically and without any written notice from Us:

- (a) when You reach the Maximum Age. Any unused premium paid will be refunded; or
- (b) if You have not paid Your premium within thirty-one (31) days of when it is due. The cancellation takes effect from the date the premium You have paid Us ceases to cover the insurance under this Policy; or
- (c) if You suffer an Accidental Loss of Life, Permanent Loss, Quadriplegia or Paraplegia which is claimable under Your Policy. The cancellation will take effect from the time at which You suffer the Accidental Injury.

General Conditions

Commencement and Period of Your Policy

Your Policy begins on the Commencement Date or on the latest Renewal Date, whichever is the later, and continues for one (1) calendar year (being the Period of Insurance) after which time it expires.

Renewal of Your Policy

This insurance may be renewed for further consecutive yearly periods upon payment of the premium. Payment of Your premium is deemed to be acceptance of an offer of renewal for a further yearly period. If You continue to pay Your premium, then unless Your Policy is cancelled or We advise You prior to the Renewal Date that We will not be renewing, a Policy on the same terms and conditions automatically comes in to existence for one (1) year from the Renewal Date.

Expiry of Your Policy

Your Policy expires at the end of the Period of Insurance. We may decide not to renew Your Policy. If We decide not to renew Your Policy, We will send You an expiry notice at least fourteen (14) days before the expiry of Your Policy.

If Your Policy is cancelled or otherwise terminated, the Period of Insurance will be from the Commencement Date or Renewal Date, whichever is the later, up to and including the date of cancellation or termination.

Significant Tax Implications

Generally, Your premiums are not tax deductible and claims payments are not assessable income for tax purposes unless You purchase Your Policy for business purposes. This tax information is a general statement only. See Your tax adviser for information about Your personal circumstances.

Australian Law

You must be an Australian resident to be covered by this Policy.

Your Policy is governed by the laws of the State or Territory of Australia in which You normally reside. Any dispute or action in connection with Your Policy shall be conducted and determined in the courts of the State or Territory of Australia in which You normally reside.

Australian Currency

All payments by You to Us and Us to You or someone else under Your Policy must be in Australian currency.

Claims

You should advise Us as soon as possible of an occurrence or Event which could lead to a claim.

Certain types of cover under Your Policy require You to provide receipts and other documentary evidence to Us. You should keep those documents in a safe place in case We need them to settle a claim.

Procedure for making a claim

If You or Your legal representative wishes to make a claim You or they must:

- (a) complete a claim form (claim forms are available from Us);
- (b) attach to the claim form:
 - i. receipts for any expenses that are being claimed;
 - ii. any reports that have been obtained from the police, a carrier or other authorities about an accident, loss or damage; and
 - iii. any other documentary evidence required by Us under Your Policy.
- (c) provide Us with the completed claim form and accompanying documents within thirty (30) days, or as soon as reasonably practical, after the date of the Event; and
- (d) give Us at Your, or Your legal representative's expense all medical and other certificates and evidence required by Us that is reasonably required to assess the claim.

We may also have You medically examined at Our expense when and as often as We may reasonably require after a claim has been made. We may also arrange an autopsy if We reasonably require one.

Processing and payment of claims

We will take all reasonable steps to pay a valid claim promptly.

Making claims after Your Policy is cancelled
If Your Policy is cancelled this does not affect Your rights to make a claim under Your Policy if the Event occurred before the date of cancellation.

Complaints and Dispute Resolution

We take the concerns of our customers very seriously and have detailed complaint handling and internal dispute resolution procedures that you can access. Please note that if we have resolved your initial complaint to your satisfaction by the end of the 5th business day after we have received it, and you have not requested that we provide you a response in writing, the following complaint handling and internal dispute resolution process does not apply. This exemption to the complaints process does not apply to complaints regarding a declined claim, the value of a claim, or about financial hardship.

Stage 1 – Complaint Handling Procedure

If you are dissatisfied with any aspect of your relationship with Chubb including our products or services and wish to make a complaint, please contact us at:

The Complaints Officer
Chubb Insurance Australia Limited
GPO Box 4065
Sydney NSW 2001
P 1800 764 292
E Complaints.AU@chubb.com

The members of our complaint handling team are trained to handle complaints fairly and efficiently.

Please provide us with your claim or policy number (if applicable) and as much information as you can about the reason for your complaint.

We will investigate your complaint and keep you informed of the progress of our investigation. We will respond to your complaint in writing within fifteen (15) business days provided we have all necessary information and have completed any

investigation required. In cases where further information or investigation is required, we will work with you to agree reasonable alternative time frames and, if we cannot agree, you may request that your complaint is taken to Stage 2 and referred to our internal dispute resolution team. We will otherwise keep you informed about the progress of our response at least every ten (10) business days, unless you agree otherwise.

Please note if your complaint relates to Wholesale Insurance (as defined in the General Insurance Code of Practice), we may elect to refer it straight to Stage 2 for review by our Internal Dispute Resolution team.

Stage 2 – Internal Dispute Resolution Procedure

If you advise us that you wish to take your complaint to Stage 2, your complaint will be reviewed by members of our internal dispute resolution team, who are independent to our complaint handling team and are committed to reviewing disputes objectively, fairly and efficiently.

You may contact our internal dispute resolution team by phone, fax or post (as below), or email at:

Internal Dispute Resolution Service
Chubb Insurance Australia Limited
GPO Box 4065
Sydney NSW 2001
P +61 2 9335 3200
F +61 2 9335 3411
E DisputeResolution.AU@chubb.com

Please provide us with your claim or policy number (if applicable) and as much information as you can about the reason for your dispute.

We will keep you informed of the progress of our review of your dispute at least every ten (10) business days and will respond to your dispute in writing within fifteen (15) business days, provided we have all necessary information and have completed any investigation required. In cases where further information or investigation is required, we will work with you to agree reasonable alternative time frames. If we cannot agree, you may refer your dispute to the Financial Ombudsman Service Australia (FOS) as detailed under Stage 3 below, subject to its Terms of Reference. If your complaint or dispute falls outside the FOS Terms of Reference, you can seek independent legal advice or access any other external dispute resolution options that may be available to you.

Stage 3 – External Dispute Resolution

If you are dissatisfied with our internal dispute determination, or we are unable to resolve your complaint or dispute to your satisfaction within forty-five (45) days, you may refer your complaint or dispute to FOS, subject to its Terms of Reference.

FOS is an independent external dispute resolution scheme approved by the Australian Securities and Investments Commission. We are a member of this scheme and we agree to be bound by its determinations about a dispute. Where a dispute is covered by the FOS Terms of Reference, the General Insurance Division of FOS offers a free and accessible dispute resolution service to consumers.

You may contact FOS at any time at:

Financial Ombudsman Service Australia
GPO Box 3
Melbourne VIC 3001
P 1800 367 287
F +61 3 9613 6399
E info@fos.org.au
www.fos.org.au

If you would like to refer your dispute to FOS you must do so within 2 years of the date of our internal dispute determination. FOS may still consider a dispute lodged after this time if FOS considers that exceptional circumstances apply.

Financial Claims Scheme and Compensation arrangements

We are an insurance company authorised under the Insurance Act 1973 (Cth) (Insurance Act) to carry on general insurance business in Australia by the Australian Prudential Regulation Authority (APRA) and are subject to the prudential requirements of the Insurance Act.

The Insurance Act is designed to ensure that, under all reasonable circumstances, financial promises made by Us are met within a stable, efficient and competitive financial system.

Because of this We are exempted from the requirement to meet the compensation arrangements Australian financial services licensees must have in place to compensate

retail clients for loss or damage suffered because of breaches by the licensee or its representatives of Chapter 7 of the Corporations Act 2001 (Cth). We have compensation arrangements in place that are in accordance with the Insurance Act.

In the unlikely event that We were to become insolvent and were unable to meet Our obligations under the Policy, a person entitled to claim may be entitled to payment under the Financial Claims Scheme. Access to the Scheme is subject to eligibility criteria.

Please refer to <https://www.fcs.gov.au> for more information.

Privacy Statement

Chubb Insurance Australia Limited (Chubb) is committed to protecting your privacy. This document provides you with an overview of how we handle your personal information. Our Privacy Policy can be accessed on our website at www.chubb.com/au.

Personal Information Handling Practices

Collection, Use and Disclosure

We collect your personal information (which may include sensitive information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim in order to help us properly

administrate your insurance proposal, policy or claim.

Personal information may be obtained by us directly from you or via a third party such as your insurance intermediary or employer (e.g. in the case of a group insurance policy).

When information is provided to us via a third party we use that information on the basis that you have consented or would reasonably expect us to collect your personal information in this way and we take reasonable steps to ensure that you have been made aware of how we handle your personal information.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you. Sometimes, we may use your personal information for our marketing campaigns, in relation to new products, services or information that may be of interest to you.

We may disclose the information we collect to third parties, including service providers engaged by us to carry out certain business activities on our behalf (such as assessors and call centres in Australia). In some circumstances, in order to provide our services to you, we may need to transfer personal information to other entities within the Chubb Group of companies (such as the regional head offices of Chubb located in Singapore, UK or USA), or third parties with whom we or those other Chubb Group entities have sub-contracted to provide a specific service for us, which may be located outside of Australia (such as in the Philippines or USA). Please note that no personal information is disclosed by us to any overseas entity for marketing purposes.

In all instances where personal information may be disclosed overseas, in addition to any local data privacy laws, we have measures in place to ensure that those parties hold and use that information in accordance with the consent you have provided and in accordance

with our obligations to you under the Privacy Act 1988 (Cth).

Your Choices

In dealing with us, you agree to us using and disclosing your personal information as set out in this statement and our Privacy Policy. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer. However, should you choose to withdraw your consent it is important for you to understand that this may mean we may not be able to provide you or your organisation with insurance or to respond to any claim.

How to Contact Us

If you would like a copy of your personal information, or to correct or update it, please contact our customer relations team on 1800 764 292 or email CustomerService.AUNZ@chubb.com.

If you have a complaint or would like more information about how we manage your personal information, please review our Privacy Policy for more details or contact the Privacy Officer, Chubb Insurance Australia Limited, GPO Box 4907, Sydney NSW 2001, Tel: +61 2 9335 3200 or email Privacy.AU@chubb.com.

Updating Our PDS

We may need to update the information contained in Our PDS from time to time (where allowed by law). We will issue You with a new PDS or a Supplementary PDS to update the information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this product, We may issue You with notice of this information in other forms or keep an internal record of such changes (You are welcome to get a paper copy free of charge by calling Us).

Definitions

Please use this Definitions section to find the meaning of these words throughout this booklet.

Accidental Injury means a bodily injury resulting from an accident and which is not an illness and which:

- (a) is caused by violent, external and visible means; and
- (b) occurs as a result of an accident occurring during Your Period of Insurance; and
- (c) results within twelve (12) months of the accident; and
- (d) includes sickness directly resulting from medical or surgical treatment rendered necessary by the accident; and
- (e) may include a bodily injury caused by You being directly and unavoidably exposed to the elements as a result of an accident.

Bag Snatching means the theft, robbery or stealing of Your bag during the Period of Insurance, whilst Your bag is being carried on You.

Commencement Date means 4pm Australian Eastern Standard Time on the date We agree to provide insurance under the Policy and which is shown on Your Policy Schedule.

Confined to Bed means as a result of an Accidental Injury, You being confined to a bed under the instructions of a Doctor other than as a patient in a hospital or where the confinement to bed involves the provision of hospital treatment or health or medical services, as covered by the Private Health Insurance Act 2007 (Cth) or the Health Insurance

Act (Cth) or any succeeding legislation to those Acts.

Disappearance means if Your body has not been found within twelve (12) months from the date of the sinking, wrecking, or disappearance of a conveyance in which You were travelling on that date, We will presume You have died as a result of an Accidental Injury.

Doctor means a legally registered medical practitioner who is not You or Your relative.

Domestic Duties means the usual and ordinary domestic duties undertaken by someone as a homemaker and could include child-minding and home help services.

Event(s) means an occurrence that could give rise to a claim for a benefit under Your Policy.

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

Foot means the entire foot below the ankle.

Hand means the entire hand below the wrist.

Limb means the entire limb between the shoulder and the wrist and includes the whole Hand, or between the hip and the ankle and includes the whole Foot.

Maximum Age means Your age up to and including ninety-five (95).

Paraplegia means the loss of use of both legs and the permanent loss of use of part of or the whole of the lower half of the body having lasted twelve (12) consecutive months and at the expiry of that period is beyond hope of improvement.

Period of Insurance means one (1) calendar year from the Commencement Date or the latest Renewal Date whichever is the later.

Permanent Loss means:

- (a) physical severance or total loss of the use of a Limb having lasted twelve (12) consecutive months and at the expiry of that period is beyond hope of improvement; or
- (b) irrecoverable loss of all sight in one or both eyes; or
- (c) entire and irrecoverable loss of hearing; or
- (d) entire and irrecoverable loss of the ability to speak, and in each case is caused by an Accidental Injury.

Policy means Your Policy Wording and PDS and Policy Schedule describing the insurance contract between You and Us.

Policy Schedule means the schedule which We send You containing the summary of Your benefits.

Policy Wording means this document.

Pre-Existing Medical Condition means:

- (a) any condition for which a Doctor was consulted or for which treatment or medication was prescribed prior to the Commencement Date; or
- (b) a condition, the manifestation or symptoms of which a reasonable person in the circumstances would be expected to be aware of at the Commencement Date.

Where an Upgrade is the addition of a Spouse/Partner, all references in this definition to Commencement Date should be read as being Upgrade Effective Date in relation to the

Spouse/Partner.

Product Disclosure Statement (PDS) means this document.

Quadriplegia means the loss of use of both arms and both legs in their entirety having lasted twelve (12) consecutive months and at the expiry of that period is beyond hope of improvement.

Renewal Date means one (1) year from the Commencement Date and subsequent anniversaries of that date.

Spouse/Partner means the person named as Spouse/Partner on the Policy Schedule and who must be Your husband or wife, de-facto or life partner (including a same sex partner) with whom You have continuously cohabited for a period of three (3) months or more.

Upgrade means an increase in a level of benefit or the addition of another insured person, or both.

Upgrade Effective Date means 4pm Australian Eastern Standard Time on the date We agree to provide an Upgrade of Your Policy and which is shown on Your Policy Schedule recording that Upgrade.

We/Us/Our means Chubb Insurance Australia Limited (ABN 23 001 642 020, AFS Licence No. 239687).

You/Your means the person who is named as the insured on the Policy Schedule. You/Your includes any Spouse/Partner who are named as an insured on the Policy Schedule.

*The Over 50s
insurance specialists*
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