

Supplementary Financial Services Guide

This is a Supplementary Financial Services Guide (SFSG) that supplements and is to be read together with the Financial Services Guide (FSG) contained in the combined Product Disclosure Statement, Policy Terms and Conditions and Financial Services Guide booklet for the following products:

Combined Policy Booklet	Preparation Date
Seniors Pet Insurance Top, Essential & Accident Only Cover	13 September 2021

The Hollard Insurance Company Pty Ltd (effective 14 October 2021) and PetSure (Australia) Pty Ltd (effective 26 November 2021) were provided with a claims handling and settling authorisation to their respective licences. This SFSG remains valid until replaced by a subsequently issued FSG.

This SFSG was prepared on 23 February 2022.

The following sections about Hollard and PetSure under the heading **About Hollard, GFS and PetSure and other relevant persons/organisations** on page 40 of the Policy Document, have been deleted and replaced as follows:

Hollard is an Australian Financial Services Licensee (AFSL 241436) authorised to provide advice and deal, as well as provide claims handling and settling services, in relation to all general insurance products. Hollard is the insurer and issuer of Seniors Pet Insurance policies. In providing the financial services set out in this FSG, Hollard does not provide personal advice and does not act for you.

PetSure, a related body corporate of Hollard, is an Australian Financial Services Licensee (AFSL 420183) authorised to provide general advice and deal, as well as provide claims handling and settling services, in relation to general insurance products. Petsure administers Pet insurance policies on behalf of the insurer Hollard and determines, on behalf of Hollard, whether a policy can be issued to you by Hollard.

If you have any questions regarding any of these changes you can contact us on **1300 794 915** or via seniors@petsure.com.au

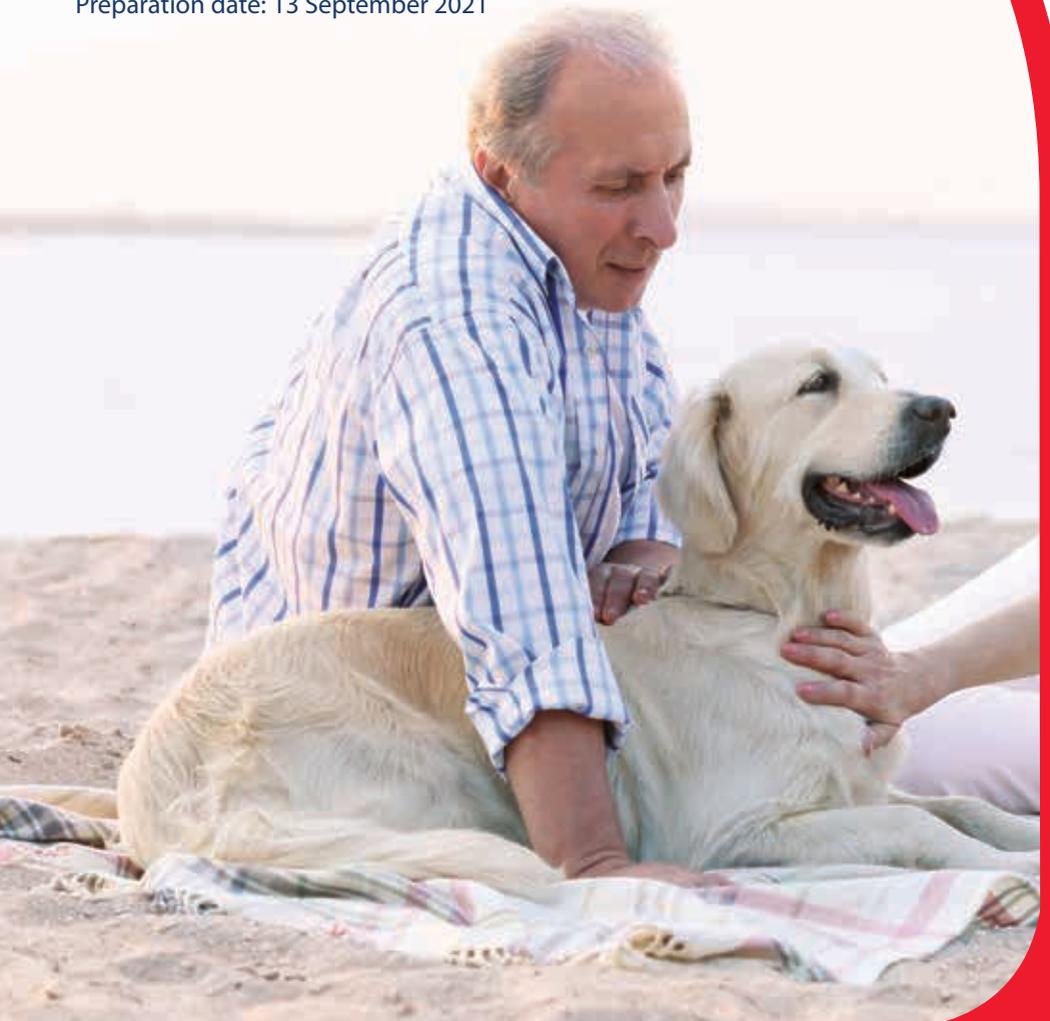
Seniors

Pet Insurance

Top, Essential & Accident Only Cover

**Combined Product Disclosure Statement,
Policy Terms and Conditions, and
Financial Services Guide**

Preparation date: 13 September 2021



The over 50s specialists



Seniors Pet Insurance is distributed and promoted by:

Greenstone Financial Services Pty Ltd (GFS) ABN 53 128 692 884, AFSL 343079, trading as Australian Seniors Insurance Agency (Australian Seniors) of 50 Norwest Blvd, Norwest NSW 2153.

Seniors Pet Insurance is arranged and administered through:

PetSure (Australia) Pty Ltd (PetSure) ABN 95 075 949 923, AFSL 420183 of Level 1, 465 Victoria Avenue, Chatswood, NSW 2067.

Seniors Pet Insurance is issued by:

The Hollard Insurance Company Pty Ltd (Hollard) ABN 78 090 584 473, AFSL 241436 of Level 12, 465 Victoria Avenue, Chatswood, NSW 2067.

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Introduction



*This policy booklet
contains three parts:*

- your Product Disclosure Statement (PDS);
- your Policy Terms and Conditions; and
- our Financial Services Guide (FSG).

Product Disclosure Statement (PDS)

The PDS is designed to help you understand what you need to know about Seniors Pet Insurance so that you can decide whether to proceed with this Cover. The PDS has been prepared by Hollard, who is the insurer and product issuer. Hollard has sole responsibility for the PDS, for each Seniors Pet Insurance policy issued, and for the assessment and payment of claims.

The PDS describes the main features and benefits of Seniors Pet Insurance. Any information contained in the PDS is general information only and does not take into account your individual objectives, financial situation or needs.

Before acting on this general information, you should consider the appropriateness of the general information having regard to your individual objectives, financial situation and needs.

Policy Terms and Conditions

The Policy Terms and Conditions of Seniors Pet Insurance have been written in plain language to help you understand the insurance Cover offered, as well as an insured's rights and obligations under a Seniors Pet Insurance policy.

You should carefully read the PDS and the Policy Terms and Conditions in this booklet before making any decision about whether to purchase Seniors Pet Insurance.

Note: You have a 30-day cooling off period and certain cancellation rights as described in these Policy Terms and Conditions.

Financial Services Guide (FSG)

The FSG contains important information about the services provided by Australian Seniors and other persons or organisations listed in the FSG in relation to Seniors Pet Insurance, how they are remunerated in relation to the services offered, and their internal and external dispute resolution procedures. It is designed to assist you in deciding whether to use any of their services. Australian Seniors and other persons or organisations providing the services are responsible for information relevant to them in the FSG.

If you have any questions:

Contact our friendly customer service team by:

Phone: 1300 794 915

Monday to Friday
(except public holidays)
8am to 8pm (AEST)

Email: seniors@petsure.com.au

Mail: Seniors Pet Insurance
Locked Bag 9021
Castle Hill NSW 1765

Website: seniors.com.au

Where words or expressions used in the PDS and Policy Terms and Conditions have a special meaning, we have used the same terms in both sections. Refer to **'Section 1 – Definitions'** on page 24 for a full explanation.

In addition, references to:

- **we, our, us, insurer** and **Hollard**, mean The Hollard Insurance Company Pty Ltd.
- **you** and **your** mean the applicant for a Seniors Pet Insurance policy and, if a policy is issued, the insured.

Frequently Asked Questions



Information about insurance coverage in this section is a summary only. You should read the Combined PDS, Policy Terms and Conditions and FSG for full details of the policy Terms and Conditions, Waiting Periods and exclusions.

What levels of Cover are offered by Seniors Pet Insurance?

The following three levels of Cover are set out in this Combined PDS, Policy Terms and Conditions and FSG:

■ **Accident Only Cover:** Covers Specified Accidental Injuries with an overall annual Benefit Limit of \$8,000 and a Benefit Percentage of 80%. This means you can receive up to 80% back for eligible Vet Expenses.

Note: Sub-limits apply for certain items. Please note this plan is no longer available for new sales.

■ **Essential Cover:** Covers Specified Accidental Injuries and Illnesses with an overall annual Benefit Limit of \$12,000 and a Benefit Percentage of 75%. This means you can receive up to 75% back for eligible Vet Expenses.

Note: Sub-limits apply for certain items.

■ **Top Cover:** Covers Specified Accidental Injuries and Illnesses with an overall annual Benefit Limit of \$12,000 and a Benefit Percentage of 80%. This means you can receive up to 80% back for eligible Vet Expenses.

Note: Sub-limits apply for certain items.

Optional: Routine Care is an optional extra which is available on this plan and provides a contribution towards a range of preventative health Treatments up to the Routine Care limits.

See '**Section 2 – Specified Accidental Injury Cover**' and '**Section 3 – Illness Cover**' on page 28 and 29 for more information about these plans.

Seniors Pet Insurance also offers an alternative level of Cover which provides a contribution towards eligible Vet Expenses. See www.seniors.com.au/pet-insurance for more information on this plan.

What percentage of my Vet Expenses am I covered for?

We will reimburse you the Benefit Percentage selected by you which will be shown on your current Certificate of Insurance.

For example, for a 75% Benefit Percentage we will reimburse you up to 75% of the eligible Vet Expenses. Benefit Limits and Sub-limits may also apply.

Note: For examples of how claim benefits are calculated, please see page 37.

What Waiting Periods apply?

The Waiting Periods that apply are:

- **30 days** – for Conditions covered under '**Section 3 – Illness Cover**' on page 29.
- **6 months** – for Cruciate Ligament Conditions (may be waived on application, refer to the '**Waiting Period**' section on page 28).

Note: There is no Waiting Period for Specified Accidental Injury Cover (except Cruciate Ligament Conditions), which will be covered from 11:59pm on the Commencement Date of the First Policy Period.

What is a Pre-existing Condition?

If any Condition existed or occurred prior to the Commencement Date of the First Policy Period or within any applicable Waiting Period, and you or your Vet were aware of the Condition, or a reasonable person in your circumstances would have been aware of the Condition, then it may be considered to be a Pre-existing Condition and excluded from Cover. This is the case, irrespective of whether the underlying or causative Condition was diagnosed at the time.

Whether such a Condition is a Pre-existing Condition will depend on its nature and experience. Outside of any applicable Waiting Period, if your Pet has a Temporary Condition that is considered to be a Pre-existing Condition because it occurred or existed prior to the Commencement Date of the First Policy Period, or during any applicable Waiting Period, but that Condition has not existed, occurred or shown noticeable signs, symptoms or an abnormality in the 18 month period immediately prior to your claim Treatment date, it will no longer be excluded from Cover as a Pre-existing Condition.

Chronic Conditions and several other specified Conditions cannot fall within this category. Hereditary Conditions and congenital Conditions will also not be considered a Pre-existing Condition if they have not shown noticeable signs, symptoms or an abnormality at any time before the Commencement Date of the First Policy Period or during any applicable Waiting Period.

Pre-existing Condition claim examples:

<p>Examples of pre-existing Temporary Conditions that are covered</p>	<p>1. Prior to the Commencement Date of the First Policy Period, your Pet has a case of gastroenteritis due to some dietary indiscretion. This Illness Condition is treated and your Pet recovers. You then purchase a pet insurance policy. Two years later, your Pet has another unrelated case of gastroenteritis.</p> <p>Your claim would be eligible for benefits because:</p> <ul style="list-style-type: none">■ the first gastroenteritis episode was a Temporary Condition, given that it normally resolves with Treatment and is not on the list of excluded Conditions in that definition;■ there was more than an 18 month gap between the Conditions;■ the second episode of gastroenteritis was not a Related Condition; and■ the Condition was not specifically excluded in the PDS. <hr/> <p>2. Your Pet had a case of demodectic mange 18 months prior to the Commencement Date of the First Policy Period. This Illness Condition is resolved after your Pet receives Treatment. Two years into the policy, your Pet contracts another case of demodectic mange.</p> <p>This claim would be eligible for benefits because:</p> <ul style="list-style-type: none">■ the first Condition was a Temporary Condition that is normally resolved with Treatment and is not on the list of excluded Conditions in that definition;■ your Pet did not have demodectic mange, or show any noticeable signs, symptoms or abnormality in relation to that Condition for more than an 18-month period; and■ the Condition was not specifically excluded in the PDS.
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<p>Examples of pre-existing Chronic Conditions that are not covered</p>	<p>1. Your Pet is limping and is diagnosed with a grade two luxating patella (dislocating kneecap) within the applicable Waiting Period of the policy. Your Vet prescribes anti-inflammatory medication. This claim is not covered, because you and your Vet became aware of the Illness Condition within the 30-day Waiting Period for this Condition. Two years later, your Pet requires surgery for the patella luxation.</p> <p>This Condition is excluded from Cover because:</p> <ul style="list-style-type: none"> ■ you and your Vet first became aware of the Condition in the applicable Waiting Period; ■ the Condition (patella luxation) is not a Temporary Condition, as it is specifically excluded from that definition; and ■ as a result, it remains a Pre-existing Condition two years later. <hr/> <p>2. Your Pet has had recurring seasonal allergies every spring and summer since it was two-months old. This Illness Condition recurs for a period greater than three months. You purchase a pet insurance policy and two years later make a claim for another round of allergy Treatment.</p> <p>Your claim would not be eligible for benefits because:</p> <ul style="list-style-type: none"> ■ the Condition is a Pre-existing Condition, given that you were aware of it prior to the Commencement Date of the First Policy Period; ■ your Pet's seasonal allergy condition is not a Temporary Condition, as it is specifically excluded as a Chronic Condition. This is because it was long-lasting, recurring and affected your Pet for a period greater than three months; and ■ as a result, it remains a Pre-existing Condition two years later.
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Note: The examples above are of a general nature and you should refer to **'Section 2 – Specified Accidental Injury Cover'** on page 28 and **'Section 3 – Illness Cover'** on page 29 and the Certificate of Insurance for information about Conditions covered under your specific level of Cover. The Conditions in these examples will not be covered under Seniors Accident Only Cover.

What is a Temporary Condition?

A Temporary Condition is a Condition, which normally resolves with Treatment and which is not on the list of excluded Conditions in that definition. If your Pet has a Temporary Condition that is considered a Pre-existing Condition because it occurred or existed prior to the Commencement Date of the First Policy Period or during any applicable Waiting Period, but the Condition has not existed, occurred or shown noticeable signs, symptoms or an abnormality in the 18 month period prior to your claim Treatment, it will no longer be excluded from your policy as a Pre-existing Condition. Refer to the **'Temporary Condition'** definition in **'Section 1 – Definitions'** on page 27 for more information.

What is a Chronic Condition?

A Chronic Condition is long-lasting or recurring in its effects and affects (or is present in) a Pet over a period greater than three months in total. Chronic Conditions may also be intermittent or managed with medication and/or prescription diets with intervals of remission. If your Pet has a Chronic Condition that occurred or existed prior to the Commencement Date of the First Policy Period or during any applicable Waiting Period, it will always be excluded from your policy as a Pre-existing Condition.

For example: Your Pet first showed signs of diabetes and has been receiving ongoing Treatment for four months immediately prior to the Commencement Date of the First Policy Period. Diabetes is considered:

- a Pre-existing Condition because it occurred before the Commencement Date of your First Policy Period; and
- a Chronic Condition as it lasted in total for more than three months.

Therefore, all expenses incurred for diabetes or related to diabetes will not be covered.

What is a Bilateral Condition?

A Bilateral Condition is a Condition affecting body parts of which the Pet has at least two, one on each side of the body (for example, ears, eyes, knees and elbows). Bilateral Conditions will generally be covered if you have the appropriate level of Cover, and the Condition is not a Pre-existing Condition or subject to a general exclusion.

However, when applying a limit or exclusion, a Bilateral Condition will be considered a single Condition.

For example: If your Pet displays signs or symptoms of an ear Condition in the left ear prior to the Commencement Date of the First Policy Period or during the applicable Waiting Period, a subsequent ear infection in the right ear will still be considered to be a Pre-existing Condition (refer to the **'Bilateral Condition'** definition on page 24 in **'Section 1 – Definitions'**).

Will I have lifelong Cover for my Pet?

Once your Pet is accepted for Cover and as long as we continue to provide this product and you continue to hold the policy without a break in Cover and renew your policy, your Pet will be covered for eligible Vet Expenses for life, with Cover subject to the applicable terms and conditions of the policy for each renewal period.

You can apply for Seniors Pet Insurance Essential and Top Cover as long as your Pet is over eight weeks old and younger than nine years of age.

Please note: Seniors Accident Only Cover is no longer available for new sales, however if you have this level of Cover you can continue to renew on this plan.

What exclusions exist?

As with most insurance products, there are certain situations in which you will not be covered. There are some general exclusions such as Pre-existing Conditions, dental procedures, fractured

teeth, routine or preventative Treatments (unless Routine Care cover is purchased, which provides a contribution up to the Routine Care limits), some Elective Treatments and procedures and breeding or obstetrics. There may also be specific exclusions which may apply to specific levels of Cover.

It is important that you read all of your policy documentation for full details (including **'Section 2 – Specified Accidental Injury Cover'** on page 28, **'Section 3 – Illness Cover'** on page 29, **'Section 4 – Additional benefits'** on page 29, **'Section 5 – Optional benefit'** on page 31, your Certificate of Insurance and **'Section 6 - General exclusions (what we do not cover)'** on page 32.

What kind of Vet Consultations can I claim under my policy?

You can claim for Consultations in relation to Conditions covered by your policy.

For example, under the Seniors Accident Only Cover Plan you can claim for Consultation fees in relation to any eligible Specified Accidental Injury.

If you have selected a Seniors Essential Accident & Illness Cover or Top Accident & Illness Cover plan, you can claim for Consultation fees in relation to any eligible Specified Accidental Injury or Illness Condition.

Please note: Routine health checks and vaccination visits are not coverable under your policy, unless you have Seniors Top Accident and Illness Cover and have selected the Routine Care option, as shown on your Certificate of Insurance.

A Sub-limit applies to the Consultation fees that your Vet charges. This Sub-limit is stated on your Certificate of Insurance. When claiming for an eligible Condition, this Sub-limit only relates to the Consultation fee, and not any of the Treatments or medications your Pet may receive during the visit.

What if my claim reaches my annual benefit limit or sub-limit?

Your annual Benefit Limit and Sub-limits are the

maximum benefits that can be paid to you in any one Policy Period, and are stated on your Certificate of Insurance. If you do make a large claim (or number of claims) and reach your policy limits, your policy limits will reset on the renewal date of your Policy.

See the **'Benefit Limit(s) and Sub-limit(s)'** definition on page 24 for more information.

What are the claim requirements for adopted Pets?

For adopted Pets, if you can provide us with proof of adoption or transfer of ownership papers, we will only request a veterinary history from the date you took ownership onwards. Refer to **'Section 9 – Claims'** for full details on how to submit a claim and required documents.

Can I seek pre-approval of my Pet's upcoming treatment?

Yes. If your Pet requires Treatment and you wish to seek pre-approval of those costs, you can provide us with the itemised estimate of costs from your Vet, along with the Treatment required and relevant clinical records and/or veterinary history, and we will respond to you in writing with the outcome.

Note: Pre-approvals are not mandatory and not required in order to make a claim under your policy.

For more information, see **'Section 9.1 – Claim pre-approval'** on page 35.

Are x-rays, blood tests and other diagnostics tests covered?

Yes, you can claim for diagnostic expenses in relation to eligible Conditions covered by your policy (see **'Section 2 – Specified Accidental Injury Cover'** on page 28 and **'Section 3 – Illness Cover'** on page 29). This means that elective or routine tests are not covered, nor are any tests related to a Pre-existing Condition or any other policy exclusion.

Benefit summary

Feature	Accident Only Cover# (no longer available to new sales)	Essential Cover	Top Cover
Entry age (for new applications)	N/A	Start Cover from eight weeks of age and younger than nine years of age.	Start Cover from eight weeks of age and younger than nine years of age.
Life-long Cover	 Provided there is no break in Cover and we continue to offer the product. Policy terms and conditions may vary across each Policy Period.	 Provided there is no break in Cover and we continue to offer the product. Policy terms and conditions may vary across each Policy Period.	 Provided there is no break in Cover and we continue to offer the product. Policy terms and conditions may vary across each Policy Period.
Benefit Percentage (The percentage of eligible Vet Expenses covered)	Up to 80%	Up to 75%	Up to 80%
Overall annual Benefit Limit (See page 24 for the definition of ' Benefit Limit ')	\$8,000	\$12,000	\$12,000
Excess	\$0	\$0	\$0
Covers Specified Accidental Injuries (See page 27 for definition of ' Specified Accidental Injury ')			
Covers Illnesses (See page 26 for definition of ' Illness ')			
Consultation fees annual Sub-limit (including home visits) (See page 24 for the definition of ' Sub-limit ')	\$300	\$300	\$300

Feature	Accident Only Cover# (no longer available to new sales)	Essential Cover	Top Cover
Dental illness treatment	⊗	⊗	⊗
Tick paralysis (annual Sub-limit)	⊗	\$1,000	\$1,200
Cruciate Ligament Conditions (annual Sub-limit)	\$2,600*	\$2,600*	\$2,600*
Emergency boarding (annual Sub-limit)	\$500	\$1,000	\$1,000
Waiting Periods (See page 28 for definition of 'Waiting Period')	6 months for Cruciate Ligament Conditions.^ No Waiting Period for Specified Accidental Injuries specified in Section 2 on page 28.	30 days for Illness Conditions. 6 months for Cruciate Ligament Conditions.^ No Waiting Period for Specified Accidental Injuries specified in Section 2 on page 28.	30 days for Illness Conditions. 6 months for Cruciate Ligament Conditions.^ No Waiting Period for Specified Accidental Injuries specified in Section 2 on page 28.
Routine Care (Optional extra)	N/A	N/A	Yes If you have this optional benefit, it will be displayed on your Certificate of Insurance.
Pre-existing Condition(s) (See page 26 for the definition of 'Pre-existing Condition')	⊗ Certain Conditions are eligible for a Pre-existing Conditions review after an 18-month period.	⊗ Certain Conditions are eligible for a Pre-existing Conditions review after an 18-month period.	⊗ Certain Conditions are eligible for a Pre-existing Conditions review after an 18-month period.

Full details are specified in the Policy Terms and Conditions (pages 22 - 38).

Please note this plan is no longer available for new sales, but these benefits apply to customers renewing on Seniors Accident Only Cover.

* You may be eligible for a higher limit and if so this will be displayed on your Certificate of Insurance.

^ May be waived on application, refer to the 'Waiting Period' section on page 28.

Product Disclosure Statement (PDS)

Hollard is solely responsible for the PDS and is the insurer under each Seniors Pet Insurance policy issued. PetSure has been given a binding authority by Hollard which authorises it to enter into, vary and cancel Seniors Pet Insurance policies on behalf of Hollard as if it were Hollard, subject to the limits of authority agreed with Hollard. PetSure does not act for you. GFS is authorised to distribute and promote Seniors Pet Insurance but does not issue policies and is not involved in the assessment or payment of claims.

This PDS contains important information about:

- significant features and benefits of Seniors Pet Insurance;
- your duty to take reasonable care not to make a misrepresentation when applying for Seniors Pet Insurance;
- our internal and external dispute resolution procedures; and
- your cooling off rights when purchasing Seniors Pet Insurance.

Note: Whilst this PDS provides a summary of the significant features and benefits of Seniors Pet Insurance, you must also read the Policy Terms and Conditions in this booklet to understand the insurance provided (including what terms, conditions, exclusions and limitations may apply to your Cover).

Sometimes we need to change the wording of the policy before it is issued to you because your insurance varies depending on a number



of factors. We do this by adding what is called an endorsement. You will find any endorsements that apply to your policy printed on your Certificate of Insurance.

We may need to update this PDS from time to time. We will do this if certain changes occur, and we are required and permitted by law to do so. We will issue you with a new PDS or a Supplementary PDS or other compliant document to update the relevant 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 insurance, we may issue you with notice of this information in other forms or keep an internal record of such changes. You can get a paper copy, or an electronic copy will be made available, of any changes free of charge by contacting us using the contact details on the back of this PDS.

Protection for your Pets

Subject to the terms, conditions, exclusions and limitations that apply to your Cover (as set out in this document), Seniors Pet Insurance provides:

- a. financial assistance for Vet Expenses in respect of the insured Pet for a Condition occurring or showing signs or symptoms within the Policy Period and after any applicable Waiting Period and subject to any excluded Pre-existing Conditions or general exclusions; and
- b. financial assistance towards eligible Vet Expenses (as well as allowing you to use the services of any Vet in Australia and, in some cases, overseas). **'Vet Expenses'** are defined in **'Section 1 – Definitions'** on page 27, and may be subject to stated limits and applicable Waiting Periods.

If a Condition exists or occurs before the Commencement Date of the First Policy Period or within an applicable Waiting Period, and you or your Vet were aware of the Condition, or a reasonable person in your circumstances would have been aware of the Condition, it may be excluded from Cover as a Pre-existing Condition. Whether that is the case will depend on the nature and experience of the Condition (please refer to the definition of **'Pre-existing Condition'**).

If your Pet has a Temporary Condition that occurred or existed prior to the Commencement Date of the First Policy Period or during any applicable Waiting Period, but that Condition has not existed, occurred or shown noticeable signs, symptoms or an abnormality in the 18 month period immediately prior to your claim Treatment date, it will no longer be excluded from Cover as a Pre-existing Condition. Chronic Conditions and several other specified Conditions that occur prior to the Commencement Date of the First Policy Period or during any applicable Waiting Period cannot fall within this category and will always be excluded from Cover.

Understanding the limits of the insurance

Seniors Pet Insurance transfers some of the financial risks Pet owners face for Vet Expenses from the insured to the insurer. However, Seniors Pet Insurance does not cover every circumstance or expense and we have certain terms, conditions, exclusions and limitations like other forms of general insurance.

These include, but are not limited to, Conditions such as pregnancy, Elective Treatments and procedures, pet foods/diets and grooming. Medical Conditions that are present or that you were aware of (or that a reasonable person in your circumstances should have been aware of) prior to the Commencement Date of the First Policy Period or that arise during the applicable

Waiting Period are considered Pre-existing Conditions and may be excluded from Cover. Pre-existing Conditions are assessed differently depending on whether they are Chronic Conditions or Temporary Conditions for your Pet. See the **'Pre-existing Condition'** definition for more information.

Maximum monetary limits also apply to the amount of benefits payable in any one Policy Period. These are called the Benefit Limits and can vary depending on the relevant Cover. Sub-limits for particular Conditions may also apply. See the **'Benefit Limit(s) and Sub-limit(s)'** definition in **'Section 1 – Definitions'** on page 24 and your Certificate of Insurance for more information.

Full details are specified in the **'Policy Terms and Conditions'** (pages 22 to 38).

Your duty to take reasonable care not to make a misrepresentation

Before you enter into this insurance with us, you have a duty to take reasonable care not to make a misrepresentation under the Insurance Contracts Act 1984 (Cth).

The duty to take reasonable care not to make a misrepresentation applies until the contract is entered into (or renewed, varied, extended or reinstated as applicable).

Your duty to take reasonable care not to make a misrepresentation when you enter into the contract with us for the first time

Before you enter into this contract of insurance, you have a duty to take reasonable care not to make a misrepresentation. What that means is that you need to take reasonable care to provide honest, accurate and complete answers to questions that we ask.

If you are not sure of the answers to any of our questions, you should take the time to find them. It is also important to understand that,

in answering the questions, you are answering for yourself and anyone else to whom the questions apply.

If any of our questions are not clear to you and you need help, please contact us.

Your duty to take reasonable care not to make a misrepresentation when you renew, vary, extend or reinstate the contract

Before you renew, vary, extend or reinstate the contract of insurance, you have a duty to take reasonable care not to make a misrepresentation. What that means is that you need to take reasonable care to review the information included in your policy documentation (e.g. your renewal notice or Certificate of Insurance) and to inform us of any changes, where the information is no longer honest, accurate and complete.

If you are not sure if any of the information remains honest, accurate and complete, you should take the time to find out. It is also important to understand that, in reviewing the information, you are doing so for yourself and anyone else to whom the information applies.

If you need to inform us of changes to the information set out in your policy documentation (e.g. your renewal notice or Certificate of Insurance), or if any of it is not clear to you and you need help, please contact us.

If you do not contact us, we will take it that you agree that the information remains honest, accurate and complete, so it is essential that you contact us if you have any doubts.

If you do not comply with your duty to take reasonable care not to make a misrepresentation

If you do not take reasonable care in answering our questions or inform us of changes to the information set out in your policy documentation, you may breach your duty. If that happens, your policy may be cancelled, or treated as if it never existed, and any claim may be denied or not paid in full.

Calculating your premium

Your premium is calculated when your Seniors Pet Insurance policy begins, and at each policy anniversary (and if you vary or extend Cover) and is printed on the relevant Certificate of Insurance.

The premium for new policies is calculated based on a number of factors. Some are pre-set and do not vary for each insured (e.g. amounts we take into account for certain internal costs and expenses). Others can affect the premium amount up or down depending upon whether we believe it increases or decreases the risk to us, such as the Cover you have chosen, including whether you have chosen Routine Care, the Benefit Percentage applicable to the Cover you have chosen, the species, breed and age of your Pet and other factors related to our cost of doing business. These same factors may be used to calculate your premium when you amend your coverage.

Further information about renewal premiums, including how they are also calculated (and additional factors taken into account) can be found under **'Automatic renewal of your policy'** on page 23. The amount you pay includes allowances for government fees, taxes and charges (including stamp duty and GST). You can ask us for further information. Our contact details are on page 5.

Minimum premiums and discounts/entitlements may apply, subject to certain criteria. Discounts/entitlements/ premiums may be rounded up or down and only apply to the extent any minimum premium is not reached. They are also applied in a predetermined order (excluding amounts for government taxes and charges) as reduced by any prior applied discounts/entitlements. They are applied to the base premium calculated prior to any taxes being added.

Cooling off period

You have a full 30 days from the policy Commencement Date (or any renewal date) to make sure you are happy with every aspect of your Seniors Pet Insurance policy. This is known as the 'cooling off' period. During this time, you may cancel the policy simply by contacting us. If we receive your request to cancel your policy within the 30-day period after the policy Commencement Date (or any renewal date), we will give you a refund of any monies received since the policy Commencement Date (or renewal date), less any costs incurred by us, which we are unable to recover and any taxes or duties that we are unable to refund.

If you have made a claim during the cooling off period and wish to cancel during the cooling off period, then any refund will be in accordance with provisions set out in **'Section 8 – Cancellation'**. After the cooling off period ends you continue to be able to cancel your policy and you have rights upon cancellation in certain circumstances under the policy. These rights are set out in **'Section 8 – Cancellation'** on page 34.

Your privacy

Hollard, GFS and PetSure (each a 'Recipient' and referred to as 'we', 'us' or 'our' in this privacy section) are subject to the Australian Privacy Principles under the Privacy Act 1988 (Cth).

In connection with each Recipient:

- personal information is collected in various ways, including via telephone, our website, hard copy forms or email. Whenever you deal with us we will collect this information directly from you unless it is unreasonable or impracticable for us to do so. In some instances, we may collect your information from someone else. This may include our authorised representatives, our distributors or referrers, agents or related entities,

veterinary service providers, another party involved in a claim, family members, anyone you have authorised to deal with us on your behalf, and/or our legal or other advisers;

- personal information is collected that is reasonably necessary in order for us to provide and offer you our products and services, or otherwise as permitted by law. Such purposes include responding to your enquiries, providing you with assistance you request of us, maintaining and administering our products and services (for example processing requests for quotes, applications for insurance, underwriting and pricing policies, issuing you with a policy, managing claims, processing payments); providing you with access to our GapOnly™ claims system; processing your survey or questionnaire responses; market research and the collection of general statistical information using common internet technologies such as cookies; providing you with marketing information regarding other products and services (of ours or a third party); quality assurance and training purposes; performing administrative operations (including accounting and risk management) and any other purpose identified at the time of collecting your information;
- if you do not consent to us collecting and using, and/or disclosing all or some of the personal information we request, we may not be able to provide you with our products or services, such as processing your application for insurance, your claim or any payment due to you. It may also prevent us from maintaining or administering your policy or the provision of information regarding our products or services or those of any third party;
- we may collect your personal information so that we or our related entities or

other third parties with whom we have a relationship can develop or offer you products and services which we believe may be of interest to you, but will not do so if you tell us not to by contacting us (our contact details are provided in this section);

■ where appropriate, we will disclose your information to our related entities and third parties who provide services to us or on our behalf, including our authorised representatives, distributors or referrers, mailing houses and marketing companies, insurance reference bureaus, reinsurers, credit providers, external IT service providers, other insurance providers and advisers. In the case of claims (or likely claims) it may be disclosed to persons involved in the claim, veterinary service providers, external claims data collectors and verifiers. Your personal information may also be disclosed to the Australian Financial Complaints Authority (AFCA) or other dispute resolution providers, government bodies, regulators, law enforcement agencies and any other parties where required by law;

■ your personal information may also be disclosed to some of our service providers who are located overseas, including but not limited to the Philippines, South Africa, New Zealand, United States of America and the United Kingdom. Details of who they are may change from time to time. You can contact us for details. In some cases, we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Privacy Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Privacy Act or against us (to the extent permitted by law) and may not be able to seek redress overseas.

You consent to the use and disclosure of your personal information as set out in this section. Your consent applies whether you become or remain the insured unless you tell us otherwise by contacting us. You can read more about how we collect, use and disclose your personal information or how to make a complaint about a breach of the Australian Privacy Principles in our Privacy Policy which is available on our website or you can request a copy.

If you wish to gain access to your personal information (including correcting or updating it), have a complaint about a breach of your privacy or have any other query relating to privacy, please contact the Privacy Officer at:

Hollard

Phone: (02) 9253 6600

Email: privacy@hollard.com.au

Mail: Hollard Privacy Officer
The Hollard Insurance
Company Pty Ltd
Locked Bag 2010
St Leonards, NSW 1590

Website: hollard.com.au

GFS

Phone: (02) 8886 8300

Email: privacy@greenstone.com.au

Mail: Greenstone Financial Services Pty Ltd
50 Norwest Blvd
Norwest NSW 2153

Website: greenstone.com.au

PetSure

Phone: (02) 9842 4800

Email: privacy@petsure.com.au

Mail: PetSure Privacy Officer
PetSure (Australia) Pty Ltd
Locked Bag 9021
Castle Hill NSW 1765

Website: petsure.com.au

Code of Practice (Code)

Hollard and PetSure are members of the Insurance Council of Australia and also signatories of the General Insurance Code of Practice. The objectives of the Code are:

- a. commit insurers to high standards of service;
- b. promote better, more informed relations between insurers and their customers;
- c. maintain and promote trust and confidence in the general insurance industry;
- d. provide fair and effective mechanisms for the resolution of complaints and disputes between insurers and their customers; and
- e. promote continuous improvement of the general insurance industry through education and training.

The Code Governance Committee is an independent body that monitors and enforces compliance with the Code. The Code Governance Committee is also responsible for imposing sanctions for breaches of the Code as well as improvement of the Code and assisting the general insurance industry understand and comply with the Code.

You can obtain a copy of the Code from the Insurance Council of Australia website at insurancecouncil.com.au

Goods and Services Tax (GST)

All monetary limits in your policy are inclusive of GST. In the event of a claim, if you are not registered for GST, we will reimburse you the GST component in addition to the amount we pay you. If you are registered for GST, we will not pay you the GST component and you will need to claim the GST component from the Australian Taxation Office.

You must advise us of your correct input tax credit percentage where you are registered as a business and have an Australian Business

Number. You are liable to us for any GST liability we incur arising from your incorrect advice or inaction.

If you have any questions

For more information about Seniors Pet Insurance, to confirm policy transactions, or if you have any questions about the information contained in the PDS or Policy Terms and Conditions, please call us on **1300 794 915**. Our lines are open Monday to Friday (except public holidays) between 8am to 8pm (AEST).

Alternatively, you can write to:

Seniors Pet Insurance
Locked Bag 9021
Castle Hill NSW 1765

If you have a complaint

We hope that you never have reason to complain, but if you do we will do our best to work with you to resolve it. Our complaints resolution process has three steps. Please let us know if you require additional assistance to lodge a complaint.

1 – Immediate response

If you have a complaint we will take steps to resolve your complaint as soon as possible. We will acknowledge your complaint within one business day of receiving it.

Please contact us using one of the following means:

Phone: **1300 794 915**
Monday to Friday
(except public holidays)
8am to 8pm (AEST)

Mail: Customer Service Complaints
Seniors Pet Insurance
Locked Bag 9021
Castle Hill NSW 1765

Please supply your policy number, if applicable, to enable the complaint or enquiry to be dealt with promptly. Your complaint or enquiry will be dealt with by someone with appropriate authority.

2 – Internal dispute resolution

If we have not resolved your complaint to your satisfaction, at your request (refer to contact details provided for **'1 – Immediate response'**), we will escalate your complaint for review by our Internal Dispute Resolution team. All escalated complaints will be acknowledged within one business day of being escalated. The Internal Dispute Resolution team will review your matter and any supporting evidence. After full consideration of the complaint a written final response will be provided that will outline the decision reached and the reasons for the decision.

3 – External dispute resolution

In the event that your complaint is not resolved to your satisfaction, or a final written response has not been provided within 30 days, you can refer your complaint to the Australian Financial Complaints Authority (AFCA), provided your complaint is within the scope of the AFCA Rules.

AFCA is an independent dispute resolution service provided free of charge.

You may contact AFCA at:

Australian Financial Complaints Authority (AFCA)

Phone: 1800 931 678

Email: info@afca.org.au

Mail: GPO Box 3,
Melbourne VIC 3001

Website: afca.org.au

Financial Claims Scheme and compensation arrangements

Hollard is 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 is subject to the prudential requirements of the Insurance Act.

The Insurance Act contains standards 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 by the *Corporations Act 2001* (Cth) 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 that Act. We have compensation arrangements in place that are in accordance with the Insurance Act.

If we were to fail and were unable to meet our obligations under your policy, a person entitled to claim under insurance Cover under the policy may be entitled to payment under the Financial Claims Scheme (access to the Scheme is subject to eligibility criteria). Information about the Financial Claims Scheme can be obtained from the APRA website at fcs.gov.au

Authorised for issue

This PDS including the Policy Terms and Conditions was prepared by Hollard. GFS, Australian Seniors and PetSure have given their consent to all statements by or about them in the form and context in which they are included and have not withdrawn as at the date of the PDS. These statements appear throughout the PDS.

Policy Terms and Conditions



The Seniors Pet Insurance policy

Upon acceptance of application for your Cover, you will be issued a Certificate of Insurance. We will issue a new Certificate of Insurance:

- on renewal of your policy each year; or
- if you or we change your Cover.

Your policy will continue for a period of 12 months from the policy Commencement Date unless cancelled by you under the cooling off period as explained on page 18 or due to the operation of the cancellation provisions of the policy as explained in **'Section 8 – Cancellation'** on page 34.

We also have certain cancellation rights at law. For your convenience and to ensure continuity of Cover for your Pet, we will automatically renew your policy each year (unless you have opted out of automatic renewals or contact us to advise that you do not want to renew on the terms of renewals notice) for as long as we

continue to provide this product - refer to the **'Automatic renewal of your policy'** section on page 23.

Your policy comprises of the Certificate of Insurance, PDS, Policy Terms and Conditions, FSG and any endorsements issued by us from time to time.

The basis on which we insure you

Subject to the Policy Terms and Conditions, we will reimburse the Vet Expenses incurred by you as a result of a Treatment to the insured Pet for covered Specified Accidental Injury or Illness Conditions up to the specified Benefit Percentage, but subject to any applicable Benefit Limit or Sub-limit, provided that:

- you have paid or agreed to pay the premium to us for the Cover provided;
- the Specified Accidental Injury or Illness Conditions (whichever is applicable) arose during the Policy Period; and

- the Treatment occurred during the Policy Period.

Where we agree to provide Cover under the policy we rely on the representations made by you during your application for insurance.

Coverage under the policy will depend on the level of Cover you have chosen. Your Certificate of Insurance will state the plan and policy benefits applicable to your Pet.

Additional and optional benefit(s) may also be provided if specified on your Certificate of Insurance.

Automatic renewal of your policy

We will offer renewal of your policy every year for so long as we continue to provide this product. At least 14 days prior and before your current policy expires we will send you a renewal notice confirming when your insurance will expire and the premium and terms on which your insurance will automatically renew for a further Policy Period. It will also remind you that you can opt out of the automatic renewal process and to check the limits of cover provided under the policy to see if your level of insurance cover remains appropriate for you.

Your Cover will be automatically renewed on the terms contained in the renewal notice (unless you have opted out of automatic renewals or contact us to tell us that you do not want to renew on the terms of the renewal notice) and we will deduct/charge the renewal premium from your nominated account/credit card. If the account/credit card is not yours, you confirm you have the authority of the relevant person to use it and they have agreed to these terms.

Every year, we review the cost of everyone's insurance with regards to a combination of factors as well as claims inflation across all our insured Pets. These factors include your Pet's age and breed, as well as data relating to the health of Pets that are a similar age and breed. Your premium takes into account the average cost of care for Pets like yours.

We may also change the terms and conditions of the policy upon renewal based on the risk associated with insuring Pets like yours.

Should you renew your policy, you must tell us if the information you have previously supplied is incorrect or incomplete in order to comply with your duty to take reasonable care not to make a misrepresentation. If you do not, we may reduce or refuse to pay a claim or cancel the policy.

Delivery of your policy documents and policy related communications

Unless you tell us otherwise or we tell you it is no longer suitable we will send your policy documents and policy related communications electronically. This includes email and/or other methods of electronic communication. You will need to provide us with your current email address and your mobile phone number. Each electronic communication will be deemed to be received by you on the transmission date recorded in our systems. Where we deliver your policy documents and policy related communications by mail in printed form all such communications will be deemed to have been successfully delivered once mailed by us to your last notified postal address.

Some important things you should know

Benefits do not accumulate across Policy Periods. The policy benefits will expire at the end of each Policy Period.

Your rights and duties under the policy cannot be transferred without our prior written consent.

It is a condition of Cover that your Pet must regularly reside with you and be under your regular care and supervision at the physical address you provided to us.

It is important to remember that insurance policies cannot cover every scenario and have certain limits.

Section 1 – Definitions

When interpreting these Policy Terms and Conditions:

- references to the singular include the plural and vice versa, and to the masculine include the feminine and vice versa;
- monetary references are in Australian dollars (AUD); and
- a reference to any legislation contained in the policy includes any amendment, replacement, re-enactment, or successor legislation.

Words that are capitalised have the special meaning explained below:

Accident means:

- a single event which is unexpected and unintended by you; and
- is independent of Illness or any Pre-existing Condition

Benefit Limit(s) and Sub-limit(s) mean the applicable amount(s) payable in any one Policy Period, in relation to the relevant Cover as specified on your Certificate of Insurance (determined as follows):

- If a Sub-limit for a particular Cover, item, Condition or Treatment on an individual or per claim basis is specified to apply on your Certificate of Insurance, we will not pay more than that amount (subject also to the overall annual Benefit Limit or other relevant Sub-limit not having been exceeded); and
- We will never pay more than the overall annual Benefit Limit specified on your Certificate of Insurance.

Note: Benefit Limits and Sub-limits reset on renewal.

Benefit Percentage means the stated percentage of each claim for eligible Vet Expenses for which we will reimburse you, subject to any applicable Benefit Limits.

Note: The applicable Benefit Percentage will be shown on your Certificate of Insurance.

For example: For a 75% Benefit Percentage we will reimburse you for up to 75% of the eligible Vet Expenses, subject to Benefit Limits. Refer to page 37 for an example of how claim payments are calculated.

Bilateral Condition means any Condition affecting body parts of which the Pet has at least two, one each side of the body (e.g. ears, eyes, knees and elbows).

Note: When applying a Benefit Limit or exclusion, a Bilateral Condition will be considered a single Condition.

For example:

1. If your Pet has had elbow dysplasia in the left elbow prior to the Commencement Date of the First Policy period or during the applicable Waiting Period, which falls within the definition of Pre-existing Condition, subsequent elbow dysplasia in the right elbow will still be considered a Pre-existing Condition.
2. If your Pet suffers from a patella luxation in its left hind leg and arthritis in its right

hind leg, this is not a Bilateral Condition, as patella luxation and arthritis are not the same Condition.

Certificate of Insurance means the relevant certificate we provide outlining the key details of the contract of insurance between you and us, and identifying the policy number, Cover, Commencement Date, End Date, insured Pet, schedule of benefits including Benefit Limits and Sub-limits.

Chronic Condition means a Condition that is long-lasting or recurring in its effects and affects (or is present in) your Pet over a period that is greater than three months in total (the three-month period need not be consecutive). Chronic Conditions may also be intermittent or managed with medication and/or prescription diets with intervals of remission.

Examples include but are not limited to chronic or seasonal allergies, inflammatory bowel disease, diabetes, osteoarthritis, cancer and some autoimmune diseases.

This definition is relevant to determining whether a Condition is a Pre-existing Condition (please refer to the definitions of **'Pre-existing Condition'** and **'Temporary Condition'**). If a Chronic Condition is a Pre-existing Condition, it will be excluded from Cover.

For example:

1. Prior to the Commencement Date of the First Policy Period your Pet experienced symptoms of seasonal allergies for more than three months in total. The Condition would be a Chronic Condition; given that it is recurring in its effects. If the Condition otherwise falls within the definition of **'Pre-existing Condition'** it will be excluded from coverage.
2. Your Pet showed signs of diabetes for at least three months prior to the Commencement Date of the First Policy Period. This would also be a Chronic

Condition, given its long-lasting and recurring effects. If the Condition otherwise falls within the definition of **'Pre-existing Condition'**, it will be excluded from coverage and all expenses related to diabetes will be excluded.

Commencement Date means 11:59pm on the date when Cover for your Pet first started as shown on your Certificate of Insurance. Unless otherwise specified, this relates to the Commencement Date of your current Policy Period.

Condition means any Specified Accidental Injury, or any manifestation of an Illness.

Consultation and other derivations means an examination performed by or under the supervision of a Vet, including a physical consultation, inpatient examination, in-hospital examination, health certificate, consultation or recheck consultation/visit, referral/specialist consultation/visits, emergency and after-hours consultations/visits.

Cover means:

- the Benefit Limits, Sub-limits, Benefit Percentage and any other options applicable to the policy you have selected; and
- where relevant, the Cover applicable under any previous policies you have held with us where the same or a substantially similar or a higher level of Cover was provided in the current Policy Period.

Information about the Cover can be found in **'Section 2 – Specified Accidental Injury Cover'** to **'Section 6 – General exclusions (what we do not cover)'**.

Note: The Cover applying to your Pet for your current Policy Period is shown on your Certificate of Insurance. The Cover includes the additional benefits explained in **'Section 4 – Additional benefits'** on page 29.

Cruciate Ligament Condition means partial or complete rupture of the cruciate ligament(s). This includes meniscal tears, any looseness of the cruciate ligaments along with any complications following Treatment for this Condition.

A Cruciate Ligament Condition is considered a single Condition irrespective of whether one or both legs are affected (please refer to the definition of '**Bilateral Condition**' and '**Benefit Limit(s) and Sub-limit(s)**' definitions on page 24).

Elective Treatment means a Treatment or surgery that is beneficial to your Pet but is not essential for your Pet's survival or does not form part of the Treatment for a Condition. Refer to '**Section 6 – General exclusions (what we do not cover)**' on page 32.

End Date means 11:59pm on the date upon which your policy terminates and benefits cease. Unless otherwise specified, this relates to the End Date of your current Policy Period.

Note: The End Date is shown on your Certificate of Insurance. If the policy is cancelled, then the date of cancellation will be deemed to be the End Date.

First Policy Period means the time during which we first provided Cover to you.

GST means the Australian Goods and Services Tax at the officially published tax rate.

Illness means a sickness or disease which:

- is not included under Specified Accidental Injury Cover; and
- is independent of any Pre-existing Condition.

Pet means a dog or cat covered under the policy and named on your Certificate of Insurance.

Policy Period means the time during which we provide Cover as specified on your Certificate of Insurance.

Pre-existing Condition means a Condition that existed or occurred prior to the

Commencement Date of the First Policy Period or within any applicable Waiting Period, of which you or your Vet were aware or a reasonable person in your circumstances would have been aware, irrespective of whether the underlying or causative Condition has been diagnosed, subject to the following. A Pre-existing Condition also includes a Related Condition or Bilateral Condition of a Pre-existing Condition.

After the end of any applicable Waiting Period, a Condition will no longer be considered a Pre-existing Condition if it is a Temporary Condition that:

- has not existed, occurred or shown noticeable signs, symptoms or an abnormality in the 18-month period immediately prior to your claim Treatment date (please refer to the definitions of '**Temporary Condition**', '**Chronic Condition**' and '**Cruciate Ligament Condition**'); or
- we have agreed in writing will not be a Pre-existing Condition, following a Pre-existing Condition Review (please refer to the terms of a Pre-existing Condition Review on page 33).

For example: Six weeks prior to the Commencement Date of the First Policy Period, you notice your Pet has a Condition involving limping on its left back leg and you take it to the Vet. Your Vet prescribes anti-inflammatory medication. 12 weeks after purchasing a policy the limping is diagnosed as degenerative joint disease. The Condition would be a Pre-existing Condition and excluded from Cover, notwithstanding that the diagnosis was not provided until after the Commencement Date.

Related Condition means a Condition that results from the same disease process, arises as a consequence of or has the same diagnostic classification as another Condition, regardless of the number of areas of your Pet's body that are affected.

For example:

1. If your Pet suffers from arthritis in its legs, all future occurrences of arthritis (e.g. in the back or neck) will be Related Conditions.
2. If your Pet suffers from diabetes and then develops a cataract as a consequence of the diabetes, the cataract will then be a Related Condition.
3. If your Pet suffers from a skin hotspot, then later suffers from ringworm on its skin, these are not Related Conditions, as the ringworm is not as a consequence of the hotspot, nor do they follow the same disease process or diagnostic classification.

Routine Care means certain preventive healthcare Treatments for your Pet listed on your Certificate of Insurance. If you have this cover, the list of allowable Treatments and the Benefits Limits applicable to these, are shown on your Certificate of Insurance.

Specified Accidental Injury means physical harm or injury arising from an Accident that is a consequence of or results in one of the following:

- motor vehicle incident;
- a burn or electrocution;
- an allergic reaction to insect and arachnid bites;
- a bone fracture;
- a snake bite toxicity;
- a traumatic ligament or tendon injury;
- a bite wound or fight wound abscesses; or
- lacerations or abrasion of tissue, skin or mucous membrane due to external violence.

See '**Section 2 – Specified Accidental Injury Cover**' on page 28 for more information.

Temporary Condition means a Condition which normally resolves with Treatment, other than:

- Cruciate Ligament Conditions;
- intervertebral disc disease;

- hip dysplasia;
- elbow dysplasia;
- patella luxation;
- endocrine diseases; and
- any other Chronic Condition.

This definition is relevant to determining whether a Condition is a Pre-existing Condition (please refer to the definition of '**Pre-existing Condition**').

For example: Your Pet has dietary related gastroenteritis prior to the Commencement Date of the First Policy Period that is resolved with medication. Your Pet does not suffer any further instances of dietary related gastroenteritis until three years later, when your Pet suffers another gastroenteritis episode. This Condition would be a Temporary Condition which has not existed, occurred or shown noticeable signs, symptoms or an abnormality in the 18 month period immediately prior to the second gastroenteritis episode, so would not be a Pre-existing Condition and would be coverable subject to your policy terms and conditions.

Treatment means reasonable and customary examinations, Consultations (including home visits), hospitalisation, surgery, x-rays, medication, diagnostic tests, nursing and other care and procedures provided by a Vet to relieve or cure a disease, Illness or Specified Accidental Injury during the Policy Period.

Vet means any veterinarian, veterinary specialist, animal hospital, animal clinic, or animal surgery, other than yourself, who is licensed in and currently registered in Australia (with the exception of additional benefits provided under '**Section 4.3 – Pet overseas travel insurance**' on page 30).

Vet Expenses means the reasonable and essential expenses incurred and paid in respect of Treatment provided by a Vet during the Policy Period, having regard to the circumstances in which the Treatment was provided.

Waiting Period means a period starting from the Commencement Date of the First Policy Period during which a Condition that exists or occurs, of which you or your Vet are aware or a reasonable person in your circumstances would be aware, will be considered a Pre-existing Condition, subject to the terms of the definition of **'Pre-existing Condition'** and unless otherwise stated on Your Certificate of Insurance.

See **'Section 2 – Specified Accidental Injury Cover'** on page 28 to **'Section 4 – Additional benefits'** on page 29 for Waiting Periods that apply.

Section 2 – Specified Accidental Injury Cover

Specified Accidental Injury Cover is applicable if your Pet was at least eight weeks of age at the Commencement Date. The Cover applying to your Pet is shown on your Certificate of Insurance.

What you are covered for

We will pay you the Benefit Percentage for the Vet Expenses incurred by you for Treatment during the Policy Period up to the Benefit Limits, as a result of your Pet suffering a Specified Accidental Injury or Cruciate Ligament Condition in one of the circumstances described below.

To qualify for Cover under this section of the policy, the Specified Accidental Injury or Cruciate Ligament Condition must have occurred during the Policy Period and:

1. be a direct consequence of at least one of the following:
 - a. a motor vehicle incident;
 - b. a burn or electrocution; or
 - c. an allergic reaction to insect and arachnid bites;

or

2. result in:
 - a. a bone fracture;
 - b. snake bite toxicity;
 - c. a traumatic ligament or tendon injury;
 - d. a bite wound or fight wound abscesses; or
 - e. lacerations or abrasion of tissue, skin or mucous membrane due to external violence.

Waiting Period

1. There is no Waiting Period after the commencement of your policy for Specified Accidental Injury items, except Cruciate Ligament Conditions.
2. Cruciate Ligament Conditions and any Conditions arising therefrom irrespective of cause or origin are subject to a six-month Waiting Period from the Commencement Date of the First Policy Period, unless:
 - a. we have received a completed and signed **Cruciate Ligament Exam Form** from your Vet within 14 days of the cruciate examination date certifying that your Pet has been examined, at your expense, on or after the Commencement Date of the First Policy Period; and
 - b. you receive written notification from us confirming our agreement to waive this Waiting Period following our assessment of the information provided on the **Cruciate Ligament Exam Form**.

Any waiver is at our discretion and we are not required to provide justification for declining a request under this provision.

When you are not covered

We will not pay any Vet Expenses attributable to or resulting from:

1. Conditions resulting from external parasites such as ticks, fleas or skin/ear mites, patella luxations (dislocating kneecap), elbow dysplasia, hip dysplasia, toxicity (other than that resulting from a confirmed snake bite), ingestion of a foreign object, intervertebral disc disease (IVDD) and desexing procedure complications under Specified Accidental Injury Cover no matter how the Condition arises. These Conditions will only be covered (where eligible) under **'Section 3 – Illness Cover'** below;
2. any dental Treatment, including fractured teeth; or
3. any of the excluded matters listed in **'Section 6 – General exclusions (what we do not cover)'** on page 32.

Section 3 – Illness Cover

Illness Cover is applicable if your Pet was over eight weeks old and younger than nine years of age when Cover first commenced. The Cover applying to your Pet is shown on your Certificate of Insurance.

Pets over nine years of age will not qualify for Illness Cover where there has been a break, lapse or change in the level of Cover after reaching the age of nine.

What you are covered for

We will pay you the Benefit Percentage for Vet Expenses incurred by you for Treatment provided during the Policy Period up to the Benefit Limits, as a result of your Pet suffering an Illness.

Examples of Illnesses covered, subject to any policy exclusions that may apply, include but are not limited to:

- cancer Treatments;
- skin Conditions;
- eye/ear Conditions;
- ingestion of a foreign object;

- gastrointestinal problems;
- hereditary and congenital Conditions (excluding Pre-existing Conditions);
- intervertebral disc disease (IVDD); or
- tick paralysis.

Waiting Period

The Waiting Period for Illness Conditions is 30 days from the Commencement Date of the First Policy Period.

When you are not covered

We will not pay any Vet Expenses attributable to or resulting from:

1. any disease that affects dogs or cats that is subject of a biosecurity emergency declaration under the Biosecurity Act 2015 (Cth);
2. any flea/tick/worm preventative treatments or measures (e.g. tick baths, sprays, intestinal worming products etc.) whether recommended by your Vet or not;
3. expenses in relation to policy exclusions or related complications/adverse reactions of an exclusion. This includes when the diagnosis is inconclusive, but the Treatment protocol is consistent with an excluded Condition. Exceptions to this include:
 - a. vaccination reactions;
 - b. desexing procedure complications; and
 - c. reactions to flea/tick/worm control products
4. any of the excluded matters listed in **'Section 6 – General exclusions (what we do not cover)'** on page 32.

Section 4 – Additional benefits

The following additional benefits under this section are included in the Benefit Limit and will provide benefits up to the overall annual Benefit Limit or specified Sub-limit listed on your Certificate of Insurance.

Waiting Period

There is no Waiting Period for the emergency boarding benefit. For essential euthanasia and pet overseas travel insurance, the Waiting Period will depend on the Condition you are claiming for. See **'Section 2 – Specified Accidental Injury Cover'** on page 28 and **'Section 3 – Illness Cover'** on page 29 for more information.

4.1 Emergency boarding

What you are covered for

We will pay you the Benefit Percentage up to the Benefit Limit (subject to the Sub-limit, if any, for emergency boarding, as specified on your Certificate of Insurance) for the cost of boarding your Pet at a licensed kennel or cattery in the following scenarios:

1. If you, (the insured and sole carer of the Pet) are hospitalised (other than in the circumstances specified below) for one or more consecutive days during the Policy Period; or
2. If you, (the insured and sole carer of the Pet) require emergency accommodation due to family violence.

When you are not covered

We will not pay for any costs under this benefit:

1. If you are hospitalised for:
 - a. cosmetic surgery or other forms of elective surgery;
 - b. pregnancy (unless you were hospitalised due to an unexpected complication); or
2. If someone else living with you can reasonably be expected to look after your Pet whilst you are in hospital.

4.2 Essential euthanasia

What you are covered for

We will pay you the Benefit Percentage for eligible Vet Expenses incurred by you up to the Benefit Limit to euthanase your Pet during the Policy Period provided that this was deemed a humane and essential course of action by the Vet, and as a result of a Condition coverable under your policy.

When you are not covered

We will not pay any Vet Expenses incurred by you during the Policy Period for:

1. voluntary euthanasia (i.e. non-essential euthanasia);
2. euthanasia attributable to or resulting from an event or circumstances specified within **'When you are not covered'** in **'Section 2 – Specified Accidental Injury Cover'** on page 28 and **'Section 3 – Illness Cover'** on page 29 and in **'Section 6 – General exclusions (what we do not cover)'** on page 32;
3. an autopsy; or
4. disposal, burial or cremation of a deceased Pet (unless coverage for this expense is noted on your Certificate of Insurance).

4.3 Pet overseas travel insurance

What you are covered for

We will pay for Vet Expenses incurred for the Treatment of your Pet whilst it is overseas with you in New Zealand or Norfolk Island, subject to:

1. the Cover selected, the Benefit Percentage and Benefit Limits shown on your applicable Certificate of Insurance; and
2. the payment of the benefits under this section to you in AUD at the exchange rate applicable on the date your claim is received by us.

When you are not covered

We will not pay Vet Expenses incurred by you during the Policy Period for:

1. any amount if you or your Pet live permanently outside of Australia;
2. any benefit under this section where the Pet has been (or is going to be) out of Australia for a period of more than sixty (60) consecutive days;
3. exchange commissions or bank charges incurred for foreign payments made by you for the Treatment of your Pet;
4. claims incurred for any Condition arising when your Pet was not under your direct care;
5. costs covered by any other insurance policy covering the same risk; or
6. any travel or repatriation charges to return your Pet to Australia.

4.4 Consultations and home visits

What you are covered for

We will pay you the Benefit Percentage for eligible Vet Expenses incurred by you for Consultations up to the Benefit Limit (subject to the Sub-limit) shown on your Certificate of Insurance. Consultations include home visits by the Vet.

When you are not covered

We will not pay Vet Expenses incurred by you during the Policy Period for:

1. Any of the excluded matters listed in **'Section 6 – General exclusions (what we do not cover)'** on page 32.
2. Any excluded matter listed under **'When you are not covered'** in **'Section 2 - Specified Accidental Injury Cover'** on page 28 and **'Section 3 - Illness Cover'** on page 29.

Section 5 – Optional benefit

5.1 Routine Care

Seniors Pet Insurance encourages responsible Pet ownership by providing a Routine Care benefit option for certain preventative healthcare Treatments for your Pet. If you have the Routine Care benefit option, the list of allowable Treatments and the Benefit Limits applicable to these Treatments will be shown on your Certificate of Insurance.

Waiting Period

Vet Expenses related to Routine Care benefits have no Waiting Period. See the **'Waiting Period'** and **'First Policy Period'** definitions in **'Section 1 – Definitions'** on pages 28 and 26 respectively for more information.

What you are covered for

If the Routine Care benefit option is shown on your Certificate of Insurance, we will make a payment towards the cost of Routine Care your Pet has received during the Policy Period up to the applicable Routine Care limits and overall annual Benefit Limit as shown on your Certificate of Insurance. Routine Care benefits allow some reimbursement for some preventative healthcare Treatments such as the following:

- desexing;
- microchipping;
- heartworm control;
- teeth cleaning;
- dew claw removal;
- council registration fees;
- prescription diets;
- alternative therapies;
- cremation/burial;
- behavioural therapy;
- flea/tick/worm control;

- vaccinations or health checks;
- dental illness treatment;
- obedience training;
- heartworm test or blood screen; and
- FeLV/FIV tests or urinalysis.

Section 6 – General exclusions (what we do not cover)

Vet Expenses and/or costs related to items listed below are not covered by your policy. The exception to this is that if you have Routine Care, some Conditions and Treatments listed in this section are covered up to a specified Benefit Limit and if so, this will be shown on your Certificate of Insurance. See **'Section 5.1 – Routine Care'** for more information.

1. **Pre-existing Conditions** – or a Condition arising before the First Policy Period or within the applicable Waiting Period. Refer to **'Section 1 – Definitions'** for the definition of **'Pre-existing Condition'**, **'Related Condition'** and **'Chronic Condition'** on pages 26 and 25 respectively. Also refer to the **'Pre-existing Condition review'** section on page 33;
2. **Dental care** – dental procedures, dental diseases, gingivitis, teeth fractures, teeth cleaning/scaling, orthodontics, removal of deciduous and any oral disease (with the exception of oral tumours).
3. **Preventative/routine items** – preventative and routine items for your Pet, including (but not limited to) food (regular or prescription), vitamins/nutraceuticals/supplements, vaccinations, microchipping, flea/tick/worm control or any expenses related to grooming and bathing of your Pet, including any non-medicated grooming products.
4. **Certain Treatments and Conditions**
 - a. medicated baths and shampoos, unless your Vet deems them medically necessary to treat a Condition covered by your policy;
 - b. accessories including (but not limited to) pill poppers, cage hire, crates, bedding and collars;
 - c. training, socialisation, therapy and alternative therapies including (but not limited to) homeopathic remedies, acupuncture, laser therapy, hydrotherapy, chiropractic Treatments and/or physiotherapy;
 - d. behavioural Conditions including (but not limited to) anxiety disorders, phobias or chemical imbalances;
 - e. cell-replacement therapies including (but not limited to) stem cell therapy and platelet-rich plasma. Blood transfusions are covered when medically necessary;
 - f. medication not approved or listed by the APVMA (Australian Pesticides and Veterinary Medication Authority);
 - g. the provision of medication(s) that covers a period of more than 30 days beyond the policy End Date;
 - h. chemical castration, suprelorin implants or other desexing procedures, unless required to treat your Pet's reproductive organs due to inflammation, infection or cancer; or
 - i. breeding or obstetrics.
5. **Certain services and procedures**
 - a. transport or boarding expenses other than those listed in **'Section 4.1 - Emergency boarding'** on page 30;
 - b. ambulance fees and non-essential hospitalisation;
 - c. genetic/chromosome testing;

- d. pre-anaesthetic blood tests; or
- e. the following items and any associated expenses:
 - i. any trial or experimental procedures and Treatments;
 - ii. organ transplant surgery, open heart surgery, artificial limbs, mitral valve and chordae tendineae replacement surgery and pacemakers;
 - iii. external fixtures (such as wheelchairs);
 - vi. prosthetics (including but not limited to hip replacements and elbow replacements); or
 - v. 3D printing.

6. Elective Treatments and procedures

- a. cosmetic procedures, hip/elbow scoring, nail clipping, declawing, dew claw removal and ear cropping; or
- b. tail docking and debarking.

7. Your Pet not being protected due to gross negligence by you or your failure to take all reasonable precautions to protect your Pet from situations that may result in injury or Illness, for example participating in organised fighting or hunting activities.

8. Any consequential loss including (but not limited to) economic loss, loss of enjoyment or other such loss not specifically covered in the policy.

9. Expenses in relation to policy exclusions or related complications/adverse reactions of an exclusion. This includes when the diagnosis is inconclusive, but the Treatment protocol is consistent with an excluded Condition (e.g. Treatment for halitosis (bad breath) where dental disease is suspected but not diagnosed or excluded as a diagnosis – unless covered under Routine Care).

6.1 Pre-existing Condition review

If you would like us to review whether a Temporary Condition(s) which has been subject to the Pre-existing Condition exclusion in your policy remains excluded, you may apply to us to review the Condition. To do so, your Vet will need to certify and provide veterinary records verifying that the Condition remains a Temporary Condition and has not existed, occurred or shown noticeable signs, symptoms or an abnormality for a period of 18 months. The Pre-existing Condition exclusion(s) shall not be deemed to have been lifted unless agreed to by us in writing. You can download a copy of the Pre-existing Condition Review Form here: seniors.com.au/policy-documents

If your Pet has a Chronic Condition that existed or occurred before the Commencement Date of the First Policy Period or during any applicable Waiting Period, and otherwise falls within the definition of **'Pre-existing Condition'**, that Condition will always be excluded from your policy. Refer to the definition of a Chronic Condition in **'Section 1 – Definitions'** on page 25.

Section 7 – Premiums

Cover under the policy is provided on the basis that you have paid or agreed to pay us the premium for the Cover provided.

The amount you pay is shown on your Certificate of Insurance and includes all premium, administration fees, commissions and any applicable discounts, government taxes, fees and/or charges.

If you are 50 years old and over, you are eligible for a 10% discount on your premium, for as long as the Policy remains current.

7.1 Paying your premium

1. The premium is payable when you take out a new policy and when you renew your policy.
2. You may choose to pay the premium:
 - annually by credit card or direct debit; or
 - monthly or fortnightly by instalment by credit card direct debit or debit card direct debit.

Note: If we accept and pay a claim under the policy, we may deduct the balance of any outstanding premium from the claim payment.

7.2 Paying on the due date

1. Your premium must be paid on or before its due date.
2. Where you have an instalment policy and we have not received an instalment payment, we will send you a notice in writing (either mail, email or text message) regarding your non-payment at least 14 calendar days before any cancellation by us for non-payment.

If after sending the above notice we do not receive the instalment payment, we will send you a second notice in writing (either mail, email or text message), either:

- a. prior to cancellation, informing you that your instalment policy is being cancelled for non-payment if the unpaid premium remains in arrears for more than 30 days; or
 - b. within 14 days after cancellation by us, confirming our cancellation of your instalment policy;
3. If at least one instalment has remained unpaid for a period of at least 14 days then we reserve the right to pay the difference between any outstanding premium and claim benefit owed.

4. If we cancel your policy due to non-payment of an instalment premium you need to be aware that:
 - a. no benefits or entitlements can be paid under the policy for any Treatment that occurred after the cancellation date;
 - b. you may be refused Cover in the future under any policy administered by PetSure; and
 - c. any application for general insurance products in the future may be affected because you had a policy cancelled as a result of unpaid premiums.

Section 8 – Cancellation

8.1 Cancellation by you

You may cancel your policy with us at any time by contacting our customer service team. See the **Introduction** section for contact details. The cancellation will be effective once we provide you our confirmation of your cancellation request.

If you choose to cancel your policy and have been paying your premiums annually, we will retain a portion of premium that relates to the period for which you have been insured. We will refund the residual premium for the unexpired period no later than 15 business days less any applicable government or statutory charges.

If you choose to cancel your policy and have been paying your premiums by instalments, there is no premium refund (including for any remaining days of a current instalment period). No further premium instalments will be deducted.

If you cancel your policy because your Pet has passed away, your policy will be cancelled and we will retain and/or refund any premium in the same way as set out above.

8.2 Cancellation by us

We may cancel your policy where the law allows us to do so. We will give you notice in writing prior to exercising any right to cancel your policy. If we cancel your policy, we will retain a portion of premium that relates to the period for which you have been insured. We will refund the residual for the unexpired period no later than 15 business days, less any non-refundable government or statutory charges.

For more information about cancellations refer to **'Section 7 – Premiums'** on page 33.

Section 9 – Claims

9.1 Claim pre-approval

If your Pet requires Treatment and you wish to seek pre-approval of those costs, you can provide us with the itemised estimate of costs from your Vet, along with the Treatment required and relevant clinical records and/or veterinary history, and we will respond to you in writing with the outcome.

A pre-approval shall not be deemed to be valid unless we have agreed to it in writing. The reimbursed amount may vary from the pre-approval if the Treatment provided by your Vet differs from the Treatment request in the pre-approval.

To request a pre-approval:

Call us: 1300 794 915

Email us: seniors@petsure.com.au

Note: Pre-approvals are not mandatory and are not required in order to make a claim under your policy.

9.2 How to make a claim

Should you need to submit a claim, your Vet may be able to do this for you electronically, at the time of your visit. If you elect to have your Vet submit your claim on your behalf, we will

still communicate with you regarding the status of your claim. If your Vet has agreed to submit your claim electronically on your behalf, you agree we are authorised to receive each such claim submitted.

Alternatively, you can submit your claims online through the secure Pet Portal:

portal.petsure.com.au/seniors/

Simply upload your documentation and click submit (from your computer or your mobile device).

You can also complete a paper claim form and send your original documentation via post. If you choose to claim via post, the attending Vet must complete all sections on the claim form where designated and both you and the attending Vet must sign the claim form.

All claims must be completed carefully and honestly.

Claim forms are available by calling us on **1300 794 915** or from **seniors.com.au**

9.3 Important claim information

1. Unless we agree otherwise, all claims must include itemised tax invoices, payment receipt(s) (except when the claim is submitted via our GapOnly™ claim system, where available) and applicable Consultation notes. If submitting a claim by post all claim documentation must be originals and must be accompanied by a completed claim form.
2. Incomplete claim forms will be returned to you and this may result in a delay in processing your claim. We recommend that you retain copies of all documentation for your records.
3. When submitting a claim, please include all relevant invoices and clinical records from your Vet. Please note:

- a. In some instances, we may require more information to process your claim, such as previous medical history or pathology / laboratory results. If this is the case, we will contact you for this information.
 - b. There may be also scenarios where we request additional veterinary history from current or previous Vets (such as if there is a large history gap) to ensure we have all relevant clinical information for your Pet.
 - c. For adopted Pets, veterinary history is only required from when you took ownership. If you can provide us with proof of adoption or transfer of ownership papers, we will only request veterinary history from the date you took ownership onwards.
4. All accounts must be paid in full prior to submission of your claim (unless you are submitting a claim using our GapOnly™ claim system (where available), whereby you agree that you will pay the Vet the remaining portion of the tax invoice (if any) after the claim payment (if any) is made by us to your Vet).
 5. You agree that your Vet (current or previous) or any other service provider that provided Treatments to your Pet is authorised to release information and/or records to us about your Pet.
 6. Where a Vet submits a claim on your behalf, you agree that the Vet is able to view the outcome and status of that claim and previous claims (where applicable).
 7. You agree that we are authorised to discuss with the Vet, details relating to your claim or Treatment provided to your Pet in relation to a claim made under the policy.
 8. We will not reimburse you for the provision of any information required in the purchase

and administration of the policy nor for the assistance provided to you in the completion of any forms relating to the policy including the provision of any information in relation to a claim made under this policy.

9.4 Processing of your claim

1. We will deal directly with you regarding settlement of the claim. Where available, where our GapOnly™ claim system is used by your Vet to submit your claim, we will also provide information to your Vet about the settlement of your claim.
2. Unless we agree otherwise, we will pay you, not the Vet. Where available, where our GapOnly™ claims system is used by your Vet to submit your claim, we will provide payment of your claim directly to your Vet.
3. If the Vet Expenses are excessive, unreasonable or significantly higher than other Vet Expenses in a similar situation, then claim payments may be adjusted and paid based on the reasonable and customary Treatment or fees typically charged for the Treatment of that Condition, for a Pet in similar circumstances.
4. We will send you a letter/remittance advice regarding the settlement of your claim that will provide details of how your claim has been dealt with.
5. If you submit a fraudulent claim, or solicit your Vet to behave in a fraudulent manner regarding a claim, then the claim may be denied and we may cancel your policy altogether. We may also be entitled to reclaim any payments already made to you in respect of such claims.
6. When we settle your claim, we reserve the right to deduct from the benefit amount any amount due to us.
7. In the event that we pay a benefit contrary to the **'Policy Terms and Conditions'** for

whatever reason, this will not constitute a waiver retrospectively as they stand to any paid claims or to any future claims for that or any Related Condition. We also reserve our right to recover from you any benefit amount received by you as a result of such error.

8. You agree that we have the right to decline to process a claim where you or your Vet refuse or are unable to provide information reasonably requested by us in order to process your claim.

9.5 Examples of how we settle your claim

The following calculations provide examples of how claims will be settled where Cover is provided (these examples are indicative of the manner of calculation only and include GST):

Example 1

80% Benefit Percentage	
Total amount of Vet Expenses incurred	\$ 2,000
Total amount claimable after 80% Benefit Percentage is applied	\$ 1,600
Total claim benefit payment	\$ 1,600
Your out-of-pocket expense	\$ 400

Example 2

75% Benefit Percentage	
Total amount of eligible Vet Expenses incurred	\$ 2,000
Total amount claimable after 75% Benefit Percentage is applied	\$ 1,500
Total claim benefit payment	\$ 1,500
Your out-of-pocket expense	\$ 500

9.6 Our rights of recovery

If we have the right to recover any amount payable under the policy in relation to a claim from any other person, you must cooperate with us in any action we may take.

9.7 Other insurance arrangements

If we accept your claim and there is any other similar insurance under which you are entitled to claim, you are required to advise us at the time you submit your claim if you hold such other insurance. Total benefits paid to you across all insurance cannot exceed your actual expenses.

Section 10 – Fraud

It is unfortunate that with all types of insurance, fraud and attempted fraud can occur. We employ sophisticated fraud detection and prevention techniques to ensure we only pay out on genuine claims. By doing this we are protecting the interest of all policyholders.

You must not act in a fraudulent manner. If you or anyone acting for you:

1. Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect;
2. Make a statement in support of a claim knowing the statement to be false in any respect;
3. Solicit your Vet to behave in a fraudulent manner regarding a claim;
4. Submit a document in support of a claim knowing the document to be forged or false in any respect; or
5. Make a claim in respect of any loss or damage caused by your wilful act or with your connivance.

Then:

1. we shall not pay the claim;
2. we shall not pay any other claim which has been or will be made under the policy;
3. we may at our option cancel the policy;
4. we may at our option cancel any other pet insurance policies you hold which are issued by Hollard;
5. we may be entitled to reclaim any payments already made to you in respect of such claims;
6. we may not make any refund of premium already paid;
7. we may inform the police of the circumstances; and
8. we may pursue legal proceedings.

Section 11 – Direct debit request summary

When you provide us with your bank account details, you are instructing us to directly debit the relevant premiums calculated by us from your nominated account.

If your premium cannot be paid (for example there is not enough money in your nominated account) your bank may dishonour that payment, and you may be charged a dishonour fee by your bank. Neither Hollard, Australian Seniors nor PetSure will be responsible for dishonour fees charged by your bank or financial institution.

If your direct debit is dishonoured we will automatically retry for the outstanding amount within 14 days and you may be charged a dishonour fee by PetSure.

If you have concerns about the operation of the direct debit authority or you subsequently need to change any aspects of the authority, please notify us. Our contact details are on page 5.

Section 12 – General information

12.1 Changing your level of Cover

1. If you opt to transfer your Pet to a level of Cover with different or additional benefits (including but not limited to a different Benefit Percentage, Benefit Limit or additional coverage) then a new policy and Certificate of Insurance will be issued to you and your previous policy will be cancelled. Waiting Periods already served will not reapply, unless there has been a break or lapse in Cover. Please note that Waiting Periods for Conditions or items that were not covered under your previous policy will apply to your new level of Cover.
2. You cannot change your level of Cover in a Policy Period if a claim has been paid. To change your level of Cover after a claim has been paid, you will need to wait until your next renewal.
3. If you pay your premium via fortnightly or monthly instalments, there is no premium refund (including any remaining days of a current instalment period) when you change your level of Cover.

Financial Services Guide (FSG)



GFS, Hollard and PetSure are responsible for this FSG as it relates to the financial services provided by them. This FSG provides you with information about the financial services that they provide in relation to Seniors Pet Insurance (to help you decide whether or not to use those services) as well as information on how they are remunerated in relation to the services, how they deal with complaints and how they can be contacted.

In this FSG:

- **GFS** means Greenstone Financial Services Pty Ltd, trading as Australian Seniors.
- **Hollard** means The Hollard Insurance Company Pty Ltd.
- **PetSure** means PetSure (Australia) Pty Ltd.
- **You**, and **your** means the applicant for a Seniors Pet Insurance policy and, if a policy is issued, the insured.

Seniors Pet Insurance is promoted by GFS, issued by Hollard and administered by PetSure. Full details about these companies are given at the start of this booklet on page 2.

The Seniors Pet Insurance PDS contains information on the benefits and significant characteristics of the product and is aimed to assist you in making an informed decision about whether to purchase it or not. Before you acquire the product, you should read the PDS carefully and use it to decide whether to purchase the product.

About Hollard, Australian Seniors, GFS, PetSure and other relevant persons/organisations

Hollard is an Australian Financial Services Licensee (AFSL 241436) authorised to provide advice and deal in relation to all general insurance products. Hollard is the insurer and issuer of Seniors Pet Insurance policies. In providing the financial services set out in this FSG, Hollard does not provide personal advice and does not act for you.

GFS, trading as Australian Seniors Insurance Agency (Australian Seniors), is an Australian Financial Services Licensee (AFSL 343079) and is authorised to deal in and provide general advice regarding general insurance products. GFS promotes Seniors Pet Insurance. GFS is not the insurer. Hollard is the insurer and issuer of Seniors Pet Insurance policies. GFS does not act for you and does not provide personal advice about Seniors Pet Insurance. Only Hollard can issue, vary and cancel Seniors Pet Insurance policies, which it does through an arrangement with PetSure, explained below.

PetSure, a subsidiary company of Hollard, is an Australian Financial Services Licensee (AFSL 420183) authorised to deal in and provide general advice on general insurance products. It administers Pet insurance policies on behalf of the insurer Hollard and determines, on behalf of Hollard, whether a policy can be issued to you by Hollard.

PetSure has been given a binding authority by Hollard which authorises it to enter into, vary and cancel these policies on behalf of Hollard as if it were Hollard. PetSure's authority is subject to the limits of authority agreed with Hollard. PetSure does not act for you. PetSure has also been appointed by Hollard as its agent to manage, administer and settle claims made under Seniors Pet Insurance policies. This means PetSure makes decisions about claims on behalf of Hollard. In providing the financial services set out in this FSG PetSure does not provide personal advice and does not act for you.

Important information you should know

The organisations in this section have not and will not consider whether Seniors Pet Insurance is appropriate for your personal objectives, financial situation or needs as they do not provide such services to you. Any information provided in relation to this product is of a general nature only and is not based on a consideration of your personal needs, objectives or financial situation. Therefore, you need to consider the appropriateness of any information given to you, having regard to your personal circumstances before buying Seniors Pet Insurance. You need to read the PDS including the Policy Terms and Conditions to determine if the product is right for you. The PDS contains information on the relevant risks, benefits and significant characteristics of the product and is aimed to assist you in making an informed decision about whether to buy it or not. If you require personal advice, you need to obtain the services of a suitably qualified adviser.

How each party is paid for its services

When you purchase a Seniors Pet Insurance policy you pay the premium to Hollard for the product. This amount is provided to you before the product is purchased.

GFS may receive a commission of up to 39% of the net premium (this is the premium less any government taxes and charges) for promoting Seniors Pet Insurance policies. This commission is used by GFS to Cover costs associated with the marketing and distribution of this product to you and may include any referral fees to people or organisations that refer new customers to GFS.

GFS' agents are paid salaries and may also qualify for extra remuneration depending on performance criteria which can include volume of sales. This is also dependent on qualitative performance indicators or quantitative performance measures being met.

PetSure receives a portion of the underwriting profit, if any, for administering Seniors Pet Insurance products.

You may request particulars about the above remuneration (including commission) or other benefits from the relevant entity providing the relevant financial service. However, the request must be made within a reasonable time after you have been given this document and before the relevant financial service has been provided to you by them. The contact details of GFS and PetSure are set out on page 19.

Compensation arrangements

The Corporations Act 2001 (Cth) requires Australian Financial Services licensees to have arrangements for compensating retail clients for losses they suffer as a result of a breach by the licensee or its representatives of Chapter 7 of that Act, unless an exemption applies.

To this end GFS and PetSure have Professional Indemnity Insurance in place which meets

the legislative requirements covering their activities and the activities of its authorised representatives and includes the conduct of any employees who are no longer employed by GFS, or PetSure or its authorised representatives, but were so at the time of the relevant conduct.

Refer to the '**Financial Claims Scheme and compensation arrangements**' section on page 21 in the PDS for further information on Hollard's compensation arrangements.

Your privacy

Refer to the '**Your privacy**' section on page 18 of the PDS for further information on what we do with your information.

How are complaints resolved?

Refer to the '**If you have a complaint**' section on page 20 of the PDS for further information on how complaints are dealt with.

Contact details and office hours

For more information about Seniors Pet Insurance and PetSure:

Phone: 1300 794 915
Monday to Friday
(except public holidays)
8am to 8pm (AEST)

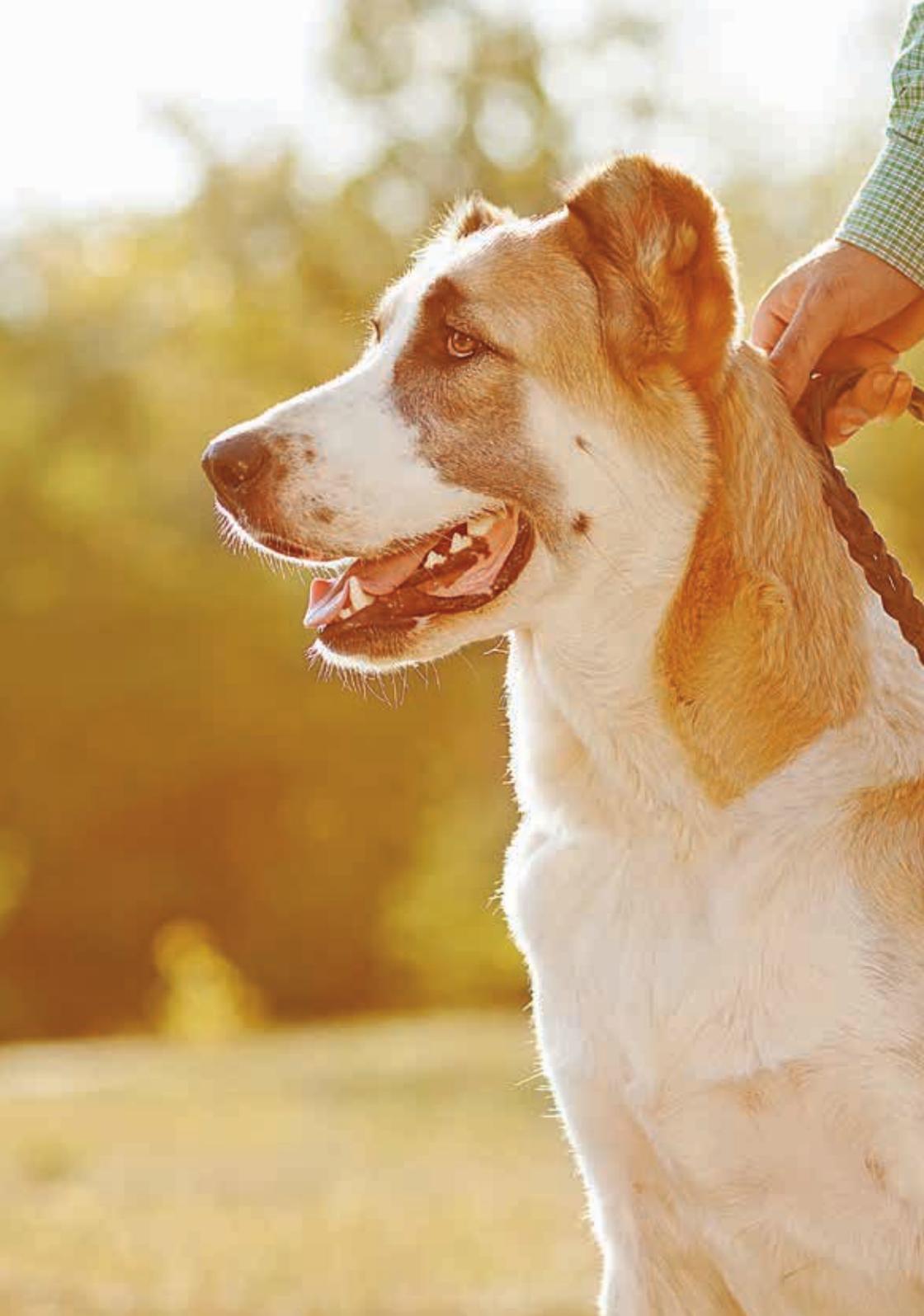
Mail: Seniors Pet Insurance
Locked Bag 9021
Castle Hill NSW 1765

Website: seniors.com.au

Please retain this document for your future reference.

Authorised for issue

This FSG was prepared by GFS and PetSure (as it relates to the financial services provided by them) on 13/09/2021 and Hollard has authorised the distribution of this FSG by them.





**For more
information**

Call 1300 794 915

Monday to Friday 8am–8pm (AEST)

Visit seniors.com.au



**For more information
call 1300 794 915
or visit seniors.com.au**

Did you know you can register an account to
access and update your policy details anytime?
Visit seniors.com.au/selfservice