

**SECTION A - POLICY SCHEDULE**

Policy Number 93112602

Policyholder

La Trobe University and all related and affiliated bodies, institutions and associations

c/- Jardine Lloyd Thompson Pty Ltd
Level 17
607 Bourke St,
Melbourne

Victoria
Australia

Type of Policy

GROUP PERSONAL INJURY INSURANCE

Period of Insurance

From: 31st October 2013 4.00 P.M. Local Standard Time
To: 31st October 2014 4.00 P.M. Local Standard Time

Age Limits

The Insured Person must be under sixty five (65) years of age.

Aggregate Limits of Liability

(a)	Any one Accident or Occurrence	\$2,500,000
(b)	Non Scheduled Air Travel	
	Single-engine	\$2,500,000
	Multi-engine	\$2,500,000
	Helicopter	\$2,500,000

Premium & Charges**Premium:****GST:****Stamp Duty:****Total Premium:**

In witness whereof, the Company has caused this Policy to be signed by its Authorised Representative.

8th November 2013

Authorised Representative_____
Date



CATEGORIES

Category: A

Insured Persons: (a) Full-time and part-time students and postgraduate students of the Policyholder who are up to 65 years of age.(b) Non Student Members and/or participants of sports clubs, societies, clubs and/or associations of every description including but not limited to life members and/or employees of the Policyholder who are up to 65 years of age.

Operation of Cover: The insurance provided under this Policy shall only apply whilst on Campus and/or engaged in University / Course / Sport / Club related activities and/or practical placement or community placement activities and/or voluntary work and/or unpaid work placement undertaken with the knowledge and consent of the University including Your necessary direct travel to and from such activities within Australia and overseas.

Coverage Section

			Sums Insured Each Insured Person
1.	Capital Benefits		
	Event 1 Death		\$100,000
	Event 2 Permanent Total Disablement		\$100,000
	Events 3 – 15 Other Permanent Disablement		\$100,000
2.	Weekly Injury Benefit		
	Event 16 Temporary Total Disablement	100.00% of Income to a maximum of	\$500
	Deductible and/or Excess Amounts:	5 days	
	Benefit Period	104 weeks	
3.	Weekly Sickness Benefit		
	Event 18 Temporary Total Disablement		Not Insured
4.	Broken Bones		\$3,000

If no amount is inserted against any one or more Coverage Sections 1-4, this Policy does not provide cover under such Coverage Section (s).



Category: B

Insured Persons: (a) Full-time and part-time students and postgraduate students of the Policyholder who are aged between 65 years and up to 90 years of age.(b) Non Student Members and/or participants of sports clubs, societies, clubs and/or associations of every description including but not limited to life members and/or employees of the Policyholder who are aged between 65 years and up to 90 years of age.

Operation of Cover: The insurance provided under this Policy shall only apply whilst on Campus and/or engaged in University / Course / Sport / Club related activities and/or practical placement or community placement activities and/or voluntary work and/or unpaid work placement undertaken with the knowledge and consent of the University including Your necessary direct travel to and from such activities within Australia and overseas.

Coverage Section

		Sums Insured Each Insured Person
1.	Capital Benefits	
	Event 1 Death	\$50,000
	Event 2 Permanent Total Disablement	\$50,000
	Events 3 – 15 Other Permanent Disablement	\$50,000
2.	Weekly Injury Benefit	
	Event 16 Temporary Total Disablement	100.00% of Income to a maximum of \$300
	Deductible and/or Excess Amounts:	5 days
	Benefit Period	104 weeks
3.	Weekly Sickness Benefit	
	Event 18 Temporary Total Disablement	Not Insured
4.	Broken Bones	\$3,000

If no amount is inserted against any one or more Coverage Sections 1-4, this Policy does not provide cover under such Coverage Section (s).



ENDORSEMENT

ENDORSEMENT NUMBER 268807 : BED CARE BENEFIT

This endorsement is applicable to: All Insured Persons

It is hereby declared and agreed coverage afforded under this Policy is extended to include the following benefit:

If as a result of **Accidental Bodily Injury**, an **Insured Person** becomes a **Bed Care Patient**, We will pay the amount of \$250.00 for each week (up to a maximum of 104 weeks), that an **Insured Person** remains a **Bed Care Patient** beginning with the second day of confinement. A daily rate of 1/7th of the weekly **Bed Care Patient** Benefit will be paid where an **Insured Person** remains a **Bed Care Patient** for less than seven days.

DEFINITION:

BED CARE PATIENT: means the **Insured Person** is necessarily confined to bed (such confinement commencing during the **Period of Insurance**) for a continuous period of not less than 24 hours and the confinement is certified as necessary by a qualified **Physician**, be under the continuous care of a registered nurse (other than the **Insured Person** or a member of the **Insured Person's** immediate family). Bed Care does not include the **Insured Person** as a patient in any institution used primarily as a nursing or convalescent home, a place of rest, a geriatric ward, a mental institution, a rehabilitation or extended care facility or a place for care or treatment of alcoholics or drug addicts.



ENDORSEMENT

ENDORSEMENT NUMBER 268808 : DOMESTIC HELP BENEFIT

This endorsement is applicable to: All Insured Persons

It is hereby declared and agreed that in respect of Non **Income Insured Persons**, the coverage afforded is extended to include Domestic Help as follows:

Domestic Help (Non-**Income** Earners)

Should the **Insured Person** be a non-**Income** earner prior to sustaining **Accidental Bodily Injury** the Compensation payable under Event 16 and/or 17 (Weekly Injury Benefit) shall be limited to 100% of the actual cost of hiring domestic help including childcare and outdoor household activities certified as necessary by a qualified **Physician**, subject to a maximum of \$250.00 per week not exceeding 52 weeks for any one event, subject to the Deductible Amount stated in The Schedule, provided that the domestic help is performed by a person who is not a relative of the **Insured Person**.



ENDORSEMENT

ENDORSEMENT NUMBER 268809 : STUDENT TUTORIAL BENEFIT

This endorsement is applicable to: All Insured Persons

It is hereby declared and agreed that the coverage afforded to **Insured Persons** is extended to include **Student Tutorial Benefit** as follows:

Should the **Insured Person** be a full time student the Compensation payable under Event 16 and/or 17 (Weekly Injury Benefit) shall be limited to 80% of the actual cost of Home Tutorial Expenses certified as necessary by a qualified **Physician** subject to a maximum of \$250.00 per week not exceeding 104 weeks for any one event, subject to the Deductible Amount stated in The Schedule provided that the Home Tutorial is performed by a person who is not a relative of the **Insured Person**.



ENDORSEMENT

ENDORSEMENT NUMBER 423143 :

It is hereby declared and agreed that coverage afforded to Insured Persons is extended to include HECS and/or Post Graduate Fees as follows:

HECS and/or Post Graduate Fees

After payment of the Benefit Amount under any of Events 2 to 15 we will pay a proportion of the Insured Person's HECS and/or Post Graduate Fees in accordance with our Table of Benefits for Section 1 based on the Event paid and percentage applicable thereto should the Insured Person be unable to undertake any further studies whatsoever as a result of Accidental Bodily Injury. The maximum amount payable shall be \$10,000.



ENDORSEMENT

ENDORSEMENT NUMBER 423144 :

It is hereby declared and agreed that this Policy is extended to include the following Benefits:

Surgical Benefits

<u>The Event</u>	<u>The Benefit Amount</u> (each Insured Person)
Accidental Bodily Injury resulting in:	
Craniotomy	\$2,000
Amputation of a limb	\$1,000
Fracture of a limb requiring open reduction	\$1,000
Dislocation requiring open reduction	\$ 500
Any other surgical procedure under general anaesthetic	\$ 100
Maximum Amount payable any one Accident	\$2,000



ENDORSEMENT

ENDORSEMENT NUMBER 423145 :

It is hereby declared and agreed that this Policy is extended to include cover in respect of Overseas Medical Expenses incurred as a result of Accidental Bodily Injury as defined:

Overseas Medical Expenses

We will reimburse the actual costs incurred for Overseas Medical Expenses as defined, provided that such costs are incurred whilst the Insured Person is engaged in travel in connection with Campus/Course related activities and they exceed \$20.00 for each and every claim. The maximum amount payable shall be \$50,000.

Definitions

Overseas Medical Expenses means expenses incurred outside the territorial limits of Australia within (12) calendar months of sustaining Accidental Bodily Injury for treatment certified necessary by a Physician, surgeon, nurse, hospital and/or ambulance service for medical, surgical, X-ray, hospital or nursing treatment but excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth, excluding dentures, and is caused by Accidental Bodily Injury.

Provided that we shall not be liable to make any refund in respect of:

1. any expense recoverable by an Insured Person from any other source except for the excess of the amount recoverable from such source;
2. any expenses We are prohibited by law from paying.

Hospital (for the purpose of Overseas Medical Expenses) means any institution located outside Australia lawfully operated for the care and treatment of sick or injured persons with organized facilities for diagnosis and surgery and having 24 hours a day nursing service and medical supervision, but does not include any institution used primarily as a nursing or convalescent home, a place of rest, a geriatric ward, a mental institution, a rehabilitation or extended care facility or a place for the care or treatment of alcoholics or drug addicts.



ENDORSEMENT

ENDORSEMENT NUMBER 423146 :

It is hereby declared and agreed that this policy is extended to include the following benefit:

Out of Pocket Expenses

The coverage afforded to Insured Persons is extended to include reasonable out of pocket expenses (including clothing) incurred as a result of Accidental Bodily Injury subject to a maximum benefit of \$250 per week up to a maximum of 16 weeks.



ENDORSEMENT

ENDORSEMENT NUMBER 423147 :

It is hereby declared and agreed that this policy is extended to include the following benefit:

Emergency Transport Benefit:

In the event that the Insured Person suffers Accidental Bodily Injury, We will reimburse the cost of such reasonable emergency road, air or water transportation costs up to a maximum of \$1,000 per accident. Provided always that We will not be liable for:

- (a) Any costs that We are prohibited by law from paying;
- (b) Any costs that are recoverable from any other source.



ENDORSEMENT

ENDORSEMENT NUMBER 423148 :

It is hereby declared and agreed that this Policy is extended to include the following benefit:

Home and/or Motor Vehicle Modification

In the event that an Insured Person suffers Accidental Bodily Injury resulting in the Insured Person suffering Paraplegia or Quadriplegia, We will reimburse the costs incurred by the Insured Person for the necessary Home and/or Vehicle modification deemed reasonable and necessary by the attending qualified Physician to a maximum Sum Insured of \$10,000.

Paraplegia means total paralysis of both legs and part or whole of the lower half of the body.

Quadriplegia means total paralysis of both arms and both legs.



ENDORSEMENT

ENDORSEMENT NUMBER 1094875 :

Age Limit

It is hereby noted and agreed age limit is increased to ninety years (90) and below as per Category B.

It further declared and agreed that Event 1 Sum Insured in respect of Category A Insured Persons is altered as follows:

Coverage Section 1. Capital Benefits

Event 1 – Death
Insured Persons under age 18 \$10,000
Insured Persons with No Dependants \$20,000
Insured Persons with Dependants \$100,000

It further declared and agreed that Event 1 Sum Insured in respect of Category B Insured Persons is altered as follows:

Coverage Section 1. Capital Benefits

Event 1 – Death
Insured Persons under age 18 \$10,000
Insured Persons with No Dependants \$20,000
Insured Persons with Dependants \$50,000



ENDORSEMENT

ENDORSEMENT NUMBER 2461091 :

Non Medicare Medical Expenses Benefit

It is hereby declared and agreed that Non Medicare Medical Expenses for Category B Insured Persons is included under this Policy:

Non Medicare Medical Expenses – means expenses that are not subject to any full or partial Medicare rebate nor recoverable by the Insured Person or by the Policyholder from any other source and incurred within twelve (12) calendar months of the Insured Person sustaining Accidental Bodily Injury and paid by the Insured Person or the Policyholder on the Insured Person's behalf for treatment certified necessary by a Physician to a registered Private Hospital, physiotherapist, chiropractor, osteopath, nurse or similar provider of medical services, excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth, excluding dentures, and is caused by Accidental Bodily Injury.

Non Medicare Medical Expenses does not include any or part of any expenses for which a Medicare benefit is paid or is payable including the balance of monies due or payable by the Insured Person after deduction of any Medicare benefit or rebate from the actual expense incurred. (Commonly referred to as the "Medicare Gap").

Provided that We shall not be liable to make any refund in respect of:

1. Any expenses recoverable by the Insured Person or by the Policyholder from any other insurance, scheme or plan providing medical, physiotherapy or similar coverage or from any other source except for the excess of the amount recoverable from such other insurance/plan or source;
2. Any expense to which Section 67 of the National Health Act 1953 (as amended) or any of the regulations made there under apply;
3. The first \$100 of each and every claim;

The Benefit Amount

Provided always that Our liability under this section shall not exceed \$5,000 for Non Medicare Medical Expenses in respect of any one Accidental Bodily Injury.



ENDORSEMENT

ENDORSEMENT NUMBER 2461092 :

Non Medicare Medical Expenses Benefit

It is hereby declared and agreed that Non Medicare Medical Expenses for Category A Insured Persons is included under this Policy:

Non Medicare Medical Expenses – means expenses that are not subject to any full or partial Medicare rebate nor recoverable by the Insured Person or by the Policyholder from any other source and incurred within twelve (12) calendar months of the Insured Person sustaining Accidental Bodily Injury and paid by the Insured Person or the Policyholder on the Insured Person's behalf for treatment certified necessary by a Physician to a registered Private Hospital, physiotherapist, chiropractor, osteopath, nurse or similar provider of medical services, excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth, excluding dentures, and is caused by Accidental Bodily Injury.

Non Medicare Medical Expenses does not include any or part of any expenses for which a Medicare benefit is paid or is payable including the balance of monies due or payable by the Insured Person after deduction of any Medicare benefit or rebate from the actual expense incurred. (Commonly referred to as the "Medicare Gap").

Provided that We shall not be liable to make any refund in respect of:

1. Any expenses recoverable by the Insured Person or by the Policyholder from any other insurance, scheme or plan providing medical, physiotherapy or similar coverage or from any other source except for the excess of the amount recoverable from such other insurance/plan or source;
2. Any expense to which Section 67 of the National Health Act 1953 (as amended) or any of the regulations made there under apply;
3. The first \$100 of each and every claim;

The Benefit Amount

Provided always that Our liability under this section shall not exceed \$10,000 for Non Medicare Medical Expenses in respect of any one Accidental Bodily Injury.