

Cover•More

TRAVEL INSURANCE

COMPREHENSIVE CARE
ESSENTIALS CARE

*Keep
travelling*



FEATURING
COVID-19
BENEFITS

Combined Financial Services Guide
and Product Disclosure Statement

Effective 9 December 2020

Table of contents

Product Disclosure Statement (PDS)	3-90
Welcome	3
The purpose of the Product Disclosure Statement (PDS).....	3
Contact us	3
Benefits table – Comprehensive Care	4-5
Benefits table – Essentials Care	6
Policy inclusions and choices	7-10
Cruise Cover	10
Options to vary cover	11-16
Travel and health	17-27
Existing Medical Conditions.....	17-23
Pregnancy.....	25
Health of other people impacting Your travel (non-traveller)	26
24 hour emergency assistance	28
Claims	29
Important information	30-38
Who is the insurer?.....	30
The Financial Claims Scheme	30
Who is Cover-More and the providing entity?	30
When and how benefits are provided.....	31
Additional policy information.....	31
Change of terms and conditions	31
Your duty of disclosure.....	32
General Insurance Code of Practice.....	32
The amount You pay for this insurance	33
How various factors affect the Amount Payable.....	33
Cancelling Your policy and refunds	34
How a claim settlement is calculated.....	34
We respect Your privacy	35
Complaints and disputes resolution process	37
Policy Wording	39-90
Words with special meaning.....	39-43
Policy conditions	44-49
The benefits.....	50-86
General exclusions.....	87-90
Financial Services Guide (FSG)	92-93

The insurer of this product is Zurich Australian Insurance Limited (ZAIL), ABN 13 000 296 640, AFSL 232507.

Welcome

We know travel and we know it's about having an amazing experience, enjoying yourself even when you are a million miles from home.

We are as enthusiastic about travel as you, that's why we want to make it as easy as possible for you. We've created a range of inclusions, all of which have been designed with your travel experience in mind.

The purpose of the Product Disclosure Statement (PDS)

The PDS provides information to help you understand this travel insurance policy, compare cover and make an informed decision about whether to buy a policy. Please read the PDS carefully to ensure it provides the cover you need. If you have any questions please contact us.

The PDS details:

- the benefits – read these together with the options to vary cover;
- if you are booking a multi-night cruise, the Cruise cover required;
- requirements if you have an Existing Medical Condition or are pregnant;
- obligations in relation to your duty of disclosure;
- definition of 'words with special meaning' where they are used in the policy; and
- what is and isn't covered.

When you purchase a policy, keep a copy of this PDS and the Certificate of Insurance we'll give you in a safe place for future reference.

Contact us

Cover-More Insurance Services

Mail: Private Bag 913, North Sydney NSW 2059 Australia

To buy a policy

Ask Our agent.

Customer service and claims

Call: 1300 130 896

Fax: (02) 9202 8001

Email: enquiries@covermore.com.au

24 hour emergency assistance

See page 28 for further details.



Benefits table

Below is a summary of the benefits provided. Please read this PDS carefully to understand what this policy covers. Importantly, please note that conditions, exclusions, limits and sub-limits apply.

Policy Benefits		Comprehensive Care		
		International	Domestic	Domestic Cancellation
		Single Trip or Annual Multi-Trip	Single Trip or Annual Multi-Trip	Single Trip
		Limits per adult unless stated otherwise	Limits per adult unless stated otherwise	Limits per person
1	Overseas Medical and Dental (including emergency repatriation/evacuation)	\$Unlimited~	\$Nil	\$Nil
2*	Additional Expenses	\$Unlimited	\$10,000	
3*	Amendment or Cancellation Costs	\$You choose^	\$You choose^	\$You choose
4	Travel Services Provider Insolvency	\$10,000	\$5,000	
5*	Luggage and Travel Documents	\$15,000°	\$3,000°	
	Phone or smart watch - limit per item•	\$1,000	\$300	~Medical and dental cover will not exceed 12 months from onset of the illness or injury.
	Camera or video camera - limit per item•	\$4,000	\$300	
	Laptop computer - limit per item•	\$4,000	\$300	
	Tablet computer - limit per item•	\$4,000	\$300	
	Drone (with or without camera) - limit per item•	\$750	\$300	
	Artificial limb, removable dental appliance, dentures or medical device e.g. hearing aids, CPAP machine - limit per item•	\$750	\$300	^The level of cover You choose applies per policy. See pages 8-9.
	Jewellery, watch or any other item - limit per item•	\$750	\$300	
6*	Delayed Luggage Allowance	\$1,000	\$Nil	*Sub-limits apply. Refer to the Policy Wording pages 39-90.
7	Money	\$250	\$Nil	
8	Rental Car Insurance Excess	\$10,000	\$6,000	•Luggage item limits apply. See page 11.
9*	Travel Delay	\$2,000	\$750	
10	Resumption of Journey	\$3,000	\$Nil	◊Maximum liability collectively for Sections 15, 16 and 17 on Comprehensive Care International - \$25000, Domestic - \$10,000
11	Missed Connections	\$3,000	\$3,000	
12	Special Events	\$2,000	\$2,000	
13*	Hospital Incidentals	\$8,000	\$Nil	
14*	Hijacking	\$8,000	\$Nil	
15*	Loss of Income	\$9,000◊	\$1,500◊	
16*	Disability	\$25,000◊	\$10,000◊	
17*	Accidental Death	\$25,000◊	\$10,000◊	
18	Personal Liability	\$2,500,000	\$200,000	
20	COVID-19 Benefits	See pages 74-83 for details.		
Cruise Cover – See page 10 for details (Mandatory if You are cruising. The additional benefits (i)-(vi) below will also be included.)		Benefits 1-18 (Comprehensive Care International) only apply if Cruise Cover is selected and the additional premium is paid.		

Benefits table

Below is a summary of the benefits provided. Please read this PDS carefully to understand what this policy covers.

Cover is available for travellers up to 69 years of age.

Importantly, please note that conditions, exclusions, limits and sub-limits apply.

Policy Benefits		Essentials Care	
		International	Inbound
		Single Trip or Annual Multi-Trip	Single Trip
		Limits per adult unless stated otherwise	Limits per adult unless stated otherwise
1	Overseas medical and dental expenses (including emergency repatriation/evacuation)	\$Unlimited~	\$Unlimited~
2*	Additional Expenses	\$Unlimited	\$Unlimited
3*	Amendment or Cancellation Costs	\$You choose^	\$You choose^
13*	Hospital Incidentals	\$8,000	\$8,000
19	Medical and Dental Expenses in Australia	\$Nil	\$1,000,000~
20	COVID-19 Benefits	See pages 74-83 for details.	
Cruise Cover† (Mandatory if You are cruising)			
(i)	On-board medical and dental cover	\$Unlimited	
(ii)	Ship to Shore Medical Cover	\$Unlimited	
(iii)	Sea Sickness Cover	\$Unlimited~	
(iv)	Cabin Confinement	\$100 per day – Up to a maximum of \$1,500	
(v)	Missed Port	\$1,000	
(vi)	Missed Shore Excursions	\$1,000	

~Medical and dental cover will not exceed 12 months from onset of the illness or injury.

^ The level of cover You choose applies per policy. See page 8.

*Sub-limits apply. Refer to the Policy Wording pages 39-90.

†Cover for cruising on this policy only applies if Cruise Cover is selected and the additional premium is paid. The additional cruise benefits (i)-(vi) above will also be included.

Policy inclusions and choices

COVID-19 related cover

This pandemic has changed so many things about our lives including when and how we travel. So we wanted to include some benefits that will give You the confidence to book a trip and travel again.

- Cover for overseas medical and related expenses if You are diagnosed with COVID-19 in a country or area where the Australian Government has not issued a 'Do not travel' advice.
- Cancellation cover if You are diagnosed in Australia with COVID-19 and can't go on Your trip.
- Special benefits for travel within Australia and to New Zealand.
- **Cruise Travel:** Some benefits do not apply to claims involving travel on a multi-night cruise.
- Claims relating to government travel bans; "Do not travel" warnings; government or directed border closures; or mandatory quarantine or self-isolation requirements related to cross area, border, region or territory travel are not covered.

See pages 74-83 for details.

Single Trip or Annual Multi-Trip

You can choose a policy to cover one Single Trip or, if You are a frequent traveller, rather than buying a Single Trip policy each time You travel, You may want to buy an Annual Multi-Trip policy.

With Our Annual Multi-Trip policy You can select from the available choices, a Journey duration to suit Your needs and be covered for an unlimited number of Journeys up to the maximum Journey duration chosen.

For Your Journey to be covered by the Annual Multi-Trip policy, Your destination must be more than 250 kilometres from Home or, if less than that, Your trip must include at least one night paid accommodation booked with an accommodation supplier or provider (including a hotel, Bed & Breakfast (B&B), serviced apartment or peer to peer service such as Airbnb).

Areas of travel

Where You travel will influence Your premium.

Single Trip: You will need to choose the main destination based on where You will spend the most time on Your Journey.

Annual Multi-Trip: You will need to choose the area which will cover all of Your trips for the year.

Note:

- If 20% or more of any Journey will be spent in the Americas or Africa, You must nominate the area including these countries as the main destination.
- If You are travelling inbound to Australia, You can only select Inbound, Single Trip option; You must be under 70 years of age at the Relevant Time; and there is no cover for any Existing Medical Conditions other than those We automatically include.

Choose Your excess

When travelling internationally You can choose Your excess. We currently have the below excess choices available. The higher the excess You choose, the lower the premium.

- \$0 excess • \$100 excess • \$250 excess

An excess of \$50 currently applies to the Domestic Plan and the Domestic Cancellation plan.

Other excess amounts may be available. Your excess will be shown on Your Certificate of Insurance.

The excess, if applicable, applies to any claim arising from a separate event in respect of Sections 1, 2, 3, 5, 6, 10, 11, 12, 19 and Additional Cruise Benefits (i)-(iii), and for Section 20 where relevant.

Schengen visa

Our International Comprehensive and Essential plans provide \$unlimited benefit for expenses which might arise in connection with repatriation for medical reasons, urgent medical attention and/or emergency hospital treatment and up to 30,000EUR for overseas funeral expenses or repatriation of Your remains.

Cancellation cover

Our Plans do not automatically include cancellation cover however, We allow You to select the amount of cancellation cover that suits You.

Select an amount from the options available at the time of applying for cover. The level of cancellation cover You choose will influence Your premium.

Typically people look to choose an amount that will cover all prepaid travel tickets, hotels, tours or other travel related expenses for all travellers on the policy.

The level of cover You choose will be shown on Your Certificate of Insurance and will be the total amount of cover available under:

- SECTION 3: Amendment Or Cancellation Costs on a per policy basis on Comprehensive Care International and Domestic; Essentials Care International and Inbound; and
- SECTION 2: Additional Expenses, SECTION 3: Amendment Or Cancellation Costs and SECTION 4: Travel Services Provider Insolvency combined, on a per person basis on Domestic Cancellation.

Premium luggage cover – New for old

Available on Comprehensive Care International and Domestic

Where You have purchased Your luggage items new within the last 2 years (from the date of loss) and You provide a receipt, We will not deduct depreciation from those items in the event of a claim.

Extending Your Journey

If You are travelling and wish to be insured for longer than the original period shown on Your original Certificate of Insurance, You need to purchase a new policy by calling or emailing Your travel consultant or Cover-More prior to the expiry date. It is not an extension of the previous policy. Your Certificate of Insurance will be adjusted with the new dates.

Please note:

- Should a medical condition present itself before the new policy is issued, it may be considered an Existing Medical Condition under a new policy. Therefore it may not be covered by the new policy.
- Restrictions on the duration of the new policy may apply. For example, the maximum overall period for Worldwide cover is 12 months in total.
- If You can't return Home on Your original date due to an unforeseeable circumstance outside Your control, the policy will automatically extend - See policy condition 10. Free extension of insurance on page 47 for details.

Cooling-off period

You can cancel or change Your policy at any time before You leave Home. If You cancel this policy for any reason within the cooling-off period which is within 15 working days of the date of purchase, We will give You Your money back.

Our cooling-off period ensures a refund of the entire premium unless You have already:

- made a claim under the policy; or
- departed on Your Journey.

If You wish to cancel Your policy and receive a full refund, please contact the providing entity within the cooling-off period.

Cruise Cover

Available on Comprehensive Care International, Essentials Care International and Inbound

Claims directly or indirectly for or related to Your multi-night cruise, and multi-night cruise travel or that arise while on a multi-night cruise are specifically excluded by this policy.

To obtain cover under this policy for Your cruise and cruise travel, You must select Cruise Cover and pay an additional premium and Cruise Cover will be shown on Your Certificate of Insurance. Please ask for a quote.

For all cruise travel: Benefits 1-18 (on Comprehensive Care International) and Benefits 1, 2, 3, 13 and 19 (on Essentials Care International or Inbound) only apply if Cruise Cover is selected and additional premium is paid.

The Cruise Cover benefits below will also be included. See pages 84-86.

Cruise Cover - Summary of additional cruise benefits		
Summary of benefits		Limit per adult
(i)	On-board medical and dental cover	\$Unlimited~
(ii)	Ship to shore medical cover	\$Unlimited
(iii)	Sea sickness cover	\$Unlimited~
(iv)	Cabin confinement \$100 per day	Up to a maximum of \$1,500
(v)	Missed port (embarkation)	\$1,000
(vi)	Missed shore excursions	\$1,000

~Cover will not exceed 12 months from the onset of the illness or injury.

Options to vary cover

Luggage and travel documents cover

It is Your responsibility to provide Us with evidence to support Your claim for an item. This is 'proof of ownership'.

- Proof We will accept: the original purchase receipt, original invoice and/or original bank statement showing the purchase, the date of the purchase and the amount paid.
- We may consider valuation certificates (issued prior to the Relevant Time), ATM receipts and warranty cards with accompanying bank statement of purchases.
- We will not accept photographs, statutory declarations, packaging or instruction manuals as proof of ownership.

Luggage item limits automatically included in Your cover

The following limits apply to any one item, set or pair of items (including attached and unattached accessories), up to the following limits, after taking into account depreciation. See pages 59-59 for depreciation rates and an example of how a claim is worked out.

Comprehensive Care Items and limits	International	Domestic
Phone	\$1,000	\$300
Smart watch	\$1,000	\$300
Camera	\$3,500	\$300
Video camera	\$3,500	\$300
Drone (with or without camera)	\$500	\$300
Laptop computer	\$3,500	\$300
Tablet computer	\$1,500	\$300
Artificial limb	\$500	\$300
Dentures (full or partial)	\$500	\$300
Removable dental appliance	\$500	\$300
Medical device	\$500	\$300
Jewellery	\$500	\$300
Watch	\$500	\$300
Any other item	\$500	\$300

There is no luggage cover on Comprehensive Care Domestic Cancellation, and Essentials Care International or Inbound

Increase luggage item limit cover

Available on Comprehensive Care International and Domestic

You may be able to increase the item limit on a specific item by paying an additional premium.

Receipts or valuations (less than 12 months old) must be available if requested by Us. Please ask for a quote.

Luggage and travel documents cover

Your belongings

When You're at Home, You look after Your belongings. When You travel it should be no different. Unfortunately, many claims We see for loss or theft are caused by people being careless with their belongings.

If You do not take good care of Your belongings We may not be able to pay Your claim.

Not all belongings are covered by the policy.

What does this mean?

- Keep Valuables with You (where security regulations allow You to do so) rather than checking them in with the Transport Provider.
- Do not leave Valuables in a motor vehicle or towed land vehicle (e.g. a caravan) at any time.
“Valuables” means articles made of or containing gold, silver or precious metals; binoculars; jewellery; mobile phones; photographic, audio, video, tablet computer, computer and electrical equipment of any kind (including but not limited to devices such as drones, computer games, portable navigation equipment or media); precious stones; smart phones; telescopes and watches.
- A maximum limit of \$2,000 applies to all other items (i.e. not Valuables) left in a locked motor vehicle or towed land vehicle as long as they are in a Concealed Storage Compartment. Also, don't leave items in a motor vehicle or towed land vehicle overnight as they are not covered.
- Report any loss or theft to the police within seven days of when You first become aware of the loss or theft, as an original police report is required for any claim involving loss or theft.
- Additionally, We require the relevant report from the related party. For example, an Airline Property Irregularity Report (PIR) is also required if Your items were lost or stolen when travelling with an airline.

Existing Medical Conditions and pregnancy

See Travel and health pages 17-25.

Activities and adventure activities cover

We know that not everyone enjoys the same activities while travelling so We have a comprehensive list of activities that are automatically included while You are on Your Journey and optional cover for more adventurous activities available for an extra premium. See pages 14-16.

Please check the lists below to make sure that any activities You plan to take part in are covered. If Your activity is not listed please check with Us.

Activities included in all plans

- Abseiling
- Archery
- Ballooning
- Bungee Jumping
- Flying Fox
- Horse Riding
- Jet Boating
- Jet Skiing
- Kayaking
- Paragliding
- Parasailing
- Snorkelling
- White Water Rafting
- Working Holidays

Your participation in any of the activities listed is subject to the terms of cover and in particular General Exclusions 25-30 on pages 89-90 and SECTION 18: Personal Liability exclusions 3 and 4 on page 72.

Snow sports: snow skiing, snowboarding and snowmobiling cover

Claims involving participation by You (during the Journey) in snow skiing, snowboarding or snowmobiling are specifically excluded by this policy.

You can obtain cover for the activities shown in the table below by purchasing the “Snow sports”.

Please ask for a quote. Cover starts from the time the additional premium is paid.

If You want Your cover to include off-piste snow skiing/boarding and/or heli-skiing/boarding You should buy the “Adventure” add-on (see page 16) rather than the Snow Sports.

Snow sports

On-Piste snow skiing, snowboarding and snowmobiling, and cross-country skiing only

Available on Comprehensive Care International and Domestic

If You pay the additional premium, You will be covered if:

- You are not participating in a Professional capacity; and
- You are not racing.

“On-Piste” means on a marked trail or slope prepared for the purpose of skiing or snowboarding within the boundary of the ski field or ski resort and used in accordance with any regulations published by the ski field or ski resort.

Motorcycle/moped riding cover

Claims involving participation by You (during the Journey) in motorcycling or moped riding for any purpose are specifically excluded by this policy.

To obtain motorcycle/moped riding cover (as the driver or pillion passenger) while You are travelling, We have options to vary cover available and You must pay an additional premium. Please ask for a quote. Cover starts from the time the additional premium is paid.

There are two levels of cover:

- Motorcycle/Moped Riding
- Motorcycle/Moped Riding +

Motorcycle/moped riding

Engine capacity 200cc or less

Not available on Comprehensive Care Domestic Cancellation

If You pay the additional premium for Motorcycle/Moped Riding, You will be covered if:

- the engine capacity is 200cc or less;
- while in control of a motorcycle or moped You hold a valid Australian motorcycle rider’s licence or Australian motor vehicle driver’s licence, and You hold a licence valid in the relevant country;
- while You are a pillion passenger the driver holds a licence valid in the relevant country;
- You are wearing a helmet;
- You are not participating in a Professional capacity;
- You are not racing; and
- You are not participating in motocross.

Motorcycle/moped riding +

Engine capacity unlimited

Not available on Comprehensive Care Domestic Cancellation

If You pay the additional premium for Motorcycle/Moped Riding +, You will be covered if:

- You are over 25 and under 70 years of age at the Relevant Time;
- the motorcycle/moped is hired;
- You have held an Australian motorcycle rider’s licence for the last 5 years;
- while in control of a motorcycle or moped You hold a valid Australian motorcycle rider’s licence, and You hold a licence valid in the relevant country;
- You are the registered owner of a motorcycle in Australia that has an engine capacity greater than or equal to the engine capacity of the motorcycle/moped You are hiring;
- while You are a pillion passenger the driver holds a licence valid in the relevant country;
- You are wearing a helmet;
- You are not participating in a Professional capacity;
- You are not racing; and
- You are not participating in motocross.

Note: No cover will apply under SECTION 18: Personal Liability on page 72. This means You are responsible to pay costs associated with damage to the motorcycle, moped or property or injury to another person.

Adventure activities cover

Claims involving participation by You (during the Journey) in the following activities are covered if You select this add-on and pay an additional premium. Please ask for a quote. Cover starts from the time the additional premium is paid.

Adventure

Available on Comprehensive Care International and Domestic

- Closed circuit triathlon up to a 1.5 kilometre swim, 40 kilometre bike and 10 kilometre run.
- Outdoor rock climbing (with ropes and/or guides, or bolted) less than 2000 metres above sea level.
- Scuba diving if the maximum depth is between 30 metres and 50 metres below the surface provided You are: diving under the direction of an accredited dive marshal, instructor or guide; or, if qualified, diving within the guidelines of the relevant* diving or training agency or organisation and not diving alone.
*BSAC Sports Diver – 35 metres, BSAC Dive Leader – 50 metres, PADI Advanced Open Water – 30 metres, PADI Dive Master – 40 metres, PADI Deep Dive Speciality – 40 metres, SSI Advanced Open Water – 30 metres, SSAC Sports Diver – 35 metres or SSAC Master Diver – 50 metres.
- Parachuting or Skydiving (not including BASE jumping).
- Trekking (that doesn't require specialist climbing equipment) that reaches an altitude between 4000 metres and 6000 metres above sea level, if the trek takes more than 2 days to complete.
- Trekking the Kokoda Track.
- snow skiing/boarding off-piste and heli-skiing/boarding provided:
 - You are under 70 years of age at the Relevant Time;
 - while heli-skiing/boarding You are on a guided tour with a licensed tour operator;
 - when skiing or snowboarding outside piste boundaries, You are not going against local advice or warning;
 - You are not participating in a Professional capacity; and
 - You are not racing.

(Also includes the Snow Sports activities shown on page 14.)

Note: We will not pay claims involving Your participation during the Journey in any activity in a Professional capacity.

Travel and health

Do You have an Existing Medical Condition?

claims directly or indirectly arising from or exacerbated by an Existing Medical Condition or related new infections are specifically excluded from this policy unless Your Existing Medical Condition is approved by Us.

What does this mean?

If You have an Existing Medical Condition and for example take medication to keep that condition in check, it doesn't mean You can't purchase travel insurance.

It does however, mean that You should tell Us about all Your Existing Medical Conditions including anything for which medication is prescribed so We can complete an online health assessment and, if We approve, offer You cover.

If You choose to declare some conditions and not others or choose not to declare any conditions, You run the risk of a claim being denied. See Existing Medical Conditions for more information.

Assessing Your health

So We can assess the risk, We may also require You to answer some questions about Your general health as well as completing an online health assessment at the time of applying for this travel insurance.

Existing Medical Conditions

(Of You or Your travelling companion)

Cover for claims directly or indirectly arising from or exacerbated by an Existing Medical Condition or related new infections are specifically excluded from this policy. However, We may separately provide cover for an Existing Medical Condition. If additional cover is applied for and approved, an extra premium may apply.

What is an Existing Medical Condition?

“Existing Medical Condition” means a disease, illness, medical or dental condition or physical defect that at the Relevant Time meets any one of the following:

- a) has required an emergency department visit, hospitalisation or day surgery procedure within the last two years;
- b) requires
 - (i) prescription medication from a qualified medical practitioner or dentist;
 - (ii) regular review or check-ups;
 - (iii) ongoing medication for treatment or risk factor control;
 - (iv) consultation with a specialist;
- c) has
 - (i) been medically documented involving the brain, circulatory system, heart, kidneys, liver, respiratory system or cancer;
 - (ii) required surgery involving the abdomen, back, joints or spine;
 - (iii) shown symptoms or signs however, a medical opinion or investigation has not been sought to confirm or provide a diagnosis; or
- d) is
 - (i) chronic or ongoing (whether chronic or otherwise) and medically documented;
 - (ii) under investigation;
 - (iii) pending diagnosis; or
 - (iv) pending test results.

“Relevant Time” in respect of:

- a) Single Trip policies means the time of issue of the policy.
- b) Annual Multi-Trip policies means the first time at which any part of the relevant trip is paid for or the time at which the policy is issued, whichever occurs last.

If You are unsure whether You have an Existing Medical Condition, please call Cover-More on 1300 130 896 for assistance.

Getting cover for Your Existing Medical Conditions

There are three categories of Existing Medical Conditions:

- Conditions We automatically include
- Conditions We need to assess
- Conditions which cannot be covered.

Please review each of the categories to determine which category applies.

Existing Medical Conditions We automatically include

We automatically include the Existing Medical Conditions listed in the table following provided:

- You have not been hospitalised or required treatment by a medical practitioner in the last 12 months for any of the listed conditions;
- You are not under investigation for any of the listed conditions;
- You are not awaiting investigation, surgery, treatment or procedures for any of the listed conditions;
- Your condition satisfies the criteria in the table following; and
- all Your Existing Medical Conditions are on this list.

All time frames are measured in relation to the Relevant Time, unless specified otherwise.

Condition	Criteria
Acne	No additional criteria.
Allergy	In the last 6 months, You haven't required treatment by a medical practitioner for this condition. You have no known respiratory conditions (e.g. Asthma).
Asthma	You are less than 60 years of age when You purchase the policy. In the last 12 months, You haven't had an Asthma exacerbation requiring treatment by a medical practitioner. You have been a non-smoker for at least the last 18 months. You don't need oxygen outside of a hospital. You don't have a chronic lung condition or disease (whether chronic or otherwise) including Chronic Asthma, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Pulmonary Fibrosis.
Bell's Palsy	No additional criteria.

Bunions	No additional criteria.
Carpal Tunnel Syndrome	No additional criteria.
Cataracts Glaucoma	In the last 90 days, You haven't had an operation for this condition. You have no ongoing complications of this condition.
Coeliac Disease	In the last 6 months, You haven't been treated by a medical practitioner for this condition.
Congenital Blindness	No additional criteria.
Congenital Deafness	No additional criteria.
Ear Grommets	You don't have an ear infection.
Epilepsy	In the last 2 years, You haven't required medical treatment for this condition. You don't have an underlying medical condition (e.g. previous head trauma, Brain Tumour or Stroke).
Gastric Reflux	Your Gastric Reflux doesn't relate to an underlying diagnosis (e.g. Hernia/ Gastric Ulcer).
Goitre	No additional criteria.
Graves' Disease	No additional criteria.
Gout	No additional criteria.
Hiatus Hernia	No additional criteria.
Hip Replacement Knee Replacement Shoulder Replacement Hip Resurfacing	The procedure was performed more than 6 months ago and less than 10 years ago. You haven't had any post-operative complications related to that surgery. Post-operative complications include joint dislocation and infection.
Hypercholesterolaemia (High Cholesterol)	You don't have a known heart or cardiovascular condition.

Hypertension (High Blood Pressure)	You don't have a known heart or cardiovascular condition. You don't have Diabetes (Type I or Type II). Your Hypertension is stable and managed by Your medical practitioner. In the last 12 months, Your prescribed blood pressure medication hasn't changed. You aren't suffering symptoms of Hypertension. You aren't having investigations related to blood pressure.
Menopause	You don't have Osteoporosis.
Migraine	No additional criteria.
Peptic Gastric Ulcer	In the last 12 months, the Peptic/Gastric Ulcer has been stable.
Plantar Fasciitis	No additional criteria.
Raynaud's Disease	No additional criteria.
Skin Cancer	Your Skin Cancer isn't a Melanoma. You haven't had chemotherapy or radiotherapy for this condition. Your Skin Cancer does not require any follow up treatment e.g. chemotherapy, radiotherapy or further excision.
Stenosing Tenosynovitis (Trigger Finger)	No additional criteria.
Urinary Incontinence	No additional criteria.
Underactive Thyroid Overactive Thyroid	The cause of Your Underactive/ Overactive Thyroid wasn't a tumour.

Existing Medical Conditions We need to assess

If Your condition:

- does not meet the criteria above;
- You have one or more conditions which are not listed in the table of conditions we automatically include; or
- a combination of both the above points

You will need to complete an online health assessment by declaring all Your Existing Medical Conditions to Us.

To be clear, the conditions We automatically include only apply if You do not have other Existing Medical Conditions beyond those on this list.

Conditions to pay particular attention to

Chronic lung conditions

If You have a chronic lung condition*, unless You complete a health assessment for that condition at the Relevant Time which is then approved by Us and You pay the required extra premium, You won't be covered for claims directly or indirectly arising from or exacerbated by:

- that condition;
- a respiratory infection e.g. Influenza; or
- a lung infection e.g. Pneumonia.

*Chronic lung condition includes Chronic Asthma, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Pulmonary Fibrosis.

What does this mean?

For example, if You have COPD and are diagnosed with a respiratory infection, Your claim will not be covered because We consider the respiratory infection to complicate and be a complication of the underlying Existing Medical Condition, COPD.

Cardiovascular Disease

If You have a condition involving Your heart and blood vessels, collectively known as Cardiovascular Disease*, unless You complete a health assessment for that condition at the Relevant Time which is then approved by Us and You pay the required extra premium, You won't be covered for claims directly or indirectly arising from or exacerbated by:

- that condition; or
- another heart/cardiovascular system problem including a Heart Attack or Stroke.

*Cardiovascular Disease includes Aneurysms, Angina, Cardiac Arrhythmias (disturbances in heart rhythm) Cardiomyopathy, Cerebrovascular Accident (CVA or Stroke), previous heart surgery (including valve replacements, bypass surgery or stents), Myocardial Infarction (Heart Attack) or Transient Ischaemic Attack (TIA).

What does this mean?

For example, if You have ever been diagnosed with Coronary Artery Disease, also known as Ischaemic Heart Disease (IHD), it is considered a life-long condition. The risk of disease is elevated whether or not You have been treated with bypass surgery or coronary artery stent insertion. If You haven't told Us about Your condition, We haven't approved it and You haven't paid the additional premium, We won't be able to consider Your claim if something goes wrong before or during Your Journey with respect to these conditions.

Reduced immunity

If You have reduced immunity at the Relevant Time (e.g. as the result of a medical condition or medical treatment), unless You complete a health assessment which is then approved by Us and You pay the required extra premium, We won't be able to approve claims directly or indirectly arising from or exacerbated by the underlying medical condition or a new infection.

What does this mean?

For example, if You currently suffer from a condition that is associated with significant immunosuppression or You require medication that significantly impairs immune function (e.g. Methotrexate, Azathioprine or high dose steroids), You should tell Us about Your condition, otherwise We won't be able to cover Your claim if You develop an opportunistic infection with respect to these conditions.

Other Existing Medical Conditions which cannot be covered

Under no circumstances is cover available on this policy for claims directly or indirectly arising from or exacerbated by:

- Your Terminal Illness;
- conditions involving drug or alcohol dependency;
- travel booked or undertaken against the advice of any medical practitioner;
- routine or cosmetic medical or dental treatment, even if Your Existing Medical Condition has been approved; or
- conditions for which You are travelling to seek advice, treatment or review or to participate in a clinical trial.

What happens if I have an Existing Medical Condition but do not take steps to cover it under my travel insurance policy?

We will not pay any claims directly or indirectly arising from, or exacerbated by, Your Existing Medical Condition if:

- You do not apply for this cover for Your Existing Medical Conditions at the Relevant Time or, at the latest, before You depart on Your Journey;
- You apply for this cover for Your Existing Medical Conditions and We do not agree to provide cover; or
- We agree to provide cover for Your Existing Medical Condition and You do not pay the required extra premium.

This means, for example, that You will have to pay for an overseas medical emergency which can be very expensive in some countries.

If You have any questions about Existing Medical Conditions, please call Cover-More on 1300 130 896.

How to complete a health assessment

You can complete an online health assessment with Your travel consultant or by using a web link Your travel consultant can give You. You may also call Cover-More on 1300 130 896 for help. Please add this cover at the same time as purchasing Your policy.

- You need sufficient knowledge about each Existing Medical Condition to be able to complete a full declaration so We can assess the risk.

For example, we need to know the name of the medical condition You take medication for, rather than the name of the medication. Check with Your doctor first if unsure.

- Check all Existing Medical Conditions have been disclosed to Us at the Relevant Time or, at the latest, before You depart on Your Journey.
- We will provide You with Your assessment outcome and number.
- If We can approve Your health assessment, You must pay the required extra premium to add cover for Your Existing Medical Conditions to the policy.
- An approval number for this cover will then be listed on Your Certificate of Insurance.

Special conditions, limits and excesses may apply depending on Your Existing Medical Condition, age, trip destination and duration. This will be stated on Your Certificate of Insurance, or separately advised to You in writing.

Pregnancy

Are You pregnant?

If You know You are pregnant at the Relevant Time, You will need to apply for cover if:

- there have been complications with this pregnancy or a previous pregnancy;
- You have a multiple pregnancy e.g. twins or triplets; or
- the conception was medically assisted e.g. using assisted fertility treatment including hormone therapies or IVF.

“Relevant Time” in respect of:

- a) Single Trip policies means the time when the policy is issued.
- b) Annual Multi-Trip policies, means the first time when a part of the relevant trip is paid for or the time when the policy is issued, whichever occurs last.

Please complete additional questions in an online medical assessment in order to determine eligibility and obtain a quote.

If You have any questions about the online assessment or prefer to talk with a customer service agent, please call Cover-More on 1300 130 896 for assistance.

Pregnancy restrictions

Whether or not You have to apply for pregnancy cover, the following restrictions apply to claims arising in any way from the pregnancy of any person.

- Cover is only provided for serious, unexpected pregnancy complications that occur up until the 24th week of pregnancy i.e. up to 23 weeks, 6 days. Gestational age is measured in weeks and days and is calculated from the last known date of Your menstrual period or calculated from staging ultrasound.
- Childbirth is not covered.
- Costs relating to the health or care of a newborn child are not covered, irrespective of the stage of pregnancy when the child is born.

What does this mean?

Expectant mothers should consider if Our products are right for them when travelling after 20 weeks gestation as costs for childbirth and neonatal care overseas can be expensive.

Health of other people impacting Your travel (non-traveller)

This policy has cover if You need to change Your trip due to the health of a Relative or Your business partner who is not travelling. In some circumstances the maximum We will pay is \$1,000.

What is covered?

We will pay for claims arising from the sudden disabling injury, sickness or disease or death of a Relative or Your business partner who is not travelling if, at the Relevant Time, that person:

- a) in the last two years, had not been hospitalised (including day surgery or emergency department attendance) for a condition that was directly or indirectly caused by, arising from, or exacerbated by, the condition that gave rise to the claim;
- b) was not residing in a facility such as a nursing home, an aged care facility, a residential aged care home, a high and/or low care facility, a privately owned accommodation facility such as Supported Residential Services or Facilities (SRS/SRF) or, a residential care facility);
- c) was residing independently at home or in a retirement home or village, including independent living arrangements, and they did not require home care or flexible care services;
- d) was not on a waiting list for, or did not know they needed surgery, inpatient treatment or tests at a hospital or clinic;
- e) did not have a drug or alcohol addiction; and
- f) did not have a Terminal Illness.

What are the restrictions and limits?

If any point a-f cannot be met e.g. if Your non-travelling Relative was in a nursing home or did have a Terminal Illness, the maximum We will pay is \$1,000 under all sections of the policy combined.

- For your reference, “Relative” means a person who is Your spouse, de facto; parent, parent-in-law, stepparent, guardian; grandparent; child, foster child, grandchild; brother, brother-in-law, half-brother, stepbrother, sister, sister-in-law, half-sister, stepsister; daughter, daughter-in-law, stepdaughter, son, son-in-law, stepson; fiancé, fiancée; uncle, aunt; or niece, nephew.

What isn't covered?

- Claims related to non-travellers who aren't a Relative or Your business partner.
- Claims where You are aware of a circumstance which is likely to give rise to a claim.
- Claims caused by, or directly or indirectly arising from, circumstances You knew of, or a reasonable person in Your circumstances would know or foresee, at the Relevant Time, that could lead to the Journey being delayed, abandoned or cancelled.

Examples

- Jim's father was hospitalised after a serious accident. After hearing the bad news, Jim cancelled his upcoming trip and received a 50% refund.
He then bought a travel insurance policy so he could claim the rest of the money back.
When Jim bought the policy, he had already cancelled the trip so his claim would not be covered.
- Khalida's mother had been unwell for several months and was booked to have medical tests. Khalida organised a holiday and travel insurance. Unfortunately, the test results showed her mother had a serious sickness so Khalida cancelled her holiday to spend time with her mother. Because her mother was having tests after being unwell when Khalida bought her policy, her claim would not be covered as she knew at that time, or a person in her circumstances would have reasonably known or foreseen, that she may need to cancel her trip due to her mother's health.

24 hour emergency assistance

All policyholders have access to Our emergency assistance team when travelling.

24 hours a day, 365 days a year, Our team of doctors, nurses, case managers and travel agents provide the following services:

- **Help to find a medical facility and monitor Your medical care**
- **Paying bills**
Becoming ill overseas can be very expensive so those significant medical expenses can be paid by Us directly to the hospital if Your claim is approved.
- **Keeping You travelling or getting You Home**
Our team can decide if and when it is appropriate to move You or bring You Home and will coordinate the entire exercise.
- **Help if passports, travel documents or credit cards are lost**
If You need assistance in contacting the issuer of the document, Our emergency assistance team can help.
- **Help to change travel plans**
If Your travel consultant is not available to assist with rescheduling in an emergency, Our team can help.

Certain services are subject to Your claim being approved.

You, or someone on Your behalf, must phone Our emergency assistance team as soon as possible if You require hospitalisation or if Your medical, dental or any other expenses will exceed \$2,000.

When You call, please have the following information:

- Your policy number
- a phone number to call You back on

Please call Australia DIRECT and TOLL FREE from:

USA	1800 937 9763	Canada	1800 645 8714
UK	0800 892 014	NZ	0800 445 524

Charges may apply if calling from a pay phone or mobile phone.

From all other countries or if You experience difficulties with the numbers above:

Call direct: +61 2 8907 5619

Fax: +61 2 9954 6250

Claims

How to make a claim

Complete an online claim

Visit claims.covermore.com.au and follow the prompts; or

Fill in a claim form

Download, print and complete a claim form from covermore.com.au.

Add receipts and other supporting documents

Follow the checklist for the supporting documents You need to send Us with Your completed claim.

Submit the claim online or post it

Upload Your scanned documents and submit the claim online; or

Post the completed claim form and original supporting documents to:

Cover-More Travel Insurance
Claims Department
Private Bag 913, North Sydney NSW 2059 Australia

We need original documents, so please hold on to Your documents as We may request them. If You are posting them, keep a copy.

For additional assistance:

Call: 1300 130 896 or +61 2 8907 5037

Email: enquiries@covermore.com.au

When will I hear back about the claim?

We try to process claims as quickly as possible.

We may approve and settle, investigate or decline the claim or request further information. In any case, You will hear back within 10 working days from the time We receive Your claim or each time we receive further information on it.

Important Information

Who is the insurer?

The insurer of this product is Zurich Australian Insurance Limited (ZAIL), ABN 13 000 296 640, AFSL 232507.

ZAIL is part of the Zurich Insurance Group, a leading multi-line insurer that serves its customers in global and local markets. Zurich provides a wide range of general insurance and life insurance products and services in more than 210 countries and territories. Zurich's customers include individuals, small businesses, and mid-sized and large companies, including multinational corporations. ZAIL's contact details are:

Mail: Zurich Australian Insurance Limited
PO Box 677, North Sydney NSW 2059

The Financial Claims Scheme

If the insurer becomes insolvent, You may be entitled to payment under the Financial Claims Scheme (FCS). Access to the FCS is subject to eligibility criteria. Please visit www.fcs.gov.au for information.

Who is Cover-More and the providing entity?

Cover-More Insurance Services Pty Ltd ABN 95 003 114 145, AFSL 241713 (Cover-More) administers the policy (including customer service, medical assessments and claims management) and will usually arrange for the issue of the insurance, either directly or through the appointment of distributors or authorised representatives. Alternatively, another financial services licensee or its authorised representatives may arrange for the issue of this insurance.

The person who provides You with this PDS is the providing entity. The capacity in which they act is displayed in the Financial Services Guide at the back of this booklet.

When and how benefits are provided

The benefits for which You are insured under this policy are payable:

- when an insured event occurs during the Period Of Insurance causing You to suffer loss or damage or incur legal liability; and
- Your claim is accepted by Us.

After calculating the amount payable We will either:

- pay for specified Additional expenses;
- pay the person or provider to whom You are legally liable;
- pay the cash value, repair cost or arrange replacement of Your personal items (after deducting depreciation where applicable); or
- pay You.

Additional policy information

The insurance We offer You is set out in the PDS and Policy Wording. It is important that You are aware of the:

- limits on the cover provided and the amounts We will pay You (including any excess that applies);
- Words with special meaning found in the Policy Wording on pages 39-43;
- maximum benefit limits shown in the relevant "Benefits table" on pages 4-5 and 6; and
- Policy Conditions and General Exclusions found in the Policy Wording on pages 44-90.

Change of terms and conditions

From time to time and where permitted by law, We may change parts of the Combined FSG/PDS. We will issue a new Combined FSG/PDS or a Supplementary FSG or PDS or other compliant document to update the relevant information except in limited cases. Any updates which are not materially adverse to You from the view of a reasonable person deciding whether to buy this insurance, may be found on www.covermore.com.au. You can obtain a paper copy of any updated information without charge by calling 1300 130 896.

Your duty of disclosure

Before You enter into this contract of insurance, You have a duty of disclosure under the Insurance Contracts Act 1984 (Cth). The duty applies until (as applicable) We first enter into the policy with You, or We agree to a variation, extension or reinstatement with You.

Answering Our questions

In all cases, if We ask You questions that are relevant to Our decision to insure You and on what terms, You must tell Us anything that You know and that a reasonable person in the circumstances would include in answering the questions.

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

Variations, extensions and reinstatements

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

If You do not tell Us something

If You do not tell Us anything You are required to tell Us, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

General Insurance Code of Practice

We are a signatory to the General Insurance Code of Practice (the Code) and support the Code. The objectives of the Code are:

- to commit Us to high standards of service;
- to promote better, more informed relations between Us and You;
- to maintain and promote trust and confidence in the general insurance industry;
- to provide fair and effective mechanisms for the resolution of complaints and disputes You make about Us; and
- to promote continuous improvement of the general insurance industry through education and training.

Further information about the Code and Your rights under it is available at codeofpractice.com.au or by contacting us.

The amount You pay for this insurance

You can obtain a quote from the providing entity. The amount We charge You for this insurance policy is the total amount of the premium that We calculate to cover the risk and any relevant government charges (such as Goods and Services Tax (GST) and stamp duty). These amounts add up to the total amount You must pay.

Once the policy is issued Your total premium and any relevant government charges are shown on the Certificate of Insurance. If You wish to change Your policy in any way please contact us.

How various factors affect the Amount Payable

We consider a number of factors in calculating the total Amount Payable. The following is a guide on these key factors, how they combine and how they may impact the assessment of risk and therefore Your premium.

- **Area** – higher risk areas cost more.
- **Departure date and trip duration** – the longer the period until You depart and the longer Your trip duration, the higher the cost may be.
- **Age** – higher risk age groups cost more.
- **Plan** – Comprehensive Care International, which provides more cover, costs more than International Essentials or Domestic.
- **Excess** – the higher the excess the lower the cost.
- **Cruise cover** – additional premium applies.
- **Cancellation cover** – on some policies You can choose Your own level of cancellation cover. The more cancellation cover You require, the higher the cost may be.
- **Adding cover for Existing Medical Conditions and pregnancy** (where available) – additional premium may apply if a medical assessment is completed and cover is accepted by Us.
- **Options to vary cover options** (where available) – additional premium applies.

Cancelling Your policy and refunds

If You cancel Your policy within a cooling-off period of 15 working days after You are issued Your Certificate of Insurance, You will be given a full refund of the premium You paid, provided You have not started Your Journey and You do not want to make a claim.

After this period You can still cancel Your policy. We will refund to You a proportion of the premium for the unexpired period of cover (less any non-refundable government charges and taxes that We have paid and are not recoverable).

You are not entitled to a refund if You have started Your Journey or You want to make a claim.

To cancel Your cover please contact Your issuing agent.

How a claim settlement is calculated

When We pay a claim We consider a number of aspects in calculating the settlement. These include:

- the amount of loss or damage or liability;
- the excess;
- the maximum benefit limits and sub-limits;
- depreciation; and
- the terms and conditions of the policy.

The following example illustrates how We will calculate claim settlement.

- Your new digital camera with an original purchase price of \$4,500 is stolen from a hotel room.
- You are travelling on Comprehensive Care International.
- You have chosen the nil excess option.
- You have not paid an additional amount to increase the standard item limit.

The claim settlement would be calculated as follows:

- Consider the original purchase price of the video camera – \$4,500 (no depreciation applies because the video camera was new).
- Consider the maximum benefit limit for Luggage and Travel Documents – \$15,000.
- Consider the maximum item limit payable for cameras and video equipment – \$4,000. This item limit applies in this case.
- Consider the excess chosen. As You have chosen the nil excess option, no excess is deducted. This results in a claim settlement of \$4,000 or We may choose to replace the item through a supplier of Our choice.

We respect Your privacy

In this Privacy Notice the use of “we”, “our” or “us” means Cover-More and the insurer, unless specified otherwise.

Why Your personal information is collected

We collect Your personal information (including sensitive information) for the purposes of:

- identifying You and conducting necessary checks;
- determining what services or products we can provide to You and/or others;
- issuing, managing and administering services and products provided to You and/or others including claims investigation, handling and payment; and
- improving services and products e.g. training and development of representatives, product and service research, data analysis and business strategy development.

Cover-More also collects Your personal information for the purpose of providing special offers of other services and products that might be of interest to You.

How Your personal information is collected

We may collect Your personal information through websites from data You, or Your travel consultant, input directly or through cookies and other web analytic tools, via email, by fax, by telephone or in writing.

We collect personal information directly from You unless:

- You have consented to collection from someone else;
- it is unreasonable or impracticable for us to do so; or
- the law permits us to collect from someone else.

We also collect additional personal information from other third parties to provide You with our services and products.

If You provide personal information to us about another person You must only do so with their consent and agree to make them aware of this Privacy Notice.

Who we disclose Your personal information to

We may disclose Your personal information to other parties and service providers for the purposes noted above.

The other parties and service providers include:

- insurers and reinsurers;
- medical providers, travel providers and Your travel consultant;
- our lawyers and other professional advisers;
- our related companies and other representatives or contractors who we have hired to provide services or to monitor the services provided by us or our agents, our products or operations; and/or

- other parties we may be able to claim or recover against or other parties where permitted or required by law.

Additional parties and service providers are detailed in the Cover-More Privacy Policy and the insurer's Privacy Statement. The contractual arrangements that we have in place with these parties and service providers generally include an obligation for them to comply with Australian privacy laws.

We may need to disclose personal information about You to other parties and service providers, some of whom may be located in overseas countries. Who they are may change from time to time.

Generally these recipients will be located in the overseas countries You travelled to over the duration of Your policy and Your claim. These recipients would usually be service providers such as medical providers, providers of travel related services, investigators, assessors and facilitators or our related entities that carry out services on our behalf in relation to Your policy and Your claim. Further details of these types of recipients are set out in the Cover-More Privacy Policy and the insurer's Privacy Statement.

We may not always be able to take reasonable steps to ensure that these recipients comply with the Privacy Act. Some of the countries where these recipients are based may not offer the same protection or obligations that are offered by the Act in Australia. By acquiring the services and products from us You agree that You may not be able to seek redress under the Act, or from us and/or from the recipients in overseas countries, or to the extent permitted by law.

You and any other traveller included on the policy consent to these uses and disclosures unless You tell Cover-More, using the contact details following.

Your choices

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the use and disclosure of Your personal information set out in this Privacy Notice at any stage, we may not be able to provide our services or products or manage and administer services and products to You and/or others.

If You wish to withdraw Your consent including for things such as receiving information on products and offers or Your travel consultant receiving personal information about Your policy and coverage, please call Cover-More on 1300 72 88 22.

More information

For more information about how Your personal information is collected, used or disclosed, how to access or seek correction to Your personal information or how to make a complaint and how such a complaint will be handled, please contact us or refer to the relevant website.

Cover-More Privacy Officer

Cover-More Insurance Services Pty Ltd
Mail: Private Bag 913, North Sydney NSW 2059 Australia
Email: privacy.officer@covermore.com.au
Call: 1300 72 88 22

Website: www.covermore.com.au/covermore_privacy_policy

ZAIL Privacy Officer

Zurich Australian Insurance Limited
Mail: PO Box 677, North Sydney NSW 2059
Email: privacy.officer@zurich.com.au
Call: 132 687

Website: www.zurich.com.au/important-information/privacy

Complaints and disputes resolution process

We and Cover-More are committed to resolving any complaint or dispute fairly.

If You have a complaint about an insurance product We issued or service You received (from us or one of our representatives), please contact us. We will put You in contact with someone who can help to resolve the complaint. You can talk over the phone, email or write:

Call: Cover-More on 1300 72 88 22
Mail: Private Bag 913, North Sydney NSW 2059 Australia
Email: customerrelations@covermore.com.au

We will acknowledge receipt of Your complaint within 24 hours or as soon as practicable.

If You are not satisfied with our initial response, You may use our Internal Dispute resolution process.

Stage 1 – Handling Your Complaint

We will respond to Your complaint within 15 business days provided We have all the necessary information and have completed any investigation required. If more information or investigation is required, We will agree reasonable alternative time frames with You. We will keep You informed of the progress of Your complaint at least every 10 business days unless otherwise agreed.

Stage 2 – Internal Dispute Resolution

If You are not satisfied with our response or We cannot agree on reasonable alternative time frames, Your complaint will be registered as a dispute and it will be reviewed through our Internal Dispute Resolution process.

We will respond to Your dispute within 15 business days of Your request to review our decision provided We have all necessary information and have completed any investigation required. If We cannot meet this time frame because additional information or investigation is required, We will seek to agree an alternative time frame with You. We will keep You informed of the progress of Your dispute at least every 10 business days unless otherwise agreed.

If You are still not satisfied with our response or We cannot agree on reasonable alternative time frames, You can refer the matter to the External Dispute Resolution.

Stage 3 – External Dispute Resolution

You may take Your complaint to the Australian Financial Complaints Authority (AFCA) at any time, and if We are unable to resolve Your complaint within 45 calendar days from the date You first made Your complaint. AFCA is an independent dispute resolution scheme. We are a member of this scheme and We agree to be bound by its determinations about a dispute. AFCA provides fair and independent financial services complaint resolution that is free to You.

Their contact details are:

Australian Financial Complaints Authority

Call: 1800 931 678 (free call)

Email: info@afca.org.au

Mail: The Australian Financial Complaints Authority
GPO Box 3, Melbourne VIC 3001

Website: afca.org.au

If Your complaint or dispute falls outside the AFCA rules, You can seek independent legal advice or access any other external dispute resolution options that may be available to You.

Policy Wording

The benefits described in this policy wording should be read in conjunction with Policy inclusions and choices (pages 7-9), Options to vary cover (pages 10-16), Travel and health (pages 17-25), Your duty of disclosure (page 32), Words with special meaning (pages 39-43), Policy Conditions (pages 44-49) and General Exclusions (pages 87-90).

THE POLICY IS NOT VALID UNLESS THE CERTIFICATE OF INSURANCE IS ISSUED TO YOU.

We will give You the insurance cover described in the policy in return for receiving the total Amount Payable.

It is a condition of the policy that:

- You are not aware of any circumstance which is likely to give rise to a claim;
- You are a resident of Australia or non-resident of Australia travelling on the Inbound plan and will be returning Home at the completion of the Period Of Insurance;
- If You purchase the Annual Multi-Trip policy:
 - cover will only extend to a Journey
 - to a destination more than 250 kilometres away from Your Home; or
 - that includes at least one night paid accommodation booked with an accommodation supplier or provider (including a hotel, Bed & Breakfast (B&B), serviced apartment or peer to peer service such as Airbnb); and
 - the length of each Journey cannot exceed the maximum duration shown on Your Certificate of Insurance.

Words with special meaning

In this PDS the following words have the meanings shown below. The use of the singular shall also include the use of the plural and vice versa.

“We”, “Our”, “Us” means Zurich Australian Insurance Limited (ZAIL).

“You”, “Your”, “Yourself” means the people listed as adults on the Certificate of Insurance and includes Accompanied Children except on Domestic Cancellation in which case cover applies on a per person basis only. Where more than one person is listed as an adult on the Certificate of Insurance all benefits, limitations, conditions and exclusions will be interpreted as if a separate policy was issued to each of the persons listed as an adult other than:

- a) in the event a claim arising from the one event is made, an excess (if applicable) will only be applied once;

- b) in the case of luggage item limits which shall be as per a single policy;
- c) for SECTION 3: Amendment Or Cancellation Costs on Comprehensive Care International and Domestic, and Essentials Care International and Inbound where the limit chosen applies per policy.

In respect of organised groups, each child not travelling with their usual guardian must purchase a separate policy.

“Accompanied Children” means Your children or grandchildren who are identified on the Certificate of Insurance and travelling with You on the Journey, provided they are not in full-time employment, they are financially dependent on You and they are under the age of 21 years.

“Act Of Terrorism” means an act including, but not limited to, the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), which from its nature or context is done for, or in connection with, political, religious, ideological, ethnic or similar purposes or reasons, including the intention to influence any government and/or to put the public, or any section of the public, in fear.

“Additional” means the cost of the accommodation or transport You actually use less the cost of the accommodation or transport You expected to use had the Journey proceeded as planned.

“Amount Payable” means the total amount payable for this insurance cover and the amount shown on Your Certificate of Insurance.

“Computer System” means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the coach, airline, shipping line, cruise line or railway company that You were due to travel on.

“Concealed Storage Compartment” means a boot, glove box, enclosed centre console, or concealed cargo area.

“Cyber Act” means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any Computer System.

“Cyber Incident” means any:

- a) Cyber Act or error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any Computer System; or

b) Cyber Act including any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any Computer System.

“Disabling Injury, Sickness or Disease” means a disabling injury, sickness or disease which first shows itself during the Period Of Insurance and which requires immediate treatment by a qualified medical practitioner or dentist.

“Epidemic” means a fast-spreading contagious or infectious disease or illness in an area as documented by a recognised public health authority.

“Existing Medical Condition” means a disease, illness, medical or dental condition or physical defect that at the Relevant Time meets any one of the following:

- a) has required an emergency department visit, hospitalisation or day surgery procedure within the last two years;
- b) requires
 - (i) prescription medication from a qualified medical practitioner or dentist;
 - (ii) regular review or check-ups;
 - (iii) ongoing medication for treatment or risk factor control;
 - (iv) consultation with a specialist;
- c) has
 - (i) been medically documented involving the brain, circulatory system, heart, kidneys, liver, respiratory system or cancer;
 - (ii) required surgery involving the abdomen, back, joints or spine;
 - (iii) shown symptoms or signs however, a medical opinion or investigation has not been sought to confirm or provide a diagnosis; or
- d) is
 - (i) chronic or ongoing (whether chronic or otherwise) and medically documented;
 - (ii) under investigation;
 - (iii) pending diagnosis; or
 - (iv) pending test results.

“Home” means Your usual place of residence in Australia.

“Insolvency” means bankruptcy, provisional liquidation, liquidation, insolvency, appointment of a receiver or administrator, entry into a scheme of arrangement, statutory protection, presentation of a petition for the compulsory winding up of, stopping the payment of debts or the happening of anything of a similar nature under the laws of any jurisdiction.

“International Waters” means waters outside the jurisdiction territory of any country.

“Journey” means the period commencing at the time You leave Home and ceasing at the time You return Home. On an Annual Multi-Trip policy, Your destination must be more than 250 kilometres from Home or, if less than that, Your trip must include at least one night paid accommodation staying at a registered accommodation provider.

“Limbs” means a hand at or above the wrist or a foot at or above the ankle.

“Natural Disaster” means a major adverse event resulting from natural processes of the Earth; examples are bushfire, hurricane, tornado, volcanic eruption, earthquake, tsunami, falling object from space (including a meteorite), and in general any extraordinary atmospheric, meteorological, seismic, or geological phenomenon. It does not mean an Epidemic or Pandemic.

“On-Piste” means on a marked trail or slope prepared for the purpose of skiing or snowboarding within the boundary of the ski field or ski resort and used in accordance with any regulations published by the ski field or ski resort.

“Pandemic” means an Epidemic that is expected to affect an unusually large number of people or involves an extensive geographic area.

“Period Of Insurance” means:

- a) In respect of Single Trip Policies from the time You commence the Journey or the travel start date shown on Your Certificate of Insurance (whichever is later) until the time You complete the Journey or the travel end date shown on Your Certificate of Insurance (whichever is the earlier).
- b) In respect of Annual Multi-Trip Policies from the time You commence each Journey or the travel start date shown on Your Certificate of Insurance (whichever occurs last) until the earliest of the following times:
 - (i) the time that You complete the Journey;
 - (ii) the expiry of the maximum insured duration per Journey (this maximum duration is shown on Your Certificate of Insurance); or
 - (iii) 12 months from the travel start date shown on Your Certificate of Insurance.

Cover under SECTION 3: Amendment Or Cancellation Costs and SECTION 4: Travel Services Provider Insolvency begins from the time the policy is issued.

The dates on Your Certificate of Insurance can only be changed with Our consent.

In respect of SECTION 3: Amendment Or Cancellation Costs, cover is suspended while You are in Australia and will recommence once You resume the Journey, subject to the original expiry date.

“Permanent” means a period of time lasting 12 consecutive months after the expiry of which We consider there is no reasonable prospect of improvement.

“Professional” means undertaking any activity for which financial payment is received from another person or party.

“Public Place” means any place the public has access to including but not limited to airports, beaches, hotel foyers and grounds, ports, private car parks, restaurants, shops and streets.

“Relative” means a person who is Your spouse, de facto; parent, parent-in-law, stepparent, guardian; grandparent; child, foster child, grandchild; brother, brother-in-law, half-brother, stepbrother, sister, sister-in-law, half-sister, stepsister; daughter, daughter-in-law, stepdaughter, son, son-in-law, stepson; fiancé, fiancée; first cousin; uncle, aunt; or niece, nephew.

“Relevant Time” in respect of:

- a) Single Trip policies means the time of issue of the policy.
- b) Annual Multi-Trip policies means the first time at which any part of the relevant trip is paid for or the time at which the policy is issued, whichever occurs last.

“Rental Car” means a rented sedan, campervan, motorhome or people mover that each does not exceed 4.5 tonnes; hatchback or station-wagon (including 4WDs) rented from a licensed motor vehicle rental company.

“Terminal Illness” means a medical condition for which a terminal prognosis has been given by a qualified medical practitioner and which is likely to result in death.

“Transport Provider” means a properly licensed coach operator, airline, shipping line or railway company.

“Travel Services Provider” means a scheduled services airline, hotel, accommodation provider, car rental agency, coach, bus, shipping line or railway company.

“Unattended” means not on Your person or within Your sight and reach.

“Valuables” means articles made of or containing gold, silver or precious metals; binoculars; jewellery; mobile phones; photographic, audio, video, tablet computer, computer and electrical equipment of any kind (including but not limited to devices such as drones, computer games, portable navigation equipment or media); precious stones; smart phones; telescopes and watches.

Policy Conditions

1. Excess

The excess is the first amount of a claim which We will not pay for. It is Your contribution to Your claim if it is approved by Us. The excess applies per event i.e. If You fall over and need medical treatment, and smashed Your smart phone in the fall, the excess will be deducted once.

The excess, if applicable, applies to any claim arising from a separate event in respect of Sections 1, 2, 3, 5, 6, 10, 11, 12, 19 and Additional Cruise Benefits (i)-(iii), and for Section 20 where relevant. The excess is the amount shown on Your Certificate of Insurance.

In some circumstances, We may impose an extra or increased excess for claims arising from Existing Medical Conditions. We will inform You in writing if this applies: These will be set out in Your Certificate of Insurance or in a letter from Our medical assessment team.

Claim example: You have a \$250 excess on Your policy. If You made a claim for \$2,500 under Section 1: Overseas Medical and Dental, You already paid the expenses and We approve Your claim, We would deduct the \$250 excess from the claim before We paid You. If, via Our emergency assistance team, We approved a claim directly with an overseas medical provider, We will ask You to pay the \$250 excess directly to the provider at the time or request You to pay it to Us before We can finalise Your claim with the provider. In any event, the total claim We pay is \$2,250.

2. Sections of the policy applicable to each plan

Refer to the relevant benefits table on pages 4-5 and page 6.

3. Limits of liability

The limits of Our liability for each Section of the policy are the amounts shown in the relevant table for the plan purchased as shown on pages 4-5 and page 6 except:

- a) where the policy limit for SECTION 3: Amendment Or Cancellation Costs on Comprehensive Care International and Domestic, and Essentials Care International and Inbound applies on a per policy basis and will be shown on Your Certificate of Insurance;
- b) on Domestic Cancellation where the maximum liability collectively for SECTION 2: Additional Expenses, SECTION 3: Amendment Or Cancellation Costs and SECTION 4: Travel Services Provider Insolvency applies on a per person basis and will be shown on Your Certificate of Insurance;
- c) where additional luggage cover has been affected;

- d) the maximum liability collectively for Sections 15, 16 and 17, shall not exceed \$25,000 on Comprehensive Care International and \$10,000 on Domestic;
- e) where You have paid the additional premium to include Cruise Cover on Comprehensive Care International, or Essentials Care International or Inbound, the standard benefits apply as per the plan purchased and the Cruise Cover additional benefits and limits apply (see pages 84-86); or
- f) where We have notified You in writing of different limits such as on Your Certificate of Insurance.

4. Claims

- a) You must report any loss or theft of luggage, personal effects, travel documents or money to the police, the Transport Provider or accommodation provider (where not possible to report to the police or Transport Provider) within seven days of You first becoming aware of the loss or theft. You must obtain a written report confirming the incident to submit to Us with Your claim.
- b) You, or someone on Your behalf, must phone Our emergency assistance team as soon as possible if You require hospitalisation or if Your medical, dental or any other expenses will exceed \$2,000.
- c) You must take all reasonable steps to prevent or minimise a claim.
- d) You must not make any offer, promise of payment or admit any liability without Our written consent.
- e) You must advise Us of any claim or occurrence which may give rise to a claim as soon as possible and within 60 days of the return date shown on Your Certificate of Insurance by sending a completed claim form.
- f) You must at Your own expense, supply any documents in support of Your claim which We may request, such as an original police report, a Property Irregularity Report (PIR), receipts, valuations, a repair quote, a death certificate and/or medical certificate.
- g) You must co-operate fully in the assessment or investigation of Your claim.
- h) If You make or try to make a false, exaggerated or fraudulent claim or use any false, exaggerated or fraudulent means in trying to make a claim, We will not pay Your claim, Your cover under this policy will be voided (without any return of the amount You have paid), We may report You to the appropriate authorities and You may be prosecuted.
- i) Where You are a registered entity on Domestic or Domestic Cancellation, You may be entitled to an input tax credit for Your Amount Payable and/or for things covered by this policy. You must disclose these entitlements to Us if You make a claim under Your policy.

- j) If We agree to pay a claim under Your policy We will base any claim payment on the GST inclusive costs (up to the relevant limits of liability). However, We will reduce any claim payment by any input tax credit You are, or would be, entitled to for the repair or replacement of insured property or for other things covered by this policy.
- k) We will be entitled, at Our expense, to have You medically examined or, in the event of death, a post-mortem examination carried out. We will give You or Your legal representative reasonable notice of the medical examination.

5. If You are able to claim from a statutory fund, compensation scheme or Transport Provider

If You are able to claim from a statutory fund, compensation scheme (for example a private health fund or workers compensation scheme) or Transport Provider for monies otherwise payable under this policy You must do so and the policy will only cover the remaining amount.

6. You must help Us to make any recoveries

We have the right to recover from any other party in Your name, money payable under the policy or to choose to defend any action brought against You. You must provide reasonable assistance to Us.

7. Claims payable in Australian dollars

All amounts payable and claims are payable in Australian dollars at the rate of exchange applicable at the time the expenses were incurred.

8. Policy interpretation

The policy shall be interpreted in accordance with the law of the Australian State or Territory in which it is issued.

9. Emergency assistance

- a) Where Your claim is excluded or falls outside the policy coverage, the giving of emergency assistance will not in itself be an admission of liability.
- b) The medical standards, sanitary conditions, reliability of telephone systems and facilities for urgent medical evacuations differ from country to country. Responsibility for any loss, medical complication or death resulting from any factor reasonably beyond Our control cannot be accepted by Our emergency assistance, Cover-More or Us.

Travel insurance is designed to protect You from the unforeseeable and the unexpected.

Sometimes things happen before You even depart—unavoidable things that mean You need to amend or even cancel Your trip.

In the event of a claim, You must be able to provide Us with the documentation We require to assess the claim. For all health related claims We always need:

- the medical authority completed by the person whose health caused the claim (or the Executor of the Estate as applicable); and
- the medical certificate completed by the person's usual general practitioner as well as providing Us with medical reports (and/or the death certificate if applicable).

A medical authority and certificate (Medical Form) are available on our website at covermore.com.au/claims or by calling us on 1300 72 88 22.

10. Free extension of insurance

Where Your Journey is necessarily extended due to an unforeseeable circumstance outside Your control, Your Period Of Insurance will be extended until You are physically able to travel Home by the quickest and most direct route or for six months after the return date shown on Your Certificate of Insurance (whichever is the earlier). The Period Of Insurance will not be extended for any other reason.

11. Special conditions, limitations, excesses and Amounts Payable

If You:

- a) want cover for an Existing Medical Condition or pregnancy which does not satisfy the provisions set out on pages 17-25 You will need to complete a health assessment. We will notify You of the outcome.
- If We are able to approve cover for the condition(s) or pregnancy You must pay an extra premium to Us. Cover may be subject to special conditions, limitations, limits, and excesses.
- b) in the last 5 years have:
- (i) made 3 or more travel insurance claims;
 - (ii) had insurance declined or cancelled or had a renewal refused or claim rejected; or
 - (iii) been in prison or had any criminal conviction (other than driving offences)

cover must be separately applied for and accepted by Us, and it may be subject to special conditions, limitations, excesses and amounts payable.

We will notify You in writing of these before We issue the policy.

12. Automatic reinstatement of sums insured

If You purchase the Annual Multi-Trip Policy the limits of liability under each Section of the policy are automatically reinstated on completion of each Journey and in respect of SECTION 5: Luggage and Travel Documents, also once on each Journey.

13. Policy conditions applying to SECTION 1: Overseas Medical and Dental, SECTION 2: Additional Expenses and Additional Cruise Benefits (i)-(iii)

- a) We have the option of returning You to Australia if the cost of medical and/or Additional expenses overseas are likely to exceed the cost of returning You to Australia subject always to medical advice. We also have the option of evacuating You to another country.
- b) In all cases the cost of evacuation or to bring You back to Australia will only be met if Your claim is approved by Us and it was arranged by and deemed necessary by Our emergency assistance network.
- c) If We request that You be moved to another hospital, return to Australia or be evacuated to another country and You refuse, We will only consider:
 - (i) Your costs and expenses per Sections 1 and 2 (as applicable) incurred up to the time of Our request; and
 - (ii) the lesser of:
 - an amount equivalent to the costs and expenses per Sections 1 and 2 (as applicable) that You would have incurred after Our request had You moved to another hospital, returned to Australia or been evacuated to another country as requested; or
 - Your costs and expenses actually incurred after Our request.
- d) If You are hospitalised We will pay for a share room. If a share room is not available We will, and that of Our medical advisors, pay to upgrade You to a single room.
- e) If You do not hold a return airline ticket an amount equal to the cost of an economy class one way ticket will be deducted from Your claim for repatriation expenses.

14. Policy conditions applying to SECTION 15: Loss Of Income, SECTION 16: Disability and SECTION 17: Accidental Death

- a) If the conveyance You are travelling in disappears, sinks or crashes and Your body has not been found after 12 months You will be presumed to have died.
- b) You must obtain and follow advice and treatment given by a qualified doctor as soon as possible after suffering a disabling injury, during the Period Of Insurance.

15. Non-Australian residents travelling to Australia – Inbound

This policy condition applies if You have paid the Inbound Amount Payable and You are a non-Australian resident.

In this policy wording (other than in this policy condition, the second bullet point on page 48, SECTION 1: Overseas Medical and Dental and SECTION 19: Medical and Dental Expenses in Australia):

- a) the word “Australia” should be replaced with Your country of residence; and
- b) the word “overseas” should be interpreted to mean a place outside Your country of residence.

16. Sanctions regulation

Notwithstanding any other terms or conditions under this policy, We shall not be deemed to provide coverage and will not make any payments nor provide any service or benefit to You or any other party to the extent that such cover, payment, service, benefit and/or activity of Yours would violate any applicable trade or economic sanctions, law or regulation.

17. Policy condition applying to SECTION 4: Travel Services Provider Insolvency

If You used a credit card to pay for the service that was to be provided by the insolvent Travel Services Provider We will only reimburse this travel cost if:

- a) the money was paid to Your travel agent;
- b) Your travel agent does not have any financial protection in respect of credit card chargebacks; and
- c) Your travel agent had paid the insolvent Travel Services Provider prior to the Insolvency occurring.

The Benefits

SECTION 1: Overseas Medical and Dental (including emergency repatriation/evacuation)

If You suffer a Disabling Injury, Sickness or Disease We will pay the usual and customary cost of medical treatment, ambulance transportation and emergency dental treatment which is provided outside Australia by or on the advice of a qualified medical practitioner or dentist.

Also includes the usual and customary cost of emergency repatriation or evacuation. In all cases the cost of evacuation or to bring You back to Australia will only be met if Your claim is approved by Us and it was arranged by and deemed necessary by Our emergency assistance network.

Cover applies for a maximum of 12 months from the date of suffering the Disabling Injury, Sickness or Disease.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$Unlimited
	Domestic	\$Nil
	Domestic Cancellation	\$Nil
Essentials Care	International	\$Unlimited
	Inbound	\$Unlimited

We will not pay for:

1. medical treatment, dental treatment or ambulance transportation provided in Australia.
If You are cruising and have paid the additional premium for Cruise Cover, this exclusion does not apply to medical treatment provided while on a ship (including cruise ship, passenger ship or passenger ferry) even if that ship is within Australian territorial waters. However, this additional benefit does not apply to any medical treatment provided on Australian inland waterways or while the ship is tied up in an Australian port.
2. dental treatment caused by or related to the deterioration and/or decay of teeth or associated tissue; involving the use of precious metals; or involving cosmetic dentistry.
3. the continuation or follow-up of treatment (including medication and ongoing immunisations) started prior to Your Journey.
4. routine medical or dental treatment or prenatal visits.
5. medical treatment, dental treatment or ambulance transportation provided in Your country of residence.
6. private medical or hospital treatment where public funded services or care is available, including medical or hospital treatment under any Reciprocal Health Agreement

between Australia and the Government of any other country unless We agree to the private treatment.

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 2: Additional Expenses

1. If You Become Sick

Cover is subject to the written advice of the treating qualified medical practitioner and acceptance by Our emergency assistance team.

If You suffer a Disabling Injury, Sickness or Disease, We will pay the reasonable Additional accommodation (room rate only) expenses and Additional transport expenses, at the same fare class and accommodation standard as originally booked, incurred by:

- a) You. The benefit ceases when You are able to continue Your Journey, travel Home or on the completion of the Period Of Insurance, whichever is the earlier.
- b) Your travelling companion who remains with or escorts You until You are able to continue Your Journey, travel Home or on the completion of the Period Of Insurance, whichever is the earlier.
- c) one person (e.g. a Relative) (If You don't have a travelling companion with You already) who travels to and remains with You following You being hospitalised as an inpatient. The benefit ceases when You are able to continue Your Journey, travel Home or on the completion of the Period Of Insurance, whichever is the earlier.

We will also pay the reasonable expenses incurred in returning Your Rental Car to the nearest depot if You suffer a Disabling Injury, Sickness or Disease provided that, on the written advice of the treating qualified medical practitioner, You are unfit to drive it.

We will not pay for:

1. any costs or expenses incurred prior to You being certified by a qualified medical practitioner as unfit to travel.

2. If You Die

We will pay reasonable overseas funeral or cremation expenses or the cost of returning Your remains to Australia if:

- a) You die during the Period Of Insurance. In either event the maximum amount We will pay in total will not exceed \$20,000; or
- b) You hold a valid Schengen Visa and You die in a Schengen member state during the Period Of Insurance. In either event the maximum amount We will pay in total will not exceed 30,000EUR for expenses incurred in that Schengen member state.

3. If a Relative or Your business partner not travelling with You becomes sick

We will pay reasonable Additional transport expenses at the same fare class as originally booked if You are required to return Home due to the sudden disabling injury, sickness or disease or death of a Relative or Your business partner who are not travelling.

4. If Your Home Is Destroyed By Fire, Earthquake Or Flood

We will pay the reasonable Additional transport expenses at the same fare class as originally booked for Your early return Home if it is totally destroyed by fire, earthquake or flood while You are on Your Journey.

5. Other Circumstances

We will pay Your reasonable Additional accommodation (room rate only) and Additional transport expenses, at the same fare class and accommodation standard as originally booked, incurred on the Journey due to an unforeseeable circumstance outside Your control and resulting from:

- a) disruption of Your scheduled transport because of riot, strike or civil commotion occurring after the commencement of the Journey provided You act reasonably in avoiding Additional costs;
- b) disruption of Your scheduled transport because of a Cyber Incident provided You act reasonably in avoiding Additional costs;
- c) loss of passport or travel documents except involving government confiscation or articles sent through the mail;
- d) a natural disaster;
- e) a collision of a motor vehicle, watercraft, aircraft or train in which You are travelling;
- f) Your scheduled transport being delayed for at least 12 hours due to severe weather conditions. We will pay up to \$250 providing written confirmation from the Transport Provider has been obtained.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$Unlimited
	Domestic	\$10,000
	Domestic Cancellation	\$You choose^*
Essentials Care	International	\$Unlimited
	Inbound	\$Unlimited

^Combined limit of Section 2, 3 and 4.

*Shown on Your Certificate of Insurance.

We will not pay for (under Section 2.3 or 2.5) caused by:

1. an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.
2. the sudden disabling injury, sickness or disease or death of a Relative or Your business partner who is not travelling, unless at the Relevant Time that person:
 - a) in the last two years, had not been hospitalised (including day surgery or emergency department attendance) for a condition that was directly or indirectly caused by, arising from, or exacerbated by, the condition that gave rise to the claim;
 - b) was not residing in a facility such as a nursing home, an aged care facility, a residential aged care home, a high and/or low care facility, a privately owned accommodation facility such as Supported Residential Services or Facilities (SRS/SRF) or a residential care facility;
 - c) was residing independently at home or in a retirement home or village, including independent living arrangements, and they did not require home care or flexible care services;
 - d) was not on a waiting list for, or did not know (they needed surgery, inpatient treatment or tests at a hospital or clinic;
 - e) did not have a drug or alcohol addiction; and
 - f) did not have a Terminal Illness.

If any point a)-f) cannot be met e.g. if Your non-travelling Relative was in a nursing home or did have a Terminal Illness, which means Your claim would otherwise be excluded, We will pay no more than \$1,000 under all Sections of the policy combined.

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 3: Amendment Or Cancellation Costs

If due to circumstances outside Your control and unforeseeable at the Relevant Time:

1. You have to rearrange Your Journey prior to leaving Home, We will pay the reasonable cost of doing so (We will not pay more for rearranging Your Journey than the cancellation costs which would have been incurred had the Journey been cancelled); or
2. You have to cancel the Journey (where You cannot rearrange it prior to leaving Home) We will pay You:
 - a) the value of the unused portion of Your prepaid travel or accommodation arrangements that are non-refundable and not recoverable in any other way;
 - b) the travel agent's commission (this is limited to the lesser of \$4,000 or the amount of commission the agent had earned on the prepaid refundable amount of the cancelled travel arrangements); and
 - c) the value of frequent flyer or similar flight reward points, air miles, redeemable vouchers or similar schemes lost by You following cancellation of the services paid for with those points, if You cannot recover Your loss in any other way. The amount We will pay is calculated as follows:
 - (i) For frequent flyer or similar flight reward points, loyalty card points, air miles:
 - The cost of an equivalent booking, based on the same advance booking period as Your original booking. We will deduct any payment You made towards the booking and multiply it by the total number of points or air miles lost, divided by the total number of points or air miles used to make the booking
 - (ii) For vouchers, the face value of the voucher or current market value of an equivalent booking, whichever is the lesser.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$You choose*
	Domestic	\$You choose*
	Domestic Cancellation	\$You choose^*
Essentials Care	International	\$You choose*
	Inbound	\$You choose*

*Shown on Your Certificate of Insurance.

^Combined limit of Section 2, 3 and 4.

Please note: This policy does not cover claims relating to government travel bans; "Do not travel" warnings; government directed border closure; or mandatory quarantine or self-isolation requirements related to cross area, border, region or territory travel.

We will not pay for claims caused by:

1. Transport Provider caused cancellations, delays or rescheduling other than when caused by strikes. This exclusion does not apply to the unused portion of:
 - a) any accommodation, day tour or car hire;
 - b) an overnight tour or overnight cruise if the leg of transport that is initially delayed or cancelled arrives at it's destination more than:
 - (i) 2 hours later than originally scheduled in respect of domestic transport;
 - (ii) 3 hours later than originally scheduled in respect of international transport.
2. Your or any other person's unwillingness or reluctance to proceed with the Journey or deciding to change plans.
3. You cancelling or amending Your Journey prior to being certified by a qualified medical practitioner as unfit to travel.
4. the death or sudden disabling injury, sickness or disease of a Relative or Your business partner who is not travelling, unless at the Relevant Time that person:
 - a) in the last two years, had not been hospitalised (including day surgery or emergency department attendance) for a condition that was directly or indirectly caused by, arising from, or exacerbated by, the condition that gave rise to the claim;
 - b) was not residing in a facility such as a nursing home, an aged care facility, a residential aged care home, a high and/or low care facility, a privately owned accommodation facility such as Supported Residential Services or Facilities (SRS/SRF) or, a residential care facility);
 - c) was residing independently at home or in a retirement home or village, including independent living arrangements, and they did not require home care or flexible care services;
 - d) was not on a waiting list for, or did not know they needed surgery, inpatient treatment or tests at a hospital or clinic;

- e) did not have a drug or alcohol addiction; and
- f) did not have a Terminal Illness.

If any point a)-f) cannot be met e.g. if Your non-travelling Relative was in a nursing home or did have a Terminal Illness, which means Your claim would otherwise be excluded, We will pay no more than \$1,000 under all Sections of the policy combined.

5. the health or death of any other person (not listed in point 4).
6. any contractual or business obligation or Your financial situation. This exclusion does not apply to claims where You are involuntarily made redundant from Your permanent full-time or permanent part-time employment in Australia and where You would not have been aware before, or at the Relevant Time, that the redundancy was to occur.
7. failure by You or another person to obtain the relevant visa, passport or travel documents.
8. errors or omissions by You or another person in a booking arrangement.
9. the standards or expectations of Your prepaid travel arrangements being below or not meeting the standard expected.
10. the failure of Your travel agent, Our agent who issued this policy, any tour operator, transport or accommodation supplier or provider (including but not limited to peer to peer services such as Airbnb and Uber), person or agency to pass on monies to operators or to deliver promised services.
11. a request by a Relative.
12. a request by Your employer, Your leave application being denied, or Your leave being revoked. This exclusion does not apply if You are a full-time member of the Australian Defence Force or of federal, state or territory emergency services (e.g. police, fire, ambulance, paramedic) and Your leave is revoked.
13. a lack in the number of persons required to commence any tour, conference, accommodation or travel arrangements or due to the negligence of a wholesaler or operator. However, if a tour or river cruise, that is prepaid and overnight, is cancelled due to a lack of numbers We will pay in respect of Your other prepaid arrangements the lesser of:
 - a) reasonable, necessary amendment costs; or
 - b) the non-refundable unused portion of costs if You cancel the trip.
 In any case the most We will pay is the lesser of \$800 or Your sum insured under this section of the policy.

14. customs and immigration officials acting in the course of their duties or You travelling on incorrect travel documents.
15. an Act Of Terrorism (or arising directly or indirectly from it) or the threat, or perceived threat, of an Act Of Terrorism.
16. an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.
17. the failure of any travel agent, tour operator, accommodation provider, airline or other carrier, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their Insolvency or the Insolvency of any person, company or organisation they deal with (or arising directly or indirectly from these).

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 4: Travel Services Provider Insolvency

If due to the Insolvency of a Travel Services Provider:

1. You have to rearrange Your Journey, We will pay the reasonable cost of doing so (We will not pay more for the cost of rearranging Your Journey than the non-refundable costs which would have been incurred had the Journey been cancelled, and the cover is limited to the same or similar standard of transport and accommodation as was originally booked).
2. You have to cancel the Journey (because You cannot rearrange it), We will pay You the non-refundable unused portion of all travel costs prepaid in advance including the travel agent's commission (the travel agent's commission is limited to the lesser of \$4,000 or the amount of commission the agent had earned on the prepaid refundable amount of the cancelled travel arrangements).
3. You necessarily incur Additional expenses in returning Home, We will pay the reasonable Additional hotel accommodation expenses incurred and Additional transport expenses.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$10,000
	Domestic	\$5,000
	Domestic Cancellation	\$You choose^*
Essentials Care	International	\$Nil
	Inbound	\$Nil

^Combined limit of Section 2, 3 and 4.

*Shown on Your Certificate of Insurance.

You can only claim for one of EITHER section 4.1, 4.2 or 4.3 for the same Insolvency event.

We will not pay for claims caused by:

1. the Insolvency of a Travel Services Provider if the booking was made on Your Journey unless You made the booking with a travel agent or the licensed Travel Services Provider.
2. the Insolvency of any travel agent, tour wholesaler, tour operator or booking agent.
3. Insolvency of a Travel Services Provider if at the Relevant Time, the Travel Services Provider was Insolvent or a reasonable person would have reason to expect the Travel Services Provider might become Insolvent.
4. accommodation expenses incurred after the date You originally planned to return to Your Home.
5. an Act Of Terrorism (or arising directly or indirectly from it) or the threat, or perceived threat, of an Act Of Terrorism.

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 5: Luggage and Travel Documents

1. Loss, Theft Or Damage

If during the Period Of Insurance Your luggage or personal effects are lost, stolen or damaged, after deducting depreciation (where applicable and as determined by Us) We will replace, provide a replacement voucher, repair or pay You the monetary value of the item.

It is Your responsibility to provide Us with evidence to support Your claim for an item. This is ‘proof of ownership’.

- Proof We will accept: the original purchase receipt, original invoice and/or original bank statement showing the purchase, the date of the purchase and the amount paid.
- We may consider valuation certificates (issued prior to the Relevant Time), ATM receipts and warranty cards with accompanying bank statement of purchases.
- We will not accept photographs, statutory declarations, packaging or instruction manuals as proof of ownership.

This policy operates on an indemnity basis which means settlement of Your claim is based on the value of an item at the time of the loss and not on a ‘new for old’ or replacement cost basis. Depreciation takes into account the amount paid originally for the item, its age, wear and tear and advances in technology.

Items	Depreciation	
	Deduction for each month of age of the item at the time of loss	Maximum deduction
All other items (not including jewellery)	1.50%	60%
Phones, electrical devices, communication devices, all computers, photographic equipment, tablet computers, electronics equipment	2.50%	60%

Our payment will not exceed the original purchase price of an item with a limit for any one item, set or pair of items including attached and unattached accessories of:

Comprehensive Care Items and limits	International	Domestic
Phone	\$1,000	\$300
Smart watch	\$1,000	\$300
Camera	\$3,500	\$300
Video camera	\$3,500	\$300
Drone (with or without camera)	\$500	\$300
Laptop computer	\$3,500	\$300
Tablet computer	\$1,500	\$300
Artificial limb	\$500	\$300
Dentures (full or partial)	\$500	\$300
Removable dental appliance	\$500	\$300
Medical device	\$500	\$300
Jewellery	\$500	\$300
Watch	\$500	\$300
Any other item	\$500	\$300

The following are examples of items considered as one item for the purpose of this insurance (an item limit will apply):

- Camera, lenses, tripods and camera accessories (attached or not)
- Smart phone and cover/case
- Matched or unmatched set of golf clubs, golf bag and buggy
- Necklace and pendant
- Charm bracelet and charms.

Claim example: A jacket purchased for \$200 was one year old when it was stolen. A claim would be calculated as follows.

Item: Jacket cost \$200 (within item limit)

Depreciation: Minus \$36 depreciation ($\$200 \times 18\% \{i.e. 12 \text{ months} \times 1.5\%/month\}$)

Excess: Minus policy excess \$100 (where applicable)

Total: The total in this case is \$64

Comprehensive Care International and Domestic

- We will not deduct depreciation where You have purchased the items new within the last 2 years (from the date of loss) and provide a receipt.
- The limit for cameras and video cameras can be increased. The item(s) must be separately specified and the additional premium paid by You. The specified limit will be shown on Your Certificate of Insurance. Where a specific item limit increase(s) have been added to Your policy, any claim will be assessed on an indemnity basis.

2. Travel Document Replacement

We will pay You for the cost of replacing travel documents and credit cards lost or stolen on the Journey. We will also pay for Your legal liability arising from their illegal use. You must however, comply with all the conditions of the issue of the document prior to and after the loss or theft.

3. Automatic Reinstatement Of Sum Insured

In the event that a claimable loss, or damage to Your luggage and personal effects is incurred, We will allow You one automatic reinstatement of the sum insured, stated in the plan purchased, while on Your Journey.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$15,000
	Domestic	\$3,000
	Domestic Cancellation	\$Nil
Essentials Care	International	\$Nil
	Inbound	\$Nil

We will not pay for:

- loss or theft that is not reported to the:
 - police;
 - responsible Transport Provider (if Your items are lost or stolen while travelling with a Transport Provider); or
 - the accommodation provider (if You are not able to report to the police or Transport Provider).

All cases of loss or theft must be reported as soon as possible. To confirm the loss or theft happened, a written police report (or relevant report from the Transport Provider or accommodation provider where applicable) must be obtained within seven days of You first becoming aware of the loss. The report should be submitted with Your claim.

- damage, loss or theft of Valuables placed in the care of a Transport Provider unless security regulations prevented You from keeping the Valuables with You.
- Valuables left Unattended in any motor vehicle or towed land vehicle at any time, even if stored in a Concealed Storage Compartment.
- items left Unattended in any motor vehicle or towed land vehicle overnight even if they were in a Concealed Storage Compartment.
- items left Unattended in any motor vehicle or towed land vehicle, unless they were stored in a Concealed Storage Compartment of a locked motor vehicle or towed land vehicle and forced entry was gained (and subject to point 3 and 4 above).
- any amount exceeding \$2,000 in total for all items left Unattended in any motor vehicle or towed land vehicle.
- items left Unattended in a Public Place.
- loss, theft or damage to drones (including attached and unattached accessories) while in use.
- sporting equipment while in use.
- items sent under the provisions of any freight contract or any luggage forwarded in advance or which is unaccompanied.
- surfboards or waterborne craft of any description. This exclusion does not apply if the item is lost, stolen or damaged while in the custody of a Transport Provider.
- damage to fragile or brittle articles unless caused by a fire or motor vehicle collision. This exclusion does not apply to spectacles; lenses in cameras and video cameras; laptop and tablet computers; or binoculars.
- damage caused by atmospheric or climatic conditions, wear and tear, vermin or any process of cleaning, repairing, restoring or alteration.
- electrical or mechanical fault or breakdown.
- information stored on any electronic device or other media, including digital photos, downloaded files, electronic applications, programmed data, software or any other intangible asset.
- bonds, coupons, gift cards, stamps, vouchers, warranties, preloaded or rechargeable cards including but not limited to phone, debit or stored value cards.
- bullion, deeds, insurance premiums, manuscripts, negotiable instruments, precious metals or securities.

18. items described in SECTION 7: Money.

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 6: Delayed Luggage Allowance

If all Your luggage is delayed by a Transport Provider during the Journey for more than 24 hours We will pay You up to \$500 for essential emergency items of clothing and toiletries You purchase while on Your Journey.

This limit will be doubled if You still have not received Your luggage after 72 hours.

The original receipts for the items and written confirmation of the length of delay from the Transport Provider must be produced in support of Your claim. If Your luggage is not ultimately returned to You any amount claimable under this section will be deducted from any entitlement under Section 5 of this policy.

This section does not apply on the leg of the Journey that returns You Home.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$1,000
	Domestic	\$Nil
	Domestic Cancellation	\$Nil
Essentials Care	International	\$Nil
	Inbound	\$Nil

We will not pay for:

1. delay that is not reported to the responsible Transport Provider and where no written report is obtained. All reports must be confirmed in writing by the Transport Provider at the time of making the report.

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 7: Money

We will reimburse You for cash, bank or currency notes, postal or money orders accidentally lost or stolen from Your person, or from a locked safe, during the Period Of Insurance.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$250
	Domestic	\$Nil
	Domestic Cancellation	\$Nil
Essentials Care	International	\$Nil
	Inbound	\$Nil

We will not pay for:

1. loss or theft that is not reported to the:
 - a) police;
 - b) responsible Transport Provider (if Your items are lost or stolen while travelling with a Transport Provider); or
 - c) the accommodation provider (if You are not able to report to the police or Transport Provider).

All cases of loss or theft must be reported as soon as possible. To confirm the loss or theft happened, a written police report (or relevant report from the Transport Provider or accommodation provider where applicable) must be obtained within seven days of You first becoming aware of the loss. The report should be submitted with Your claim.

2. loss or theft of cash, bank or currency notes, postal or money orders unless carried on Your person or stored in a locked safety deposit box.

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 8: Rental Car Insurance Excess

This cover applies if You:

- a) hire a Rental Car;
- b) are the nominated driver on the Rental Car agreement; and
- c) have comprehensive motor vehicle insurance for the Rental Car for the hire period.

If the Rental Car is damaged or stolen while in Your control during the Journey We will pay the lower of the Rental Car insurance excess or the repair costs to the Rental Car that You become liable to pay.

It is Your responsibility to provide the final loss/repair report to substantiate Your claim.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$10,000
	Domestic	\$6,000
	Domestic Cancellation	\$Nil
Essentials Care	International	\$Nil
	Inbound	\$Nil

We will not pay for:

1. damage or theft, arising from the operation of a Rental Car in violation of the terms of the rental agreement.
2. damage sustained to a Rental Car while it is being driven on an unsealed surface.
3. administration costs or loss of use penalties.

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 9: Travel Delay

If You prebooked, prepaid transport is temporarily delayed during the Journey for at least 6 hours due to an unforeseeable circumstance outside Your control (including a Cyber Incident), We will reimburse You:

1. the Additional accommodation (room rate only) expenses You incur; and
2. the cost of the unused, prepaid accommodation (if You have to pay for new accommodation) less any refund You are entitled to from the supplier of the original accommodation.

Our reimbursement will be up to \$200 on Comprehensive Care International or \$150 on Domestic.

We will also reimburse up to these limits again for each full 24 hour period that the delay continues beyond the initial 6 hour delay.

You must claim from the Transport Provider first, and provide Us with written confirmation from the Transport Provider of the cause and period of the delay and the amount of compensation offered by them. You must also provide Us with receipts for the Additional accommodation (room rate only) expenses incurred.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$2,000
	Domestic	\$750
	Domestic Cancellation	\$Nil
Essentials Care	International	\$Nil
	Inbound	\$Nil

We will not pay for claims caused by:

1. an Act Of Terrorism (or arising directly or indirectly from it) or the threat, or perceived threat, of an Act Of Terrorism.
2. an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.
3. the failure of any travel agent, tour operator, accommodation provider, airline or other carrier, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their Insolvency or the Insolvency of any person, company or organisation they deal with (or arising directly or indirectly from these).

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 10: Resumption Of Journey

If You are required to return Home during the Journey due to the sudden serious injury, sickness, disease or death of a Relative or Your business partner in Australia and the exclusions on Section 2.3 do not apply to Your claim under this section, We will pay for the economy class transport costs You incur to return overseas provided:

- a) Your Period Of Insurance was at least 23 days;
- b) less than 50% of the Period Of Insurance had elapsed at the time of the onset of the sudden serious injury, sickness, disease or death of a Relative or Your business partner;
- c) Your return overseas occurs prior to the original expiry date of Your cover for Your original Journey;
- d) no claim due to the same event is made under SECTION 3: Amendment Or Cancellation Costs of this policy;
- e) the death was not caused by an illness or injury appearing prior to the commencement of Your original Journey; and
- f) the onset of the illness or injury did not occur prior to the commencement of Your original Journey.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$3,000
	Domestic	\$Nil
	Domestic Cancellation	\$Nil
Essentials Care	International	\$Nil
	Inbound	\$Nil

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 11: Missed Connections

1. Additional transport expenses due to transport delay

If during the Period Of Insurance Your prepaid, scheduled transport; or multi-night cruise where You have paid the additional premium for Cruise Cover, is cancelled, delayed or rerouted within 24 hours of the scheduled departure time and this means You will miss a prebooked connection, We will pay whichever of a) or b) below minimises the overall amount claimable under this policy:

- a) (i) the Additional public transport costs You incur to arrive in time to catch the prebooked connection; and
(ii) the cost of the unused prepaid connection less any refund or credit You are entitled to from the supplier of that connection; or
- b) (i) the reasonable Additional public transport costs incurred because You missed the prebooked connection; and
(ii) the cost of the missed prebooked connection if it cannot be amended, less any refund or credit You are entitled to from the supplier of that connection.

2. Missed start of tour or cruise

If during the Period Of Insurance Your prepaid, scheduled transport is cancelled, delayed or rerouted within 24 hours of the scheduled departure time and this means You will miss the start of Your prebooked multi-night tour; or multi-night cruise where You have paid the additional premium for Cruise Cover, We will pay whichever of a) or b) below minimises the overall amount claimable under this policy:

- a) (i) the reasonable Additional public transport costs You incur to arrive in time to catch the start of the multi-night tour/cruise; and
(ii) the cost of any unused prepaid connection (You originally were going to use to reach the multi-night tour/cruise) less any refund or credit You are entitled to from the supplier of that connection; or
- b) (i) the reasonable Additional public transport costs You incur to catch up to the departed multi-night tour/ cruise; and
(ii) \$20 per person for each meal that You missed on the multi-night cruise/tour that was included in the price You prepaid for the multi-night cruise/tour.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$3,000
	Domestic	\$3,000
	Domestic Cancellation	\$Nil
Essentials Care	International	\$Nil
	Inbound	\$Nil

You must provide Us with written confirmation from the Transport Provider of how much later than originally scheduled the transport arrived.

We will deduct from the amount payable any amount of compensation You receive or are entitled to receive from the Transport Provider who's transport was delayed.

We will not pay for:

1. claims where the leg of transport that is initially delayed arrives at it's destination:
 - a) less than 2 hours later than originally scheduled in respect of domestic transport; or
 - b) less than 3 hours later than originally scheduled in respect of international transport.
2. claims where You are "through checked" and at the start of the trip You are given boarding passes for Your onward legs. This exclusion does not apply to Your multi-night tour; or multi-night cruise where You have paid the additional premium for Cruise Cover.
3. claims related to a missed tour or cruise unless the public transport You booked to meet that tour/cruise arrived more than 2 hours later than originally scheduled.
4. claims where the Transport Provider provides an alternative mode of transportation without additional cost to You.
5. claims caused by an Act Of Terrorism (or arising directly or indirectly from it) or the threat, or perceived threat, of an Act Of Terrorism.
6. claims caused by an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.
7. claims arising from the failure of any travel agent, tour operator, accommodation provider, airline or other carrier, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their Insolvency or the Insolvency of any person, company or organisation they deal with.

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 12: Special Events

If due to an unforeseeable circumstance outside Your control Your Journey would otherwise be delayed resulting in You being unable to arrive in time to attend a wedding, funeral, 25th or 50th wedding anniversary or, a prepaid conference, concert, music festival or sporting event, which cannot be delayed due to Your late arrival, We will pay for:

1. the reasonable Additional cost of using alternative public transport to arrive at Your destination on time; and
2. the cost of the unused connection (if You have to buy a new connection) less any refund or credit You are entitled to from the supplier of that connection.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$2,000
	Domestic	\$2,000
	Domestic Cancellation	\$Nil
Essentials Care	International	\$Nil
	Inbound	\$Nil

We will not pay for claims caused by:

1. an Act Of Terrorism (or arising directly or indirectly from it) or the threat, or perceived threat, of an Act Of Terrorism.
2. an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.
3. the failure of any travel agent, tour operator, accommodation provider, airline or other carrier, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their Insolvency or the Insolvency of any person, company or organisation they deal with (or arising directly or indirectly from these).

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 13: Hospital Incidentals

If You are hospitalised, We will reimburse You for incidentals such as phone calls and magazines.

The amount We will pay is limited to \$50 for each night You are hospitalised overseas as a result of a Disabling Injury, Sickness or Disease, provided that the period of confinement is at least 48 hours.

Original receipts for these expenses must be produced in support of Your claim.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$8,000
	Domestic	\$Nil
	Domestic Cancellation	\$Nil
Essentials Care	International	\$Nil
	Inbound	\$8,000

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 14: Hijacking

If while on the Journey You are detained on a means of public transport due to it being hijacked by persons using violence or threat of violence We will pay You \$1,000 for each 24 hour period You are forcibly detained by the hijackers.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$8,000
	Domestic	\$Nil
	Domestic Cancellation	\$Nil
Essentials Care	International	\$Nil
	Inbound	\$Nil

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 15: Loss Of Income

If during the Period Of Insurance You suffer an injury caused solely and directly by violent, accidental, visible and external means (not caused by a sickness or disease) resulting in You losing income because You are unable to return to Your usual place of employment in Australia, We will pay You up to \$1,500 per month on Comprehensive Care International or \$250 per month on Domestic; for Your monthly net of income tax wage, but not in respect of the first 30 days after You originally planned to resume Your work in Australia.

The benefit is only payable if Your disability occurs within 30 days of the accident.

The maximum limit in respect of Accompanied Children is \$1,000 for each child.

Cover for loss of income is limited to six months.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$9,000*
	Domestic	\$1,500*
	Domestic Cancellation	\$Nil
Essentials Care	International	\$Nil
	Inbound	\$Nil

*Maximum liability collectively for Sections 15, 16 and 17: Comprehensive Care International – \$25,000, Domestic – \$10,000

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 16: Disability

If during the Period Of Insurance You suffer an injury caused solely and directly by violent, accidental, visible and external means (not caused by a sickness or disease) resulting in Your Permanent total loss of sight in one or both eyes or the Permanent total loss of use of one or more Limbs within one year of the date of the accident, We will pay You the amount shown in the plan purchased.

The maximum limit in respect of Accompanied Children is \$10,000 for each child.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$25,000*
	Domestic	\$10,000*
	Domestic Cancellation	\$Nil
Essentials Care	International	\$Nil
	Inbound	\$Nil

*Maximum liability collectively for Sections 15, 16 and 17: Comprehensive Care International – \$25,000, Domestic – \$10,000

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 17: Accidental Death

If during the Period Of Insurance You suffer an injury caused solely and directly by violent, accidental, visible and external means (not caused by a sickness or disease) resulting in Your death, We will pay Your estate the amount shown in the plan purchased provided Your death occurs within one year of the accident.

Our limit in respect of Accompanied Children is \$1,000 for each child.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$25,000*
	Domestic	\$10,000*
	Domestic Cancellation	\$Nil
Essentials Care	International	\$Nil
	Inbound	\$Nil

*Maximum liability collectively for Sections 15, 16 and 17: Comprehensive Care International – \$25,000, Domestic – \$10,000

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 18: Personal Liability

We will provide cover if, as a result of Your negligent act occurring during the Period Of Insurance, You become unintentionally legally liable to pay compensation in respect to damage caused to someone else's property or the injury or death of someone else.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$2,500,000
	Domestic	\$200,000
	Domestic Cancellation	\$Nil
Essentials Care	International	\$Nil
	Inbound	\$Nil

We will not pay for:

1. liability You become liable to pay to somebody who is a member of Your family or travelling party or employed by You or deemed to be employed by You.
2. liability arising from loss or damage to property which is in Your legal custody or control.
3. liability arising from the conduct by You of any profession, trade or business.
4. liability arising out of the use or ownership by You of any aircraft, drone, firearm, waterborne craft or mechanically propelled vehicle.
5. liability arising out of occupation or ownership of any land, buildings or immobile property.
6. liability arising out of any wilful or malicious act.
7. liability arising out of the transmission of an illness, sickness or disease.
8. liability involving punitive, exemplary or aggravated damages or any fine or penalty.
9. liability arising out of Your liability under a contract or agreement unless You would be liable if that contract or agreement did not exist.

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 19: Medical and Dental Expenses in Australia

This section only applies if You purchased the Inbound plan, You are a non-Australian resident and provided You are not an eligible person within the meaning of the Health Insurance Act 1973 (Cth).

If during the Period Of Insurance You suffer a Disabling Injury, Sickness or Disease, We will pay the usual and customary cost of medical treatment, emergency dental treatment and ambulance transportation which is provided in Australia by or on the advice of a qualified medical practitioner or dentist.

Cover applies for a maximum of 12 months from the date of suffering the Disabling Injury, Sickness or Disease.

The maximum benefit limit for this section is:

Comprehensive Care	International	\$Nil
	Domestic	\$Nil
	Domestic Cancellation	\$Nil
Essentials Care	International	\$Nil
	Inbound	\$1,000,000

We will not pay for:

1. medical treatment, dental treatment or ambulance transportation provided outside Australia.
2. dental treatment caused by or related to the deterioration and/or decay of teeth or associated tissue; involving the use of precious metals; or involving cosmetic dentistry.
3. the continuation or follow-up of treatment (including medication) started prior to Your Journey.
4. routine medical or dental treatment or prenatal visits.
5. medical treatment, dental treatment or ambulance transportation which is provided in Australia if You are an Australian resident or a non-Australian resident who is an eligible person within the meaning of the Health Insurance Act 1973 (Cth).
6. private medical or hospital treatment where public funded services or care is available, including medical or hospital treatment under any Reciprocal Health Agreement between Australia and the Government of any other country unless We agree to the private treatment.
7. medical treatment, dental treatment or ambulance transportation provided in Your country of residence.

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

SECTION 20: COVID-19 Benefits

Cover under this policy is extended to include claims arising from COVID-19 in the circumstances following under the policy Sections listed.

Please note:

- Some benefits only apply if You are travelling in Australia and New Zealand.
- This policy does not cover claims relating to government travel bans; “Do not travel” warnings; government directed border closure; or mandatory quarantine or self-isolation requirements related to cross area, border, region or territory travel.
- **Cruise Travel:** Some benefits do not apply to claims involving travel on a multi-night cruise.

Benefits that apply to all destinations

SECTION 1: Overseas Medical and Dental (including emergency repatriation/evacuation)

The maximum benefit limit for this section is:

- Comprehensive Care International \$Unlimited
- Domestic \$Nil
- Domestic Cancellation \$Nil
- Essentials Care International \$Unlimited
- Essentials Care Inbound \$Unlimited

What is covered

• If You are diagnosed with COVID-19

This section is extended to include cover if, during the Journey overseas, You are diagnosed with COVID-19. However, there is no cover if any part of Your Journey included travel on a multi-night cruise.

What is not covered

We will not pay for:

7. claims directly or indirectly arising from COVID-19 if the country or part of the country You travelled to was subject to “Do not travel” advice on the smartraveller.gov.au website at the time You entered the country or part of the country. (This exclusion only applies if the (or one of the) reason(s) for the advice was the presence of COVID-19). This exclusion will not apply if Your trip destination is Australia or New Zealand.
8. claims caused by COVID-19 (or arising directly or indirectly from it) or the threat, or perceived threat, of COVID-19, if You have purchased the Cruise Cover (shown on Your Certificate of Insurance).

SECTION 2: Additional Expenses

The maximum benefit limit for this section is:

- Comprehensive Care International \$Unlimited
- Domestic \$10,000
- Domestic Cancellation \$You choose^{^*}
- Essentials Care International \$Unlimited
- Essentials Care Inbound \$Unlimited

[^]Combined limit of Section 2, 3 and 4.

*Shown on Your Certificate of Insurance.

1. If You Become Sick

What is covered

- **Your quarantine or isolation due to COVID-19**

What is covered

This section is extended to include cover if, during the Journey, You are diagnosed with COVID-19 by a qualified medical practitioner. However, there is no cover if any part of Your Journey included travel on a multi-night cruise.

What is not covered

We will not pay for:

2. claims directly or indirectly arising from COVID-19 if the country or part of the country You travelled to was subject to “Do not travel” advice on the smartraveller.gov.au website at the time You entered the country or part of the country. (This exclusion only applies if the (or one of the) reason(s) for the advice was the presence of COVID-19). This exclusion will not apply if Your trip destination is Australia or New Zealand.
3. claims caused by COVID-19 (or arising directly or indirectly from it) or the threat, or perceived threat, of COVID-19, if You have purchased the Cruise Cover (shown on Your Certificate of Insurance).

2. If You Die

What is covered

This section is extended to include cover if the cause of death is COVID-19.

What is not covered

We will not pay for:

1. claims where the country or part of the country You travelled to was subject to “Do not travel” advice on the smartraveller.gov.au website at the time You entered the country or part of the country. (This exclusion only applies if the (or one of the) reason(s) for the advice was the presence of COVID-19). This exclusion will not apply if Your trip destination is Australia or New Zealand.

- claims caused by COVID-19 (or arising directly or indirectly from it) or the threat, or perceived threat, of COVID-19, if You have purchased the Cruise Cover (shown on Your Certificate of Insurance).

3. If a Relative or Your business partner not travelling with You becomes sick

What is covered

- If Your non-travelling Relative or business partner residing in Australia or New Zealand becomes sick due to COVID-19**

This section is extended to include cover if Your non-travelling Relative or business partner who resides in Australia or New Zealand is diagnosed with COVID-19 and the treating doctor confirms in writing the level of infection is life threatening. You must obtain and provide Us with written evidence from the qualified medical practitioner and receipts. Exclusion 1 and 2 on page 53 will be waived in this event.

SECTION 3: Amendment Or Cancellation Costs

The maximum benefit limit for this section is:

- Comprehensive Care International \$You choose*
- Domestic \$You choose*
- Domestic Cancellation \$You choose^*
- Essentials Care International \$You choose*
- Essentials Care Inbound \$You choose*

*Shown on Your Certificate of Insurance.

^Combined limit of Section 2, 3 and 4.

This section is extended to include cover for the following COVID-19 related circumstances.

What is covered

- If You are diagnosed with COVID-19 prior to departure**

If You cannot travel because You are diagnosed in Australia with COVID-19 by a qualified medical practitioner or are directed by a local public health authority in Australia into a period of quarantine because they have classified You as having close contact with a person diagnosed with COVID-19 (including if that person is Your travelling companion). Exclusion 16 of 'We will not pay for claims caused by' on page 57 will be waived in this event.

- If Your non-travelling Relative or business partner residing in Australia or New Zealand becomes sick due to COVID-19**

If You need to amend or cancel Your Journey because Your non-travelling Relative or business partner who resides in Australia or New Zealand is diagnosed by a qualified medical practitioner with COVID-19 and the treating doctor confirms in writing the level of infection is life threatening. Exclusions 4 and 16 of 'We will not pay for claims caused by' on pages 55-57 will be waived in this event.

- If You are an essential health care worker whose leave is revoked**

If You are deemed an essential health care worker under Australia's COVID-19 rules (i.e. a pharmacist, nurse, doctor, paramedic or other health care professional) and Your leave is revoked by Your employer due to COVID-19 related reasons and that means You can't go on Your trip.

A letter or email from Your employer is required to support a claim. Exclusions 12 and 16 of 'We will not pay for claims caused by' on page 56 and 57 will be waived in this event.

What is covered

- If You are diagnosed with COVID-19 on Your trip**

There is also cover under this section if You cannot continue Your trip because You are diagnosed with COVID-19 by a qualified medical practitioner. Exclusion 16 of 'We will not pay for claims caused by' on page 57 will be waived in this event.

However, there is no cover if any part of Your Journey included travel on a multi-night cruise.

What is not covered

We will not pay for claims caused by:

- directly or indirectly arising from You travelling to a country or part of a country, which was subject to "Do not travel" advice on the [smarttraveller.gov.au](https://www.smarttraveller.gov.au) website at the time You entered the country or part of the country. (This exclusion only applies if the (or one of the) reason(s) for the advice was the presence of COVID-19).

Benefits that apply only for travel in Australia or New Zealand

SECTION 2: Additional Expenses

The maximum benefit limit for this section is:

- Comprehensive Care International \$Unlimited
- Domestic \$10,000
- Domestic Cancellation \$You choose^{^*}
- Essentials Care International \$Unlimited
- Essentials Care Inbound \$Unlimited

[^]Combined limit of Section 2, 3 and 4.

*Shown on Your Certificate of Insurance.

What is covered

5. Other Circumstances

This section is extended to include cover for the following COVID-19 related circumstances.

- **If You are quarantined due to close contact of a COVID-19 case**

This section is extended to include cover if, during the Journey, You are directed by a local public health authority into a period of quarantine or isolation because they have classified You as having close contact with a person diagnosed with COVID-19 (including if that person is Your travelling companion). Exclusion 1 of 'We will not pay for claims (under 2.3 or 2.5) caused by' on page 53 will be waived in this event.

However, there is no cover if any part of Your Journey included travel on a multi-night cruise.

- **If the person You were due to stay with in Australia or New Zealand has COVID-19**

If the person You were due to stay with in Australia or New Zealand is diagnosed by a qualified medical practitioner with COVID-19 or directed by a local public health authority into a period of quarantine because they are classified as having close contact with a person diagnosed with COVID-19 and You can no longer stay with them, and this was unforeseeable at the Relevant Time, We will pay up to \$150 per night for Additional accommodation expenses that You incur for alternative accommodation.

Exclusions 1 and 2 of 'We will not pay for claims (under 2.3 or 2.5) caused by' on page 53 will be waived in this event.

You must obtain and provide Us with written evidence from the qualified medical practitioner or relevant local authority (as applicable), evidence of Your original accommodation arrangements and receipts for the new accommodation.

- **If Your prepaid accommodation in Australia or New Zealand is shut down**

If, after the Relevant Time, the prepaid accommodation You had planned to stay at in Australia or New Zealand is shut down or closed due to a COVID-19 outbreak on the premises and hygiene measures are required, which was unforeseeable at the Relevant Time, We will pay reasonable Additional expenses (in the same class as originally booked) that You incur for alternative accommodation. A letter or email from the accommodation provider and receipts are required to support a claim.

What is not covered

We will not pay for claims (under Section 2.3 or 2.5) caused by:

3. COVID-19 (or arising directly or indirectly from it) when You are travelling to any country other than Australia or New Zealand.

SECTION 3: Amendment Or Cancellation Costs

The maximum benefit limit for this section is:

- Comprehensive Care International \$You choose^{*}
- Domestic \$You choose^{*}
- Domestic Cancellation \$You choose^{^*}
- Essentials Care International \$You choose^{*}
- Essentials Care Inbound \$You choose^{*}

*Shown on Your Certificate of Insurance.

[^]Combined limit of Section 2, 3 and 4.

This section is extended to include cover for the following COVID-19 related circumstances.

What is covered

- **If the person You were due to stay with in Australia or New Zealand has COVID-19**

If the person You were due to stay with in Australia or New Zealand is diagnosed by a qualified medical practitioner with COVID-19 or directed by a local public health authority into a period of quarantine because they are classified as having close contact with a person diagnosed with COVID-19 and You can no longer stay with them, and this was unforeseeable at the Relevant Time, We will pay up to \$150 per night for Additional accommodation expenses that You incur for alternative accommodation.

You must obtain and provide Us with written evidence from the qualified medical practitioner or relevant local authority (as applicable), evidence of Your original accommodation arrangements and receipts for the new accommodation. Exclusions 4, 5 and 16 of 'We will not pay for claims caused by' on pages 55 and 57 will be waived in this event.

- **If Your prepaid accommodation in Australia or New Zealand is shut down**

If the prepaid accommodation You had planned to stay at in Australia or New Zealand is shut down or closed due to a COVID-19 outbreak on the premises and hygiene measures are required. A letter or email from the accommodation provider is required to support a claim. Exclusions 10 and 16 of 'We will not pay for claims caused by' on page 56 and 57 will be waived in this event.

- **If Your prepaid holiday activity in Australia or New Zealand is closed**

If the destination activity venue in Australia or New Zealand (e.g. ski venue, theme park or cooking school) is closed due to a COVID-19 outbreak on the premises You can claim a refund on the unused, prepaid, non-refundable tickets. A letter or email from the operator is required to support a claim. Exclusion 16 of 'We will not pay for claims caused by' on page 57 will be waived in this event.

What is not covered

We will not pay for claims caused by:

18. or directly or indirectly arising from COVID-19 when You are travelling to any country other than Australia or New Zealand.

SECTION 9: Travel Delay

The maximum benefit limit for this section is:

- Comprehensive Care International \$2,000
- Domestic \$750
- Domestic Cancellation \$Nil
- Essentials Care International \$Nil
- Essentials Care Inbound \$Nil

What is covered

If Your trip destination is Australia or New Zealand this section is extended to include cover for COVID-19 related temporary delays that were unforeseeable and outside Your control. Exclusion 2 of 'We will not pay for claims caused by' on page 64 will be waived in this event.

However, there is no cover if Your cruise is affected by COVID-19.

What is not covered

We will not pay for claims caused by:

4. COVID-19 (or arising directly or indirectly from it) when You are travelling to any country other than Australia or New Zealand.
5. a multi-night cruise being affected by COVID-19 (or arising directly or indirectly from it) or the threat, or perceived threat, of COVID-19.

SECTION 11: Missed Connections

The maximum benefit limit for this section is:

- Comprehensive Care International \$3,000
- Domestic \$3,000
- Domestic Cancellation \$Nil
- Essentials Care International \$Nil
- Essentials Care Inbound \$Nil

What is covered

If Your trip destination is Australia or New Zealand this section is extended to include cover for COVID-19 related cancellations, delays or rerouting. Exclusion 6 of 'We will not pay for' on page 67 will be waived in this event.

However, there is no cover if Your cruise is affected by COVID-19.

What is not covered

We will not pay for:

8. claims directly or indirectly arising from COVID-19 when You are travelling to any country other than Australia or New Zealand.
9. claims caused by a multi-night cruise being affected by COVID-19 (or arising directly or indirectly from it) or the threat, or perceived threat, of COVID-19.

SECTION 12: Special Events

The maximum benefit limit for this section is:

- Comprehensive Care International \$2,000
- Domestic \$2,000
- Domestic Cancellation \$Nil
- Essentials Care International \$Nil
- Essentials Care Inbound \$Nil

What is covered

If Your trip destination is Australia or New Zealand this section is extended to include cover for COVID-19 related delays that were unforeseeable and outside Your control.

Exclusion 2 of 'We will not pay for claims caused by' on page 68 will be waived in this event.

However, there is no cover if Your cruise is affected by COVID-19.

What is not covered

We will not pay for claims caused by:

4. COVID-19 (or arising directly or indirectly from it) when You are travelling to any country other than Australia or New Zealand.
5. a multi-night cruise being affected by COVID-19 (or arising directly or indirectly from it) or the threat, or perceived threat, of COVID-19.

Other – Inbound

SECTION 19: Medical and Dental Expenses in Australia (Inbound)

The maximum benefit limit for this section is:

- Comprehensive Care International \$Nil
- Domestic \$Nil
- Domestic Cancellation \$Nil
- Essentials Care International \$Nil
- Essentials Care Inbound \$1,000,000

What is covered

This section is extended to include cover if, during the Journey in Australia, You are diagnosed with COVID-19. However, there is no cover if any part of Your Journey included travel on a multi-night cruise.

What is not covered

We will not pay for:

8. claims directly or indirectly arising from COVID-19 if the country or part of the country You travelled to was subject to "Do not travel" advice on the [smartraveller.gov.au](https://www.smartraveller.gov.au) website at the time You entered the country or part of the country. (This exclusion only applies if the (or one of the) reason(s) for the advice was the presence of COVID-19).
9. claims caused by COVID-19 (or arising directly or indirectly from it) or the threat, or perceived threat, of COVID-19, if You have purchased the Cruise Cover (shown on Your Certificate of Insurance).

End of SECTION 20: COVID-19 Benefits

Additional Cruise Benefits

The following benefits only apply if Cruise Cover is selected and the additional premium for participation in multi-night cruising has been paid.

Available on Comprehensive Care International; Essentials Care International and Inbound

(i) On-board medical and dental cover

If during the Period Of Insurance You suffer a Disabling Injury, Sickness or Disease We will pay the usual and customary cost of medical treatment and emergency dental treatment which is provided while on board a cruise ship outside Australia by or on the advice of a qualified medical practitioner or dentist. Cover applies for a maximum of 12 months from the date of suffering the Disabling Injury, Sickness or Disease.

The maximum benefit limit for this section is: \$Unlimited

(ii) Ship to Shore Medical Cover

If during the Period Of Insurance You suffer a Disabling Injury, Sickness or Disease We will pay the usual and customary cost of emergency transportation which is provided outside Australia by or on the advice of a qualified medical practitioner to evacuate You to the nearest onshore medical facility.

The maximum benefit limit for this section is: \$Unlimited

(iii) Sea Sickness Cover

If during the Period Of Insurance while on board a cruise ship You suffer sea sickness We will pay the usual and customary cost of medical treatment which is provided outside Australia by or on the advice of a qualified medical practitioner.

Cover applies for a maximum of 12 months from the date of suffering the Disabling Injury, Sickness or Disease.

The maximum benefit limit for this section is: \$Unlimited

(iv) Cabin Confinement

If during the Period Of Insurance You suffer a Disabling Injury, Sickness or Disease and the treating medical practitioner on board the cruise ship orders You to be confined to Your cabin We will pay You up to \$100 per day provided that the period of confinement is at least 24 hours.

The maximum benefit limit for this section is: \$1,500

For Cruise Benefits (i) – (iv), We will not pay for:

1. medical treatment, dental treatment or ambulance transportation provided in Australia.
This exclusion does not apply to medical treatment provided while on a ship (including cruise ship, passenger ship or passenger ferry) even if that ship is within Australian territorial waters. However, this additional benefit does not apply to any medical treatment provided on Australian inland waterways or while the ship is tied up in an Australian port.
2. dental treatment caused by or related to the deterioration and/or decay of teeth or associated tissue; involving the use of precious metals; or involving cosmetic dentistry.
3. the continuation or follow-up of treatment (including medication and ongoing immunisations) started prior to Your Journey.
4. routine medical or dental treatment or prenatal visits.
5. medical treatment, dental treatment or ambulance transportation provided in Your country of residence.
6. private medical or hospital treatment where public funded services or care is available, including medical or hospital treatment under any Reciprocal Health Agreement between Australia and the Government of any other country unless We agree to the private treatment.

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

(v) Missed Port (Embarkation)

If during the Period Of Insurance You are on a Journey from or to Australia and due to an unforeseeable circumstance outside Your control You miss:

- a) getting to Your prebooked embarkation port; or
- b) Your prebooked connection to get You to Your prebooked embarkation port, where You have allowed the minimum connection time between transport as stipulated by Your Transport Provider

We will pay the costs You incur to use alternative public transport services to catch up on Your planned itinerary.

If You claim under this section, You are not entitled to make a claim under any other section of this policy for the same incident.

The maximum benefit limit for this section is: \$1,000

We will not pay for claims caused by:

1. Transport Provider caused cancellations, delays or rescheduling other than when caused by mechanical failure or strike.
2. an Act Of Terrorism (or arising directly or indirectly from it) or the threat, or perceived threat, of an Act Of Terrorism.
3. an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.
4. or arising from the failure of any travel agent, tour operator, accommodation provider, airline or other carrier, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their Insolvency or the Insolvency of any person, company or organisation they deal with.

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

(vi) Missed Shore Excursions

If due to an unforeseeable circumstance outside Your control You are unable to attend a shore excursion for which You hold a prepaid ticket or pass, We will pay for the non-refundable cost of the unused ticket. The original ticket must be submitted with Your claim.

The maximum benefit limit for this section is: \$1,000

We will not pay for claims caused by:

1. an Act Of Terrorism (or arising directly or indirectly from it) or the threat, or perceived threat, of an Act Of Terrorism.
2. an Epidemic, Pandemic or outbreak of an infectious disease or any derivative or mutation of such viruses (or arising directly or indirectly from these) or the threat, or perceived threat, of any of these.
3. or arising from the failure of any travel agent, tour operator, accommodation provider, airline or other carrier, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their Insolvency or the Insolvency of any person, company or organisation they deal with.

Also refer to: General Exclusions – pages 87-90. Policy Conditions – pages 44-49.

General Exclusions

We will not pay for:

1. claims for costs or expenses incurred outside the Period Of Insurance.
2. any other loss, damage or additional expenses following on from the event for which You are claiming that is not covered under this insurance. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of enjoyment.
3. claims directly or indirectly arising from loss, theft or damage to property, or death, illness or bodily injury if You fail to take reasonable care or put Yourself in a situation where a reasonable person could foresee that loss, theft or damage to property, or a death, illness or bodily injury might happen.
4. claims involving air travel other than as a passenger on a fully licensed passenger carrying aircraft operated by an airline or an air charter company.
5. claims arising as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
6. claims arising directly or indirectly from any nuclear reaction or contamination, ionising rays or radioactivity.
7. loss or damage caused by detention, confiscation or destruction by customs or other officials or authorities.
8. claims arising from any unlawful act committed by You or if You have not been honest and frank with all answers, the accuracy of information, statements and submissions made in connection with Your insurance application or claim.
9. claims arising from any government intervention, prohibition, regulation or restriction or court order.
10. claims directly or indirectly arising from circumstances You knew of, or a reasonable person in Your circumstances would know or foresee, at the Relevant Time, that could lead to the Journey being delayed, abandoned or cancelled.
11. claims directly or indirectly arising from travel booked or undertaken by You:
 - a) even though You knew, or a reasonable person in Your circumstances would know, You were unfit to travel, whether or not You had sought medical advice;
 - b) against the advice of a medical practitioner;
 - c) to seek or obtain medical or dental advice, treatment or review; or
 - d) to participate in a clinical trial.

12. claims in respect of travel booked or undertaken after Your Terminal Illness was diagnosed.
13. claims directly or indirectly arising from, or exacerbated by, any Existing Medical Condition You or Your travelling companion has.
14. claims directly or indirectly arising from or exacerbated by Your Existing Medical Condition of Cardiovascular Disease, chronic lung condition or other heart/cardiovascular/ respiratory system problem and any subsequent condition including an acute respiratory condition, Heart Attack, new infection or Stroke.
15. claims directly or indirectly arising from or exacerbated by Your Existing Medical Condition of reduced immunity.
16. claims directly or indirectly arising from pregnancy of You or any other person if You are aware of the pregnancy at the Relevant Time and:
 - a) where complications of this pregnancy or any previous pregnancy had occurred prior to this time;
 - b) it was a multiple pregnancy e.g. twins or triplets; or
 - c) where the conception was medically assisted e.g. using assisted fertility treatment including hormone therapies or IVF.
17. claims directly or indirectly arising from:
 - a) pregnancy of You or any other person after the start of the 24th week of pregnancy; or
 - b) pregnancy of You or any other person where the problem arising is not an unexpected serious medical complication.
18. claims directly or indirectly arising from childbirth or the health of a newborn child whatever the proximate cause of the claim is. This exclusion applies irrespective of the stage of pregnancy at which the child is born.
19. claims directly or indirectly arising from You having elective medical or dental treatment or surgery, a cosmetic procedure or body modification (including tattoos and piercings) during the Journey.
20. claims involving or directly or indirectly arising from or related to Your wilful or self-inflicted injury or illness, suicide, attempted suicide.
21. claims involving or directly or indirectly arising from or related to Your:
 - a) chronic use of alcohol;
 - b) substance abuse, drug abuse (whether over the counter, prescription or otherwise); or
 - c) willing ingestion of any non-prescription drug or substance (e.g. marijuana, ecstasy, heroin).
22. claims involving or directly or indirectly arising from or related to You drinking too much alcohol which is evidenced by any of the following:
 - a) a medical practitioner or Our forensic expert stating that Your alcohol consumption has caused or actively contributed to Your injury or illness;
 - b) the results of a blood test which show that Your blood alcohol concentration level is 0.19 or above. (The level of alcohol in your blood is called blood alcohol concentration (BAC). As a point of reference, a BAC of 0.19 is almost four times the legal driving BAC limit range in Australia which is currently 0.05);
 - c) the witness report of a third party which has advised that You have notably impaired Your faculties and/or judgement; or
 - d) Your own admission and/or by the description of events You described to the treating medical professional (e.g. paramedic, nurse, doctor) or to Us.
23. any GST liability or any fine, charge or penalty You are liable for because of a failure to fully disclose to Us Your input tax credit entitlement for the Amount Payable.
24. losses for which insurance or the payment is prohibited by law.
25. claims involving You travelling (during the Journey) in International Waters in a private sailing vessel or a privately registered vessel.
26. claims involving participation by You or Your travelling companion (during the Journey) in hunting; rodeo riding; BASE jumping; motocross; freestyle BMX riding; running with the bulls; sports activities in a Professional capacity; mountaineering using guides, ropes, rock climbing equipment or oxygen; trekking greater than 6000 metres above sea level; ice climbing; scuba diving to a depth of 30 metres below the surface unless You hold an Open Water Diving Certificate or are diving with a qualified diving instructor; or, scuba diving if the maximum depth is greater than 50 metres below the surface.
27. claims involving participation by You (during the Journey) in racing (other than swimming races of 10 kilometres or less, or running races that are marathon distance or less) or outdoor rock climbing.
(See Adventure activities cover on page 16 for details of optional cover available to purchase and the terms that apply.)
28. claims involving participation by You during the Journey in any adventure activity listed under Adventure Activities.
(See Activities and adventure activities cover on page 13 for details of optional cover available to purchase and the terms that apply.)

29. claims involving participation by You (during the Journey) in motorcycling or moped riding for any purpose.
(See Motorcycle/moped riding cover on page 14-15 for details of optional cover available to purchase and the terms that apply.)
30. claims involving participation by You (during the Journey) in snow skiing, snowboarding or snowmobiling.
(See Snow sports: snow skiing, snowboarding and snowmobiling cover on page 14 and Adventure activities cover on page 16 for details of optional cover available to purchase and the terms that apply.)
31. claims directly or indirectly arising for or related to Your multi-night cruise, any multi-night cruise travel or that arise while on a multi-night cruise.
(See Cruise Cover on page 10 for details of cover available to purchase and the terms that apply.)
32. any benefit, or provide cover, if the provision of a payment, benefit or cover would result in Us contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth) or the National Health Act 1953 (Cth) or any applicable legislation (whether in Australia or not) or where We do not have the necessary licenses or authority to provide such cover.
33. any costs or expenses incurred if a government or public health authority mandatory quarantine or isolation order is imposed on You related to cross area, border, region or territory travel. This exclusion only applies to COVID-19 and applies regardless of You being diagnosed with COVID-19 or being directed by a local public health authority into a period of quarantine because they have classified You as having close contact with a person diagnosed with COVID-19.
34. claims directly or indirectly arising from or caused by COVID-19, including the threat or perceived threat, of COVID-19 unless cover is extended as stated in SECTION 20: COVID-19 Benefits.

Financial Services Guide

This Financial Services Guide (FSG) is an important document designed to help You decide whether to use the financial services offered.

It contains information about how Cover-More Insurance Services Pty Ltd ABN 95 003 114 145, AFSL 241713 (Cover-More) administers and arranges the policy directly or through its authorised representative or distributor (Agent).

What financial services are provided?

Cover-More holds an Australian Financial Services Licence that allows both Cover-More and the Agent to provide You with factual information (distributors) or general financial product advice (authorised representatives) about this travel insurance product and to arrange this product for You. Cover-More is responsible for the provision of these services. The Agent is an authorised representative or distributor of Cover-More.

The Agent acts on behalf of Cover-More and Zurich Australian Insurance Limited (the insurer), the issuer of this product. Cover-More acts under a binder authority from the insurer. This means that Cover-More (and the Agent acting on behalf of Cover-More), can arrange this policy and Cover-More can handle or settle claims on behalf of the insurer. Cover-More and the Agent act for the insurer when providing these services. You can find full details of Cover-More and the insurer on page 30 of the PDS.

Cover-More and the Agent are not authorised to give You personal advice in relation to travel insurance. Any advice given to You about travel insurance will be of a general nature only and will not take into account Your personal objectives, financial situation or needs. You need to determine whether this product meets Your travel needs.

How are we paid?

Cover-More

Cover-More is paid a commission by the insurer when You buy this travel insurance policy. This commission is included in the premium that You pay and is received after You have paid the premium. The commission is a percentage of the premium.

Cover-More may also receive a share of the profit earned by the insurer if the insurer makes an underwriting profit in accordance with the underwriting targets it has set. This amount is calculated and paid retrospectively only when the insurer exceeds its underwriting targets in a given year.

Cover-More employees are paid an annual salary and may be paid a bonus based on business performance.

The Agent, and/or its associates

The Agent and/or its associates are paid a fee and/or commission by Cover-More for arranging Your travel insurance policy. This amount is paid out of the commission that Cover-More receives from the insurer.

The Agent's employees may receive salaries, bonuses and/or company dividends in their own business depending on the nature of their employment. Bonuses may be linked to general overall performance, including sales performance and may include all or part of the commission received by the Agent.

The Agent, and/or its associates, may also receive other financial and non-financial incentives from Cover-More for arranging Your travel insurance policy. Such incentives may be dependent on a number of performance related or other factors and may include, for example, a share of Cover-More's profit, bonus payments, prize pools, sponsorship of training events and conferences, marketing promotions and competitions.

Further information

For more information about remuneration or other benefits received for the financial services provided, please ask the Agent within a reasonable time of receiving this FSG and before You choose to buy this product.

Complaints

If You have a complaint about the financial services provided by Cover-More or the Agent please refer to the PDS for details of the complaint resolution process.

What professional indemnity insurance arrangements do we have in place?

Cover-More holds professional indemnity insurance covering errors and mistakes relating to the provision of financial services provided by Cover-More, its employees, the Agent and the Agent's employees (even after they cease to be employed). Cover-More's policy meets the requirements of the Corporations Act.

Who is responsible for this document?

The Agent is responsible for the distribution of the FSG in this document. The insurer is responsible for the PDS. Cover-More has authorised the distribution of this FSG.

This Combined FSG and PDS was prepared 14 October 2020.

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PDS Issue 3 (ICC_IEC)

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ABN 95 003 114 145, AFSL 241713

Contact us

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Customer service and claims - See page 3

24 hour emergency assistance - See page 28

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TRAVEL INSURANCE

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