ahm

You're good.

Your guide to

travel insurance

Combined Financial Services Guide &
Product Disclosure Statement
Effective 25 February 2026

Read about what's in, what's out and what it's all about

(P.S. we recommend you keep a copy of this guide)

Table of Contents

Product Disclosure Statement (PDS) 2-39

Welcome 2

The purpose of the Product Disclosure Statement (PDS) 2

How to buy ahm travel insurance 2

The Cover 3

Table of benefits 3

Cruise Cover 4

Policy Inclusions and Options 4

Options To Vary Cover 6

Travel and Health 7

Existing Medical Conditions 7

Pregnancy 11

Health of other people impacting Your travel (non-traveller) 12

24 Hour Emergency Assistance 13

Claims 13

Important Information 14

Who is the insurer? 14

Who is Travel Insurance Partners and the providing entity? 14

Who is ahm? 14

Duty to take reasonable care not to make a misrepresentation 14

When and how are benefits provided? 15

The amount You pay for this insurance 15

How various factors affect the Amount Payable 14

How a claim settlement is calculated 15

Policy Wording 16

Words With Special Meaning 16

Policy Conditions 18

The Benefits 21

General Exclusions 35

General Information 37

The Financial Claims Scheme 37

Additional policy information 37

Changes of terms and conditions 37

General Insurance Code of Practice 37

Cancelling Your policy 37

Conduct of others 37

Your privacy 37

Complaints and disputes resolution process 39

Financial Services Guide 40-41

Welcome

At ahm, we know that travelling can be an amazing and inspiring experience and we want you to enjoy yourself, even when you are a million miles from home.

With ahm travel insurance, you can relax and take comfort in knowing that should something go wrong, we have an experienced team available to help you, no matter what time of the day.

We are here to make sure you travel with peace of mind no matter where you are.

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 to take reasonable care not to make a misrepresentation;
- definitions 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.

How to buy ahm travel insurance

Visit: ahm.com.au/travel

Call: 1300 617 409

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

The Cover

For trips that include a multi-night cruise, please see Cruise Cover on page 4.

Table of benefits

Below is a table of benefits and the maximum limits. Please refer to the Policy Wording section on pages 16-36 for full details on the cover provided.

	Benefits	Excess applies?	Single Trip or Annual Multi-Trip International Comprehensive Plan Limit per adult unless stated otherwise	Single Trip International Medical Only Plan Limit per adult	Single Trip or Annual Multi-Trip Domestic Plan Limit per adult
1	Overseas Medical and Hospital Expenses (including emergency repatriation/evacuation)				
	Overseas Medical Expenses	Yes	$Unlimited#	$Unlimited#	$Nil
	Overseas Dental Expenses	Yes	$2,000	$2,000	$Nil
2*	Cancellation and Amendment Fees	Yes	$3,000^ or Cover chosen^	$Nil	Choice of $5,000^ or $10,000^
3*	Additional Expenses	Yes	$Unlimited~	$Unlimited~	$10,000~
	Meals		$75 per day, to a maximum of $500	$75 per day, to a maximum of $500	$75 per day, to a maximum of $500
	Pet cat or dog boarding		$500	$500	$500
	Airport parking		$500	$500	$500
4	Missed Connections	No	$3,000	$Nil	$3,000
5*	Luggage and Personal Effects	Yes	$15,000	$Nil	$10,000
	Phone or smart watch - limit per item•		$1,500	$Nil	$1,500
	Camera or video camera - limit per item•		$3,500	$Nil	$3,500
	Laptop computer - limit per item•		$3,000	$Nil	$3,000
	Tablet computer - limit per item•		$3,000	$Nil	$3,000
	Drone (with or without camera) - limit per item•		$1,000	$Nil	$1,000
	Artificial limb, removable dental appliance, dentures or medical device e.g. hearing aids, CPAP machine - limit per item•		$3,000	$Nil	$3,000
	Jewellery - limit per item•		$1,000	$Nil	$1,000
	Watch - limit per item•		$1,000	$Nil	$1,000
	Any other item - limit per item•		$1,000	$Nil	$1,000
6	Travel Documents, Credit Card and Traveller's Cheques	Yes	$8,000	$Nil	$Nil
7*	Delayed Luggage Allowance	Yes	$1,100	$Nil	$Nil
8	Theft of Cash	No	$500	$Nil	$Nil
9	Rental Car Insurance Excess	No	$8,000	$Nil	$8,000
	Bonus cover for self-drive holidays in Australia - Personal vehicle insurance excess		$Nil	$Nil	$2,500
10*	Travel Delay Expenses	No	$2,000	$Nil	$2,000
11	Alternative Transport Expenses	Yes	$5,000	$Nil	$Nil
12	Resumption of Journey	Yes	$3,000	$Nil	$Nil
13	Hospital Cash Allowance	No	$5,000*	$Nil	$Nil
14*	Loss of Income	No	$10,000°	$Nil	$2,000**
15*	Permanent Disability	No	$25,000°	$Nil	$10,000**
16*	Accidental Death	No	$25,000°	$Nil	$10,000**
17	Personal Liability	No	$2,500,000	$2,500,000	$2,500,000
18*	COVID-19 Benefits	See pages 31-32 for the full details of what is and isn't covered.			

#Cover will not exceed 12 months from the onset of the condition, illness or injury.

^Cover chosen applies per policy. $3,000 included on International Comprehensive Plan and $5,000 included on Domestic Plan. See Cancellation cover on page 5 for more details.

*Sub-limits apply.

•Item limit applies for any one item, set or pair of items including attached and unattached accessories. You may increase these items limits if You wish.

~Limits apply to subsections point 2 and 5f. See pages 23-24.

°Maximum liability collectively for Sections 14, 15 and 16 is $25,000.

**Maximum liability collectively for Sections 14, 15 and 16 is $10,000.

Please read the PDS carefully to understand what this policy covers. Importantly, please note that conditions, exclusions, limits and sub-limits apply.

Cruise Cover

Available on the International Comprehensive Plan and International Medical Only Plan

Will you be travelling for 2 or more nights on an ocean or sea going cruise?

If Your cruise is on an ocean or sea overseas or outside Australian Coastal Waters, to be insured for claims relating to cruise travel (e.g. cancelling the cruise) or that occur while on a cruise (e.g. getting sick or injured on-board a cruise vessel), You must tell Us You are doing a cruise and pay an extra premium to have cover. Cruise Cover will then be shown on Your Certificate of Insurance.

For all multi-night cruise travel: By adding Cruise Cover all of the policy benefit sections included in the plan You chose will apply for a multi-night cruise. The Cruise Cover benefits in the table below will also be included. See Additional Cruise Benefits on pages 33-34 for details of the cover.

Cruise Cover Summary of additional cruise benefits		Excess applies?	Limit
i.	On-board medical and dental cover	Yes	$Unlimited~
ii.	Ship to Shore Medical Cover	Yes	$Unlimited
iii.	Sea Sickness Cover	Yes	$Unlimited~
iv.	Cabin Confinement	No	$100 per day – Up to a maximum of $1,500
v.	Missed Port	No	$1,000
vi.	Missed Shore Excursions	No	$1,000

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

If You do not tell Us about Your cruise, claims in any way 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.

When don't I need to add Cruise Cover?

You don't need to add cruise cover if You are:

- travelling on a river cruise;
- not travelling on a cruise;
- on a cruise for only one night;
- only taking a ferry trip;
- cruising in Australia (e.g. on the Murray River) or in Australian coastal waters (e.g. a Kimberley Cruise); or
- sailing. (Note: Sailing is not covered in International Waters).

Multi-night cruise travel and COVID-19

If You are diagnosed with COVID-19 on board a multi-night cruise and have added Cruise Cover, cover applies to:

• On-board medical and dental cover

• Ship to shore medical cover.

See SECTION 18: COVID-19 Benefits pages 31-32 and Additional Cruise Benefits pages 33-34 for the details of what cover is included.

Policy Inclusions and Options

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.

What about a cruise?

- Within Australia on an inland waterway (e.g. a Murray River cruise) or within Australian coastal waters (e.g. a Kimberley cruise where the cruise does not leave these waters) – Please choose or enter "Australia" for a Domestic Plan.
- A cruise from a port in Australia to another port(s) in Australia that does not stop at a port outside of Australia (e.g. a cruise from Sydney to Brisbane or a Kimberley cruise that leaves Australian waters) – Please choose or enter "Domestic Cruising" for an International plan which includes "SECTION 1: Overseas Medical and Hospital Expenses (including emergency repatriation/evacuation)".
- Overseas (e.g. a European river cruise, Caribbean cruise or a cruise from Hong Kong to Sydney) or from a port in Australia to another port or ports outside Australia (e.g. Sydney/Singapore) – Please choose or enter the main area or destination/ country based on where You will spend the most time on Your trip.
- If You are getting a quote and buying Your policy on our website and You enter a cruise destination as the country or area You will spend most of Your time, Cruise Cover will be pre-selected as additional cover. You can remove this if Your Journey does not include a multi-night cruise. See Cruise Cover on this page for more information.

Excess Choices

When travelling internationally You can choose the excess. The excess will be shown on Your Certificate of Insurance and only applies in the event of a claim.

When You make a claim arising from the one event, an excess (if applicable) will only be applied once. See 1. Excess on page 18 for more information.

Cancellation cover

The level of cover You choose will be the total amount of cover available under SECTION 2: Cancellation and Amendment Fees, on a per policy basis and will be shown on Your Certificate of Insurance.

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. Cancellation cover is for the unused, non-refundable portion of Your prepaid travel costs.

The level of cancellation cover You choose above the included amount will influence Your premium.

International Comprehensive Plan

We include a $3,000 benefit per policy and if You need more, You can select an amount of cancellation cover from the options available to You at the time of applying for cover.

Domestic Plan

We include a $5,000 benefit per policy. If You need more, You can select to increase this limit to $10,000 at the time of applying for cover.

Cancellation cover and COVID-19 benefits

For claims related to COVID-19 sub-limits may apply, and cover is not available on all plans. Please see SECTION 18: COVID-19 Benefits pages 31-32 for details.

Schengen visa

Our International 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.

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 1300 617 409 (within Australia) or +61 2 8907 5076 (from overseas) or emailing ahm@travelinsurancepartners.com.au 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. Purchasing a longer duration up front may avoid this risk. Restrictions on duration 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 9. Free extension of insurance on page 19 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 21 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.

Options To Vary Cover

Existing Medical Conditions and Pregnancy

See Travel and Health on pages 7-11.

Luggage and personal effects

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

- We will accept the original or a copy of a purchase receipt, invoice and/or 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, packaging or instruction manuals as proof of ownership.

Safety of Your belongings

- Don't check in Your Valuables – keep them with You as they're not covered by Us when checked-in with the Transport Provider (unless security regulations meant You were forced to check them in).
- A limit of $500 per item and a maximum of $2,000 in total applies to any items (Valuables or otherwise) left, during daylight hours, 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're not covered.
- Don't walk away from or leave Your belongings Unattended in a Public Place. They're not covered by Us.
- Report any loss or theft to the police within 7 days of when You first become aware of the incident, as a police report is required so We can validate that the incident occurred. Also, Your belongings may have been handed in and may be recovered or the police may have a chance to follow up an alleged crime.
- 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.
- If You are unable to provide Us with a copy of the relevant report, You must provide Us with a reasonable explanation and details of the time and place You made the report, including their contact details.

Increase luggage item limits

You can increase the limit for an item by paying an additional premium. You must have a receipt or valuation that is less than two years old for any item you specify. The extra amount You add is in addition to the standard limit shown in the relevant table for Your plan.

We may also ask You to give us a receipt or valuation for the item at the time of claim. If You bought the item within the last two years, please give Us the receipt, or a valuation if the receipt is unavailable. If You bought the item more than two years ago, You'll need to provide a valuation dated within the last two years, otherwise depreciation will be applied as per the table on page 25.

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

Luggage item limits automatically included in Your cover

Depending on the plan You choose, We provide cover for any one item, set or pair of items (including attached and unattached accessories), up to the following limits, after taking into account reasonable depreciation. See SECTION 5: Luggage and Personal Effects for depreciation rates and an example of how a claim is worked out.

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

Please note that luggage cover is not available on the International Medical Only Plan.

Activities included in Your cover

We know that not all travellers enjoy the same activities while travelling so We have a comprehensive list of activities which are covered while You are on Your Journey.

Our Plans automatically include:

- abseiling
- archery
- ballooning
- bungy jumping
- flying fox
- horse riding
- jet boating
- jet skiing
- kayaking
- paragliding
- parasailing
- snorkelling
- surfing
- trekking
- 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 22-25 on page 36 and Section 17 Personal Liability exclusions 3 and 4 on page 30.

Motorcycle/Moped riding

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

If You wish to be covered for this activity during Your Journey and be able to hire a motorcycle (including a moped) as the driver or a pillion passenger, You must pay an extra premium. Please ask for a quote.

Even if You pay the extra premium, You will only be covered if:

- the engine capacity is 250cc or less;
- while in control of a motorcycle or moped You hold a valid Australian motorcycle licence or Australian motor vehicle driver licence;
- while You are a passenger the driver holds a valid licence for riding that vehicle;
- 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 17 Personal Liability. This means You are responsible to pay costs associated with damage to the motorcycle, moped or property or injury to another person.

Snow Skiing, Snowboarding and Snowmobiling

Claims involving participation by You (during the Journey) in snow skiing, snowboarding or snowmobiling are specifically excluded from this policy. If You wish to be covered for these activities during Your Journey, You must pay an extra premium. Please ask for a quote.

Even if You pay the extra premium, You will only be covered if:

- You are skiing or snowboarding On-Piste;
- You are not racing; and
- You are not participating in a Professional capacity.

Travel and Health

Do You have an Existing Medical Condition?

Claims which in any way relate to, or are 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 which in any way relate to, or are 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 additional 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, You were aware of or a reasonable person in Your circumstances could be expected to have been aware of, by reference to all relevant factors including whether it meets any one of the following:

a) Has required an emergency department visit, hospitalisation or day surgery procedure within the last 12 months.

b) Requires:

   (i) prescription medication from a qualified medical practitioner;

   (ii) regular review or check-ups;

   (iii) ongoing medication for treatment or risk factor control; or

   (iv) consultation with a specialist.

c) Has:

   (i) been medically documented involving the brain, circulatory system, heart, kidneys, liver, respiratory system or cancer; or

   (ii) required surgery involving the abdomen, back, brain, joints or spine that required at least an overnight stay in hospital.

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 1300 617 409 for help.

Getting cover for Existing Medical Conditions

There are 3 categories of Existing Medical Conditions:

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

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

Existing Medical Conditions which cannot be covered

This policy does not provide cover for claims which in any way relate to, or are exacerbated by:

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

Medical Conditions that are undiagnosed or awaiting specialist opinion

We are unable to offer cover for medical conditions You were aware of, or a person in Your circumstances could be expected to have been aware of, or arising from signs or symptoms* that You were aware of or a person in Your circumstances could be expected to have been aware of, at or before the Relevant Time, and for which at that time:

- You had not yet sought a medical opinion regarding the cause;
- You were currently under investigation to define a diagnosis; or
- You were awaiting specialist opinion.

You will still be eligible for the other benefits provided by the policy but You may not apply for cover for any Existing Medical Conditions. There will be no cover for claims which in any way relate to, or are exacerbated by, any Existing Medical Condition or any condition where the points listed above apply.

If You receive a diagnosis before You depart on Your Journey, You may be able to complete a health assessment and, if approved, add Existing Medical Condition cover to Your policy by paying Us the required premium.

*Examples of signs or symptoms include, but are not limited to, chest pain, shortness of breath, pain or discomfort in any part of Your body, persistent cough or unexplained bleeding.

Existing Medical Conditions We automatically include

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

- all Your Existing Medical Conditions are on this list;
- 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; and
- Your condition satisfies the criteria in the table following.

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

Condition	Criteria
Acne	No additional criteria.
ADHD (Attention Deficit Hyperactivity Disorder)	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).
Anxiety	You have not been diagnosed with Depression in the last 3 years. In the last 12 months, Your prescribed medication hasn't changed. You are not currently waiting to see a mental health clinician (e.g. psychologist or psychiatrist). You have not previously been required to cancel or curtail Your travel plans due to Your Anxiety.
Asthma	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 prescribed oxygen outside of a hospital. You don't have a chronic lung condition or disease (whether chronic or otherwise) including 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	No additional criteria.
Congenital Blindness	No additional criteria.
Congenital Deafness	No additional criteria.
Depression	You have not been hospitalised for this condition in the last 2 years. In the last 12 months, Your prescribed medication hasn't changed. You are not currently waiting to see a mental health clinician (e.g. psychologist or psychiatrist). You have not previously been required to cancel or curtail Your travel plans due to Your Depression.
Ear Grommets	You don't have an ear infection.
Epilepsy	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.
Gout	No additional criteria.
Graves' Disease	No additional criteria.
Hiatus Hernia	No additional criteria.
Hip Replacement **Knee Replacement** **Shoulder Replacement** **Hip Resurfacing**	The procedure was performed more than 12 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.
Migraine	No additional criteria.
Peptic Ulcer **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.
Underactive Thyroid Overactive Thyroid	The cause of Your Underactive/ Overactive Thyroid wasn't a tumour.
Urinary Incontinence	No additional criteria.

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 which in any way relate to or are exacerbated by:

- 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 which in any way relate to or are 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 which in any way relate to, or are 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.

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 which in any way relate to, or are 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 1300 617 409 for help.

How to complete a health assessment

- You can complete an online health assessment with Your ahm consultant or by using a web link Your consultant can give You. You may also contact us for help.
- You'll need to have 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. Telling Us about all Your Existing Medical Conditions is important. If You leave off any Existing Medical Condition it may jeopardise the outcome of Your claim if You need to make one.
- We will provide Your assessment outcome and a 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 the Certificate of Insurance We give You.

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

Our policy provides limited cover for pregnancy.

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 contact us.

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 26th week of pregnancy i.e. up to 25 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.

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 12 months, had not been hospitalised (including day surgery or emergency department attendance) for a condition that was in any way related to, 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?

No payment will be made under this policy for:

- 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 which in any way relate to circumstances You knew of, or a person in Your circumstances would have reasonably known or foreseen, at the Relevant Time, that could lead to the Journey being delayed, abandoned or cancelled.

For example:

- 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

We hope You have a great trip but should something go wrong, We're here to help.

When travelling, You have access to Our emergency assistance team of doctors, nurses, paramedics, case managers and travel agents 24 hours a day, 365 days a year.

Our team provides the following services to all policyholders:

- **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 or card, Our emergency assistance team can help.
- **Help to change travel plans**

  If Your travel consultant is not available to assist with rescheduling Your trip in an emergency, Our team can help.

Cover for costs under the policy benefits are subject to Your claim being approved.

You, or someone on Your behalf, should phone Our emergency assistance team as soon as possible if You require hospitalisation, if Your medical expenses will exceed $2,000 or if You want to return early.

When You call, please have the following information at hand:

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

Please call Australia DIRECT and TOLL FREE from:

New Zealand: 0800 931 760

UK: 0808 234 2686

USA: 1844 210 9967

Canada: 1844 210 9967

Charges may apply if calling from a pay phone or

mobile phone.

From all other countries or if You experience difficulties with one of the numbers above,

Call direct: +61 2 8907 5662

Claims

How to make a claim

Complete an online claim

Visit ahm.com.au/travel and follow the prompts; or

Fill in a claim form

Download, print and complete a claim form from ahm.com.au/travel

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:

ahm travel insurance
Claims Department
PO Box 168
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 617 409 or +61 2 8907 5076

Email: ahm@travelinsurancepartners.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, AFS Licence Number 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

Who is Travel Insurance Partners and the providing entity?

Travel Insurance Partners Pty Limited ABN 73 144 049 230, AFSL 360138, (Travel Insurance Partners) acts on behalf of the insurer to enter into, vary and cancel the policy and may also be appointed from time to time to assist in the management of claims and deal with complaints on behalf of the insurer in specified circumstances. For any updates on this, please refer to travelinsurancepartners.com.au.

Travel Insurance Partners directly, and with Australian Health Management Group Pty Limited (ABN 96 003 683 298) (ahm), arranges for the issue of the 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 on pages 40-41 of this booklet.

Who is ahm?

Australian Health Management Group Pty Limited (ABN 96 003 683 298) (ahm), its employees and call centre staff, arrange the issue of the insurance to You on behalf of the insurer and not on Your behalf. The capacity in which they act is displayed in the Financial Services Guide on pages 40-41 of this booklet.

Duty to take reasonable care not to make a misrepresentation

This is a consumer insurance contract under the Insurance Contracts Act 1984 (Cth) (Act).

Under the Act, You have a duty to take reasonable care not to make a misrepresentation to Us.

This duty applies whenever You enter into, renew, extend or vary this contract of insurance. In all cases, We will ask You questions that are relevant to Our decision to insure You and on what terms.

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.

When You answer the questions You must give a true and accurate account of matters. Your response should tell Us everything that You know about the question because Your response is relevant to whether We offer You insurance and the terms We offer You.

A misrepresentation made fraudulently is made in breach of the duty to take reasonable care not to make a misrepresentation.

Circumstances relevant to Your duty

Whether or not You took reasonable care not to make a misrepresentation will be determined with regard to all the relevant circumstances.

If We know, or ought to know about Your particular characteristics or circumstances, We will consider these to determine if You took reasonable care not to make a misrepresentation to Us.

We may consider the following matters to determine if You took reasonable care not to make a misrepresentation to Us:

- the type of consumer insurance contract in question, and its target market;
- explanatory material or publicity produced or authorised by Us;
- how clear, and how specific, the questions We asked were;
- how clearly We communicated to You the importance of answering those questions and the possible consequences of failing to do so;
- whether or not an agent/insurance broker was acting for You; or
- whether the contract was a new contract or was being renewed, extended, varied or reinstated.

You are not to be taken to have made a misrepresentation merely because You:

- failed to answer a question; or
- gave an obviously incomplete or irrelevant answer to a question.

Consequences if You fail to take reasonable care and do make a misrepresentation

If You do not take reasonable care when answering Our questions and the result is You do make a misrepresentation to 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 take reasonable care not to make a misrepresentation to Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

When and how are benefits 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 reasonable depreciation where applicable); or
- pay You.

The amount You pay for this insurance

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** – an International Plan, which provides more cover, costs more than an International Medical Only Plan or Domestic Plan.
- **Excess** – on some policies You can choose the excess amount.
- **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.
- **Extra cover options** (where available) – additional premium may apply.

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;
- maximum benefit limits and sub-limits;
- reasonable depreciation; and
- the terms and conditions of the policy.

The following is an example to show how We will calculate claim settlement:

- Your new video camera with an original purchase price of $4,000 is stolen from a hotel room.
- You are travelling on the International Comprehensive Plan.
- The excess shown on Your Certificate of Insurance is $100.
- 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 – $4,000 (no depreciation applies because the video camera was new).
- Consider the maximum benefit limit for Luggage and Personal Effects – $15,000.
- Consider the maximum item limit payable for cameras and video equipment – $3,500. As We will not pay more than the relevant item limit for any one item, the maximum We will pay for the camera in this example is $3,500.
- Consider the excess of $100. As the excess in this example is $100, an excess of $100 is deducted. This results in a claim settlement of $3,400 ($3,500 less $100). Alternately, We may replace the camera and ask You to pay the $100 excess to Us. Our choice will have regard to the circumstances of Your claim and consider any preference You may have.

Policy Wording

The benefits described in this policy wording should be read in conjunction with Cruise Cover (page 4), Policy Inclusions and Options (pages 4-5), Options To Vary Cover (pages 6-7) Travel and Health (pages 7-12), Duty to take reasonable care not to make a misrepresentation (page 14), Words With Special Meaning (pages 16-18), Policy Conditions (pages 16-18) and General Exclusions (pages 35-36).

THE POLICY IS NOT VALID UNLESS A 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 with a valid Australian Medicare card or currently living in Australia with a visa allowing You to live, work or study in Australia 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. 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 2: Cancellation and Amendment Fees 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 children who are identified on the Certificate of Insurance and travelling with You on the Journey, provided they are under 18 years of age.

"Act of Terrorism" means any act by a person, alone or with an organisation or foreign government, who:

a) uses or threatens force or violence;

b) aims to create public fear; or

c) aims to resist or influence a government, or has ideological, religious, ethnic or similar aims.

"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 backup 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 of a motor vehicle.

"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, You were aware of or a reasonable person in Your circumstances could be expected to have been aware of, by reference to all relevant factors including whether it meets any one of the following:

a) Has required an emergency department visit, hospitalisation or day surgery procedure within the last 12 months.

b) Requires:

   (i) prescription medication from a qualified medical practitioner;

   (ii) regular review or check-ups;

   (iii) ongoing medication for treatment or risk factor control; or

   (iv) consultation with a specialist.

c) Has:

   (i) been medically documented involving the brain, circulatory system, heart, kidneys, liver, respiratory system or cancer; or

   (ii) required surgery involving the abdomen, back, brain, joints or spine that required at least an overnight stay in hospital.

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 2 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 12, 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 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, bus terminals, buses, cruise ships, planes, stations, taxis, trains, wharves and beaches, galleries, hostels, hotels, hotel foyers and grounds, museums, private car parks, public toilets, shops, streets, restaurants and general access areas.

“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 campervan/motorhome that does not exceed 6 tonnes, SUV, sedan, station wagon, hatchback, people mover, coupe, convertible, four-wheel-drive or mini bus rented from a licensed motor vehicle rental company or agency.

"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, cruise line, 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.

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 (including emergency repatriation/evacuation), 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 may 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. The excess, if applicable, applies to any claim arising from a separate event in respect of Sections 1, 2, 3, 5, 6, 7, 11, 12, additional Cruise benefits (i)-(iii) and for Section 18 where relevant. The excess is the amount shown on Your Certificate of Insurance.

An additional or higher excess may apply in certain circumstances.

2. 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 selected (see page 3) except:

a) where the policy limit for SECTION 2: Cancellation and Amendment Fees applies on a per policy basis and will be shown on Your Certificate of Insurance;

b) where additional luggage cover has been effected;

c) the maximum liability collectively for Sections 13, 14 and 15, shall not exceed $25,000 on the International Comprehensive Plan and $10,000 on the Domestic Plan;

d) where You have paid the additional premium to include Cruise Cover on the International Comprehensive Plan or International Medical Only Plan, the standard benefits 1-17 (International Comprehensive Plan) or 1, 3 and 17 (International Medical Only Plan) apply as per the plan purchased and the Cruise Cover additional benefits and limits apply (see pages 33-34);

e) where We have notified You in writing of different limits such as on Your Certificate of Insurance; or

f) in some circumstances, prior to Your entry into the policy or when You apply for cover for Your Existing Medical Conditions, whichever occurs later, We may impose an additional of higher 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.

3. 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 as relevant within 7 days of You first becoming aware of the loss or theft. You should obtain a report confirming the incident to submit to Us with Your claim.

b) You must take all reasonable steps to prevent or minimise a claim.

c) You must not make any offer, promise of payment or admit any liability without Our written consent. We or Our Emergency Assistance team will not unreasonably withhold or delay Our consent.

d) 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.

e) You must at Your own expense, supply any documents in support of Your claim which We may request, such as a police report, a Property Irregularity Report (PIR), receipts, valuations, a repair quote, a death certificate and/or medical certificate.

f) You must co-operate fully in the assessment or investigation of Your claim.

g) When making a claim, You are responsible for assisting Us and acting in an honest and truthful manner. 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.

h) Where You are a registered entity on the Domestic Plan 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.

i) 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.

j) 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.

4. 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. The policy will only cover the remaining amount, up to the maximum policy limit that applies for the relevant benefit(s).

5. 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.

6. 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.

7. Policy Interpretation

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

8. 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 ahm, Our emergency assistance, Travel Insurance Partners or Us.

c) If Your trip involves travel to a country or part of a country the Australian Government on the smartraveller.gov.au website* has issued a "Reconsider your need to travel" or "Do not travel" advice or warning, We may not be able to provide You with emergency assistance in that country. For example, in a case where You travel to a war zone the airspace may be closed which may prevent Us from arranging emergency repatriation for a covered claim. This condition applies regardless of whether Your claim relates to the warning.

*Or the equivalent authority responsible in Your country of residence for setting travel advisories for citizens and/or residents.

9. 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. The Period of Insurance will not be extended for any other reason.

10. 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 7-11, 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.

11. 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 Personal Effects, also once on each Journey.

12. Policy Conditions applying to Sections 1 and 3 Only

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 3 (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 3 (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 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.

13. Policy Conditions applying to Sections 14, 15 and 16 only

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.

14. 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 expose Us, Our parent company or Our ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Australia, New Zealand, the European Union, the United Kingdom, Switzerland, the United States of America or any other applicable trade or economic sanctions, law or regulation.

15. Policy conditions applying to SECTION 2: Cancellation and Amendment Fees, SECTION 3: Additional Expenses, SECTION 4: Missed Connections, SECTION 10: Travel Delay Expenses and SECTION 11: Alternative Transport Expenses

If You claim for a particular cost under Section 2, 3, 4, 10 or 11, We will not pay for that same cost under any other section.

16. Already travelling

If You purchase this policy on Your trip after leaving Home, this cover is subject to a 3 day no-cover period. This means there is no cover under any section of the policy for any event that has occurred already or that arises within the first 3 days of buying the policy.

The Benefits

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

Overseas medical expenses

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 ambulance transportation provided outside Australia by or on the advice of a qualified medical practitioner.

This 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.

Overseas dental expenses

If during the Period of Insurance You suffer a Disabling Injury, Sickness or Disease We will pay the usual and customary cost of emergency dental treatment provided outside Australia by or on the advice of a qualified medical practitioner or dentist to relieve pain or temporarily restore function. For example, if You have a sore tooth and need a regular filling or if a capped front tooth breaks and a temporary cap is required.

Please note

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

If any costs or expenses are incurred without Our approval and before contacting Us, We will only cover any such costs or expenses or for any evacuation/ repatriation or airfares if We would have approved them up to an amount We would have otherwise incurred, had contact been made and approval provided.

Overseas medical and dental expenses cover may end less than 12 months from the date of suffering the Disabling Injury, Sickness or Disease as We do not provide cover if these expenses are incurred outside the Period of Insurance. In certain circumstances The Period of Insurance will automatically extend for a period of time – see Policy Condition 9. Free extension of insurance on page 19 for more information.

The maximum benefit limit for this section is:

International Comprehensive Plan:

- Overseas medical expenses – $Unlimited
- Overseas dental expenses – $2,000
- International Medical Only Plan:
- Overseas medical expenses – $Unlimited
- Overseas dental expenses – $2,000
- Domestic Plan: No Cover

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 expenses involving the use of precious metals, whitening 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. 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 35-36. Policy Conditions – pages 18-20.

SECTION 2: Cancellation and Amendment Fees

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 and 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 up to the current market value of an equivalent booking.

The proportion of any trip costs for a travelling companion not insured on this policy is not claimable. This applies even if the trip was paid for by someone insured on this policy.

The maximum benefit limit for this section is:

- International Comprehensive Plan: Cover chosen*
- International Medical Only Plan: No Cover
- Domestic Plan: $5,000* or $10,000*

*Shown on Your Certificate of Insurance

For approved claims under this Section and Section 3 for the same or similar Additional expenses or prepaid travel costs over the same period, We pay the higher of the 2 amounts claimed, not both.

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 its destination more than 90 minutes later than originally scheduled.
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 12 months, had not been hospitalised (including day surgery or emergency department attendance) for a condition that was in any way related to, 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 service such as Airbnb and Uber), person or agency to pass on monies to operators or to deliver promised services.
11. 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.
12. 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) 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.
13. customs and immigration officials acting in the course of their duties or You travelling on incorrect travel documents.
14. an Act of Terrorism.
15. Avian Influenza (including the H5N1 strain) or any derivative or mutation of such viruses.

Also refer to: General Exclusions – pages 35-36. Policy Conditions – pages 18-20.

SECTION 3: 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 Your claim is coverable, We or Our emergency assistance team will not unreasonably withhold or delay Our acceptance.

If during the Period of Insurance 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.

Room rate only means that other expenses You may incur such as internet fees or laundry charges are not included.

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 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.

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 $300 providing written confirmation from the Transport Provider has been obtained.

   If You are unable to provide Us with a copy of the relevant report confirming the delay, You must provide Us with a reasonable explanation and details of the time and place the delay occurred, including any contact details You were provided with for the provider of the scheduled transport.

Room rate only means that other expenses You may incur such as internet fees or laundry charges are not included.

Cover for other costs

- **Meals**

We will reimburse You up to $75 per day, to a maximum of $500, for the unexpected meal expenses You incur during the Journey, where the expenses arise directly due to an event covered by Section 1 or 3 of this policy. You must provide Us with itemised receipts for the expenses incurred.

- **Pet cat or dog boarding**

We will pay up to $25 per day, to a maximum of $500, for the unexpected kennel or cattery boarding fees You incur for domestic dogs and cats owned by You if You are delayed beyond Your original return date due to an event covered by this policy. You must provide Us with an invoice confirming the original pick up date and additional fees incurred.

- **Airport parking**

We will pay up to a maximum of $500, for the unexpected car parking costs You incur if You are delayed beyond Your original return date due to an event covered by this policy. You must provide Us with an invoice confirming the original pick up date and additional fees incurred.

The following sub-limits apply:

- Meals: $75 per day, to a maximum of $500
- Pet cat or dog boarding: $500
- Airport parking: $500

The maximum benefit limit for this section is:

- International Comprehensive Plan: $Unlimited
- International Medical Only Plan: $Unlimited
- Domestic Plan: $10,000

For approved claims under this Section and Section 2 for the same or similar Additional expenses or prepaid travel costs over the same period, We pay the higher of the 2 amounts claimed, not both.

We will not pay for claims (under Section 3.3) caused by:

1. Avian Influenza (including the H5N1 strain) or any derivative or mutation of such viruses.
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 12 months, had not been hospitalised (including day surgery or emergency department attendance) for a condition that was in any way related to, 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 35-36. Policy Conditions – pages 18-20.

SECTION 4: Missed Connections

1. Additional transport expenses due to transport delay

For missed connections during the Period of Insurance.

Cover applies where You have prepaid, scheduled transport or a cruise to meet Your pre-booked connection. That pre-booked connection is a flight, cruise or multi-night tour.

If within 72 hours of Your scheduled departure time, Your prepaid, scheduled transport or cruise is cancelled, delayed or rescheduled which means You won't make it in time to get Your pre-booked connection, We will pay:

- the Additional public transport and accommodation costs You incur to arrive in time to catch the pre-booked connection or to catch up with Your scheduled itinerary (if You are unable to arrive in time), less any refunds or credits from the scheduled transport or cruise provider. This includes flights and transport to the next port of Your cruise and any accommodation costs;
- $50 per missed meal of Your cruise; and
- up to $300 for accommodation per missed prepaid accommodation or cruise night.

We only cover You if You have allowed sufficient time for transferring to the connection. Sufficient time to Us is at least 90 minutes between connections.

The maximum benefit limit for this section is:

- International Comprehensive Plan: $3,000
- International Medical Only Plan: No Cover
- Domestic Plan: $3,000

You must provide Us with written confirmation from the Transport Provider of how much later than originally scheduled the transport arrived. If You are unable to obtain confirmation from the Transport Provider, You must provide Us with a reasonable explanation and details on Your request of this information, including their contact details.

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 claims:

1. where the leg of transport that is initially delayed arrives at its destination less than 2 hours later for domestic and 3 hours later for international than originally scheduled.
2. where the Transport Provider provides an alternative mode of transportation without additional cost to You that would get You there in time to meet Your connection or to catch up with Your scheduled itinerary.
3. caused by an Act Of Terrorism.
4. caused by Avian Influenza (including the H5N1 strain) or any derivative or mutation of such viruses.

Also refer to: General Exclusions – pages 35-36. Policy Conditions – pages 18-20.

SECTION 5: Luggage and Personal Effects

1. Loss, theft or damage

If during the Period of Insurance Your luggage or personal effects are lost, stolen or damaged, after deducting depreciation as shown in the depreciation table on page 25, We will pay You for the repair costs if it is practical and cost-effective to repair Your item. If it is not practical and cost-effective to repair the item and depreciation is not applicable, We will replace the item or provide You with a replacement voucher. If the above do not apply, We will pay You the monetary value of the item.

When We decide what to do, We will consider the circumstances of Your claim and any preferences You may have. However, We will only pay You the monetary value of the item after applying any applicable depreciation if it is not practical or cost-effective to repair or replace the item.

If Your prescription medication is lost, stolen or damaged during the Period of Insurance We will pay up to $500 for expenses incurred overseas to replace that prescription medication.

If Your claim for loss or theft can be approved but Your items are found in the meantime and can be posted to You, We will instead pay up to $500 for postage costs so You can get Your items back.

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

- We will accept the original or a copy of a purchase receipt, invoice and/or 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, packaging or instruction manuals as proof of ownership.

Depreciation table

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.

Depreciation takes into account the amount paid originally for the item, its age, wear and tear and advances in technology. We will reduce the value of the items because of age, wear and tear, and advances in technology according to the table following:

	Items		
Age of item and depreciation that applies	**Jewellery (not watches or costume jewellery)**	**Communication devices, all computers, electrical devices, electronics equipment, phones, all, photographic equipment, smart watches, tablet computers**	**Any other items**
New-24 months	0%	0%	0%
25-36 months	0%	60%	36%
More than 36 months	0%	60%	60%

This means depreciation will not be deducted from items less than 2 years old at the time of loss. Items greater than 2 years old will have the percentage amount shown above deducted.

Item limits

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:

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

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 phone purchased for $1,300 was 28 months old when it was stolen. An excess of $100 applies. A claim would be calculated as follows.

Item: Phone cost $1,300 when purchased over 2 years ago.

Depreciation: Minus $780 depreciation ($1,300 x 60%) = $520

Excess: Minus policy excess $100 (where applicable)

Total: The total in this case is $420

Increased luggage item limit

Where an extra premium has been paid to increase the item limit for a single item, the claim will be assessed based on the item limit specified on the Certificate of Insurance. For items without a receipt or valuation that is less than two years old, We will deduct depreciation based on the item's age as per the depreciation on this page. The limit can be increased by up to $4,500 per single item if the item is separately specified and the appropriate additional amount paid. For multiple items the overall increase in limits cannot exceed $6,000.

2. 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 selected while on Your Journey.

The maximum benefit limit for this section is:

- International Comprehensive Plan: $15,000
- International Medical Only Plan: No Cover
- Domestic Plan: $10,000

We will not pay for:

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

   All cases of loss or theft must be reported as soon as possible and within 7 days. A copy of the relevant report must be submitted for any claim involving loss or theft. If You are unable to provide Us with a copy of the relevant report, You must provide Us with a reasonable explanation and details of the time and place You made the report, including their contact details.

2. 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.
3. items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle overnight even if they were in a Concealed Storage Compartment.
4. items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle during daylight hours, unless they were stored in a Concealed Storage Compartment of a locked motor vehicle or towed land vehicle and forced entry was gained.
5. any amount exceeding $500 per item and $2,000 in total for all items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle.
6. items left Unattended in a Public Place.
7. loss, theft or damage to drones (including attached and unattached accessories) while in use.
8. sporting equipment (including bicycles) damaged, lost or stolen while in use.
9. items sent under the provisions of any freight contract or any luggage forwarded in advance or which is unaccompanied. This exclusion for unaccompanied items will be waived if Your claim for lost stolen items can be approved but Your items are found in the meantime and can be posted to You.
10. 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.
11. 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.
12. damage caused by atmospheric or climatic conditions, wear and tear, vermin or any process of cleaning, repairing, restoring or alteration.
13. electrical or mechanical fault or breakdown.
14. information stored on any electronic device or other media, including digital photos, downloaded files, electronic applications, programmed data, software or any other intangible asset.
15. bonds, coupons, gift cards, stamps, vouchers, warranties, pre-loaded or rechargeable cards including but not limited to phone, debit or stored value cards.
16. bullion, deeds, insurance premiums, manuscripts, negotiable instruments, precious metals or securities.
17. negotiable instruments or any items described in Section 8 Theft of Cash.

Also refer to: General Exclusions – pages 35-36. Policy Conditions – pages 18-20.

SECTION 6: Travel Documents, Credit Card and Traveller's Cheques

We will pay You for the cost of replacing travel documents, credit cards and travellers cheques 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.

The maximum benefit limit for this section is:

- International Comprehensive Plan: $8,000
- International Medical Only Plan: No Cover
- Domestic Plan: No Cover

We will not pay for:

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

   All cases of loss or theft must be reported as soon as possible and within 7 days. A copy of the relevant report must be submitted for any claim involving loss or theft. If You are unable to provide Us with a copy of the relevant report, You must provide Us with a reasonable explanation and details of the time and place You made the report, including their contact details.
2. items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle overnight even if they were in a Concealed Storage Compartment.
3. items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle during daylight hours, unless they were stored in a Concealed Storage Compartment of a locked motor vehicle or towed land vehicle and forced entry was gained.
4. any amount exceeding $500 per item and $2,000 in total for all items left Unattended in any motor vehicle (for example, a car, campervan or motorhome) or towed land vehicle.
5. items left Unattended in a Public Place.
6. items sent under the provisions of any freight contract or any luggage forwarded in advance or which is unaccompanied.
7. damage caused by atmospheric or climatic conditions, wear and tear, vermin or any process of cleaning, repairing, restoring or alteration.

Also refer to: General Exclusions – pages 35-36. Policy Conditions – pages 18-20.

SECTION 7: Delayed Luggage Allowance

If all Your luggage is delayed by a Transport Provider during the Journey for more than 12 hours We will reimburse You up to:

- $300 per item ($1,000 in total) for underwear, socks, toiletries, non-prescription medication and change of shoes and clothing (and a bag) You bought after a 12 hour delay and before the luggage was returned to You
- $100 for transport to retrieve Your luggage.

The original receipts for the items and confirmation of the length of delay from the Transport Provider must be produced in support of Your claim.

This section (Section 7) does not apply on the leg of the Journey that returns You Home.

What You must do if You want to make a claim

- Notify Your Transport Provider or their handling agents of the situation as soon as possible after arriving at the destination. The quicker You report the fact Your luggage has been delayed, the better chance the Transport Provider has of finding it and reuniting it with You promptly.
- Obtain a report from them as soon as possible to give to Us with Your claim so We have evidence of what happened.
- Get receipts for the essential items You bought to tide You over. You need to give Us the receipts proving the amount You spent and that You waited at least 12 hours before buying essential items. We need receipts so We can reimburse You.

The maximum benefit limit for this section is:

- International Comprehensive Plan: $1,100
- International Medical Only Plan: No Cover
- Domestic Plan: No Cover

We will not pay for:

1. delay that is not reported to the responsible Transport Provider. All reports must be confirmed in writing by the Transport Provider at the time of making the report. If You are unable to provide Us with a copy of the Transport Provider's report, You must provide Us with a reasonable explanation and details of the time and place You made the report, including their contact details.

Also refer to: General Exclusions – pages 35-36. Policy Conditions – pages 18-20.

SECTION 8: Theft of Cash

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

The maximum benefit limit for this section is:

- International Comprehensive Plan: $500
- International Medical Only Plan: No Cover
- Domestic Plan: No Cover

We will not pay for:

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

   All cases of loss or theft must be reported as soon as possible and within 7 days. A copy of the relevant report must be submitted for any claim involving loss or theft. If You are unable to provide Us with a copy of the relevant report, You must provide Us with a reasonable explanation and details of the time and place You made the report, including their contact details.
2. loss or theft of cash, bank or currency notes, postal or money orders unless carried on Your person or stored in a locked safe or safety deposit box.

Also refer to: General Exclusions – pages 35-36. Policy Conditions – pages 18-20.

SECTION 9: 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 whilst in Your control during the Period of Insurance 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.

If You paid for the motorcycle/moped riding cover option, We will also include cover for the insurance excess You become liable to pay for damage to or theft of a motorcycle or moped rented from a licensed motor vehicle rental company. The word "Rental Car" should be interpreted to include motorcycle or moped.

The maximum benefit limit for this section is:

- International Comprehensive Plan: $8,000
- International Medical Only Plan: No Cover
- Domestic Plan: $8,000

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 35-36. Policy Conditions – pages 18-20.

Domestic Plan: bonus cover for the insurance excess on Your personal vehicle

This cover applies if You have comprehensive car or motorcycle insurance on Your own vehicle.

If Your personal car or motorcycle is damaged or stolen while in Your control during the Period of Insurance, We will reimburse You up to $2,500 for:

a) the prescribed excess paid under Your comprehensive personal car or motorcycle policy of insurance, relative to the loss or damage to Your own car or motorcycle and which is not legally recoverable from any other source; or

b) the actual costs paid for any repairs to Your own car or motorcycle should they be less than the prescribed excess applicable under Your comprehensive personal car or motorcycle policy of insurance, relative to the damage to Your own car or motorcycle and which is not legally recoverable from any other source.

Also refer to: General Exclusions – pages 35-36. Policy Conditions – pages 18-20.

SECTION 10: Travel Delay Expenses

If Your pre-booked, 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 expenses You incur for;
   a) Additional accommodation (room rate only);
   b) meals (up to $75);
   c) Additional transportation (direct transfers to and from the airport); 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.

Room rate only means that other expenses You may incur such as internet fees or laundry charges are not included.

Our reimbursement will be up to $300. We will also reimburse up to $300 again for each full 24 hour period that the delay continues beyond the initial 6 hour delay.

You must provide Us with receipts for the expenses incurred. 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. If You are unable to obtain confirmation from the Transport Provider, You must provide Us with a reasonable explanation and details on Your request of this information, including their contact details.

The maximum benefit limit for this section is:

- International Comprehensive Plan: $2,000
- International Medical Only Plan: No Cover
- Domestic Plan: $2,000

We will not pay for claims caused by:

1. Avian Influenza (including the H5N1 strain) or any derivative or mutation of such viruses.

Also refer to: General Exclusions – pages 35-36. Policy Conditions – pages 18-20.

SECTION 11: Alternative Transport Expenses

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:

- International Comprehensive Plan: $5,000
- International Medical Only Plan: No Cover
- Domestic Plan: No Cover

We will not pay for claims caused by:

1. Avian Influenza (including the H5N1 strain) or any derivative or mutation of such viruses.

Also refer to: General Exclusions – pages 35-36. Policy Conditions – pages 18-20.

SECTION 12: 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 and the exclusions on Section 3.3 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 2 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:

- International Comprehensive Plan: $3,000
- International Medical Only Plan: No Cover
- Domestic Plan: No Cover

Also refer to: General Exclusions – pages 35-36. Policy Conditions – pages 18-20.

SECTION 13: Hospital Cash Allowance

If You are hospitalised overseas and Your claim is approved under SECTION 1: Overseas Medical and Dental Expenses (including emergency repatriation/ evacuation), 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:

- International Comprehensive Plan: $5,000
- International Medical Only Plan: No Cover
- Domestic Plan: No Cover

Also refer to: General Exclusions – pages 35-36. Policy Conditions – pages 18-20.

SECTION 14: 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 $1,666.66 per month on the International Comprehensive Plan or $333.33 per month on the Domestic Plan 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.

Cover for loss of income is limited to 6 months.

The maximum benefit limit for this section is:

- International Comprehensive Plan: $10,000*
- International Medical Only Plan: No Cover
- Domestic Plan: $2,000*

*Maximum liability collectively for Sections 14, 15 and 16: International Comprehensive Plan - $25,000 and Domestic Plan- $10,000

Also refer to: General Exclusions – pages 35-36. Policy Conditions – pages 18-20.

SECTION 15: Permanent 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 benefit limit for this section is:

- International Comprehensive Plan: $25,000*
- International Medical Only Plan: No Cover
- Domestic Plan: $10,000*

*Maximum liability collectively for Sections 14, 15 and 16: International Comprehensive Plan - $25,000, Domestic Plan - $10,000

Also refer to: General Exclusions – pages 35-36. Policy Conditions – pages 18-20.

SECTION 16: 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.

The maximum benefit limit for this section is:

- International Comprehensive Plan: $25,000*
- International Medical Only Plan: No Cover
- Domestic Plan: $10,000

*Maximum liability collectively for Sections 14, 15 and 16: International Comprehensive Plan - $25,000, Domestic Plan - $10,000

Also refer to: General Exclusions – pages 35-36. Policy Conditions – pages 18-20.

SECTION 17: 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:

- International Comprehensive Plan: $2,500,000
- International Medical Only Plan: $2,500,000
- Domestic Plan: $2,500,000

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 35-36. Policy Conditions – pages 18-20.

SECTION 18: COVID-19 Benefits

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

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.
- Also see Additional cruise benefits i. On-board Medical and Dental Cover and ii. Ship to Shore Medical Cover on page 33.

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

The maximum benefit limit for this section is:

- International Comprehensive Plan: $Unlimited~
- International Medical Only Plan: $Unlimited~
- Domestic Plan: No Cover

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

- **If You are diagnosed with COVID-19**

This section is extended to include cover if You are overseas and diagnosed with COVID-19 by a qualified medical practitioner during the Period of Insurance.

We will not pay for:

- claims 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.

SECTION 2: Cancellation and Amendment Fees

The maximum benefit limit for this section is:

- International Comprehensive Plan: Up to $10,000 per policy[Δ]
- International Medical Only Plan: No Cover
- Domestic Plan: Up to $5,000 per policy

[Δ]Up to this amount or the $amount chosen for SECTION 2: Cancellation and Amendment Fees (as shown on Your Certificate of Insurance), whichever is the lesser.

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

- **If You or Your travelling companion are diagnosed with COVID-19 prior to departure**

This section is extended to include cover if You cannot travel because You or Your travelling companion are diagnosed in Australia with COVID-19 and certified by a qualified medical practitioner as unfit to travel. Exclusion 15 of 'We will not pay for claims caused by' on page 23 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. Exclusion 4 of 'We will not pay for claims caused by' on page 22 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. Exclusion 11 of 'We will not pay for claims caused by' on page 23 will be waived in this event.

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

This section is extended to include cover if You cannot continue Your trip because You or Your travelling companion are diagnosed with COVID-19 and certified by a qualified medical practitioner as unfit to travel or are individually contacted by a local public health authority and are directed into a period of quarantine during the Period of Insurance.

We will not pay for claims caused by:

- or arising from You travelling to a country or part of a country, which 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.

SECTION 3: Additional Expenses

The maximum benefit limit for this section is:

- International Comprehensive Plan: $Unlimited
- International Medical Only Plan: $Unlimited
- Domestic Plan: $10,000

1. If You become sick (if You are diagnosed with COVID-19 on Your trip and admitted to hospital)

This section is extended to include cover if You are diagnosed with COVID-19 by a qualified medical practitioner during the Period of Insurance and are hospitalised as a result.

Cover is for reasonable Additional accommodation expenses (room rate only) and Additional transport expenses, at the same accommodation standard and fare class as originally booked. Room rate only means that other expenses You may incur such as internet fees or laundry charges are not included.

We will not pay for:

- claims 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.

SECTION 3: Additional Expenses

The maximum benefit limit for this section is:

- International Comprehensive Plan: $5,000
- International Medical Only Plan: $5,000
- Domestic Plan: $5,000

Cover is for reasonable Additional accommodation expenses (room rate only) and Additional transport expenses, at the same accommodation standard and fare class as originally booked, up to the limit shown in the table above. Room rate only means that other expenses You may incur such as internet fees or laundry charges are not included.

1. If You become sick (if You are diagnosed with COVID-19)

This section is extended to include cover if You are diagnosed with COVID-19 during the Period of Insurance and certified by a qualified medical practitioner as unfit to travel.

2. If You die (as the result of COVID-19)

This section is extended to include cover if the cause of death is COVID-19. See point 2. If You die on page 23 for the benefit limit.

What is not covered:

- claims 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. If a Relative or Your business partner not travelling with You becomes sick (as a result of COVID-19)

This section is extended to include cover 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 with COVID-19 and the treating doctor confirms in writing the level of infection is life threatening. You must obtain and provide Us with evidence from the qualified medical practitioner and receipts. Exclusion 2 of 'We will not pay for claims (under Section 3.3) on page 24 will be waived in this event.

End of Section 18: COVID-19 Benefits

Additional Cruise Benefits

For all multi-night cruise travel: Sections 1-17 (International Comprehensive Plan) or 1, 3 and 17 (International Medical Only Plan) of the Benefits on pages 21-30 only apply if Cruise Cover is selected and additional premium is paid. The following Cruise Cover benefits will also be included.

Available on International Comprehensive and International Medical Only

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:

- International Comprehensive Plan: $Unlimited
- International Medical Only Plan: $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 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:

- International Comprehensive Plan: $Unlimited
- International Medical Only Plan: $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:

- International Comprehensive Plan: $Unlimited
- International Medical Only Plan: $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.

We will not pay for:

1. cabin confinement claims arising from or caused by COVID-19 (whether or not You are diagnosed with COVID-19).

The maximum benefit limit for this section is:

- International Comprehensive Plan: $1,500
- International Medical Only Plan: $1,500

Please note

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

Overseas medical and dental expenses cover may end less than 12 months from the date of suffering the Disabling Injury, Sickness or Disease as We do not provide cover if these expenses are incurred outside the Period of Insurance. In certain circumstances The Period of Insurance will automatically extend for a period of time – see Policy Condition 9. Free extension of insurance on page 19 for more information.

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 expenses involving the use of precious metals, whitening 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 35-36. Policy Conditions – pages 18-20.

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 pre-booked embarkation port; or

b) Your pre-booked connection to get You to Your pre-booked embarkation port, where You have allowed the minimum connection time between transport as stipulated by Your Transport Provider

We will pay the reasonable costs 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:

- International Comprehensive Plan: $1,000
- International Medical Only Plan: $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.
3. Avian Influenza (including the H5N1 strain), COVID-19 which is the disease caused by SARS-CoV-2, or any derivative or mutation of such viruses.

**Also refer to: General Exclusions – pages 35-36.
Policy Conditions – pages 18-20.**

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:

- International Comprehensive Plan: $1,000
- International Medical Only Plan: $1,000

We Will Not Pay For Claims Caused By:

1. an Act of Terrorism.
2. Avian Influenza (including the H5N1 strain), COVID-19 which is the disease caused by SARS-CoV-2, or any derivative or mutation of such viruses.

**Also refer to: General Exclusions – pages 35-36.
Policy Conditions – pages 18-20.**

General Exclusions

Unless otherwise indicated these exclusions on pages 35-36 apply to all Sections of the policy. They are listed in no particular order.

We will not pay for:

1. 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.
2. claims 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.
3. 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.
4. 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.
5. claims which in any way relate to ionising radiation or radioactive contamination caused by nuclear fuel or waste, or the radioactive, toxic explosive or other dangerous properties of any explosive nuclear equipment.
6. claims arising from biological and/or chemical materials, substances, compounds or the like used directly for the purpose to harm or to destroy human life and/or create public fear.
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.
9. claims arising from any government intervention, prohibition, sanction, regulation or restriction or court order.
10. claims which in any way relate to circumstances You knew of, or a person in Your circumstances would have reasonably known or foreseen, at the Relevant Time, that could lead to the Journey being delayed, abandoned or cancelled.
11. claims which in any way relate to, or are exacerbated by, any physiological or psychological signs or symptoms that You were aware of or a person in Your circumstances reasonably should have been aware of at or before the Relevant Time, if You:
    a) had not yet sought a medical opinion regarding the cause;
    b) were currently under investigation to obtain a diagnosis; or
    c) were awaiting specialist opinion.
12. claims 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.
13. claims which in any way relate to, or are exacerbated by, any Existing Medical Condition You or Your travelling companion has.
14. claims 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.
15. claims arising from:
    a) pregnancy of You or any other person after the start of the 26th week of pregnancy; or
    b) pregnancy of You or any other person where the problem arising is not an unexpected serious medical complication.
16. claims 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.
17. claims arising from You having elective medical or dental treatment or surgery, a cosmetic procedure or body modification (e.g. tattoos and piercings) during the Journey, such as any complication, even if Your Existing Medical Condition has been approved by Us.
18. claims which in any way relate to Your wilful or self-inflicted injury or illness, suicide or attempted suicide.
19. claims which in any way relate to Your:
    a) chronic use of alcohol;
    b) substance abuse, drug abuse (whether over the counter, prescription or otherwise); or
    c) ingestion of any non-prescription drug or substance (e.g. marijuana, ecstasy, heroin).

20. claims involving, arising from or related to Your impairment due to You drinking too much alcohol:

    a) which is evidenced by 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%); or

    b) taking into account the following, where available:

        (i) the report of a medical practitioner or forensic expert;

        (ii) the witness report of a third party;

        (iii) Your own admission; or

        (iv) the description of events You described to Us or the treating medical professional (e.g. paramedic, nurse, doctor) as documented in their records.

21. 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.

22. claims involving You travelling (during the Journey) in International Waters in a private sailing vessel or a privately registered vessel.

23. claims involving participation by You or Your travelling companion (during the Journey) in hunting; racing (other than on foot); polo playing; hang gliding; off-piste snow skiing or snowboarding; rodeo riding; BASE jumping; motocross; freestyle BMX riding; running with the bulls; sports activities in a Professional capacity; mountaineering or rock climbing using guides, ropes, rock climbing equipment or oxygen; scuba diving unless You hold an Open Water Diving Certificate or are diving with a qualified diving instructor.

24. claims involving participation by You (during the Journey) in motorcycling for any purpose.

    See Motorcycle/Moped riding on page 7 for details of optional cover available to purchase and the terms that apply.

25. claims involving participation by You (during the Journey) in On-Piste snow skiing, On-Piste snowboarding or snowmobiling.

    See Snow Skiing, Snowboarding and Snowmobiling on page 7 for details of optional cover available to purchase and the terms that apply.

26. claims which in any way relate to Your multi-night cruise, any multi-night cruise travel or that arise while on a multi-night cruise unless the Cruise Cover is purchased as required. If not required, as stated on page 4, this exclusion will not apply.

    See Cruise Cover page 4 for details of cover available to purchase and the terms that apply.

27. 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.

28. 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.

29. claims arising from or caused by COVID-19, unless cover is extended as stated in SECTION 18: COVID-19 benefits and Additional cruise benefits i. On-board medical and dental cover and ii. Ship to shore medical cover.

30. claims for costs or expenses incurred outside the Period of Insurance. This exclusion does not apply to benefit Sections SECTION 5: Luggage and Personal Effects, SECTION 6: Travel Documents, Credit Card and Traveller's Cheques, SECTION 9: Rental Car Insurance Excess, SECTION 12: Resumption of Journey and SECTION 17: Personal Liability.

31. claims directly arising from You not following an advice or warning:

    a) of a "Do not travel" advice issued by the Australian Government on the smartraveller.gov.au website (or the equivalent authority responsible in Your country of residence for setting advisories for citizens and/or residents); or

    b) published in the mass media;

    and the subject of the advice or warning is related to the nature of Your claim. This exclusion does not apply to any events which are independent or unrelated to the reason for the advice or warning.

32. claims for loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Cuba, Iran, Syria, North Korea or the Crimea, Donetsk People's Republic (DNR), or Luhansk People's Republic (LNR) regions of Ukraine.

General Information

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 fcs.gov.au for information.

Additional policy information

The insurance that 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 16-18; and
- maximum benefit limits shown in the 'Table of benefits' on page 3.
- Policy Conditions and General Exclusions found in the Policy Wording on pages 18-36.

Changes 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 ahm.com.au/travel. You can obtain a paper copy of any updated information without charge by calling 1300 617 409.

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.

The Code Governance Committee is an independent body that monitors and enforces insurers compliance with the Code.

Further information about the Code or the Code Governance Committee and Your rights under it is available at insurancecouncil.com.au/cop/ or by contacting us.

Cancelling Your policy

If You cancel Your policy within a cooling-off period of 21 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 or You do not want to make a claim.

After this period You can still cancel Your policy. We will refund 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, You want to make a claim, or exercise any other right under Your cover.

To cancel Your cover please call 1300 617 409 or email ahm@travelinsurancepartners.com.au.

Conduct of others

When a claim involves a loss that is not covered by this policy due to the actions of someone insured under this policy, We may consider certain circumstances such as those following and provide assistance at Our discretion.

Examples of certain circumstances include mental illness, an act of coercion, intimidation or violence by another policyholder or person entitled to benefit under this policy. In such cases, You or any other person covered by this policy can contact Us for assistance.

This assistance may include making a payment to You or repairing or replacing an item even though there is no legal obligation to do so and subject in any case to a maximum of the applicable policy limits available.

We aim to approach each situation with sensitivity and fairness, and to act reasonably in the circumstances. This clause does not form part of the terms and conditions, confer any contractual or other rights.

Your privacy

ahm, Travel Insurance Partners and Your personal information

In this Privacy Notice the use of "we", "our" or "us" means ahm, Travel Insurance Partners 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.

From time to time ahm or another Medibank Group Company may contact You to market products and services and to keep You informed of special offers from Medibank Group Companies and third parties, including by direct mail, SMS and MMS messages, by phone and email.

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 advisors;
- 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 ahm Privacy Policy, Travel Insurance Partners' 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 ahm Privacy Policy, Travel Insurance Partners' 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 Travel Insurance Partners 1300 617 409.

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 contact Travel Insurance Partners.

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.

ahm Privacy Officer

The Privacy Officer

ahm

Mail: Locked Bag 1006, Matraville NSW 2036

Email: privacy@ahm.com.au

Call: 134 246

Travel Insurance Partners Privacy Officer

Travel Insurance Partners Pty Limited

Mail: PO Box 168, North Sydney, NSW 2059 Australia

Email: privacy.officer@travelinsurancepartners.com.au

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 Travel Insurance Partners are committed to resolving any complaint or dispute fairly.

If You have a complaint about an insurance product We issued or the service You have 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 1300 617 409
- Write to the Customer Relations Manager

Mail: PO Box 168, North Sydney NSW 2060

Email:

customer-relations@travelinsurancepartners.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. To obtain a copy of our procedures, please contact us.

We expect that our internal dispute resolution process will deal fairly and promptly with Your complaint, however, You may take Your complaint to the Australian Financial Complaints Authority (AFCA) at any time.

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.

Notes

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 Travel Insurance Partners Pty Limited (Travel Insurance Partners) ABN 73 144 049 230, AFSL 360138 administers and arranges the policy;
- Travel Insurance Partners' authorised representatives Medibank Private Limited (Medibank) ABN 47 080 890 259 AR 286089 and Australian Health Management Group Pty Limited (ahm) ABN 96 003 683 298, AR 266711 (the Agents); and
- how each of these parties are paid for providing the financial services offered.

What financial services are provided?

Travel Insurance Partners holds an Australian Financial Services Licence. It allows Travel Insurance Partners to provide You with factual information and general financial product advice about this travel insurance product, to issue this product to You and to provide claims handling and settlement services.

Travel Insurance Partners is responsible for the provision of these services. The Agents are authorised representatives of Travel Insurance Partners.

If You purchase this travel insurance product from a representative of the Agents or through the Agents' website, the Agents are the providing entity for this FSG.

If You purchase this travel insurance product from a Travel Insurance Partners representative or through a Travel Insurance Partners website, Travel Insurance Partners is the providing entity for this FSG.

Travel Insurance Partners and the Agents (through Travel Insurance Partners) act for the insurer.

The issuer and insurer of this product is Zurich Australian Insurance Limited. Travel Insurance Partners acts on behalf of the insurer to enter into, vary and cancel the policy and may also be appointed from time to time to assist in the management of claims and deal with complaints on behalf of the insurer in specified circumstances. For any updates on this, please refer to travelinsurancepartners.com.au.

You can find full details of Travel Insurance Partners and the insurer on page 14 of the PDS.

Travel Insurance Partners and the Agents are not authorised to give You personal advice in relation to travel insurance. Any advice given 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?

Travel Insurance Partners

Travel Insurance Partners 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.

Travel Insurance Partners 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.

Travel Insurance Partners employees are paid an annual salary and may be paid a bonus based on business performance.

The Agents and/or its associates

The Agents are paid a commission by Travel Insurance Partners for arranging Your travel insurance policy. This commission is a percentage of the premium and is paid out of the commission that Travel Insurance Partners receives from the insurer.

Employees of the Agents 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 Agents.

The Agents may also receive other financial and non-financial incentives from Travel Insurance Partners 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 Travel Insurance Partners' 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 Travel Insurance Partners or the Agents 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 Travel Insurance Partners or the Agents please refer to the Complaints and disputes resolution process on page 39 of the PDS for details of the complaint resolution process.

What professional indemnity insurance arrangements do we have in place?

Travel Insurance Partners holds professional indemnity insurance covering errors and mistakes relating to the provision of financial services provided by Travel Insurance Partners, its employees, the Agents and the Agents' employees (even after they cease to be employed). Travel Insurance Partners' policy meets the requirements of the Corporations Act.

Who is responsible for this document?

If You purchase this travel insurance product from a representative of the Agents or through the Agents' website, the Agents are responsible for the distribution of the FSG in this document and is authorised by Travel Insurance Partners to do so.

If You purchase this travel insurance product from a Travel Insurance Partners representative of through a Travel Insurance Partners website, Travel Insurance Partners is responsible for the distribution of the FSG in this document.

The insurer is responsible for the PDS.

This Combined FSG and PDS was prepared 25 November 2025.

ahm

You're good.

ahm.com.au/travel

PDS Issue 11 (ahm)

Date prepared 25 November 2025

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