

Sports Underwriting Australia

Sports Group Personal Accident

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Calliden Sports Group Personal Accident Product Disclosure Statement & Insurance Policy

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Part A: Product Disclosure Statement

Product Disclosure Statement - What's its Purpose?

This booklet contains a Product Disclosure Statement (PDS) for this Policy. A PDS is a document required by the Corporations Act.

This Policy is a group Policy. This means that although it is issued to you, it provides cover to a number of beneficiaries. These beneficiaries are called Insured Persons. This PDS differentiates between you and Insured Persons.

The purpose of this PDS is to help you understand the cover offered to Insured Persons and provide you with sufficient information to enable you to compare and make an informed decision about whether to purchase this Policy. The PDS also sets out the significant features, benefits and risks associated with this Policy. You still need to read the Policy Wording for a full description of the terms, conditions and limitations.

Before this Policy may be issued to you, you must read this PDS, complete a Proposal and sign a declaration.

Preparation date: 01 December 2008
(ref: CLSUA PAS 1208)

Updating the PDS

Information in this PDS may need to be updated from time to time. You can obtain a paper copy of any updated information without charge by contacting us or your insurance intermediary. You can also obtain an electronic copy without charge by contacting us or your insurance intermediary. The Corporations Act requires us to tell you that, if the update is to correct a misleading or deceptive statement or an omission, that is materially adverse from the point of view of a reasonable person deciding whether to acquire this Policy, we will provide you with a new PDS or a supplementary PDS.

About Calliden

Calliden Insurance Limited (us/we) ABN 47 004 125 268, AFS Licence No. 234438 is the insurer and issuer of this Policy and this PDS.

Calliden specialise in manufacturing general insurance products for individuals, the SME sector and groups across metro and regional Australia. To find out more about us, visit www.calliden.com.au

How to contact us

The Insured and Insured Persons may contact us by:

- Phone: 02 9551 1111
- Fax: 02 9551 1155

or alternatively by writing to us at the following address:
Calliden Insurance Limited (Caliden)
PO Box 348, Milsons Point, NSW 1565

What is Group Personal Accident and Illness Insurance?

This Policy is designed to provide Insured Persons with certain benefits. For example, if an Insured Person suffers an Injury as a result of an accident that prevents the Insured Person from working in their Occupation, we will pay the Insured Person a Weekly Benefit calculated in accordance with the Policy and the limits set out in the Schedule.

Cover

The cover provides certain benefits to Insured Persons for death, injury or disability caused by an injury happening during certain sporting events arranged by you or your sporting association. For an Injury to be covered it must occur when Insured Persons are:

- taking part in a competition, game or performance; or
- attending a social function or training session; or
- travelling to or from a competition, game, performance, social function, training session or administrative activity; or
- staying away from their usual place of residence overnight in order to take part in a competition, game, performance, social function, training session or administrative activities; engaging in administrative activities.

Capital Benefits

Death and Disability Benefits are paid in accordance with the Capital Benefits Table. We recommend you look at the Capital Benefits Table to see what benefit is payable for what type of disablement or injury. The percentages in the Table represent a percentage of the total Capital Benefit insured which is shown in your Schedule.

Part A: Product Disclosure Statement (cont'd)

Additional Benefits

The following table sets out a summary of the main additional benefits available as a result of a covered Injury. Please read the Policy wording for a full description of the Benefits and when they may apply.

The amount paid, any excess or waiting period might vary for each additional Benefit but will be shown in the Schedule. The maximum period for which a Weekly or Daily Benefit will be paid is also shown in the Schedule.

Loss of Earnings Benefit	Weekly Benefit up to 80% of the Insured Person's earnings, if the Insured Person is prevented from working in their Occupation up to the maximum period shown in the Schedule.
Student Assistance Benefit	Costs up to the Weekly Benefit for student help expenses if the Injury stops the Insured Person from going to their usual place of learning.
Home Help Benefit	Home help provided by a recognised agency up to the Weekly Benefit
Parents' Inconvenience	Up to the Daily Benefit for reasonable costs incurred by the Parents of an Insured Person who is a full time student whilst their child is undergoing medical treatment.
Non Medicare Medical	80% of the medical costs not covered by Medicare up to the maximum Benefit shown in the Schedule.
Funeral Expenses	Up to the Benefit shown in the Schedule for Funeral Expenses.

This is a summary of the Benefits available under this Policy and does not form part of the Policy. Please read the Policy to ensure that its Benefits match your expectations. The Insured Persons are unable to choose what level of cover they have under this Policy. The Insured Persons are also unable to elect whether or not they are covered under this Policy. Please note that this Policy does not provide benefits to you, only Insured Persons.

Cooling Off

There is a 21 day cooling off period. If you are not completely satisfied with this Policy, you can cancel it by writing to us or your insurance intermediary within 21 days of the issue date and receive a full refund, other than non-refundable government taxes and duties. This will not apply if you or an Insured Person makes a claim under the Policy within the 21 day period.

Not Everything is Covered

Not everything is covered by the Policy - there are limitations. It is important that you read the Policy carefully to understand the extent of cover and its limitations. For example:

We will not pay for any Injury directly or indirectly caused by:

- mental or nervous disorders;
- certain medical conditions including HIV, AIDS, any sexually transmitted disease and, in some circumstances, hernias;
- fraudulent claims;
- engaging in certain physical activities, including winter sports, hang gliding and professional sports;
- drink driving;
- use of alcohol or drugs; or
- intentional self-injury or suicide.

Even in instances where this Policy will provide the cover required by you, the cover may not be adequate because:

- the level of Benefits which you have selected is less than what the Insured Persons actually require;
- an Insured Person's claim is made outside the period of insurance;
- the application of an Excess means that the Benefit an Insured Person receives is less than you expect;
- the Insured Person's Injury does not result in a Permanent condition within 12 months of the Injury;
- the Insured Person's Injury prevents the Insured Person from working in the Insured Person's Occupation more than 12 months after the date of their Injury;
- where one event involves more than one Insured Person, we only pay up to a certain amount. This may not be adequate for an Insured Person's needs;
- we only provide Benefits for an Injury 12 months after an Insured Person suffers a Permanent condition because of an Injury;
- we will only pay for one Injury at any one time; and
- we take into account an Insured Person's employment entitlements, such as sick leave, when calculating an Insured Person's Benefits under the Policy.

Part A: Product Disclosure Statement (cont'd)

If you or Insured Persons do not comply with the Policy terms and conditions, for example, the Duty of Disclosure, we can refuse to pay part or all of a claim.

Your Duty of Disclosure

What the Insured Must Tell Us When Applying For This Policy

When answering our questions you must be honest and you have a duty under law to tell us anything known to you and which a reasonable person in the circumstances, would include in the answer to the question.

Who Needs To Tell Us

It is important that you understand that you are answering our questions in this way for you and anyone else whom you want to be covered by the Policy, namely the Insured Persons.

If You Do Not Tell Us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the Policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the Policy as never having worked.

What Do You Pay for Personal Accident and Illness Insurance?

The cost of this Policy is based on the cover you have selected and the information you provided to us in your application. The cost of this Policy is affected by:

- your club and the Insured Person's recreational and other activities;
- the Insured Persons' age;
- the level of cover you elect;
- the level of Benefits you elect to purchase; and,
- details of prior claims, uninsured losses and/or incapacity.

You also have to pay GST and any relevant government charges (such as stamp duty) where applicable. These amounts add up to the total Premium you must pay. Once the Policy is issued your Premium, GST and any relevant government charges are shown on the Schedule.

If you change the Policy in any way you may be entitled to a premium refund or asked to pay an additional amount.

The Amount You Pay Towards a Claim

You or Insured Persons are not required to pay an amount in the event of a claim. However, Insured Persons may be prevented from making a claim for a period of time after taking out this Policy. This is called an Excess. During this time, you may still be required to pay a Premium. The Excess is specified in the Schedule.

How to Make A Claim

To make a claim please contact us on 02 9551 1111 or contact your insurance intermediary. For full details on claims procedures please refer to the policy wording.

Important Information

The terms and conditions of the insurance we offer the Insured Persons are set out in your Policy. It is important that you:

- read all of the Policy before you buy it to make sure that it gives the Insured Persons the protection they need;
- are aware of the limits on the cover provided and the amounts we will pay Insured Persons (including any Excess that applies);
- are aware of the definitions in the Policy.

You will find definitions throughout the Policy.

For the limits on the cover provided:

- some of these will be stated in the Policy itself (these are our standard Policy limits); and
- the remainder will be stated in your Schedule.

In some circumstances the terms and conditions of this Policy may be amended by endorsement. If the Policy is endorsed you will receive notification of the endorsement.

We Respect Your and the Insured Persons' Privacy

We are committed to protecting the privacy of the personal information you or Insured Persons provide to us. Any personal information you or Insured Persons give us will be treated in accordance with the Privacy Act 1988.

Part A: Product Disclosure Statement (cont'd)

We require personal information about you and Insured Persons to assess your request for insurance and to administer your Policy, and also to notify you about other Calliden services or promotions from time to time.

Unless we are required by law to provide personal information to others, your or Insured Persons' personal information will only be seen or used by:

- our own staff and contracted staff;
- claims adjusters, lawyers and others appointed by us or on behalf of us for claims handling purposes; and,
- our reinsurers and reinsurance brokers (which may include persons or entities located outside Australia).

By submitting personal information to us, you and Insured Persons agree to us using and disclosing it as outlined in this Privacy Statement.

This consent to the use and disclosure of your or Insured Persons' personal information remains valid unless you or Insured Persons alter or revoke it by giving us written notice.

If you do not provide the information requested, your insurance Proposal may not be accepted, or we may not be able to administer the Policy, or you may breach the Duty of Disclosure, the consequences of which are set out in the "Duty of Disclosure" section of this document.

You and Insured Persons can request access to their personal information we hold and, where necessary, you and Insured Persons can notify us in writing of changes so we can ensure that the information we hold about you or an Insured Person is accurate, complete and up-to-date.

From time to time, we may use your or an Insured Person's name and contact details to send to your insurance intermediary offers or information regarding our insurance services or promotions that may be of interest. Please let us know if you or Insured Persons no longer wish to receive this information.

For further details of our privacy Policy or to request access to or correct personal information, please contact the Privacy Officer at Calliden:

- on 02 9551 1111; or
- by e-mail to privacy@calliden.com.au; or
- by letter addressed to the Privacy Officer, Calliden Insurance Limited, PO Box 348, Milsons Point, NSW 1565

Our privacy Policy may also be viewed on our website www.calliden.com.au

Dispute Resolution Process

How You Can Resolve a Complaint You Have with Us

If you would like to make a complaint, we will do everything we can to try to resolve it as quickly and fairly as possible. The following paragraphs provide details on how you can lodge your complaint and how Calliden will try to resolve it.

You may contact us at any time if you are dissatisfied with any matter relating to your insurance with Calliden, including:

- our decision on your claim;
- our handling of your claim;
- the service of our representatives, assessors, loss adjusters or investigators; and
- your insurance Policy.

Contact Us

- If you have a complaint regarding your claim, please contact your claims consultant.
- If you have a complaint regarding your insurance Policy, please contact us on 02 9551 1111 and we will try to resolve your complaint straight away.
- You can write to us at:
 - Fax: 02 9551 1155
 - Address: PO Box 348, Milsons Point NSW 1565

How We Resolve Complaints

- We will address all complaints, except where specific circumstances apply, in accordance with Calliden's Complaints Handling Process. This process is compliant with the Insurance Council of Australia's Code of Practice. Both the Code of Practice and our Complaints Brochure, which contains a guide to our process, are available upon request.
- We will handle all complaints without cost to you.
- A complaints consultant will be assigned to the management of your complaint and will acknowledge your complaint within 2 business days of receipt. If further information is required to consider the complaint, it will be requested at this time.
- The complaints consultant will aim to resolve your complaint within a further 13 business days. In certain circumstances a longer period may be required, and we will request a later response date.
- The outcome of the complaint will be advised to you in writing, stating our reasons and any corrective action that will be undertaken.

Part A: Product Disclosure Statement (cont'd)

If Your Complaint is Still Unresolved

If we cannot resolve your complaint within 15 business days or you are not happy with our response to your complaint, you can seek an external review via our external dispute resolution scheme, administered by the Financial Ombudsman Service (FOS).

This national scheme is for consumers, free of charge and is aimed at resolving disputes between insureds and their insurance companies.

For more information call 1300 78 08 08 or visit www.fos.org.au

If the FOS is unable to address your complaint then Calliden may be able to provide you with details of an alternative external dispute resolution service.

General Insurance Code of Practice

Calliden is a signatory to the General Insurance Code of Practice (Code). The Code aims to raise standards of service between insurers and their customers. Calliden's service standards are in accordance with the Code.

For any information about the Code, including a copy of the Code, contact us or the Financial Ombudsman Service on 1300 78 08 08 or visit www.codeofpractice.com.au

Taxation Information

If Insured Persons are not registered for GST, in the event of a claim we will reimburse the Insured Persons the GST component in addition to the amount that we pay. The amount that the Insured Person is liable to pay under this Policy will be reduced by the amount of any input tax credit that the Insured Person is or may be entitled to claim for the supply of goods or services covered by that payment.

If you are entitled to an input tax credit for the Premium, you must inform us of the extent of that entitlement at or before the time the Insured Person makes a claim under this Policy. We will not indemnify the Insured Persons or you for any GST liability, fines or penalties that arise from or are attributable to your failure to notify us of the Insured Person's or your entitlement (or correct entitlement) to an input tax credit on the Premium.

If the Insured Persons are liable to pay an Excess under this Policy, the amount payable will be calculated after deduction of any input tax credit that the Insured Person is or may be entitled to claim on payment of the Excess.

If you or Insured Persons are unsure about the taxation implications of this Policy, you should seek advice from your accountant or tax professional.

Part B: Policy Wording

Our Agreement with You

The **Policy** is a legal contract between **you** and **us**.

You have paid, or agreed to pay, **us** the **Premium** and **we** provide the cover **you** have chosen as set out in the **Schedule**.

You must comply with all provisions of the **Policy**, otherwise **we** may be entitled to refuse to pay a claim, or reduce the amount an **Insured Person** is entitled to receive.

The **Policy** is in force for the period of insurance stated in the **Schedule** or until cancelled.

General Conditions

Alteration of Risk

You must immediately notify **us** in writing of any changes **you** know of which materially alter any of the facts or circumstances that existed at the commencement of **your Policy**.

Examples of some of these circumstances are when:

- a) **your** membership has changed;
- b) **You** or **Insured Persons** undertake a new recreational activity or sport for which they need to be insured.

General Conditions (cont'd)

Cancellation

This **Policy** may be cancelled by:

- a) **you** at any time by notifying **us** in writing, in which case cancellation takes place when **we** receive the notice; or
- b) **us** on any of the grounds set out in the Insurance Contracts Act 1984 (Cth), as amended from time to time, by giving **you** notice in writing, in which case cancellation takes place at the time **you** enter into another contract of insurance to replace the **Policy**, or at 4.00pm on the 3rd business day after delivery of the notice to **you**, whichever is earlier.

We will retain, or be entitled to retain:

- i. if there has been a 100% payment of a **Weekly Benefit** or **Capital Benefit**, the entire **Premium**;
- ii. in all other circumstances, the **Premium** for the period the **Policy** was in force.

You must supply **us** with such particulars as **we** may require to enable a refund of **Premium** following any cancellation.

Provisions and Definitions

Where a specific provision is in conflict with a general provision or definition the specific provision or definition will apply.

Jurisdiction

The **Policy** is to be governed by the laws of the Commonwealth of Australia and the State or Territory where the **Policy** was issued. **We** and **you** agree to submit to the non exclusive jurisdiction of the Courts of the State or Territory where the **Policy** was issued.

How We Will Communicate

All communications **you** are required to give or make under the **Policy** must be sent in writing to **us**.

All communications **we** are required to give or make under the **Policy** will be sent in writing to **you** at the address specified in the **Schedule** or as notified by **you** from time to time.

All communications sent by post to **you** or **your** appointed agent will be deemed to have been received by **you** on the third day following the day of posting.

Joint Insureds

Where **you** comprise more than one party the **Proposal** is deemed to have been furnished by and on behalf of all parties, and any information supplied to **us**, or any omission, misrepresentation or non-disclosure in relation to any renewal or extension, is deemed to have been furnished, omitted, misrepresented or withheld (as the case may be) on behalf of all parties.

Other Insurance

You must advise **us** in writing of any insurance already effected or which may subsequently be effected providing, whether in total or in part, insurance provided under the **Policy**.

Paying by Instalments

If **you** are paying the whole or part of the **Premium** by instalments, and one instalment of **Premium** remains unpaid for at least 14 days, **we** may refuse to pay a claim altogether.

If one instalment of **Premium** is unpaid for at least one month, **we** may cancel the **Policy**.

If a claim under the **Policy** requires a **Weekly Benefit** or **Capital Benefit** to be paid, then the balance of the **Premium** will be deducted from the amount of the claim paid.

Interpretation

The singular includes the plural and vice versa, unless the context otherwise requires. A reference to a person includes a body corporate, an unincorporated body or other entity. Headings are for convenience only and do not affect interpretation. Where a word or phrase is defined, its other grammatical forms have a corresponding meaning.

Severability

A provision of the **Policy** that is illegal or unenforceable may be severed from this **Policy** and the remaining provisions of this **Policy**, or parts thereof, continue in force.

Claim Payments

In the event of the death of the **Insured Person**, **we** will make the claim payment to the **Insured**. For all other **Benefits**, **we** will make the claim payment to the **Insured Person** who suffers the **Injury**.

Definitions

Aggregate Limit of Liability means the maximum amount **we** will pay for any one insured event involving more than one **Insured Person**. The **Aggregate Limit of Liability** is stated in the **Schedule**. If this amount is not enough to pay all claims in full, then **we** will reduce each **Insured Person's Benefit** proportionately so **we** do not pay more than the **Aggregate Limit of Liability**.

Benefit means any benefit to which **you** are entitled under this **Policy**.

Earnings means:

- a) for an **Insured Person** who is self-employed or a working director, their gross weekly income from their personal exertion:
 - after allowing for costs and expenses incurred in deriving that income;
 - averaged over the twelve months prior to **Injury** or any shorter period that the **Insured Person** has been engaged in their **Occupation**.
- b) for an **Insured Person** who is an employee, their gross weekly base rate of pay:
 - exclusive of overtime payments, bonuses, commission or allowances;
 - averaged over the twelve (12) months prior to **Injury** or over any shorter period that the **Insured Person** has been continuously employed.

In the event of a claim, the **Insured Person** may be required to substantiate their **Earnings**.

Excess means the waiting period specified in the **Schedule** plus any period of time before seeking medical advice.

Illness means any sickness or disease for which the **Insured Person** first seeks medical advice while the **Policy** is in force.

Injury means bodily injury (including death) resulting from an accident:

- which is not an **Illness**; and
- which accident occurs while this **Policy** is in force; and
- includes any condition resulting from exposure to the elements as a result of bodily injury; and
- which occurs while an **Insured Person** is:
 - i. taking part in a competition, game or performance; or
 - ii. attending a social function or training session; or
 - iii. travelling to or from a competition, game, performance, social function, training session or administrative activity; or

- iv. staying away from their usual place of residence overnight in order to take part in a competition, game, performance, social function, training session or administrative activities; or
- v. engaging in administrative activities.

Provided that (i) to (v) above occurs in relation to activities promoted, arranged or sponsored by the **Insured**.

Insured means:

the sporting club and/or member club of the sporting association noted in the **Schedule** as the **Insured**.

Insured Person means:

- a) any director, executive officer, committee member, office holder of the **Insured** but only while acting within the scope of their duties in that capacity;
- b) any member or voluntary worker of the **Insured**. Any such member or voluntary worker will only be entitled to indemnity to the extent that the member or voluntary worker is not entitled to indemnity under any other insurance Policy;
- c) players, coaches, managers, referees, team workers, trainers, officials and other personnel who are actively engaged in and appropriately registered for the purpose of participating in the sport named in the **Schedule**.

Medical Expenses means the cost of:

- a) An ambulance;
- b) Hospital accommodation and theatre fees;
- c) Orthotics, Splints and Prosthesis;
- d) Treatment given by a dentist or registered medical practitioner; and
- e) If given on the advice of a registered medical practitioner treatment given by a chiropractor; masseur; naturopath, osteopath or physiotherapist.

Occupation means the **Insured Person's** usual occupation, business, trade or profession.

Permanent means continuing for twelve (12) months and which thereafter will, in all probability, continue for the remainder of **your** life.

Policy means this Policy wording, the **Schedule** and the Proposal.

Premium means the amount that **we** charge **you** for the **Policy**, including any statutory charges such as GST and Stamp Duty.

Definitions (cont'd)

Proposal means the form completed by **you** or on **your** behalf and any other information given to **us** when applying for this **Policy**.

Professional Sports means sports which are an **Insured Person's Occupation** or from which an **Insured Person** earns all of their income.

Schedule means the most recent **schedule** issued by **us** which shows **your** Policy number, the **Premium**, the cover selected by **you**, and any special provisions, limits or endorsements.

Temporary Partial Disablement means disablement which prevents the **Insured Person** from attending to a substantial part of his or her **Occupation**.

Temporary Total Disablement means disablement which entirely prevents the **Insured Person** from attending to his or her **Occupation**.

You/your means the **Insured**.

We/our/us means Calliden Insurance Limited (Calliden) (ABN 47 004 125 268 AFSL 234438)

Exclusions

Exclusions Applying to All Sections

Mental Health

We will not pay for any **Injury** directly or indirectly caused or contributed to by, or in consequence of stress, depression, anxiety or any psychosomatic, psychological, psychotic, mental or nervous disorder.

Hernia

We will not pay for any **Injury** directly or indirectly caused or contributed to by, or in consequence of hernia.

HIV/AIDS & Sexually Transmitted Disease

We will not pay for any **Injury** directly or indirectly caused or contributed to by, or in consequence of Human Immune Deficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any virus, complex or syndrome that is related to the foregoing or any sexually transmitted disease.

Riot/Criminal Acts

We will not pay for any **Injury** directly or indirectly caused or contributed to by, or in consequence of:

- riot in which the **Insured Person** is participating; or
- criminal acts or criminal activity.

War/Terrorism

We will not pay for any **Injury** directly or indirectly caused or contributed to by, or in consequence of:

- a) war, invasion, acts of foreign enemies, hostilities, or war-like operations (whether war be declared or not) or civil war;

- b) mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, insurrection, rebellion, military or usurped power, confiscation, nationalisation, requisition, or destruction of or damage to property by or under order of any government, public or local authority or looting, sacking or pillage following any of the above;
- c) nuclear reaction, nuclear radiation or radioactive contamination; or
- d) any act of terrorism or any action taken in controlling, preventing or suppressing or in any way relating to any act of terrorism.

For the purposes of this clause an act of terrorism includes any act, or preparation in respect of action or threat of action, designed to influence the government de jure or de facto of any nation or any political division thereof, or in pursuit of political, religious, ideological or similar purposes to intimidate the public or a section of the public of any nation by any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) de jure or de facto, and which:

- i. involves violence against one or more persons;
- ii. involves damage to property;
- iii. endangers life other than that of the person committing the action;
- iv. creates a risk to health or safety of the public or a section of the public; or
- v. is designed to interfere with or to disrupt an electronic system.

Exclusions (cont'd)

Fraudulent Claims

We will not pay if **you** or an **Insured Person**, or anyone acting on **your** behalf or with **your** knowledge or connivance, should make a claim knowing or reasonably suspecting the same to be false or fraudulent. Making a fraudulent claim is a criminal offence. **We** may report to the police any person who lodges a fraudulent claim.

We will not pay for any **Injury** directly or indirectly caused or contributed to by, or in consequence of:

- a) the **Insured Person** engaging in or taking part in any of the following sporting activities:
 - i. winter sports outside Australia or New Zealand;
 - ii. hang-gliding, parachuting or para-gliding;
 - iii. **professional sporting** activities.
- b) naval, army, air force or any type of military service or operation;
- c) voluntary fire brigade activities or emergency services operations;
- d) driving a motor vehicle whilst having a percentage of alcohol in the **Insured Person's** breath or blood in excess of that permitted by law;
- e) the **Insured Person** abusing or having abused, or being under the influence of alcohol or drugs other than drugs legally and appropriately prescribed by a qualified medical practitioner and properly used by the **Insured Person**;
- f) flying except as a fare-paying passenger on an airline with scheduled flights (but including Feeder Air Route in single-engined aircraft and helicopters where required);
- g) intentional self-injury or suicide;
- h) a pre-existing **Injury** which **you** knew about or ought reasonably have known about; or,
- i) for **Weekly Benefits** only, any loss greater than 80% of the **Insured Person's Earnings**.

Capital Benefits

If **Injury** results in any of the conditions **you** have selected (as shown in the **Policy**) within twelve (12) months of the **Injury**, **we** will pay the **Benefit** shown as a percentage of the **Capital Benefit** shown in the "Capital Benefit Schedule".

We will assess whether a condition is **Permanent** at the end of the twelve (12) month period from the date of the **Injury** on the medical evidence then available.

Please note:

- The **Benefit** payable in the case of death will be reduced by any **Capital Benefit** paid for the **Injury** causing the death.
- All further cover ceases if, according to the "Capital Benefit Schedule" shown below, the **Insured Person** becomes entitled to a "Benefit Percentage" of 80% or more.
- **We** will not pay any **Capital Benefit** for more than one condition at any one time.
- The maximum amount **we** will pay for any one event involving more than one **Insured Person** is the **Aggregate Limit of Liability** shown in the **Schedule**. If this amount is not enough to pay all claims in full, then **we** will reduce each **Insured Person's** benefit proportionately.
- The **Insured Person** can only claim one **Capital Benefit** for any one condition.

Capital Benefits (cont'd)

Capital Benefit Schedule

The Condition	Benefit Percentage
1. Death and Permanent total disablement	100%
2. Permanent paralysis of all limbs	100%
3. Permanent loss of use of two limbs	100%
4. Permanent loss of use of one limb	60%
5. Permanent total loss of sight	100%
6. Permanent total loss of sight in a remaining eye	100%
7. Permanent total loss of sight or the lens in one eye	50%
8. Permanent total loss of hearing	75%
9. Permanent total loss of hearing in one ear	25%
10. Permanent total loss of : -	
11. Liver	75%
12. Two kidneys	75%
13. One kidney	35%
14. Sexual function	45%
15. Two testicles	40%
16. One testicle	7.5%
17. Spleen	30%
17. Permanent disfigurement to 100% of the surface of the head and neck	50%
18. Permanent disfigurement to 100% of the surface of the remainder of the body	25%
19. Permanent total loss of use of a thumb and all fingers on one hand	50%
20. Permanent total loss of use of all the fingers on one hand	40%
21. Permanent total loss of use of a thumb	30%
22. Permanent total loss of use of one joint of a thumb	15%
23. Permanent total loss of use of a finger	10%
24. Permanent total loss of use of two joints of a finger	7.5%
25. Permanent total loss of use of one joint of a finger	5%
26. Permanent total loss of use of a foot	15%
27. Permanent total loss of use of a big toe	5%
28. Permanent total loss of use of one joint of a big toe	3%
29. Permanent total loss of use of each other toe	3%
30. Broken leg or kneecap that will not join	10%
31. Shortening of a leg by at least 5 centimetres	7.5%
32. Any Permanent Disability or Disfigurement that is not total or is not listed under Events 8 to 31 above will be paid for in proportion to the degree of Permanent Disability as compared with the cases as listed above without taking into account the Occupation of the Insured Person .	

Capital Benefits (cont'd)

Disappearance clause

- If the **Insured Person** is travelling on a journey and:
- their means of transportation disappears, sinks or is wrecked; and
 - their body has not been found within one year;

we will presume that the **Insured Person** has died as a result of **Injury** and will pay the death benefit accordingly.

If the **Insured Person** is later found to be alive, then **you** must repay the amount **we** have paid.

Loss of Earnings Benefits

- If because of **Injury** the **Insured Person** is prevented from working in their **Occupation** within twelve (12) months of the **Injury**, **we** will after that period and after the application of the **Excess**, pay the lesser of the **Earnings** the **Insured Person** has lost or the **Weekly Benefit** shown in the **Schedule**.
- We** will reduce **our** payment for any **Weekly Benefit** by the necessary amount so that it does not exceed 80% of the **Insured Person's Earnings**.
- We** will reduce **our** payment for any **Weekly Benefit** by any other weekly benefits the **Insured Person** is entitled to receive for or under:
 - any statutory workers compensation or transport accident scheme;
 - any Economic Bargaining Agreement or similar agreement or arrangement;
 - any Worker's Compensation legislation;
 - all other Worker's Compensation legislation carve-out, top up or similar arrangements unless specifically agreed;to ensure that the **Insured Person's** overall income does not exceed 80% of their **Earnings**.

- We** will not **pay** any **Weekly Benefit**:
 - during the period the **Excess** applies; or
 - whilst the **Insured Person** is receiving **Weekly Benefits**, the **Insured Person** commences any new **Occupation** regardless of whether such **Occupation** is on a casual, temporary, part-time or permanent basis, unless **we** have expressly confirmed to the **Insured Person** that they may commence in such an **Occupation**; or
 - for more than one **Injury** at any one time; or
 - for any period after the **Insured Person's** 65th birthday unless expressly stated in the **Schedule**.

5. Injury

We will only pay **Weekly Benefits** or a **Capital Benefit** not both. If the **Insured Person** elects to receive a **Capital Benefit** we will deduct the amount of any **Weekly Benefits** already paid from the **Capital Benefit**.

If the **Insured Person** elects to receive **Weekly Benefits** we will deduct the amount of any **Capital Benefit** already paid from the **Weekly Benefits**.

6. Recurrent Injury

Where the **Insured Person** suffers recurrence of an **Injury**:

- for which the **Insured Person** has claimed **Weekly Benefits** under this or any other **Policy** issued by **us**; and
- the **Insured Person** first seeks medical assistance for that recurrence while this **Policy** is in force; and
- there has been a period of less than six (6) months between the **Insured Person's** return to work in the **Insured Person's Occupation** and the recurrence;

it will be treated as a continuation of the original claim.

Additional Benefits

1. Modification Expenses

If an **Insured Person** is:

- a) insured for both **Capital Benefit** and **Weekly Benefit**; and,
- b) entitled to 100% of the **Capital Benefit**; **we** will pay up to an additional \$10,000 for costs necessarily incurred to modify the **Insured Person's** home and/or motor vehicle, or relocating to a suitable home provided that the modifications and/or relocation are prescribed by a legally qualified medical practitioner.

2. Funeral Expenses

We will pay up to to an additional \$5,000 for funeral expenses in the event of the death of the **Insured Person** where the death is covered by this **Policy**.

3. Student Help

This cover is only available for full time students.

We will pay up to the **Weekly Benefit** shown in the **Schedule** for student help expenses incurred if an **Injury** covered by **your Policy** prevents an **Insured Person** from going to their usual school, college or other place of learning. The payments will be made at the end of each 4 week period. However we will:

- a) Not pay the **Weekly Benefit** for more than the period shown in **your Schedule** for any one **Injury**.
- b) Not pay until the **Insured Person** has seen a registered medical doctor about the disability or injury.
- c) Only pay for help that the **Insured Person** reasonably needs for their education.
- d) Stop payments once the **Insured Person** can go to their usual place of learning without help.

We will pay **Benefits** under only one of Loss of Earnings Benefits, Student Help or Home Help.

4. Home Help

We will only cover home help that is provided by a recognised agency. **We** will pay the **Insured Person** up to the **Weekly Benefit** for home help expenses incurred if an **Injury** covered by this **Policy** stops the **Insured Person** from caring for themselves in their home. The payments will be made at the end of each 4 weeks period. But, **We** will:

- a) Not pay the **Weekly Benefit** for more than the period shown in the **Schedule** for any one **Injury**.
- b) Not pay until the **Insured Person** has seen a registered medical doctor about the **Injury**.

- c) Only pay for the home help that the **Insured Person** reasonably needs and incurs to continue to live in their home.
- d) Stop payments once the **Insured Person** can care for themselves at home as they could before the **Injury**.

We will pay **Benefits** under only one of Loss of Earnings Benefits, Student Help or Home Help.

5. Parents' Inconvenience Allowance

This cover is only available for full time students under 25 years of age.

We will pay the custodial parents of an **Insured Person** the **Daily Benefit for Parent's Inconvenience** while the **Insured Person** is in hospital. The payments will be made at the end of each 4 week period. But, **we** will not pay:

- a) Unless the **Insured Person** is in hospital because of an **Injury** covered by this **Policy**.
- b) More than the **Benefit** shown in the **Schedule** for any one **Injury**.

6. Non Medicare Medical Costs

We will pay the percentage of **Medical Costs** of an **Insured Person** shown in the **Schedule** which arise from an **Injury** covered by this **Policy**. **We** will not pay:

- a) For **Medical Costs** that are covered by Medicare, private health insurance, a statutory insurance scheme such as workers compensation or which can only be covered by a registered health insurer. This includes those costs that the law states we cannot cover, such as Medicare 'gaps'.
- b) For treatment that takes places later than 365 days after the **Injury** unless the delay is on the advice of a registered medical doctor or dentist.
- c) More than that percentage which is shown in the **Schedule** of the amount spent.
- d) More than the **Medical Costs Benefit** for any one **Injury**.

Claims Procedures

In the event of **Injury**, the **Insured Person** must immediately:

- obtain and follow proper medical advice from a qualified medical practitioner;
- obtain a medical certificate from a qualified medical practitioner confirming the **Injury**.

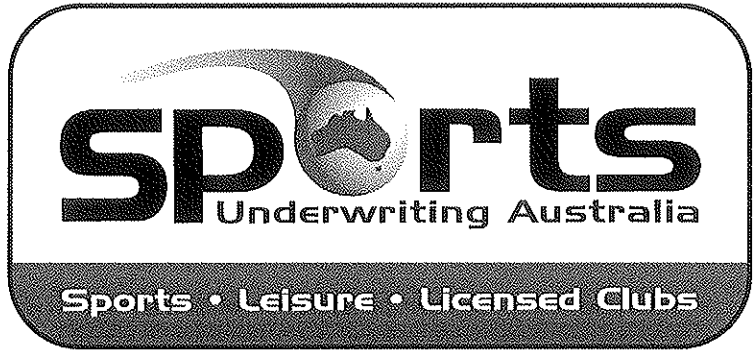
In order to make a claim **you** must:

- contact **us** or **your** insurance intermediary as soon possible;
- complete and submit **our** claim form within 28 days or 28 days of being able to do so;
- provide **us** with all information **we** may reasonably require including a medical certificate.

After making **your** claim **you** must:

- provide details of any other insurance that covers or may cover the same **Injury**;
- provide at **your** own expense all medical evidence which **we** may reasonably require to assess the claim;
- undergo, at **our** expense, any medical examination which **we** reasonably require to assess the claim; and
- continue to be a resident of Australia.

In the case of death **we** are entitled to conduct a post mortem examination at **our** expense.



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Bicycle Victoria – Schedule of Benefits

Capital Benefits

Members and Volunteers	Victoria & Tasmania Residents Benefit 1 - \$50,000 per member Benefit 2-32 - \$100,000 per member
	All other Australian Residents Benefit 1 - \$25,000 per member Benefit 2-32 - \$50,000 per member
Compensation Limit	Limited to 50% as a result of an accident whilst not riding a bicycle

Loss of Earnings Benefit

Weekly Benefit	80% to \$1,000 Per Week/52 week benefit period. 14 day Excess
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Additional Benefits

1. Modification Expenses	Up to \$10,000
2. Funeral Expenses	Up to \$5,000
3. Student Assistance Benefit	\$200 Per Week/\$5,000 Maximum Benefit. 7 Day Excess
4. Home Help Benefit	\$200 Per Week/\$5,000 Maximum Benefit. 7 Day Excess
5. Parent, Partner, Spouse Inconvenience Benefit	\$200 Per Week/\$5,000 Maximum Benefit. 7 Day Excess
6. Non Medicare Medical Costs	85% to maximum \$7,500, sub-limit of \$1,000 for Private Hospital Expenses. \$150 Excess
7. Overseas Medical/Repatriation Expenses	\$50,000
8. Rehabilitation Expenses	Up to \$10,000
9. Travel Costs	Up to \$1,000
10. Out of Pocket Expenses	\$200 Per Week/\$5,000 Maximum Benefit.
11. Chauffeur Plan	\$200 Per Week/\$5,000 Maximum Benefit. 3 Day Excess.
12. Loss of Deposits	100% to maximum \$1,000. \$150 Excess
13. Baggage and Travel Documents	100% to a maximum \$1,000. \$150 Excess

Limits of Liability:

Aggregate Limit of Liability	\$2,000,000
Limit of Liability persons aged 75 years or older	\$100,000

Bicycle Victoria – Endorsements

Endorsements attaching to and forming part of the policy schedule:

It is hereby declared and agreed that the definition of Medical Expenses is deleted and replaced with the following:

Medical Expenses means the cost of:

- a) Hospital accommodation and theatre fees;
- b) Orthotics, Splints and Prosthesis;
- c) Treatment given by a dentist or registered medical practitioner; and
- d) If given on the advice of a registered medical practitioner treatment given by a chiropractor; masseur; naturopath, osteopath or physiotherapist.

It is hereby declared and agreed that the definition of Injury is deleted and replaced with the following:

Injury means bodily injury (including death) resulting from an accident:

- which is not an illness; and
- which accident occurs while this Policy is in force; and
- includes any condition resulting from exposure to the elements as a result of bodily injury; and
- which occurs while an Insured Person is:
 - i. riding a bicycle; or
 - ii. travelling to or from a competition, game, performance, social function, training session or administrative activity arranged by the Insured; or
 - iii. staying away from their usual place of residence overnight in order to take part in an officially organised/sanctioned cycling event; or
 - iv. engaging in a voluntary activity arranged by the Insured.

It is hereby declared and agreed that additional benefit Home Help is deleted and replaced with the following:

4. Home Help

We will only cover home help that is provided by a recognised agency, partner or spouse. We will pay the Insured Person up to the Weekly Benefit for home help expenses incurred or loss of income to a caring partner or spouse if an Injury covered by this Policy stops the Insured Person from caring for themselves in their home. The payments will be made at the end of each 4 weeks period.

But, We will:

- a) Not pay the Weekly Benefit for more than the period shown in the Schedule for any one Injury.
- b) Not pay until the Insured Person has seen a registered medical doctor about the Injury.
- c) Only pay for the home help that the Insured Person reasonably needs and incurs to continue to live in their home.
- d) Stop payments once the Insured Person can care for themselves at home as they could before the Injury.
- e) Not pay a for the loss of income to a caring partner or spouse until all available sick leave, annual leave and/or compassionate leave has been used.

It is hereby declared and agreed that additional benefit Parents Inconvenience Allowance is deleted and replaced with the following:

5. Parent, Partner or Spouse Inconvenience Allowance

This cover is only available for full time students under 25 years of age.

We will pay the custodial parents, partner or spouse of an Insured Person the Daily Benefit for Parent, Partner or Spouse Inconvenience while the Insured Person is in hospital. The payments will be made at the end of each 4 week period. But, we will not pay:

- a) Unless the Insured Person is in hospital because of an Injury covered by this Policy.
- b) More than the Benefit shown in the Schedule for any one Injury.

It is hereby declared and agreed that Additional Benefits includes:

7. Overseas Medical/Repatriation Expenses

We will pay up to \$50,000 for the cost of Overseas Medical Expenses and/or Repatriation Expenses which arises from an Injury to an Insured Person covered by this Policy. Overseas Medical Expenses means emergency Medical Expenses incurred outside Australia, given or prescribed by a legally qualified medical practitioner and which is not recoverable from any other source. Repatriation Expenses means additional travel and accommodation costs incurred for the return of an Insured Person to Australia on the written advice of a legally qualified medical practitioner and which is not recoverable from any other source.

8. Rehabilitation Expenses

If an Insured Person is:

- a) insured for both Capital Benefit and Weekly Benefit; and,
- b) entitled to 100% of the Capital Benefit;

we will pay up to an additional \$10,000 for costs necessarily incurred in rehabilitation provided that the rehabilitation program is prescribed by a legally qualified medical practitioner.

9. Travel Costs

We will pay the percentage of Travel Costs shown in the Schedule which arises from an Injury to an Insured Person covered by this Policy. Travel Costs means the travel and accommodation expenses incurred by the spouse or one (1) parent of the hospitalised member for hospital visiting purposes only, provided that the hospital is more than 100kms from their usual place of residence.

10. Out of Pocket Expenses

If an Insured Person is:

- a) a non-income earner; and,
- b) unable to claim a Weekly Benefit;

we will pay up to an additional \$5,000 limited to \$200 per week for costs necessarily incurred which arises from an Injury covered by this Policy.

11. Chauffeur Plan

If an Insured Person is:

- a) partially incapacitated; and,
- b) unable to attend to a substantial part of his/her business;

we will pay up to \$5,000 limited to \$200 per week for taxi or chauffeur car costs necessarily incurred to meet your scheduled business commitments providing this is certified by a legally qualified medical practitioner.

12. Loss of Deposits

We will indemnify an Insured Person, less the Excess stated in the Schedule, for loss of entry fee, travel and accommodation expenses paid in advance by the Insured Person and for the loss of deposit for which the Insured Person is legally liable and which are not recoverable from any other source, consequent upon the cancellation of Insured Travel occurring between the date of payment of those expenses and the date of commencement of the Insured Travel caused only by:

- a) The Unexpected Death, Injury or Sickness, of an Insured Person;
- b) The Unexpected Death, Serious Injury or Sickness of any Relative or Close Business Associate of an Insured Person who is under the age of seventy five (75) years;
- c) unforeseen cancellation or curtailment of scheduled public transport services;
- d) Your jury service;
- e) natural disaster or hijack of any aircraft or public transport conveyance;
- f) You, being a full-time student, having to sit for supplementary academic examinations; or
- g) You, being retrenched from Your usual full-time employment.

Alternatively, we will indemnify an Insured Person, less the Excess stated in the Schedule, for reasonable and necessary associated penalty costs resulting from the emergency rearrangement of such travel tickets for which the Insured Person is legally liable and which are not recoverable from any other source, consequent upon the rearrangement of Insured Travel

occurring between the date of payment of those expenses and the date of commencement of the Insured Travel caused only by:

- a) unforeseen cancellation or curtailment of scheduled public transport services; or
- b) the Unexpected Death, Serious Injury or Sickness of any Relative or Close Business Associate of an Insured Person who is under the age of seventy five (75) years.

This cover applies only to Insured Persons whilst participating in Insured Travel only. Insured Travel means an event managed by Bicycle Victoria whereby a registration payment is required from the participant and the participant is a Bicycle Victoria member at the time of registration payment.

13. Baggage and Travel Documents

We will indemnify an Insured Person, up to \$1,000 less the Excess stated in the Schedule, for loss of or damage to:

- a) loss of or damage to personal effects such as those usually carried or worn by tourists and travellers (other than household effects and furniture) which are owned by You and taken or purchased at the Insured Travel by You occurring during the Term of Insurance, which are not recoverable from any other source;
- b) loss of or damage to, unaccompanied personal effects, as above, owned by You occurring during the Term of Insurance provided they are transported by the same carrier (or its nominee) provided such transport is based on Your travel tickets, which are not recoverable from any other source;

We will pay:

1. \$1,000 (Subject to the policy excess and due allowance for wear and tear, depreciation or betterment) by cash or at Our option by reinstatement, repair or replacement.

2. The maximum sum payable for:-

- a) jewellery shall not exceed 50% of the total Sum Insured under this Section.
- b) any one article or for any loss consisting of articles in a pair or set shall not exceed \$400 for accidental loss, theft or unauthorised use of travellers cheques, passports, travel tickets, credit cards and petrol coupons taken on the Insured Travel and occurring during the Term of Insurance. We will also reimburse You for reasonable transportation costs to obtain necessary replacement documents provided such documents are for Your personal use only and that You comply with the conditions under which the documents are issued.

You shall not be entitled to recover any loss under this Section unless You report such loss to the police or appropriate authority within 9 days and a written acknowledgement from the authority to which the loss was reported be obtained and forwarded to Us when claiming.

We will not pay under this Section for:

1. Loss or damage to:

- a) glass, fragile or brittle articles, spectacles, contact lenses dentures, unless caused by fire, burglary, theft or accident to the conveyance in which they are being carried;
- b) cash, bank notes, stamps, postal or money orders, bonds securities, negotiable instruments;
- c) personal effects caused by cleaning, dyeing, alteration, repairing restoring, climatic conditions, moth or vermin;
- d) personal effects due to confiscation or detention by customs or other authorities.

2. Loss, destruction or damage which is otherwise insured or recoverable from the Carrier.

3. a) Damage and/or breakage of any sporting equipment whilst it is in Your use,

- b) loss of or damage to surf boards.

4. Loss of or damage to personal effects whilst left in any motor vehicle or caravan unless there is forcible and violent entry into such vehicle or caravan.

This cover applies only to Insured Persons whilst participating in Insured Travel only. Insured Travel means an event managed by Bicycle Victoria whereby a registration payment is required from the participant and the participant is a Bicycle Victoria member at the time of registration payment.

It is hereby declared and agreed that the following additional **Exclusions** apply to this policy:

1. We will not pay for any Injury directly or indirectly caused or contributed to by, or in the consequence of:
 - a) an Insured Person engaging in illegal activities at the time of the Injury or not complying with the road laws and/or legislation applicable to the State which they are cycling in;
 - b) an Insured Person residing outside the Commonwealth of Australia for a period in excess of twelve (12) consecutive months at the time of the Injury; or
 - c) an Insured Person who is not a permanent resident and/or citizen of Australia at the time of Injury.
2. This insurance shall not apply where compensation is available through TAC, workers compensation or equivalent legislation, private health insurance, except for any amounts which are not recoverable under such alternative compensation arrangements.

All other terms, Exclusions and Conditions remain unaltered.

Important Notice

This contract of insurance has been arranged by Sports Underwriting Australia Pty Ltd as agents of the Insurer (Calliden Insurance Limited) under a binding authority issued by Calliden Insurance Limited.

General Insurance Code of Practice

Calliden is a signatory to the General Insurance Code of Practice (Code). The Code aims to raise standards of service between insurers and their customers. Calliden's service standards are in accordance with the Code.

For any information about the Code, including a copy of the Code, contact Calliden or The Insurance Ombudsman Service on 1300 78 08 08 or look at www.codeofpractice.com.au