

# D-Pax Insurance



## Combined Product Disclosure Statement and Policy Wording

This document contains your Insurance Policy terms, Provisos and Conditions. It is important that you read and understand it and retain it in a safe place.



## How this insurance is arranged

This Insurance is issued/insured by:

AIG Australia Limited (AIG)  
ABN 93 004 727 753, AFSL 381686  
Level 12, 717 Bourke Street, Docklands Vic 3008

AIG issues/insures this product pursuant to an Australian Financial Services Licence (AFSL) granted to us by the Australian Securities and Investments Commission.

AIG prepared this **Product Disclosure Statement**.

Date prepared: 1 November 2015  
JM 11/01695.3

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# Product Disclosure Statement (PDS)

## 1. What is the Product Disclosure Statement?

The Product Disclosure Statement ('PDS') contains information about key benefits and significant features of this D-Pax Insurance.

The purpose of the PDS is to assist **your** purchasing decision and ability to compare this product with other insurance. This document also contains important information about **your** rights and obligations including the Cooling Off Period. Please retain this document in a safe place.

**The terms and conditions of your insurance are contained in the Policy Wording.**

Details about the product issuer can be found on page 1 'How this insurance is arranged'.

## 2. Eligibility

This insurance is only available to:

- Members of the Australian Defence Force, both permanent and reservists;
- Employees of the Department of Defence, DFAT and the Attorney General's Department, and other departments that assist or advise the Defence Department or the broader defence community;
- Civilians – whether as individuals, contractors or employees of companies – who work for, advise or assist the broader defence community.

## 3. Key Benefits of Your Policy

You can select cover under the following Plans:

### Family Plan

Provides cover for both **you**, and **your spouse** and/or each **dependent child**.

### Individual Plan

Provides cover for **you** only.

**You** can select from four (4) levels of cover for **you** under Individual Plan or for **you**, and **your spouse** and/or **dependent children** under Family Plan for a specified range of Events including:

- **Injury** (as defined) resulting in disability.
- **Injury** (as defined) resulting in fractured bones.
- **Injury** (as defined) resulting in the **permanent** or **total loss** of the use of various senses or body parts.
- **Injury** (as defined) resulting in accidental death.

Please note: **Dependent children** will be covered for \$20,000 under Event 20 (Accidental Death) if the Family Plan is selected regardless of the level of cover **you** select for **you** and **your spouse**.

Cover under Event 1 (**Permanent loss of independent existence**) is not available to **dependent children** under the age of seven (7) years.

## Optional Extension - High Risk Location Cover

For an additional premium, **your** policy (Individual or Family) can be extended to cover **insured person(s)** whilst in a **high risk location** as defined.

The compensation for all **insured persons** who have purchased the **Optional Extension - High Risk Location** Cover will be 50% of the sum insured shown below for Events occurring in a **high risk location**.

No waiting period is required for this **optional extension**.

Cover is limited to the benefits and level of cover shown on **your** Policy Schedule and is subject to the terms, conditions and exclusions in the Policy Wording.

This insurance does not provide weekly benefits for loss of income. Benefits are payable regardless of any Workers Compensation, Medicare, superannuation, private health insurance or third party insurance payouts that you may be entitled to.

The compensation for each level of cover is as listed in the Schedule of Benefits below:

EVENTS	THE COMPENSATION			
<b>Important:</b> If <b>you</b> have purchased the <b>Optional Extension Plan - High Risk Location</b> Cover for <b>your</b> policy (Individual or Family), the compensation for all <b>Insured Persons</b> will be 50% of the sum insured shown below for Events occurring in a <b>high risk location</b> .				
<i>Injury</i> , as defined resulting in:	LEVEL 4	LEVEL 3	LEVEL 2	LEVEL 1
*1. <i>Permanent loss of independent existence</i>	\$500,000	\$250,000	\$125,000	\$50,000
2. <i>Permanent quadriplegia</i>	\$500,000	\$250,000	\$125,000	\$50,000
3. <i>Permanent paraplegia</i>	\$500,000	\$250,000	\$125,000	\$50,000
4. <i>Permanent total loss of entire sight of both eyes</i>	\$500,000	\$250,000	\$125,000	\$50,000
5. <i>Permanent total loss of use of two limbs</i>	\$500,000	\$250,000	\$125,000	\$50,000
6. <i>Permanent total loss of use of one limb and the entire sight of one eye</i>	\$500,000	\$250,000	\$125,000	\$50,000
7. <i>Permanent total loss of use of one limb</i>	\$250,000	\$125,000	\$62,500	\$25,000
8. <i>Permanent total loss of Hearing in (a) both ears</i>	\$350,000	\$175,000	\$87,500	\$35,000
(b) one ear	\$ 70,000	\$35,000	\$17,500	\$7,000
9. <i>Permanent total loss of speech</i>	\$350,000	\$175,000	\$87,500	\$35,000

\* Event 1 (**permanent loss of independent existence**) is not available to **dependent children** aged under seven (7) years of age.

EVENTS	THE COMPENSATION			
	LEVEL 4	LEVEL 3	LEVEL 2	LEVEL 1
<i>Injury</i> , as defined resulting in:				
10. <i>Permanent total loss</i> of entire sight of one eye	\$250,000	\$125,000	\$62,500	\$25,000
11. <i>Permanent total loss</i> of the lens of one eye	\$100,000	\$50,000	\$25,000	\$10,000
12. Third degree burns and/or resultant disfigurement received from fire or chemical reaction which extend to cover more than 40% of the total body surface area (TBSA).	\$200,000	\$100,000	\$50,000	\$20,000
13. <i>Permanent total loss</i> of use of one <i>hand</i> or <i>foot</i>	\$200,000	\$100,000	\$50,000	\$20,000
14. <i>Permanent total loss</i> of use of one thumb and one finger	\$50,000	\$25,000	\$12,500	\$5,000
15. <i>Permanent total loss</i> of use of one thumb on either <i>hand</i>	\$40,000	\$20,000	\$10,000	\$4,000
16. <i>Permanent total loss</i> of use of one finger or toe	\$20,000	\$10,000	\$5,000	\$2,000
17. <i>Permanent</i> partial disablement not otherwise provided for under Events 1-16 **Where the percentage reduction in whole bodily function is certified by not less than two (2) legally qualified medical practitioners one of whom shall be the <i>insured person's</i> treating doctor and the other shall be nominated by <i>us</i> .  In the event of a disagreement between them, a third legally qualified medical practitioner's opinion shall be obtained and the percentage awarded shall be the average of the three (3) opinions.	Such % of \$375,000**	Such % of \$187,500**	Such % of \$95,000**	Such % of \$37,500**

EVENTS	THE COMPENSATION			
	LEVEL 4	LEVEL 3	LEVEL 2	LEVEL 1
<i>Injury</i> , as defined resulting in:				
18. <i>Broken bones or simple fractures</i> <i>Injuries</i> resulting in breaks or simple fractures to:				
(a) 1 or more vertebrae of the neck or spine	\$25,000	\$12,500	\$6,250	\$2,500
(b) Hip, pelvis	\$15,000	\$7,500	\$3,750	\$1,500
(c) Skull, shoulder blade	\$10,000	\$5,000	\$2,500	\$1,000
(d) Collarbone, upper leg	\$ 8,000	\$4,000	\$2,000	\$800
(e) Upper arm, kneecap	\$ 5,000	\$2,500	\$1,750	\$700
(f) Forearm, elbow, lower leg, jaw	\$ 5,000	\$2,500	\$1,250	\$500
(g) Wrist, cheek, ankle, <i>hand, foot</i>	\$ 4,000	\$2,000	\$1,000	\$400
(h) 1 or more ribs	\$3,000	\$1,500	\$750	\$300
(i) 1 or more fingers, thumbs or toes	\$1,000	\$500	\$250	\$100
Maximum amount payable for any one <i>injury</i> under Event 18.	\$25,000	\$12,500	\$6,250	\$2,500
19. The <i>insured person</i> being a <i>bed care patient</i> . If, as a result of <i>injury</i> as defined, an <i>insured person</i> becomes a <i>bed care patient</i> , we will pay a weekly benefit (up to a maximum of four (4) weeks) that the <i>insured person</i> remains a <i>bed care patient</i> beginning with the first day of confinement. A daily rate of 1/7th of the weekly <i>bed care patient</i> Benefit will be paid if an <i>insured person</i> remains a <i>bed care patient</i> for less than seven (7) days.	\$400 per week	\$300 per week	\$200 per week	\$100 per week
20. Accidental Death***	\$500,000	\$250,000	\$125,000	\$50,000

Please Note:

In the event of multiple injuries sustained in the same accident, only the Event (Events 1 to 17, 20) insured for the highest amount on the Plan selected will be compensated.

\*\*\* *Dependent children* will be covered for \$20,000 only under Event 20 if Family Plan is purchased regardless of the level of cover selected.

## Special Provisions – Additional Benefits

**Home Renovation Benefit:** If as a result of resulting in any one of the Events 1 to 6, will pay 80% of the cost incurred for such renovations to a maximum of \$10,000 regardless of the level of cover selected as provided in Special Provisions – Additional Benefits 1.

**Accidental HIV Infection Benefit:** will pay to the compensation of \$25,000 regardless of the level of cover selected if the accidentally contracts the Human Immunodeficiency Virus (H.I.V.) infection as provided in Special Provisions – Additional Benefits 2.

**Spouse and Dependent children:** Benefit- \$5,000, Benefit – \$5,000 for each *dependent child* to a maximum of \$15,000 – regardless of the level of cover selected as provided in Special Provisions – Additional Benefits 3.

## 4. Important information

Please read the Policy Wording carefully for full details about lodging a claim and the benefits, terms and conditions that apply to this insurance. Take special note of the following:

- The **Policy Wording** contains a **Definitions** section on **page 13** and Conditions that apply to this insurance at **page 12**.
- Words that are emphasised by the use of bold and italics have the meaning given to them in **Definitions** section on **page 13**.
- **Special Provisions** apply to this **Policy Wording** that may impact upon the compensation payable. It is important that carefully read the sections of the **Policy Wording** titled '**Special Provisions**' and '**Special Provisions – Additional Benefits**' on **pages 16** and **17** of the **Policy Wording**.
- There are some circumstances where cover cannot be provided. These are covered in the **Policy Wording**. Please take special note of the **Exclusions** applicable to all sections of the policy listed on **page 15** of the **Policy Wording**.
- **Age limits** apply to this policy. To be eligible for cover under this policy and must not be less than 18 years of age or more than 70 years of age. Full details of age limits can be found on **page 16** of the **Policy Wording**.

This **PDS** also contains important information about the rights and obligations of including information about Privacy, and the General Insurance Code of Practice.

## 5. Costs

Premiums vary depending on the cover select:

- Individual or Family Plan cover; and
- the level of cover (Level 1, 2, 3 or 4); and
- **Optional Extension**- Cover for the Plan selected.

The Application Form shows the premium rates for:

- Accidental **Injury** and Accidental death for each level of cover available for Individual or Family Plan cover; and
- **Optional extension**– Cover for each level of cover available under each Individual Plan or Family Plan cover.

The premium amount will also be shown on **Policy Schedule** and includes government charges such as Stamp Duty and GST.

Cover is limited to the benefits and maximum sums insured listed in the **Schedule of Benefits** and is subject to the terms, conditions and exclusions in the **Policy Wording**.

## 6. Cooling Off Period

**You** have 14 days after the day **you** receive this Policy to check that the Policy and benefits meet **your** needs. This is known as the cooling off period. Within this period **you** may cancel the Policy and receive the full refund of all premiums paid. To cancel **your** Policy during the cooling off period, please send **us your** written request to cancel the Policy.

The cooling off period ceases if **you** make a claim before the fourteen (14) day cooling off period has expired.

## 7. How to make a claim

Information on claims can be found under the section titled '**Conditions – 6. Claims Procedure**' in the **Policy Wording** on page 19. Please read this carefully.

Claims need to be submitted with original supporting documentation such as doctor's reports and proof of identity. Claims should be delivered to the address shown on the outside cover of this document. Please refer to the **Policy Wording** for further details about the above.

## 8. Code of Practice

AIG is a signatory to the General Insurance Code of Practice. This aims to raise the standards of practice and service in the insurance industry, improve the way the claims and complaints are handled and help people better understand how general insurance works. Information brochures on the Code are available upon request.

## 9. Dispute Resolution

We are committed to handling any complaints about *our* products or services efficiently and fairly. If *you* have a complaint:

1. Contact on dedicated complaints line – 1800 339 669.
2. If *your* complaint is not satisfactorily resolved *you* may request that *your* matter be reviewed by management by writing to:  
  
The Compliance Manager  
AIG  
Level 12, 717 Bourke Street  
Docklands VIC 3008
3. If *you* are still unhappy, *you* may request that the matter be reviewed by *our* Internal Dispute Resolution Committee (“Committee”). We will respond to *you* with the Committee’s findings within 15 working days.
4. If *you* are not satisfied with the findings of the Committee, *you* may be able to take *your* matter to an independent dispute resolution body, Financial Ombudsman Service (FOS). This external dispute resolution body can make decisions with which AIG is obliged to comply.

### Contact details are:

Financial Ombudsman Service  
Phone: 1300 780 808 (local call fee applies)  
Email: [info@fos.org.au](mailto:info@fos.org.au)  
Internet: [www.fos.org.au](http://www.fos.org.au)  
GPO Box 3, Melbourne, VIC 3001

## 10. Privacy Notice

This notice sets out how AIG collects, uses and discloses personal information about:

- *you*, if an individual; and
- other individuals *you* provide information about.

Further information about *our* Privacy Policy is available at [www.aig.com.au](http://www.aig.com.au) or by contacting us at [australia.privacy.manager@aig.com](mailto:australia.privacy.manager@aig.com) or on 1300 030 886.

### How we collect *your* personal information

AIG usually collects personal information from *you* or *your* agents.

AIG may also collect personal information from:

- *our* agents and service providers;
- other insurers;
- people who are involved in a claim or assist *us* in investigating or processing claims, including third parties claiming under *your* policy, witnesses and medical practitioners;

- third parties who may be arranging insurance cover for a group that *you* are a part of;
- providers of marketing lists and industry databases; and
- publically available sources.

### Why we collect *your* personal information

AIG collects information necessary to:

- underwrite and administer *your* insurance cover;
- maintain and improve customer service; and
- advise *you* of *our* and other products and services that may interest *you*.

*You* have a legal obligation under the Insurance Contracts Act 1984 to disclose certain information. Failure to disclose information required may result in AIG declining cover, cancelling *your* insurance cover or reducing the level of cover, or declining claims.

### To whom we disclose *your* personal information

In the course of underwriting and administering *your* policy we may disclose *your* information to:

- entities to which AIG is related, reinsurers, contractors or third party providers providing services related to the administration of *your* policy;
- banks and financial institutions for policy payments;
- assessors, third party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim;
- other entities to enable them to offer their products or services to *you*; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

AIG is likely to disclose information to some of these entities located overseas, including in the following countries: United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as any country in which *you* have a claim and such other countries as may be notified in our Privacy Policy from time to time.

*You* may request not to receive direct marketing communications from AIG.

### Access to *your* personal information

*Our* Privacy Policy contains information about how *you* may access and seek correction of personal information we hold about *you*. In summary, *you* may gain access to *your* personal information by submitting a written request to AIG.

In some circumstances permitted under the Privacy Act 1988, AIG may not permit access to *your* personal information. Circumstances where access may be denied include where it would have an unreasonable impact on the privacy of other individuals, or where it would be unlawful.



### **Complaints**

*Our* Privacy Policy also contains information about how *you* may complain about a breach of the applicable privacy principles and how *we* will deal with such a complaint.

### **Consent**

*Your* application includes a consent that *you* and any other individuals *you* provide information about consent to the collection, use and disclosure of personal information as set out in this notice.

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**Policy Wording**  
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# Policy Wording

## Important Notes

1. This document contains **your** Insurance Policy Terms and Conditions. It is important that **you** read and understand it and retain it in a safe place.
2. Please inform **us** immediately of any change in **your**:
  - (a) Address; and/or
  - (b) any other changes affecting the **insured persons** which may require an alteration in the policy.
3. This insurance does not provide weekly benefits for loss of income.
4. **Dependent children** under the age of seven (7) years will not be covered under Event 1 – **Permanent loss of independent existence**.
5. From time to time **we** may vary premium payments for all policies in the Plan selected, such premium variation shall be notified to **you** in writing and will take effect from **your** next **premium due date**.
6. **You** should also note that **we** may elect to no longer provide insurance under the Plan selected, **we** may decline to accept further premium or to renew **your** insurance after the next **premium due date**. In that event **we** shall notify **you** in writing at least sixty (60) days before **your** cover ceases.

## Policy Conditions

The **insured person(s)** named in the Policy Schedule are insured against accidental **injury** and accidental death as a result of **injury** on the following terms.

## Agreement

All cover is subject to **you** paying or agreeing to pay the premium **we** require, and is subject to all the terms, Conditions, Definitions, Special Provisions and Exclusions of this Policy including the Policy Schedule.

## Your Duty of Disclosure

Before **you** enter into an insurance contract, **you** have a duty of disclosure under the Insurance Contracts Act 1984.

If **we** ask **you** questions that are relevant to **our** decision to insure **you** and on what terms, **you** must tell **us** anything that **you** know and that a reasonable person in the circumstances would include in answering the questions.

**You** have this duty until **we** agree to insure **you**.

## If you do not tell us something

If **you** do not tell **us** anything **you** are required to tell **us**, **we** may cancel **your** contract or reduce the amount **we** will pay **you** if **you** make a claim, or both.

If **your** failure to tell **us** is fraudulent, **we** may refuse to pay a claim and treat the contract as if it never existed.

## Definitions

**Words that are emphasised by the use of italics and bold have the meaning given to them in this Definitions section.**

**Activities of daily living** means

- a) Transferring means the ability of the **insured person** to move in and out of a chair or bed without the assistance of another person. The **insured person** will be considered to be able to transfer themselves even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorised devices are used.
- b) Dressing means the ability of the **insured person** to put on and take off all garments and medical braces or artificial **limbs** usually worn and to fasten and unfasten them, without the assistance of another person. The **insured person** will be considered to be able to dress themselves even if the above tasks can be performed only by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.
- c) Toileting means the ability of the **insured person** to get to and from as well as on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing without the assistance of another person. The **insured person** will be considered able to toilet themselves even if they have an ostomy and are able to empty it themselves, or if the **insured person** uses a commode, bedpan or urinal, and are able to empty and clean it without the assistance of another person.
- d) Bathing/Washing means the ability of the **insured person** to wash themselves either in the bath or shower or by sponge bath without the assistance of another person. The **insured person** will be considered to be able to bathe themselves even if the above tasks can only be performed in the bath or shower by using equipment or adaptive devices.
- e) Eating means the ability of the **insured person** to get nourishment into the body by any means once it has been prepared and made available to the **insured person** without the assistance of another person.

**Bed care patient** means an **insured person** who is confined in bed under the regular daily attendance and care of a professional carer (not a family member) directly resulting from a covered **injury** and certified as necessary by a legally qualified medical practitioner. This does not include confinement in any



of the following institutions in which an **insured person** resides at the time of the **injury** giving rise to the claim – nursing or convalescent home, a geriatric ward, a mental institution, a rehabilitation or extended care facility for the elderly or a place for the care or treatment of alcohol and drug dependencies.

**Dependent children** mean the unmarried children of the **insured person** who are:

- (a) under nineteen (19) years of age; or
- (b) under twenty-five (25) years of age while they are full-time students at an accredited institution of higher learning; and at the time of an Event giving rise to a claim are primarily dependent on the **insured person** for maintenance and support.

**Dependent children** includes step or legally adopted children.

**Foot** means the entire foot below the ankle joint.

**Hand** means the entire hand below the wrist joint.

**High risk location** means a country or a specific location within a country for which the Australia Government Department of Foreign Affairs & Trade advises DO NOT TRAVEL.

**Injury** means a bodily **injury** to an **insured person** resulting from an accident caused by violent, external and visible means and occurring solely and directly and independently of any other cause including any pre-existing physical or congenital condition (except sickness or disease directly resulting from medical or surgical treatment rendered necessary by an **injury** or to infection directly resulting from an **injury**, provided that in each case the **injury** itself is covered by this Policy; or to accidental food poisoning), provided the **injury**:

- (a) occurs on or after the **insured person's** effective date of individual insurance; and
- (b) results in any of the Events specified in the Schedule of Benefits within twelve (12) calendar months from the date of such **injury**.

**Insured person(s)** shown on **your** Policy Schedule under the Plan selected, means:

- (a) **you**, if **you** selected "Individual Plan" on **your** Application Form; or
- (b) **you**, **your spouse** and any **dependent child(ren)**, if **you** selected "Family Plan" on **your** Application Form.

**Limb** means any part of the arm between the shoulder and the wrist or any part of the leg between the hip and the ankle.

**Loss of independent existence** means when as a result of a covered **Injury** an **insured person** is unable to perform three (3) or more of the **activities of daily living**.

**Optional Extension** means optional cover for **high risk location** and as shown in the Policy Schedule for Optional Extension – **High Risk Location** Cover.

**Paraplegia** means **permanent** and entire paralysis of both legs and part or whole of the lower half of the body.

**Permanent** means lasting twelve (12) calendar months from the date of occurrence and at the end of that period being beyond hope of improvement.

**Premium due date** means, for periodically paid premiums, the end of each period when the premium is payable.

**Quadriplegia** means **permanent** and entire paralysis of both legs and both arms.

**Spouse** means the husband or wife or any de-facto partner of the **insured person** who has continuously lived with the **insured person** for at least three (3) calendar months prior to an Event giving rise to a claim under this Policy.

**Total loss** means, with reference to the body parts listed below:

- (a) Where that body part is a **hand, foot**, finger or toe, **total loss** means the **permanent** and total physical loss or loss of use of that body part referenced in the Schedule of Benefits; or
- (b) For an eye, entire and irrecoverable loss of sight in that eye; or
- (c) For an ear, entire and irrecoverable loss of hearing in that ear; or
- (d) For speech, the entire and irrecoverable loss of speech; or
- (e) For a **limb**, the **permanent** and total physical loss or loss of use of any part of the arm between the shoulder and the wrist or any part of the leg between the hip and the ankle.

**We/our/us** means AIG Australia Limited  
ABN 93 004 727 753 AFSL 381686.

**You/your** means the person who has signed the Application Form.

## Exclusions

The Policy shall not apply to any Event arising directly or indirectly out of:

1. Intentional self-injury, suicide, or criminal or illegal act of the **insured person** who is the subject of the claim.
2. Sickness, disease or any kind of infection however contracted. This exclusion however, does not apply to sickness or disease directly resulting from medical or surgical treatment rendered necessary by an **injury** or to infection directly resulting from an **injury**, provided that in each case the **injury** itself is covered by this Policy; or to accidental food poisoning.
3. Having a blood alcohol content over the prescribed legal limit when driving or operating any motor vehicle, and/or being under the influence of intoxicating liquor and/or being under the influence of any drug other than a drug taken or administered by, or in accordance with the advice of a legally qualified medical practitioner.

4. The **insured person** engaging in any professional sport, meaning his/her livelihood is substantially dependent on income received as a result of him/her playing sport.
5. Racing in or on any motor powered conveyance, excluding social club car rallies.
6. Any Event as listed on the Schedule of Benefit as a result of an **injury** whilst an **insured person** is in a **high risk location** unless the **Optional Extension-High Risk Location Cover** has been purchased and is in force at the time of the Event occurring.

## Exposure

If any of the Events occurs as the result of unexpected exposure to the elements following an **injury**, we will assume that the **insured person** has sustained **injury** as defined and will pay the compensation for that Event.

## Disappearance

If an **insured person** disappears and after twelve calendar months it is reasonable for us to believe they have died due to an insured **injury**, we will pay the compensation shown for Event 20 (Death Benefit) for the relevant level of cover selected and as shown on the Policy Schedule subject to receipt of a signed undertaking by his/her estate that any such compensation shall be refunded if it is later demonstrated that the **insured person** did not die as a result of an **injury**.

## Special provisions

1. (a) Compensation shall not be payable for more than one of the Events 1-17 in respect of the same **injury**.  
(b) In the event of multiple Injuries sustained in the same accident, only the Event (Events 1 to 20) insured for the highest amount on the Plan selected will be compensated.
2. Compensation shall not be payable unless as soon as possible after the happening of any **injury** giving or likely to give rise to a claim, the **insured person** obtains and follows proper medical advice from a legally qualified medical practitioner.
3. Compensation owing to the **insured person** at the date of his/her death will be paid in accordance with any beneficiary designation that may be in force at the time of claim, or to his/her estate. All other Compensation will be payable to **you**.

### 4. Age Limits

We will not be liable for any Event, which happens to an **insured person** aged under eighteen (18) years (except **dependent children**) or aged seventy (70) years of age or over.

5. Event 1 (**permanent loss of independent existence**) is not available to **dependent children** aged under seven (7) years of age.
6. **Dependent children** are covered for a maximum of \$20,000 for Event 20 (Accidental Death benefit) if Family Plan is purchased regardless of the level of cover selected.

## Special Provisions – Additional Benefits

### 1. Home Renovation Benefit

If as a direct result of **injury** resulting in any one of the Events 1 to 6, the **insured person** is required to renovate his or her existing residence (including but not limited to the installation of ramps for external or internal wheel chair access, internal guide rails, emergency alert system and similar disability aids) necessary for the **insured person** to perform daily lifestyle activities (i.e. the ability of the **insured person** to dress, bathe, toilet and feed without any assistance) and to remain in and move around his or her existing residence, we will pay 80% of the cost incurred for such renovations to a maximum of \$10,000 regardless of the level of cover selected. This Benefit is only payable:

- (a) where such renovations are undertaken with **our** prior written agreement and the agreement of the **insured person's** attending medical practitioner; and
- (b) in respect of one residence only.

### 2. Accidental H.I.V. Infection Benefit

We will pay to the **insured person** compensation of \$25,000 regardless of the level of cover selected if the **insured person** accidentally contracts the Human Immunodeficiency Virus (H.I.V.) infection:

- (a) as a direct result of **injury** caused by a physical and violent bodily assault by another person on the **insured person** while he or she is covered under this Policy; or
- (b) as a direct result of the administering of medical treatment provided by a registered and legally qualified medical practitioner or registered nurse to an **insured person's** covered **injury** while he or she is insured under this Policy.

### Special Conditions

- (a) Compensation will only be payable if the **insured person** is positively diagnosed within 180 days of the event giving rise to the H.I.V. infection.
- (b) Compensation shall not be payable unless any event leading to or likely to lead to a positive diagnosis of H.I.V. is reported to us and medical tests are carried out by a registered and legally qualified medical practitioner no more than forty eight (48) hours from the time and date of the event giving rise to the H.I.V. infection.
- (c) The medical tests (to be made by recognised laboratory and clinical tests) carried out in connection with this Benefit must

prove conclusively that the *insured person* was not H.I.V. positive at the time and date of the event giving rise to the H.I.V. infection. No Compensation is payable if *you* or the *insured person* fail to comply with or to provide the required level of proof.

### 3. Spouse and Dependent Children Benefit

If an *insured person* has a *spouse* and/or any *dependent children* and he/she suffers an *injury*, which results in Events 1, 2, 3 or 20, *we* will pay the following amounts in addition to the Compensation payable for an *insured person*:

- (a) *Spouse* Benefit – \$5,000 – regardless of the level of cover selected.
- (b) *Dependent children* Benefit – \$5,000 for each *dependent child* to a maximum of \$15,000 – regardless of the level of cover selected.

Please note: This Event is payable regardless of the Plan selected.

## Conditions

### 1. Eligibility

This insurance is only available to:

- Members of the Australian Defence Force, both *permanent* and reservists;
- Employees of the Department of Defence, DFAT and the Attorney General's Department, and other departments that assist or advise the Defence Department or the broader defence community;
- Civilians – whether as individuals, contractors or employees of companies – who work for, advise or assist the broader defence community.

### 2. Cover

This Policy provides the *insured person(s)* with Insurance cover under those Sections of the Policy selected by *you* and/or the *insured person* in *your* and/or the *insured person's* Application Form for this Insurance. The selected cover is shown in the Policy Schedule.

### 3. Effective Date Of Individual Insurance

The Insurance of any *insured person* (as specified in the Policy Schedule) will become effective on the latest of the following dates:

- (a) on the commencing date of the Policy Period set out in the Policy Schedule;
- (b) on the date such *insured person* becomes eligible for insurance under this Policy;
- (c) where an Application Form is required by *us*, on the date of *our* acceptance of the *insured person's* written Application Form.

### 4. Individual Terminations

The Insurance of any *insured person* will immediately terminate on the earliest of the following dates:

- (a) on the date this Policy is terminated;
- (b) on the date *you* request that such *insured person* be removed as an *insured person*;
- (c) on the *premium due date* if *you* fail to pay the required premium except as the result of inadvertent error; or
- (d) on the date such *insured person* ceases to be eligible for insurance under this Policy.

### 5. Cancellation

- (a) *You* may cancel this Policy at any time by giving *us* written notice of cancellation, in which case *we* will retain *our* usual short-term rate for the time the Policy was in force.
- (b) *We* may cancel or lapse this Policy in the event:
  - (i) *you* fail to make the payment in the manner nominated by *you* on *your* Application Form on the *premium due date*; or
  - (ii) *your* credit provider fails to make payment in the manner nominated by *you* on *your* Application Form; and
  - (iii) the payment is thirty (30) days overdue.

This condition applies as each and every premium becomes due and cannot be disregarded by *you* because *we* have previously accepted a premium thirty (30) days after the *premium due date*. The effect of this is that *your* insurance may be lapsed by *us* if *your* premium is not received within thirty (30) days of being due and claims for *injuries* occurring after the *premium due date* may be denied. *Your* insurance shall not be prejudiced by failure of *your* credit provider to transmit reports, pay premium or comply with any of the provisions of the Policy, when such failure is due to inadvertent error or clerical mistake.

- (c) *We* may cancel *your* Policy as provided under sub-section 60(1) of the Insurance Contract Act.

### 6. Claims Procedure

- (a) Please provide *us* with notice of *your* claim and supporting evidence within thirty (30) days of the occurrence of any Event or as soon thereafter as is reasonably possible.

Notice may be provided by completing a claim form available by telephone on 1800 331 610 (outside Melbourne area) or 9522 4000 (Melbourne Only) or by submitting a claim over the internet at [www.aig.com.au](http://www.aig.com.au). *We* will advise *you* of the additional information required. *You* must provide this information to *us* in a reasonable time. *You* should keep a copy of any documents that may be required to support *your* claim.

- (b) All certificates and evidence required by **us** shall be furnished at the expense of the **insured person/you** for any claimant hereunder and shall be in such form and of such nature as **we** shall prescribe.
- (c) **We** may have the **insured person** medically examined at **our** expense when and as often as **we** may reasonably require after a claim has been made, or in the Event of the **insured persons** Death arrange an autopsy unless this is illegal in the country in which the autopsy is to be performed.

## 7. Australian Law

This Policy is governed by the Laws of the Australian State or Territory it was issued in and any dispute or action in connection therewith shall be conducted and determined in Australia.

## 8. Fraud and Misstatement

Any fraud, misstatement or concealment by the Insured and/or **you** either in **your** completed Application Form on which this insurance is based or in relation to any other matter affecting this insurance or in connection with the making of any claim there under may give **us** certain rights provided for in the Insurance Contracts Act 1984, including the right to reduce or refuse payment of any claim, cancel or void the Policy.

## 9. Tax Or Imposts

Where **we** are, or believe **we** will become liable for any tax or other imposts levied by any Commonwealth or State Government, authority or body in connection with this Policy, **we** may reduce, vary or otherwise adjust any amounts (including but not limited to premiums, charges and benefits), under this Policy in the manner and to the extent that **we** determine to be appropriate to take account of the tax or impost.

## 10. Currency

All amounts shown in this Policy are in Australian currency (AUD). If expenses or losses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount payable in Australian currency (AUD) will be the rate at the time of incurring the expense or suffering the loss.

## 11. Proof of Loss

After **we** receive notice of a claim **we** will provide **you** and/or the **insured person** with **our** usual claim forms for completion.

The claim forms must be properly completed and all evidence required by **us** shall be furnished in a timely manner at the expense of **you** and/or **insured person** and be in such form and of such nature as **we** may require.

## 12. Assignability

This Policy and any rights thereunder shall not be assignable without **our** agreement and prior written consent.

## Benefits and Compensation

This Policy provides cover only in respect of the level of cover as selected and stipulated below and **Optional Extension** selected by **you** in **your** Application Form and shown on **your** Policy Schedule.

### Family Plan

Provides cover for both **you** and **your spouse** and each **dependent child**.

### Individual Plan

Provides cover for **you** only.

EVENTS	THE COMPENSATION			
<b>Important:</b> If <b>you</b> have purchased the <b>Optional Extension Plan - High Risk Location</b> Cover for <b>your</b> policy (Individual or Family), the compensation for all <b>Insured Persons</b> will be 50% of the sum insured shown below for Events occurring in a <b>high risk location</b> .				
Injury, as defined resulting in:	LEVEL 4	LEVEL 3	LEVEL 2	LEVEL 1
*1. <b>Permanent loss of independent existence</b>	\$500,000	\$250,000	\$125,000	\$50,000
2. <b>Permanent quadriplegia</b>	\$500,000	\$250,000	\$125,000	\$50,000
3. <b>Permanent paraplegia</b>	\$500,000	\$250,000	\$125,000	\$50,000
4. <b>Permanent total loss of entire sight of both eyes</b>	\$500,000	\$250,000	\$125,000	\$50,000
5. <b>Permanent total loss of use of two limbs</b>	\$500,000	\$250,000	\$125,000	\$50,000
6. <b>Permanent total loss of use of one limb and the entire sight of one eye</b>	\$500,000	\$250,000	\$125,000	\$50,000
7. <b>Permanent total loss of use of one limb</b>	\$250,000	\$125,000	\$62,500	\$25,000
8. <b>Permanent total loss of Hearing in (a) both ears</b>	\$350,000	\$175,000	\$87,500	\$35,000
(b) one ear	\$ 70,000	\$35,000	\$17,500	\$7,000
9. <b>Permanent total loss of speech</b>	\$350,000	\$175,000	\$87,500	\$35,000
10. <b>Permanent total loss of entire sight of one eye</b>	\$250,000	\$125,000	\$62,500	\$25,000
11. <b>Permanent total loss of the lens of one eye</b>	\$100,000	\$50,000	\$25,000	\$10,000
12. Third degree burns and/or resultant disfigurement received from fire or chemical reaction which extend to cover more than 40% of the total body surface area (TBSA).	\$200,000	\$100,000	\$50,000	\$20,000
13. <b>Permanent total loss of use of one hand or foot</b>	\$200,000	\$100,000	\$50,000	\$20,000

\* Event 1 (**permanent loss of independent existence**) is not available to **dependent children** aged under seven (7) years of age.

EVENTS	THE COMPENSATION			
	LEVEL 4	LEVEL 3	LEVEL 2	LEVEL 1
<i>Injury</i> , as defined resulting in:				
14. <i>Permanent total loss</i> of use of one thumb and one finger	\$50,000	\$25,000	\$12,500	\$5,000
15. <i>Permanent total loss</i> of use of one thumb on either <i>hand</i>	\$40,000	\$20,000	\$10,000	\$4,000
16. <i>Permanent total loss</i> of use of one finger or toe	\$20,000	\$10,000	\$5,000	\$2,000
17. <i>Permanent</i> partial disablement not otherwise provided for under Events 1-16 **Where the percentage reduction in whole bodily function is certified by not less than two (2) legally qualified medical practitioners one of whom shall be the <i>insured person's</i> treating doctor and the other shall be nominated by us.  In the event of a disagreement between them, a third legally qualified medical practitioner's opinion shall be obtained and the percentage awarded shall be the average of the three (3) opinions.	Such % of \$375,000**	Such % of \$187,500**	Such % of \$95,000**	Such % of \$37,500**
18. <i>Broken bones or simple fractures Injuries</i> resulting in breaks or simple fractures to: (a) 1 or more vertebrae of the neck or spine (b) Hip, pelvis (c) Skull, shoulder blade (d) Collarbone, upper leg (e) Upper arm, kneecap (f) Forearm, elbow, lower leg, jaw (g) Wrist, cheek, ankle, <i>hand, foot</i> (h) 1 or more ribs (i) 1 or more fingers, thumbs or toes	\$25,000 \$15,000 \$10,000 \$8,000 \$5,000 \$5,000 \$4,000 \$3,000 \$1,000	\$12,500 \$7,500 \$5,000 \$4,000 \$2,500 \$2,500 \$2,000 \$1,500 \$500	\$6,250 \$3,750 \$2,500 \$2,000 \$1,750 \$1,250 \$1,000 \$750 \$250	\$2,500 \$1,500 \$1,000 \$800 \$700 \$500 \$400 \$300 \$100

Please Note:  
In the event of multiple *injuries* sustained in the same accident, only the Event (Events 1 to 17, 20) insured for the highest amount on the Plan selected will be compensated.

EVENTS	THE COMPENSATION			
	LEVEL 4	LEVEL 3	LEVEL 2	LEVEL 1
<i>Injury</i> , as defined resulting in:				
Maximum amount payable for any one <i>injury</i> under Event 18.	\$25,000	\$12,500	\$6,250	\$2,500
19. The <i>insured person</i> being a <i>bed care patient</i> . If, as a result of <i>injury</i> as defined, an <i>insured person</i> becomes a <i>bed care patient</i> , we will pay a weekly benefit (up to a maximum of four (4) weeks) that the <i>insured person</i> remains a <i>bed care patient</i> beginning with the first day of confinement. A daily rate of 1/7th of the weekly <i>bed care patient</i> Benefit will be paid if an <i>insured person</i> remains a <i>bed care patient</i> for less than seven (7) days.	\$400 per week	\$300 per week	\$200 per week	\$100 per week
20. Accidental Death***	\$500,000	\$250,000	\$125,000	\$50,000

\*\*\* *Dependent children* will be covered for \$20,000 only under Event 20 if Family Plan is purchased regardless of the level of cover selected.

### Special Provisions – Additional Benefits

#### Home Renovation Benefit:

If as a result of *injury* resulting in any one of the Events 1 to 6, we will pay 80% of the cost incurred for such renovations to a maximum of \$10,000 regardless of the level of cover selected as provided in Special Provisions – Additional Benefits 1.

#### Accidental HIV Infection Benefit:

We will pay to the *insured person* compensation of \$25,000 regardless of the level of cover selected if the *insured person* accidentally contracts the *Human Immunodeficiency Virus* (H.I.V.) infection as provided in Special Provisions – Additional Benefits 2.

#### Spouse and Dependent children:

*Spouse* Benefit- \$5,000, *Dependent children* Benefit – \$5,000 for each *dependent child* to a maximum of \$15,000 – regardless of the level of cover selected as provided in Special Provisions – Additional Benefits 3.

## Application Form

### D-Pax Insurance

### How to apply for D-Pax insurance.

- 1 Read the **D-Pax Insurance Product Disclosure Statement and Policy Wording** to make sure this cover meets your needs and objectives.
- 2 Select the Cover that suits your needs (see Schedule of Benefits on pages 21-23), then complete the Application Form, including the details of your preferred payment method.

### D-Pax Insurance APPLICATION FORM

#### Personal detail of the Applicant

Title/Rank	
First Name	
Surname	
Address	
Suburb	
State	Postcode
Email	
Home Telephone Number	( )
Work Telephone Number	( )
Date of Birth / /	Employment No./SPI
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Status <input type="checkbox"/> Military <input type="checkbox"/> Civilian
Applicant Signature X	Date / /

- 3 Return the completed Application Form in the Reply Paid envelope provided. Alternatively, fax it to (03) 9522 4651 or email it to [austadmin@aig.com](mailto:austadmin@aig.com)

Tick one box only to select your plan type, level of cover and benefits.

	MONTHLY PREMIUM			
	LEVEL 4	LEVEL 3	LEVEL 2	LEVEL 1
Individual Plan	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$23.00
Family Plan	<input type="checkbox"/> \$180.00	<input type="checkbox"/> \$140.00	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$33.00

	MONTHLY PREMIUM			
	LEVEL 4	LEVEL 3	LEVEL 2	LEVEL 1
Individual Plan	<input type="checkbox"/> \$455.00	<input type="checkbox"/> \$260.00	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$53.00
Family Plan	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$63.00

\* *High Risk Location* Cover - For an additional premium, your policy (Individual or Family) can be extended to cover insured person(s) whilst in a high risk location as defined.

The compensation for all Insured Persons who have purchased the *Optional Extension - High Risk Location* Cover will be 50% of the sum insured shown on the Schedule of Benefits on the back of this form for Events occurring in a *high risk location*.

*High risk location* means a country or a specific location within a country for which the Australian Government Department of Foreign Affairs & Trade advises DO NOT TRAVEL.



## Nominate an alternative contact

Please complete the section below if you wish to authorise another person to act on your behalf when dealing with us regarding your policy.

### Personal detail of the authorised person

I hereby authorise the person named below to deal with my insurance policy on my behalf.

First Name	Surname	
Address		
Suburb	State	Postcode
Date of Birth / /	Applicant Signature	Date / /

### Preferred payment method: Monthly Direct Debit to a credit card or to a bank account.

Please tick one box and complete all details required:

#### Credit Card payment authority

I wish to pay by:  Mastercard  Visa  Amex  Diners

Expiry:

Card Number:

Cardholder Name

Cardholder Signature

Date

X  / /

This authorisation will remain in force until I advise AIG in writing to cancel this authority and applies to all future periods of cover.

#### Direct Debit payment authority on Bank Account

To the Bank manager, I/We (Surname and Given Names)

Request AIG Australia Limited (ABN 93 004 727 753 AFSL 381686) (User ID 000909), to debit funds from my/our nominated account at the financial institution shown below, until further notice in writing given by me/us. This Direct Debit Request is subject to the terms and conditions governing the debit arrangements between me/us and AIG Australia Limited as set out in this Request and in the Direct Debit Request Service Agreement.

Name of the Financial Institution and Branch

Account Holder Name(s)

Account Holder(s) Signatures

Date

X  / /

BSB No.

Account No.

Note: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your financial Institution.

I/We understand that my Insurance will lapse if the installment premium is not received within one month of the relevant Premium Due Date. By signing this application form, you consent to AIG collecting, using and disclosing personal information as set out in AIG's privacy notice in the Product Disclosure Statement. If you have provided or will provide information to AIG about any other individuals, you confirm that you are authorised to disclose his or her personal information to AIG and also to give the above consent on both your and their behalf. We or our business partners may write to you for direct marketing purposes.

If you would prefer not to receive these mailings simply tick the box and your name will be deleted from our mailing list.

OFFICE USE ONLY

AH 11/007.2

PDS JM 11/01695.3

JM 11/01724.3

C/No. DH100M

C/Date / /





Bring on tomorrow<sup>®</sup>

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# Financial Services Guide

1 December 2015

This Financial Services Guide (FSG) is an important document which we are required to give to you under the requirements of our Australian Financial Services Licence (AFSL 313890).

The FSG serves several purposes:

- ▶ provides you with information about Defence Health to help you decide whether to use the financial services we provide;
- ▶ explains the services we can offer and who provides the services;
- ▶ explains how we are remunerated in relation to those services; and
- ▶ includes details of our internal and external complaints handling procedures and how you can access them.

Throughout this FSG, where we refer to 'we', 'us', 'our' or 'Defence Health' we are referring to Defence Health Limited (ABN 80 008 629 481).

## Who is Defence Health?

Defence Health is a registered not-for-profit private health insurer which has been serving the Defence community since 1953.

Defence Health's AFSL authorises Defence Health to:

- (a) provide general financial product advice in respect of selected life risk insurance products and general insurance products; and (b) arrange for you to apply for, acquire, vary or dispose of those financial products.

## What products are available?

Defence Health can only advise on, arrange or deal in life and general insurance products that are selected from its approved product list. These products are underwritten and issued by life insurance and general insurance companies. The approved product list can be obtained on request. Defence Health does not provide financial services in relation to any other financial products.

Defence Health is not the issuer of these products.

## What financial services do we offer?

### General advice

Defence Health can provide you with general advice regarding any insurance product on the approved product list.

This means that we can provide you with information about the products and their key features as well as providing quotes. We can also tell you how you can apply for them and how you can obtain a Product Disclosure Statement (PDS). A PDS contains important information which you need in order to make an informed decision about the particular product. We can also assist you with the purchase of these products.

If you require personal financial product advice or broader financial planning services, you are encouraged to seek professional advice from an appropriately licensed financial services provider.

## How do you do business with us?

Defence Health provides the financial services described in this FSG through its employee representatives. We are responsible for the conduct of our representatives when they provide financial services to you.

## How are we paid for the services we provide?

### General advice – commission only

Defence Health receives commission payments from the product issuers in the range of 10% to 20% of the premiums you pay to the insurer (excluding GST).

Our employee representatives receive salaries only. We do not pay our representatives any commission or bonuses calculated by reference to product sales.

Other than the premiums for the respective products, you pay no other charges or fees for the general advice provided by Defence Health.

## Do we have any associations that influence us?

Defence Health does not have any ownership interests or other associations with any insurer on our approved product list that might influence the financial services we provide.

## What compensation arrangements are in place?

Defence Health has adequate professional indemnity insurance to cover the activities of Defence Health, its staff and representatives with respect to the provision of financial product advice for the life insurance and general insurance products on our approved product list. This insurance complies with the requirements of the Corporations Act and Regulations.

## How do we safeguard your private information?

The privacy of your personal information is important. We have systems and processes in place to protect your privacy. We need to collect personal information to administer our customer relationships and to provide appropriate advice. We may also need to disclose your personal information to the relevant product insurer if we assist you to put insurance in place.

For detailed information on how we handle your personal information, please read our Privacy Policy which you can download from [www.defencehealth.com.au](http://www.defencehealth.com.au) or request a copy from us by calling 1800 335 425.

## What should you do if you have a complaint?

We have established procedures to ensure that all enquiries and complaints are properly considered and dealt with. If you have an enquiry or complaint about the operation or management of our services, please call our Complaints Manager on 1800 335 425 or write to our Complaints Manager at our address on the following page.

In the event that your complaint is not resolved to your satisfaction, you may refer it to the Financial Ombudsman Service (FOS). Please quote Defence Health's FOS number which is 12585.

Their contact details are:

**The Manager**  
Financial Ombudsman  
Service  
GPO Box 3  
Melbourne VIC 3001

**T:** 1800 367 287  
**F:** 03 9613 6399  
**W:** [www.fos.org.au](http://www.fos.org.au)  
**E:** [info@fos.org.au](mailto:info@fos.org.au)

## Contact Us



### Phone

Phone 1800 335 425  
Monday to Friday  
8:30 am to 5:00 pm EST

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### Web

[defencehealth.com.au](http://defencehealth.com.au)

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### Email

[lifeinsurance@defencehealth.com.au](mailto:lifeinsurance@defencehealth.com.au)

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### Fax

1300 665 096 (general)  
1800 241 581 (claims)

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### Post/Street Address

PO Box 7518  
Melbourne, Victoria 3004

Level 4, 380 St Kilda Road  
Melbourne, Victoria 3004