

Chubb Expatriate Medical & Emergency Evacuation Expenses Insurance

Policy Wording & Product
Disclosure Statement (PDS)

CHUBB®

Contents

Important Information.....	3
1. About this Expatriate Medical and Emergency Evacuation Expenses Insurance PDS	3
2. About the Insurer.....	3
3. Summary of Insurance	4
4. The Nature of a Covered Person’s Right to Access Cover Under the Policy and When It Starts and Ends	5
5. Our Agreement With the Policyholder (the Policy)	6
6. Group Insurance Policy	6
7. Cooling Off and Cancellation Rights	6
8. Renewal Procedure	6
9. Privacy Statement.....	6
10. Complaints and Dispute Resolution Process	8
11. Premium.....	9
12. Financial Claims Scheme	10
13. Updating this PDS	10
14. How to contact us	10
15. Duty of disclosure	11
General Definitions Under The Policy	12
Section One (1) - Medical and Additional Expenses	17
Section Two (2) - Medical and Emergency Evacuation.....	20
Additional Benefits	22
Exclusions Applicable to all Sections of the Policy	23
General Provisions Applicable to the Policy	25
About Chubb in Australia.....	29
Contact Us	29

Chubb Expatriate Medical & Emergency Evacuation Expenses Insurance

Policy Wording & Product Disclosure Statement (PDS)

Important Information

1. About this Expatriate Medical and Emergency Evacuation Expenses Insurance PDS

This PDS contains important information about this insurance to assist in the making of a decision in relation to it.

General Advice

Any general advice that may be contained within this PDS or accompanying material does not take into account the Policyholder's individual objectives, financial situation or needs nor those for whom the Policyholder is effecting the Policy. Such matters should be considered in determining the appropriateness of this product. Consideration also needs to be given to whether the limits, type and level of cover are appropriate.

Preparation Date

This PDS was prepared on May 17, 2024. Other documents may form part of Our PDS and if they do, We will tell the Policyholder in the relevant document.

2. About the Insurer

Chubb Insurance Australia Limited (ABN 23 001 642 020, AFS Licence No. 239687) (Chubb) is the insurer/issuer of this product. In this PDS, "We", "Us" "Our" means Chubb Insurance Australia Limited. Our contact details are:

Head Office:
Grosvenor Place
Level 38, 225 George Street
Sydney NSW 2000
Postal address:
GPO Box 4907
Sydney NSW 2001
O 1800 815 675
F +61 2 9335 3467
E CustomerService.AUNZ@chubb.com

General Insurance Code of Practice

We are a signatory to the General Insurance Code of Practice (**Code**). The objectives of the Code are to further raise standards of service and promote consumer confidence in the general insurance industry. Further information about the Code and your rights under it is available at codeofpractice.com.au and on request. As a signatory to the Code, We are bound to comply with its terms. As part of Our obligations under Parts 9 and 10 of the Code, Chubb has a [Customers Experiencing Vulnerability & Family Violence Policy](#) (Part 9) and a [Financial Hardship Policy](#) (Part 10). The Code is monitored and enforced by the Code Governance Committee.

3. Summary of Insurance

The following provides a general summary of the covers available under the Policy. It does not form part of the Policy and cannot be relied on as a full description of the cover provided. The cover is provided only if specified as applicable in the Schedule. Capitalised words used in this PDS are defined in the Policy. Please refer to the General Definitions section for these definitions.

We will pay medical expenses, and medical and emergency evacuation expenses, incurred by a Covered Person whilst the Covered Person is within the Scope of Cover under the Policy. A number of additional benefits may also be payable under the additional cover provided.

The cover in the Policy is subject to certain terms, conditions and exclusions (including limits and excesses) which are described under each section of the Policy Wording including the:

- Exclusions Applicable to all Sections of the Policy; and
- General Provisions Applicable to the Policy.

For example:

- Covered Persons are not covered in relation to covered events that occur before they become a Covered Person (unless the conditions of the Takeover Provisions are met) or after they cease to be a Covered Person;
- We only pay up to the agreed limits specified in the Policy;
- certain waiting periods apply to coverage for Pre-Existing Medical Conditions and Maternity Expenses;
- We will not pay any benefits with respect to any loss, damage, liability, Bodily Injury or Sickness which would result in Us contravening the *Health Insurance Act 1973* (Cth), the *Private Health Insurance Act 2007* (Cth), the Private Health Insurance (Health Insurance Business) Rules as updated from time to time or the *National Health Act 1953* (Cth); and
- there is no cover under the Policy with respect to any Covered Person who is aged seventy-five (75) years or more and all cover with respect to a Covered Person shall cease upon their attaining that age. This will not prejudice any entitlement to claim benefits which has arisen before a Covered Person has attained the age of seventy-five (75) years.

Section 1 - Medical and Additional Expenses

This Policy pays the necessary and reasonable expenses incurred by the Covered Person during the Period of Insurance and within the Scope of Cover for Medical Primary and Specialist Outpatient Care Expenses and other expenses as limited in the Schedule.

Please refer to Section 1 of the Policy for cover and benefit details.

Section 2 - Medical and Emergency Evacuation

Medical and Emergency Evacuation Expenses Benefit

We will pay the necessary and reasonable medical and emergency evacuation expenses incurred by the Covered Person during the Period of Insurance and within the Scope of Cover, provided that the Covered Person, their representative or the Policyholder, where reasonably practicable to do so:

- a) obtains prior approval from Chubb Assistance (such approval not to be unreasonably withheld or delayed); and
- b) obtains certification by the attending Doctor that the Covered Person is suffering a Bodily Injury or Sickness and it is necessary that the Covered Person obtains specialised treatment, surgery or post-operative attention which is unobtainable in the Country of Assignment.

Please refer to Section 2 of the Policy for benefits.

Additional Benefits

These are as follows:

- Emergency Return Home
- Home Leave
- Personnel Replacement
- Repatriation of Mortal Remains and Funeral Costs

Please refer to the section of the Policy titled Additional Benefits for benefit details.

What We Do Not Cover Under Any Section of the Policy

We shall not pay benefits in respect to any loss which results from flying in an aircraft other than as a passenger, intentional self-inflicted Bodily Injury, training for Professional Sport, War Civil War or use of nuclear weapons.

We shall not pay benefits in respect to any loss, damage, liability, Event, Bodily Injury or Sickness which is covered under any other insurance policy, health or medical scheme or Act of Parliament or is payable by any other source as described in the Policy. We will however pay the difference between what is payable under the other insurance policy, health or medical scheme or Act of Parliament or such other source and what the Policyholder or the Covered Person would be otherwise entitled to recover under the Policy, where permissible by law and as described in the Policy (under Exclusions Applicable to all Sections of the Policy).

We shall not pay benefits in respect to any Pre-Existing Medical Condition except where the Takeover Provisions or the applicable waiting periods have been met in relation to the Pre-Existing Medical Condition.

Please refer to the General Provisions Applicable to All Sections of the Policy and Exclusions Applicable to All Sections of the Policy for details of all general terms, conditions and exclusions to make sure the cover We provide matches your expectations.

4. The Nature of a Covered Person's Right to Access Cover Under the Policy and When It Starts and Ends

A Covered Person's access to this Policy is solely by reason of the statutory operation of Section 48 of the *Insurance Contracts Act 1984* (Cth). Covered Persons are not contracting insureds (e.g. they cannot cancel or vary the Policy - only the Policyholder can do this) and do not enter into any agreement with Us.

We do not need to provide any notices in relation to this insurance to Covered Persons as they are not a contracting party to the Policy. We only send notices to the Policyholder which is the only entity We have contractual obligations to under the Policy.

Covered Persons are not obliged to accept any of the benefits of this insurance. If a Covered Person makes a claim under the Policy then such person will have the same obligations to Us as if they were the Policyholder and We will have the same rights against the Covered Persons as we would have against the Policyholder.

The insurance cover is subject to the terms, conditions, limitations and exclusions set out in this document.

Neither We nor the Policyholder hold anything on trust for, or for the benefit or on behalf of, Covered Persons under this insurance arrangement. The Policyholder:

- a) does not act on behalf of Us or a Covered Person in relation to the insurance;
- b) is not authorised to provide any financial product advice, recommendations or opinions about the insurance; and
- c) does not receive any remuneration or other benefits from Us.

Any person who may be eligible should consider obtaining advice as to whether the benefits are appropriate or useful for their personal needs from a person who is licensed to give such advice. No advice is provided by Us that the benefits are appropriate or useful for any Covered Person's own circumstances or needs. Nothing prevents such persons from entering into other arrangements regarding insurance.

A Covered Person's access to cover:

- a) begins from the time the relevant person meets the criteria specified in the Schedule for a Covered Person and becomes a Covered Person; and
- b) ends at the earliest of the following events:
 - i. when the relevant person no longer meets the criteria specified in the Schedule for a Covered Person; or
 - ii. at the end of the Period of Insurance; or
 - iii. when the Policy is cancelled by Us or the Policyholder

5. Our Agreement With the Policyholder (the Policy)

Where We have agreed to enter into the Policy with the Policyholder, We do so on the terms and conditions and exclusions contained in this PDS, the Schedule We issue to the Policyholder confirming entry into the Policy and any other document that We issue to the Policyholder that We advise will form part of the Policy (e.g. an Endorsement and/or a Supplementary Product Disclosure Statement (SPDS)).

The Schedule contains important information relevant to the insurance, including:

- the Period of Insurance;
- who the Covered Persons entitled to access cover are;
- the description of Scope of Cover;
- the Premium payable by the Policyholder (See 11 Premium description section);
- the applicable benefits and limits; and
- variations to this PDS and other Policy terms, conditions and exclusions (if any).

We may also issue other documents (e.g. Endorsements or SPDSs) from time to time and where reasonably necessary, which may vary this PDS, the Schedule and other Policy terms, conditions and exclusions.

All of the above make up the "Policy" the Policyholder has with Us. They are all important documents and must be read together carefully and be kept in a safe place for future reference.

6. Group Insurance Policy

The Policyholder must ensure that a copy of this PDS is made available to each Covered Person.

7. Cooling Off and Cancellation Rights

The Policyholder has twenty-one (21) days after entry into the Policy (including renewals) to decide whether to return it. If the request is made to Us in writing within those twenty-one (21) days, We will cancel the Policy, provided neither the Policyholder nor any Covered Person has exercised a right or power under the terms of the Policy in that period (e.g. a claim has been made or benefit paid). We will provide a full refund of Premium, less charges or taxes which We are unable to recover. Even after the cooling off period ends the Policyholder has cancellation rights (See page 26 Cancellation clause).

8. Renewal Procedure

Before the Policy expires, We will advise the Policyholder whether We intend to offer renewal and if so on what terms. It is important to check the terms of any renewal before renewing to ensure that the details are correct.

9. Privacy Statement

In this Statement, **We**, **Our** and **Us** means Chubb Insurance Australia Limited (**Chubb**).

You and **Your** refers to Our customers and prospective customers as well as those who use Our Website.

This Statement is a summary of Our Privacy Policy and provides an overview of how We collect, disclose and handle Your Personal Information. Our Privacy Policy may change from time-to-time and where this occurs, the updated Privacy Policy will be posted to Our [website](#).

Chubb is committed to protecting Your privacy. Chubb collects, uses and retains Your Personal Information in accordance with the requirement of the *Privacy Act 1988* (Cth) and the Australian Privacy Principles (**APPs**), as amended or replaced from time-to-time.

Why We Collect Your Personal Information

The primary purpose for Our collection and use of Your Personal Information is to enable Us to provide insurance services to You.

Sometimes, We may use Your Personal Information for Our marketing campaigns and research, in relation to new products, services or information that may be of interest to You.

How We Obtain Your Personal Information

We collect Your Personal Information (which may include sensitive information) at various points including, but not limited to, when You are applying for, changing or renewing an insurance policy with Us or when We are processing a claim. Personal Information is usually obtained directly from You, but sometimes via a third party such as an insurance intermediary or Your employer (e.g., in the case of a group insurance policy). Please refer to Our Privacy Policy for further details.

When information is provided to Us via a third party We use that information on the basis that You have consented or would reasonably expect Us to collect Your Personal Information in this way. We take reasonable steps to ensure that You have been made aware of how We handle Your Personal Information.

When Do We Disclose Your Personal Information?

We may disclose the information We collect to third parties, including:

- the Policyholder (where the covered person is not the Policyholder, i.e. group policies);
- service providers engaged by Us to carry out certain business activities on Our behalf (such as claim assessors, call centres in Australia, online marketing agency, etc);
- intermediaries and service providers engaged by You (such as current or previous brokers, travel agencies and airlines);
- government agencies (where We are required to by law);
- other entities within the Chubb group of companies such as the regional head offices of Chubb located in Singapore, UK or USA (Chubb Group of Companies); and third parties with whom We (or the Chubb Group of Companies) have sub-contracted to provide a specific service for Us, which may be located outside of Australia (such as in the Philippines or USA). These entities and their locations may change from time-to-time. Please contact Us, if You would like a full list of the countries in which these third parties are located.

In the circumstances where We disclose Your Personal Information to the Chubb Group of Companies, third parties or third parties outside Australia We take steps to protect Personal Information against unauthorised disclosure, misuse or loss.

Your Decision to Provide Your Personal Information

In dealing with Us, You agree to provide Us with Your Personal Information, which will be stored, used and disclosed by Us as set out in this Privacy Statement and Our Privacy Policy.

Access to and Correction of Your Personal Information

Please contact Our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com if You would like:

- a copy of Our Privacy Policy, or
- to cease to receive marketing offers from Us or persons with whom We have an association.

To request access to, update or correct Your Personal Information held by Chubb, please complete this [Personal Information request form](#) and return it to:

Email: CustomerService.AUNZ@chubb.com

Fax: + 61 2 9335 3467
Address: GPO Box 4907
Sydney NSW 2001

Further Information Request

If You would like more information about how We manage Your Personal Information, please review Our Privacy Policy for more details, or contact:

Privacy Officer
Chubb Insurance Australia Limited
GPO Box 4907
Sydney NSW 2001
+61 2 9335 3200
Privacy.AU@chubb.com

How to Make a Complaint

If You are not satisfied with Our organisation, services, Our response to Your enquiry, or You have any concerns about Our treatment of Your Personal Information or You believe there has been a breach of Our Privacy Policy, or You are not satisfied with any aspect of Your relationship with Chubb and wish to make a complaint, please contact Our Complaints and Customer Resolution Service (**CCR Service**) by post, phone, fax, or email, (as below):

Complaints and Customer Resolution Service
Chubb Insurance Australia Limited
GPO Box 4065
Sydney NSW 2001
P +61 2 9335 3200
F +61 2 9335 3411
E complaints.AU@chubb.com

For more information, please read Our [Complaints and Customer Resolution](#) policy.

10. Complaints and Dispute Resolution Process

We understand that you could be dissatisfied with Our organisation, Our products and services, or the complaints handling process itself. We take all Our customer's concerns seriously and have detailed below the complaints process that you can access.

Complaints and Customer Resolution Service

Contact Details

If you are dissatisfied with any aspect of your relationship with Chubb including Our products or services and wish to make a complaint, please contact Our Complaints and Customer Resolution Service (**CCR Service**) by post, phone, fax, or email, (as below):

Complaints and Customer Resolution Service
Chubb Insurance Australia Limited
GPO Box 4065
Sydney NSW 2001
P +61 2 9335 3200
F +61 2 9335 3411
E complaints.AU@chubb.com

Our CCR Service is committed to reviewing complaints objectively, fairly and efficiently.

Process

Please provide Us with your claim or policy number (if applicable) and as much information as you can about the reason for your complaint.

Our response

We will acknowledge receipt of your complaint within one (1) business day of receiving it from you, or as soon as practicable. Following acknowledgement, within two (2) business days We will provide you with the name and relevant contact details of the CCR Service team member who will be assigned to liaise with you regarding your complaint.

We will investigate your complaint and keep you informed of the progress of Our investigation at least every ten (10) business days and will make a decision in relation to your complaint in writing within thirty (30) calendar days. If We are unable to make this decision within this timeframe, We will provide you with a reason for the delay and advise of your right to take your complaint to the Australian Financial Complaints Authority (AFCA) as detailed below, subject to its Rules. If your complaint falls outside the AFCA Rules, you can seek independent legal advice or access any other external dispute resolution options that may be available to you.

To the extent allowable at law, if you request copies of the information We relied on to make a decision about your complaint, We must provide it within ten (10) business days of our request. Please see the General Insurance Code of Practice 2020 (codeofpractice.com.au) or contact Us for further details.

Please note that if We have resolved your complaint to your satisfaction by the end of the fifth (5th) business day after We have received it, and you have not requested that We provide you a response in writing, We are not required to provide a written response. However, this exemption does not apply to complaints regarding a declined claim, the value of a claim, or about financial hardship.

External Dispute Resolution

If you are dissatisfied with Our complaint determination, or We are unable to resolve your complaint to your satisfaction within thirty (30) days, you may refer your complaint to AFCA, subject to its Rules.

AFCA is an independent external dispute resolution scheme approved by the Australian Securities and Investments Commission (ASIC). We are a member of this scheme and We agree to be bound by its determinations about a dispute. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

You may contact AFCA at any time at:

Australian Financial Complaints Authority
GPO Box 3
Melbourne VIC 3001
P 1800 931 678 (free call)
F +61 3 9613 6399
E info@afca.org.au
W www.afca.org.au

Time limits may apply to complain to AFCA and so you should act promptly or otherwise consult the AFCA website to find out if or when the time limit relevant to your circumstances expires.

11. Premium

All cover is subject to the payment of Premium and the terms, conditions, exclusions and provisions of the Policy.

When calculating the Premium for the Policy We take a range of factors into account, including:

- a) the ages, occupations, medical history and previous insurance history of persons to be covered;
- b) the type and amount of cover provided to the persons to be covered; and
- c) the Country of Assignments of the persons to be covered.

It is important for the Policyholder to know that the premium varies depending on the information We receive from the Policyholder about the risk to be covered by Us. Based on Our experience, We decide what factors (such as those noted above) increase Our risk and how they should impact on the Premium. Factors that

increase the risk to Us generally increase the premium (e.g. where you apply to be covered in a country with high medical costs) and those that lower the risk reduce premium payable (e.g. where you elect to take hospital coverage only).

The Premium also includes amounts that take into account Our obligation to pay any relevant compulsory government charges or taxes (e.g. stamp duty) in relation to the Policy. These amounts will be set out separately in the Schedule as part of the total Premium payable.

When the Policyholder applies for this insurance, the Policyholder will be advised of the total Premium amount, when it needs to be paid and how it can be paid.

We may change the Premium from the renewal date if We notify the Policyholder of the change in writing prior to that date. The Policyholder can then elect whether to renew the Policy with Us.

Non-payment of Premium

If the Policyholder fails to pay the Premium on time, and the Premium remains unpaid for at least ninety (90) days We may cancel the Policy in accordance with the *Insurance Contracts Act 1984* (Cth).

If a claim is paid under the Policy within this ninety (90) day period, and the Premium is not subsequently paid by the expiry of this ninety (90) day period, We reserve the right to recover all amounts paid under the Policy with respect to that claim.

12. Financial Claims Scheme

We are an insurance company authorised under the *Insurance Act 1973* (Cth) (**Insurance Act**) to carry on general insurance business in Australia by the Australian Prudential Regulation Authority (**APRA**) and are subject to the prudential requirements of the Insurance Act.

The Insurance Act is designed to ensure that, under all reasonable circumstances, financial promises made by Us are met within a stable, efficient and competitive financial system.

Because of this We are exempted from the requirement to meet the compensation arrangements Australian financial services licensees must have in place to compensate retail clients for loss or damage suffered because of breaches by the licensee or its representatives of Chapter 7 of the *Corporations Act 2001* (Cth). We have compensation arrangements in place that are in accordance with the Insurance Act.

In the unlikely event that We were to become insolvent and were unable to meet Our obligations under the Policy, a person entitled to claim may be entitled to payment under the Financial Claims Scheme. Access to the Scheme is subject to eligibility criteria. Please refer to www.fcs.gov.au for more information.

13. Updating this PDS

We may need to update this PDS from time to time if certain changes occur where required and permitted by law. We will issue the Policyholder with a new PDS or a Supplementary PDS or other compliant document to update the relevant information.

Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this insurance, We may issue the Policyholder with notice of this information in other forms or keep an internal record of such changes. A paper copy of any updated information is available to the Policyholder at no cost by contacting Us.

14. How to contact us

To contact Us, ask any questions or request any further information regarding the Policy, refer to Our contact details under the heading "About the Insurer".

15. Duty of disclosure

Your Duty of Disclosure

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

The duty applies until We first agree to insure you, and where relevant, until We agree to any subsequent variation, extension, reinstatement or renewal (as applicable).

A Consumer Insurance Contract

This policy is a “consumer insurance contract” as it is, wholly or predominantly, for personal, domestic or household purposes.

Answering Our Questions

In all cases, if We ask you questions that are relevant to Our decision to insure you and on what terms, you have a duty to take reasonable care not to make a misrepresentation when answering the questions.

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

Variations, Extensions and Reinstatements

For variations, extensions and reinstatements, you have a duty to take reasonable care not to make a misrepresentation when answering the questions.

Renewal

Where We offer renewal, We may, in addition to or instead of asking specific questions, give you a copy of anything you have previously told Us and ask you to tell Us if it has changed. If We do this, you must tell Us about any change or tell Us that there is no change.

If you do not tell Us about a change to something you have previously told Us, you will be taken to have told Us that there is no change.

What You Do Not Need To Tell Us

You do not need to tell Us anything that:

- reduces the risk We insure you for; or
- is common knowledge; or
- We know or should know as an insurer; or
- We waive your duty to tell Us about.

If You Do Not Tell Us Something

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

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

General Definitions Under The Policy

In this Policy the following definitions apply:

Accident means a sudden, external and identifiable event that happens by chance and could not have been expected from the perspective of the Covered Person. The word Accidental shall be construed accordingly.

Ancillary Expenses means the reasonable and necessarily incurred charges for services such as physiotherapy, chiropractic, acupuncture, podiatry, dietetics and the like, as shown under the heading Ancillary Expenses in the Table of Benefits.

Bodily Injury means a bodily injury resulting solely from an Accident and which occurs independently of any illness or other cause where the bodily injury and Accident both occur during the Period of Insurance and whilst the person is a Covered Person. It does not mean:

- a) a Sickness or illness or disease except for illness or disease directly resulting from medical or surgical treatment rendered necessary by any Bodily Injury; or
- b) any Pre-Existing Medical Condition except for where the Takeover Provisions or the applicable waiting periods have been met in relation to the Pre-Existing Medical Condition.

Civil War means any of the following, whether declared or not: armed opposition, insurrection, revolution, armed rebellion, sedition, between two or more parties belonging to the same country.

Claimant means the Policyholder, a Covered Person or any other person entitled to claim under the Policy.

Country of Assignment means the country where the Covered Person(s) is/are residing temporarily on foreign assignment and cannot be any country that fulfils the definition of Country of Residence.

Country of Residence means any country in which, at the Effective Date of Coverage or at any subsequent time whilst a Covered Person, the Covered Person:

- a) is, or becomes, a permanent resident (e.g. in relation to which they hold a multiple entry visa or permit which gives the Covered Person resident rights in such country); or
- b) is, or becomes, a citizen via any available avenue including but not limited to naturalisation, marriage or other recognised relationship, birth, ancestry or investment.

Covered Person(s) means a person that meets the criteria specified for a Covered Person in the Schedule and with respect to whom Premium has been paid or agreed to be paid by the Policyholder and meets the criteria of the Additions and Deletions condition and includes the Spouse/Partner and/or Dependent Child(ren) residing with the Covered Person in the Country of Assignment where insurance for the Spouse/Partner and/or Dependent Child(ren) has been purchased. They are a person that is legally entitled to claim under the Policy by reason of the operation of section 48 of the Insurance Contracts Act and on no other basis. A Covered Person is not a contracting insured under the Policy with Us. Our agreement is entered into with the Policyholder.

Chubb Assistance means the telephone advice, information & claim pre-approval services provided or arranged by Us. Chubb Assistance can be contacted on +61 2 8907 5995.

Close Relative means a Spouse/Partner, parent, parent-in-law, step-parent, child, brother, sister, brother-in-law, sister-in-law, daughter-in-law, son-in-law, half-brother, half-sister, fiancé(e), niece, nephew, uncle, aunt, stepchild, grandparent or grandchild.

Dental Expenses (General) means charges made by a duly qualified oral surgeon or Dentist for examinations, scaling and cleaning, dental filling and restorations, diagnostic services, x-rays, injections and extractions of teeth.

Dental Expenses (Special) means charges made by a duly qualified oral surgeon or Dentist for root treatment, endodontic treatment, oral surgery, anaesthetic services, periodontal surgery, interceptive orthodontic services, installation of and repairs to crowns and bridges, new dentures, dental repairs and remodelling and other Specialist and orthodontic services.

Dentist means a dentist or Specialist who is registered or licensed to practice dentistry under the laws of the country in which they practice, other than:

- a) the Policyholder;
- b) the Covered Person;
- c) a Close Relative of the Covered Person; or
- d) an Employee or director of the Policyholder.

Dependent Child(ren) means an Employee's and/or their Spouse/Partner's dependent child(ren) and who is residing with the Employee in the Country of Assignment (including step or legally adopted children) as long as they are under nineteen (19) years of age or under twenty-five (25) years of age while they are full-time students at an accredited institution of higher learning and in either case, are primarily dependent upon the Employee and/or their Spouse/Partner for maintenance and support. Dependent Children also means an Employee's children of any age who are permanently living with the Employee in the Country of Assignment and are mentally or physically incapable of self-support.

Doctor means a doctor or Specialist who is registered or licensed to practice medicine under the laws of the country in which they practice, other than:

- a) the Policyholder;
- b) the Covered Person;
- c) a Close Relative of the Covered Person; or
- d) an Employee or director of the Policyholder.

Effective Date of Coverage means the date on which:

- a) a Covered Person first meets the criteria set out for a Covered Person in the Schedule; and
- b) premium is paid or agreed to be paid by the Policyholder for the Covered Person.

Employee means any person in the Policyholder's service including directors (executive and non-executive), board members, and contractors, and any other person who is engaged on an expatriation assignment outside the Country of Residence on behalf of the Policyholder.

Endorsement means a written alteration to the terms of the Policy.

Excess means the amount as shown in the Schedule We will not pay in any one (1) Period of Insurance per single, couple or family which the Policyholder or Covered Person is required to bear themselves.

Home Leave means leave where the Covered Person(s) returns to their Country of Residence for a period not exceeding sixty (60) days per Period of Insurance.

Home Nursing Expenses means charges incurred by a Covered Person during the Period of Insurance and after the Covered Person's Effective Date of Coverage for the treatment of their Bodily Injury or Sickness, provided the care is considered necessary as evidenced by a written statement from a Doctor and provided by a person registered as a nurse who is not:

- a) the Policyholder;
- b) the Covered Person;
- c) a Close Relative of the Covered Person; or
- d) an Employee or director of the Policyholder.

Hospital means a place registered as a hospital for the care and treatment of sick or injured persons and which has the following characteristics:

- a) has organised diagnostic and surgical facilities, either on premises or in facilities available to the Hospital on a pre-arranged basis;
- b) provides twenty-four (24) hours a day nursing services by registered nurses;
- c) is under the supervision of a Doctor; and
- d) is not primarily a clinic, a place for custodial care, a place for the treatment of alcoholism or drug addiction, a nursing, rest or convalescence home or home for the aged or similar establishment.

Hospital Expenses means charges for a Hospital room and board, including Doctor's charges for any anaesthesia and its administration, use of operating theatre, medicines, dressings, splints, plaster casts, rental of wheelchair or other prosthetic devices and/or miscellaneous Hospital equipment and other miscellaneous Hospital charges for services necessarily and regularly given by a Hospital during the confinement period for treatment of that Bodily Injury or Sickness.

Insurance Contracts Act means the *Insurance Contracts Act 1984* (Cth) as amended from time to time.

Maternity Care and Treatment Expenses (Emergency) means charges for a medical emergency or complication relating to pregnancy or childbirth or if the Covered Person's New Born Child requires non-routine care, including surgery or intensive care treatment not related to a congenital defect.

Maternity Care and Treatment Expenses (Routine) means charges for pre-natal, childbirth and post-natal care and treatment, (up to six (6) months after the birth of the child), for the care and treatment of the mother from the date of conception (or known conception) provided that the Covered Person's pregnancy commenced during the Period of Insurance and after their Effective Date of Coverage.

Maternity and New Born Expenses means Maternity Care and Treatment Expenses (Routine), Maternity Care and Treatment Expenses (Emergency), New Born Child Expenses and New Born Child Congenital Defect Expenses, incurred after the Waiting Period has expired or Takeover Provisions have been met.

Medical Primary and Specialist Outpatient Care Expenses means all treatment of a Bodily Injury or Sickness that is provided by a Doctor or Specialist, which is not more specifically defined within this Policy.

New Born Child means a Covered Person's Dependant Child who is six (6) months of age or under.

New Born Child Expenses means charges for the routine care of a New Born Child.

New Born Child Congenital Defect Expenses means charges for the reasonable medical expenses incurred for the treatment of a congenital defect (physical, mental or biochemical) of a Covered Person's New Born Child.

Optical Expenses means charges for spectacles and/or contact lenses as prescribed by the treating Doctor or Specialist to a Covered Person during the Period of Insurance and after the Covered Person's Effective Date of Coverage.

Period of Insurance means the period shown in the Schedule or such shorter time if the Policy is terminated.

Policy means this PDS, the current Schedule and any other documents We may issue to the Policyholder that We advise will form part of the Policy (e.g. Endorsements and SPDSs).

Policyholder means the named company, organisation or person listed as the Policyholder in the Schedule with whom We enter into the Policy. They are the contracting insured.

Pre-Existing Medical Condition means:

- a) any physical defect, condition, illness or disease for which treatment, medication or advice (including advice for treatment) has been received or prescribed by a Doctor in the five (5) years prior to becoming a Covered Person under the Policy, or

- b) the symptoms of any physical defect, condition, illness or disease which a reasonable person in the circumstances would be expected to be aware were caused by an underlying physical defect, condition, illness or disease in the three (3) calendar months prior to the Effective Date of Coverage of the Covered Person.

Premium means the premium as shown in the Schedule that is payable in respect of the Policy by the Policyholder.

Prescribed Medicines means medicines which have been prescribed by a Doctor or Specialist.

Preventative Medical Expenses means charges incurred for treatment, diagnosis, X-rays, scans, ultrasounds and laboratory examinations for prevention of a Sickness as provided by or referred by a Doctor or Specialist including but not limited to breast examinations, pap smears, prostate checks, skin cancer checks, vaccinations and the like. For the purpose of clarity, this benefit includes Doctors' fees for periodic non-specific health check-ups.

Professional Sport means any sport for which a Covered Person receives any fee or monetary reward as a result of their participation.

Prosthesis means an artificial replacement for a missing body part such as an artificial limb or total joint replacement and includes a device designed and applied to improve function.

Psychology and Psychiatry Expenses means charges made by a duly qualified psychologist or psychiatrist for the provision of mental health services provided that the Covered Person is referred for such treatment by their treating Doctor or Specialist.

Recognised Health Provider means any Australian or international insurer licensed to underwrite general insurance or health insurance including a registered health fund.

Rehabilitation and Occupational Therapy Expenses means the reasonable and necessarily incurred charges for rehabilitation treatment and/or occupational therapy as prescribed by the treating Doctor or Specialist as a result of a Bodily Injury or Sickness.

Schedule means the Schedule attached to the Policy or any subsequently substituted Schedule, which is issued by Us to the Policyholder.

Scope of Cover means the circumstance in which cover is provided under this Policy to Covered Persons, as specified in the Schedule.

Sickness means

- a) sickness, illness or disease of the Covered Person first manifesting itself during the Period of Insurance and after the Covered Person's Effective Date of Coverage, but does not include any Pre-Existing Medical Conditions; or
- b) the ongoing treatment of a sickness, illness or disease of the Covered Person first manifesting itself before the Covered Person's Effective Date of Coverage where Takeover Provisions have been met, provided that the treatment was covered and accepted as being covered under the Policy of the preceding Recognised Health Provider or by Us.

Specialist means a Doctor recognised and/or referred to by another Doctor for their experience, qualification and training in a particular branch of medicine or surgery or in the treatment of a specific Bodily Injury or Sickness. Specialist is extended to include optometrists.

Spouse/Partner means an Employee's husband or wife and includes a de-facto and/or life partner with whom a Covered Person has continuously lived with for a period of three (3) months or more and is residing with the Employee in the Country of Assignment.

Takeover Provisions means the conditions set out in the Takeover Provisions section of this Policy that must be met by a Covered Person in order for Us to waive:

- a) the waiting period in relation to cover for Pre-Existing Medical Conditions, Maternity and Treatment Expenses and/or Psychology and Psychiatry Expenses, Rehabilitation and Occupational Therapy Expenses; or
- b) the requirement for a Bodily Injury or Sickness to occur during the Period of Insurance and after a Covered Person's Effective Date of Coverage.

Very Seriously Ill means a medical condition certified by the attending Doctor or Specialist to be such as to warrant a notification to relatives that their attendance is desirable in view of the serious nature of the illness and threat to the Covered Person's life.

Waiting Period means the period of time specified under the General Provisions (Waiting Period) section of the Policy, that a person must be a Covered Person before they become eligible for cover of the specified benefits.

War means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial religious or other ends.

We/Our/Us means Chubb Insurance Australia Limited (ABN 23 001 642 020 AFS Licence No. 239687) who is the insurer/issuer of the Policy.

Section One (1) - Medical and Additional Expenses

Extent of Cover

This Policy pays the necessary and reasonable expenses incurred by the Covered Person during the Period of Insurance and within the Scope of Cover for Medical Primary and Specialist Outpatient Care Expenses and other expenses described in the Table of Benefits up to the amount shown on the Schedule and sub-limited to the amounts contained within the Policy.

Cover under this section is subject to the conditions that appear after the Table of Benefits, as well as those terms, conditions and exclusions appearing under the sections titled General Provisions Applicable to the Policy (from page 25) and Exclusions Applicable to All Sections of the Policy (from page 23).

Waiting Periods apply to Pre-Existing Medical Conditions and Maternity and New Born Expenses, unless Takeover Provisions have been met by the Covered Person.

Table of Benefits

Medical Primary and Specialist Outpatient Care Expenses

Amounts shown under Hospital Expenses, Prescribed Medicines in Hospital expenses and Out of Hospital expenses are the maximum payable per Covered Person for any one (1) Period of Insurance.

Payable service or medical expense	Benefit limit
Hospital Expenses In Hospital medical charges either inpatient/same day surgery	100% of the sum insured amount stated on Schedule under Section One (1)
Prescribed Medicines in Hospital In Hospital medical charges either inpatient/same day surgery	100% of the sum insured amount stated on Schedule under Section One (1)
Out of Hospital expenses Doctor's charges, Specialist charges and approved same day clinic charges	100% of the sum insured amount stated on Schedule under Section One (1)

Maternity and New Born Expenses

Amounts shown under Maternity and New Born Expenses are the maximum payable per Covered Person for any one (1) Period of Insurance.

Covered Person(s) are only covered for Maternity and New Born Expenses if;

- the pregnancy commences during the Period of Insurance and after their Effective Date of Coverage and no Waiting Period applies (or the Waiting Period has expired); or
- the Takeover Provisions have been met.

Payable service or medical expense	Benefit limit
Maternity Care and Treatment Expenses (Routine)	100% of costs to a maximum of \$10,000 (up to six (6) months after the birth of the child)
Maternity Care and Treatment Expenses (Emergency)	100% of costs to a maximum of \$10,000 in addition to Maternity Care and Treatment Expenses (Routine).
New Born Child Expenses	100% of costs to a maximum of \$10,000
New Born Child Congenital Defect Expenses	100% of costs to a maximum of \$100,000

Dental Expenses

Amounts shown under Dental Expenses are the maximum payable per Covered Person for any one (1) Period of Insurance.

Payable service or medical expense	Benefit limit
Dental Expenses (General)	85% of costs to a maximum of \$1,500
Dental Expenses (Special)	85% of costs to a maximum of \$1,500

Ancillary Expenses

Amounts shown under Ancillary Expenses are the maximum payable per Covered Person for any one (1) Period of Insurance.

Payable service or medical expense	Benefit limit
Acupuncture/naturopathy/hypnotherapist	100% of costs to a maximum of \$1,000
Chiropractic/osteopathy	100% of costs to a maximum of \$1,000
Dietician	100% of costs to a maximum of \$1,000
Optical	100% of costs to a maximum of \$500
Physiotherapy	\$100 per visit to a maximum of \$1,500 in total
Podiatry	100% of costs to a maximum of \$1,000
Prescribed Medicines (out of Hospital)	100% of costs to a maximum of \$2,000
Prosthesis and hearing aids (one (1) appliance every two (2) years)	100% of costs to a maximum of \$1,000
Speech therapy	100% of costs to a maximum of \$1,000

Other Expenses

Amounts shown under other expenses are the maximum payable per Covered Person for any one (1) Period of Insurance.

Payable service or medical expense	Benefit limit
Rehabilitation and Occupational Therapy Expenses	100% of costs to a maximum of \$10,000
Preventative Medical Expenses (applicable only in relation to Sickness as provided by or referred by a Doctor or Specialist)	100% of costs to a maximum of \$5,000
Psychology and Psychiatry Expenses	100% of costs to a maximum of \$2,500

Home Nursing Expenses

Amounts shown under Home Nursing Expenses are the maximum payable per Covered Person for any one (1) Period of Insurance.

Payable service or medical expense	Benefit limit
Home Nursing Expenses following a Bodily Injury or Sickness	\$1,000 per week to a maximum four (4) weeks

Conditions Applicable to Section One (1)

1. Where permissible by law, if a Covered Person meets the requirements for cover under Section 2 and is evacuated to Australia or New Zealand and this is their Country of Residence, the maximum period which the Policyholder or Covered Persons can continue to claim for ongoing medical treatment and/or services is twelve (12) months from the date of evacuation from their Country of Assignment, and the maximum amount We will continue to pay for expenses incurred in Australia or New Zealand is limited to the remaining sum insured shown on the Schedule under Section 1.
2. Where permissible by law, if a Covered Person meets the requirements for cover under Section 2 and is evacuated to a Country of Residence (other than Australia or New Zealand), the maximum period which the Policyholder or Covered Person can continue to claim for ongoing medical treatment and/or services is 180 consecutive days from the date of evacuation from their Country of Assignment, and the maximum amount We will continue to pay for expenses incurred in the Country of Residence is limited to \$50,000 or the remaining sum insured shown on the Schedule under Section 1, whichever is the lesser.
3. If a Covered Person wants to travel outside their Country of Assignment to seek medical advice or treatment and wants Us to pay, the Covered Person must obtain Chubb Assistance's prior approval (which will not be unreasonably withheld or delayed), where reasonably possible to do so. We will consider factors such as whether the medical advice or treatment is deemed medically necessary and reasonable considering the Covered Person's specific circumstances, the availability of treatment or medical advice in their Country of Assignment and any cost differential between the Country of Assignment and the other country.
4. Except in the event of emergency medical treatment where is not reasonably possible to do so, Chubb Assistance must be notified in advance of any potential claim under this Section where expenses are likely to exceed \$5,000. Where Chubb Assistance are not notified in advance, We may reduce any liability if we reasonably believe (based on medical and other evidence) that the treatment was not medically necessary or We have been prejudiced in any way, including but not limited to an inability to enact cost containment measures or accessing the treatment at a lower cost.
5. Where a Covered Person is pregnant and has access to a medically safe standard of routine maternity care and delivery services and no complications associated with the pregnancy that, in the opinion of a qualified Specialist in the Country of Assignment, require treatment outside the Country of Assignment, and the Covered Person elects to travel outside of their Country of Assignment for maternity care and/or delivery services then We will pay the lesser of the cost of routine maternity care and delivery services in their Country of Assignment or \$10,000 for all reasonable medical expenses. There is no cover for travel or accommodation expenses. Chubb Assist must be contacted and their approval obtained prior to leaving Your Country of Assignment if You want Us to pay the costs outlined above. Our approval will not be unreasonably withheld.

Section Two (2) - Medical and Emergency Evacuation

Medical and Emergency Evacuation Expenses Benefit

This Policy pays the necessary and reasonable medical and emergency evacuation expenses incurred by the Covered Person during the Period of Insurance and within the Scope of Cover, provided that the Covered Person, their representative or the Policyholder, where reasonably practicable to do so:

- a) obtains prior approval from Chubb Assistance (such approval not to be unreasonably withheld or delayed); and
- b) obtains certification by the attending Doctor that the Covered Person is suffering a Bodily Injury or Sickness and it is necessary that the Covered Person obtains specialised treatment, surgery or post-operative attention which is unobtainable in the Country of Assignment.

The maximum amount payable per Covered Person in respect of medical and emergency evacuation during any one Period of Insurance shall be the amount stated in the Schedule under Section Two (2) - Medical and Emergency Evacuation.

Cover under this section is subject to the terms, conditions and exclusions appearing under the sections titled General Provisions Applicable to the Policy (from page 25) and Exclusions Applicable to All Sections of the Policy (from page 23).

We will pay the following items up to the maximum amount shown on the Schedule under Section Two (2) - Medical and Emergency Evacuation:

- a) Medical and emergency evacuation expenses of the Covered Person. That is:
 - i. Charges for airfare (economy airfare where possible) in transporting the Covered Person by scheduled airline on a scheduled flight to the airport nearest to the recommended Hospital where the Covered Person is to be confined for specialised treatment, surgery or post-operative attention. If there is no option to evacuate the Covered Person via scheduled aircraft or alternative scheduled services, We will pay the charges incurred for the charter of an aircraft or air ambulance or any other available means of transport to evacuate the Covered Person to the nearest recommended Hospital where the Covered Person is to be confined for specialised treatment, surgery or post-operative attention. In either instance, such charges will include:
 - ground transport from the airport to the nearest recommended Hospital; and
 - return airfare charges (economy airfare where possible) if the Covered Person returns to their Country of Assignment following medical evacuation, within twelve (12) calendar months of sustaining Bodily Injury or Sickness.
 - ii. Charges for a medically equipped road vehicle to transport the Covered Person to the nearest recommended Hospital where the Covered Person is to be confined for specialised treatment, surgery or post-operative attention.
 - iii. Where a Covered Person under sixteen (16) years of age is medically evacuated, the additional airfare (economy fare where possible) of one (1) adult to accompany such Covered Person.
 - iv. Where a Covered Person is medically evacuated and requires an escort and this is certified by the Covered Person's attending Doctor and Chubb Assistance as medically necessary, the additional airfare (economy fare where possible) of one (1) adult to accompany such Covered Person.
- b) Pre-hospitalisation and post-hospitalisation accommodation expenses.

That is where We have approved expenses for transportation under 2(a)(i) above, charges incurred for pre-hospitalisation and post-hospitalisation accommodation expenses up to a maximum of \$250 per day and for a period of no more than twenty (20) days, where certified by the Covered Person's attending Doctor or Hospital and Chubb Assistance as medically necessary, for the purpose of waiting for medical test(s) or examination results. The maximum amount payable shall be \$5,000.

c) Accompanying person's accommodation expenses.

That is where We have approved expenses for transportation under 2(a)(iii) or 2(a)(iv), charges incurred by the accompanying person for hotel and accommodation expenses up to a maximum of \$250 per day for the period of Hospital confinement of the Covered Person including any period of pre-hospitalisation and post-hospitalisation accommodation of the Covered Person and for a period of no more than twenty (20) days. The maximum amount payable shall be \$5,000.

d) En-route accommodation expenses.

That is charges not recoverable from the airline for hotel accommodation up to \$250 per night, where a Covered Person is required by airline schedules to stay over-night en-route to the Hospital. The maximum amount payable shall be \$5,000.

Additional Benefits

Cover under this section is subject to the terms, conditions and exclusions appearing under the sections titled General Provisions Applicable to the Policy (from page 25) and Exclusions Applicable to All Sections of the Policy (from page 23).

Emergency Return Home

If during the Period of Insurance and whilst the person is a Covered Person and within the Scope of Cover, the Covered Person's Spouse/Partner or Dependent Child(ren) dies or becomes Very Seriously Ill, necessitating the Covered Person's return to their Country of Residence, We will pay reasonable travel and accommodation expenses incurred provided that the Covered Person, where reasonably practicable to do so obtains prior approval from Us and/or Chubb Assistance (such approval shall not be unreasonably delayed or withheld).

The maximum amount payable shall be \$3,000 per Covered Person for any one (1) Period of Insurance.

Home Leave

If during the Period of Insurance and whilst the person is a Covered Person and within the Scope of Cover, the Covered Person(s) takes Home Leave, the cover under the Policy will be extended for the period of the Home Leave.

A Covered Person's Home Leave is effective from the date of arrival of the Covered Person in their Country of Residence and ends upon their departure from their Country of Residence to return to their Country of Assignment or after sixty (60) aggregated days per Period of Insurance, whichever first occurs.

If the Covered Person's Country of Residence is not Australia, then the amount payable under this additional benefit shall be limited to \$50,000 or the remaining sum insured balance under Section One (1) Medical and Additional Expenses, whichever is the lesser.

Personnel Replacement

If during the Period of Insurance and whilst the person is a Covered Person and within the Scope of Cover, the Covered Person, excluding Spouse/Partner or Dependent Child(ren), becomes Very Seriously Ill, We will pay reasonable travel and additional temporary accommodation expenses incurred by the Policyholder for:

- a) the sending of a qualified replacement employee to the Country of Assignment of the Covered Person to complete the unfinished business commitments of the Covered Person, or
- b) the return of the Covered Person to the Country of Assignment after their recovery to complete those original business commitments.

The maximum amount payable shall be \$10,000 per Covered Person for any one (1) Period of Insurance.

Repatriation of Mortal Remains and Funeral Costs

If during the Period of Insurance and whilst the person is a Covered Person and within the Scope of Cover, the Covered Person dies, We will pay the reasonable expenses incurred for either:

- a) the cost of returning their body to their Country of Residence; or
- b) the reasonable funeral and related costs if the body is buried or cremated at the place of death, as instructed by the Covered Persons representative.

The maximum amount payable shall be \$10,000.

Exclusions Applicable to all Sections of the Policy

We will not pay for that part of a claim which arises directly or indirectly out of:

1. cosmetic, elective or plastic surgery (except and to the extent that it is necessary for the cure or alleviation of a Bodily Injury to the Covered Person);
2. Pre-Existing Medical Conditions unless the Takeover Provisions have been met or the Waiting Period has been served;
3. charges for non-medical incidental services including but not limited to telephone, television, newspapers and the like;
4. sexually transmitted disease, infertility, sterilisation, abortion (unless certified as medically necessary by the attending Doctor or Specialist);
5. congenital deformities or abnormalities occurring or diagnosed prior to the Covered Person's Effective Date of Coverage, except where covered under New Born Child Congenital Defect Expenses or where Takeover Provisions have been met;
6. any intentional self-inflicted Bodily Injury, suicide, reckless misconduct or any illegal or criminal act committed by the Policyholder or a Covered Person. This exclusion does not apply to the Policyholder or any Covered Person who is not the perpetrator of such act or who did not know or condone any such act, however, in all cases, a Policyholder cannot benefit under this Policy from such act of a Covered Person;
7. results from a Covered Person either:
 - a) being under the influence of alcohol, where the Covered Person has a recorded blood alcohol concentration (BAC) greater than the limit prescribed by the applicable governing authority whilst operating a motor vehicle, or at all other times having recorded a blood alcohol concentration (BAC) greater than 0.10%; or
 - b) being under the influence of any other drug, unless it was prescribed by a Doctor or Specialist and taken in accordance with the Doctor's or Specialist's advice but is not for the treatment of addiction to illegal drugs;
8. any consequence of War or Civil War, or a Covered Person taking part in a riot or civil commotion;
9. any expenses or charges incurred after the Policyholder or the Covered Person or the Policyholder's or the Covered Person's representative refuses to follow the instruction and directions of Us or Chubb Assistance;
10. any expenses or charges incurred resulting from the Covered Person engaging in air travel except as a passenger in a properly licensed aircraft;
11. any expenses or charges incurred after the Covered Person travelled against the advice of a Doctor or Specialist;
12. the use, existence or escape of nuclear weapons material, or ionizing radiation from, or contamination by radioactivity from, any nuclear fuel or nuclear waste from the combustion of nuclear fuel;
13. any Covered Person training for or participating in Professional Sport of any kind;
14. any Covered Person who is aged seventy-five (75) years or over at the time of loss, Bodily Injury or Sickness. This will not prejudice any entitlement to claim benefits which has arisen before a Covered Person has attained the age of seventy-five (75) years;

15. would result in Our contravening the *Health Insurance Act 1973* (Cth), the *Private Health Insurance Act 2007* (Cth), Private Health Insurance (Health Insurance Business) Rules as amended from time to time or the *National Health Act 1953* (Cth) or any amendment to, or consolidation or re-enactment of, those Acts or Rules;
16. treatment or services which are covered in whole or part by Medicare;
17. treatment or services which are covered by any:
 - a) workers compensation legislation;
 - b) transport accident legislation;
 - c) government sponsored fund, plan or medical benefit scheme;
 - d) other insurance policy (including those that are required to be effected by or under law), or
 - e) reciprocal health agreement between the Covered Person's Country of Residence and their Country of Assignment,

but only to the extent to which the loss, damage, liability, event, Bodily Injury or Sickness is in fact covered by one or more of these schemes or policies. We will cover loss, damage or expenses in excess of such other scheme or policy providing that the Covered Person or Policyholder has pursued a claim against that scheme or policy to final resolution, subject to the terms, conditions, exclusions and limits of this Policy, where permissible by law. To the extent permitted by the *Insurance Contracts Act 1984* (Cth), if other valid and collectible insurance is available to cover any loss, damage, liability, Event, Bodily Injury or Sickness also covered by this Policy, other than a Policy that is specifically written to apply in excess of this Policy, the insurance afforded by this Policy shall apply in excess of and shall not contribute with such other insurance.

General Provisions Applicable to the Policy

These general provisions apply to all covers and the Policy unless they are expressly stated not to apply in relation to the cover or the Policy.

Chubb Assistance

If during the Period of Insurance and whilst the person is a Covered Person, the Covered Person or a Hospital requires pre-approval for Hospital Expenses then they should contact Chubb Assistance on +61 2 8907 5995 as soon as practically possible.

Chubb Assistance will provide one or more of the following services:

1. pre-approval for Hospital Expenses, or
2. payment of approved Hospital Expenses, by claims process or redirection of hospital accounts to Us.

Conditions Under Chubb Assistance

In the event of any assistance being provided by Chubb Assistance in good faith to any person not insured under the Policy, the Policyholder shall reimburse Us for all costs incurred.

Waiting Period

Pre-Existing Medical Conditions are not covered for a period of twelve (12) calendar months from the relevant Covered Person's Effective Date of Coverage. This waiting period does not apply to a Covered Person where the Takeover Provisions have been met by the Covered Person.

Maternity and New Born Expenses are not covered for a period of twelve (12) calendar months from the relevant Covered Person's Effective Date of Coverage. This waiting period does not apply to a Covered Person where the Takeover Provisions have been met by the Covered Person.

Takeover Provisions

The Takeover Provisions will be met if the Covered Person has been continuously insured with Us or with a Recognised Health Provider in the twelve (12) months immediately preceding the Covered Person's Effective Date of Coverage. Takeover Provisions only apply to equivalent benefits provided under this Policy that were insured under the preceding policy and all other waiting periods continue to apply (for example, if you did not have maternity cover under the preceding policy then the waiting period under this Policy will continue to apply).

Additions and Deletions

The Policyholder must declare to us any Covered Persons who are required to be covered under the Policy during the Period of Insurance within thirty (30) days from their Effective Date of Coverage. Cover will be subject to a pro-rata premium for time on risk, which can be paid on a quarterly or annual basis. The Policyholder must also declare to us any Covered Persons who no longer require cover under the Policy within thirty (30) days from their date of cessation.

The maximum pro-rata refund premium applicable for Covered Persons that no longer require cover under the Policy will be limited to ninety (90) days. Furthermore, We reserve the right not to refund any Premium, or only a refund portion of the Premium. Where no claim has been paid under the Policy in respect of any Covered Person, We Will refund the Premium paid on a pro-rata basis taking into account the period of time in which the Policy has been in place, less any charges or taxes which We are unable to recover. If a claim has been paid under the Policy in respect of any Covered Person, there will be no refund of Premium.

Assistance and Co-operation

The Policyholder and Covered Person(s) shall co-operate with Us and upon Our reasonable request, assist in making settlements, in the conduct of proceedings and in enforcing any right of contribution or indemnity against any person or organisation who may be liable to the Policyholder because of Bodily Injury or damage with respect to which insurance is afforded under the Policy. We will keep the Policyholder apprised of the status of any proceedings, informed of material developments and consulted where appropriate. In that regard, the Policyholder and Covered Person (where relevant and to the extent it is within the Policyholder and/or the Covered Person's power to do so) shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The Policyholder or Covered Person shall not, except at the Policyholder's own cost, voluntarily make any payment, assume any obligation or incur any expense other than for first aid to others at the time of Accident.

Breach of Conditions

If the Policyholder or a Covered Person is in breach of any of the conditions of the Policy (including a claims condition), We may decline to pay a claim to the Policyholder or Covered Person in breach if the claim is substantially affected by the breach, to the extent permitted by law.

Cancellation

The Policyholder may cancel the Policy at any time by notifying Us in writing. The cancellation will take effect at 4.01pm (in the state or territory where the Policy was effected) on the day We receive the Policyholder's written notice of cancellation or such time as otherwise agreed.

We may cancel the Policy or any coverage section under this Policy, for any of the reasons set out in Section 60 of the Insurance Contracts Act by issuing a notice thirty (30) days in advance in writing in accordance with Section 59 of the Insurance Contracts Act.

If the Policyholder fails to pay the Premium on time, and the Premium remains unpaid for at least ninety (90) days We may cancel the Policy in accordance with the Insurance Contracts Act.

If a claim is paid under the Policy within this ninety (90) day period, and the Premium is not subsequently paid by the expiry of this ninety (90) day period, We reserve the right to recover all amounts paid under the Policy with respect to that claim.

If the Policy is cancelled by Us or the Policyholder, and providing that no claim has been paid, We Will refund the Premium paid on a pro-rata basis taking into account the period of time in which the Policy has been in place, less any charges or taxes which We are unable to recover.

If the Policy is cancelled by Us or the Policyholder, and a claim has been paid or notified against the Policy, there will be no refund of Premium.

Cover in respect of a Covered Person will end on the earlier of:

1. the date the Covered Person no longer meets the criteria for a Covered Person set out in the policy Schedule;
2. the end of the Period of Insurance; or
3. when this Policy is cancelled by the Policyholder or by Us pursuant to the Insurance Contracts Act.

Cover in respect of a Spouse/Partner and/or Dependent Child(ren) will end on the earlier of:

1. the Employee's cover ends in accordance with the above; or
2. the date such Spouse/Partner and/or Dependent Child(ren) ceases to be a Spouse/Partner and/or Dependent Child(ren).

Change of Covered Person's Business Activities and Expatriate Locations

The Policyholder must inform Us as soon as is reasonably practicable of any alteration in the Policyholder's business activities or Covered Person's occupational duties.

The Policyholder must also inform Us as soon as is reasonably practicable of any alteration, or addition, to the Country of Assignment for Covered Person(s) from those advised at the start of the Period of Insurance. Where there is a change in the Country of Assignment We reserve the right to alter the Premium charged where there is an increase in the risk presented due to factors such as but not limited to an increase in health care costs from one country to another or greater risk of evacuation due to a lower standard of available medical care. We reserve the right to amend the Premium charged or the terms, conditions and exclusions on which we will accept the amended exposure upon declaration or not to accept the risk.

Where We are not advised of changes outlined above, We may reduce any liability if We have been prejudiced in any way (to the extent permitted by law), including but not limited to an inability to amend the terms on which we would have accepted the altered risk or excluded certain aspects of cover due to unacceptable risk.

Currency

All amounts shown on the Policy are in the currency stated in the Schedule. If expenses are incurred in a currency different to the currency shown in the Schedule, then the rate of currency exchange used to calculate the amount payable will be the rate at the time of incurring the expense or suffering a loss.

Due Diligence

The Policyholder and all Covered Person(s) will exercise due diligence in doing all things reasonable to avoid or reduce any loss under the Policy.

Headings

Headings have been included for ease of reference and it is understood and agreed that the terms, conditions and exclusions of the Policy are not to be construed or interpreted by reference to such headings.

Notice of Claim

The Claimant must give Us written notice of any occurrence which is likely to give rise to a claim within thirty (30) days or as soon as is reasonably practicable after the date of the occurrence. A Claimant's failure to furnish Us with notice within the time provided in the Policy will not invalidate any claim but We may reduce Our liability under the Policy to the extent to which We have suffered any prejudice due to such failure (to the extent permitted by law). The Claimant must at their expense give Us such certificates, information and other documentation as We may reasonably require and which are in the Claimant's possession, control, or within their power to provide. We may at Our own expense have any Claimant, who is the subject of a claim under the Policy, medically examined from time to time (so long as the frequency is not unreasonable in the circumstances).

Other Insurance

In the event of a claim, the Policyholder or a Covered Person must advise Us as to any other insurance they are entitled to claim under or have access to that covers the same risk.

Proper Law

Any dispute arising under the Policy or concerning its formation shall be governed by the laws of the state or territory of the Commonwealth of Australia in which this policy was effected. Each party agrees to submit to the jurisdiction of any court of competent jurisdiction within the said state or territory and to comply with all requirements necessary to give such court jurisdiction. All matters arising hereunder shall be determined in accordance with the law and the practice of such court.

Sanctions Clause

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the policy remain unchanged.

Chubb Insurance Australia Limited is a subsidiary of a US company and Chubb Limited, a NYSE listed company. Consequently, Chubb Insurance Australia Limited is subject to certain US laws and regulations [in addition to EU, UN and national sanctions restrictions] which may prohibit it from providing cover or paying claims to certain individuals or entities or insuring certain types of activities related to certain countries such as but not limited to Iran, Syria, North Korea, North Sudan, Crimea and Cuba.

Singular/Plural

If it is consistent with the context of any clause in this Policy, the singular includes the plural and vice versa.

Subrogation

If We pay an amount under the Policy, We shall be subrogated to the Claimant's rights to recover an equivalent sum to what we have paid against any person or entity other than the Policyholder, Covered Person or other persons covered by this Policy and a Claimant must execute and deliver any instruments and papers and do whatever else is necessary and within their power to enable Us to secure such rights. A Claimant must not take action which will prejudice Our rights to subrogation.

We will not be liable for a loss where the Claimant is a party to an agreement that excludes or limits Our rights to recover damages from a third party in respect of that loss, whenever that agreement was made, i.e. before or after the loss occurred.

The effect of this provision is that the Claimant may prejudice the Claimant's rights with regard to a claim if the Claimant makes or has made any agreement with a third party that will prevent Us from recovering the loss the subject of the claim from that party or another party.

About Chubb in Australia

Chubb is a world leader in insurance. Chubb, via acquisitions by its predecessor companies, has been present in Australia for 100 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages including Business Package, Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities as well as Accident & Health, to a broad client base, including many of the country's largest companies. Chubb also serves successful individuals with substantial assets to insure and consumers purchasing travel insurance.

More information can be found at
www.chubb.com/au

Contact Us

Chubb Insurance Australia Limited
ABN: 23 001 642 020 AFSL: 239687

Grosvenor Place
Level 38, 225 George Street
Sydney NSW 2000
O +61 2 9335 3200
www.chubb.com/au

Chubb. Insured.SM

Chubb Expatriate Medical & Emergency Evacuation Expenses Insurance Policy Wording and PDS, Australia. Published 05/2024 (24PDSEXP01). ©2024 Chubb Insurance Australia Limited. Chubb®, its logos, and Chubb. Insured.SM are protected trademarks of Chubb. CHUBB-A&HCOREXP-OPENAU-EXP01-PDS-0524