



**blend**

INSURANCE SOLUTIONS

**Group  
Personal Accident Insurance**

PRODUCT DISCLOSURE STATEMENT AND POLICY WORDING

**POST OFFICE AGENTS ASSOCIATION LIMITED**

## Network Insurance Group

Network Insurance Group (**Intermediary**) has arranged this Policy for the Policyholder.

An Insured Person can contact Network Insurance Group in any of the following ways:

Postal Address: PO Box 6178 Melbourne VIC 3004

Phone: +61 3 8420 8700

Email: [admin@networksteadfast.com.au](mailto:admin@networksteadfast.com.au)

Web: [www.networksteadfast.com.au](http://www.networksteadfast.com.au)

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## Important Information

### Introduction

This Product Disclosure Statement ('PDS') contains important information about this insurance to assist in the making of a decision in relation to it.

This PDS was prepared on 21 June 2022.

Please read this PDS, the Target Market Determination ('TMD') and the Financial Services Guide (FSG) before deciding whether to buy this Policy. Terms, conditions and exclusions apply as set out in this PDS and any endorsement(s) added to the Policy Schedule.

### The Insurer

This Policy is underwritten by the Australia branch of Allied World Assurance Company, Ltd (ABN 54 163 304 907) of 264 George Street, Australia Square Level 21, Sydney, NSW 2000 (Phone: +61 2 8015 2500) ('Allied World', or as otherwise specified or unless the context otherwise requires, "We", "Us" or "Our"). Allied World is authorised by the Australian Prudential Regulation Authority ('APRA') to carry on insurance business in Australia.

Allied World does not hold an Australian Financial Services License (AFSL) and save for underwriting this Policy administered, issued or otherwise arranged by Blend, for which an exemption applies, does not provide any licensed financial services. Allied World does not provide any claims handling and settlement services in relation to claims made under this Policy.

## Financial Claims Scheme

In the unlikely event that Allied World becomes insolvent and is unable to meet its 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 <https://www.fcs.gov.au> or the APRA hotline (1300 55 88 49) for more information.

## Blend Insurance Solutions

Blend Insurance Solutions Pty Ltd (ABN 47 617 346 353, AFSL No. 500768) ('Blend') acts under a binding authority provided Allied World to issue, alter, renew and otherwise to administer policies. In all aspects of arranging this Policy, Blend acts as an agent of Allied World and not as agent for You or any Insured Person.

### Important information about Blend's advice

Any advice Blend gives about this Policy is General Advice only. General Advice is advice that has been prepared without considering Your individual objectives, financial situation or needs. For this reason, before You act on this General Advice, You should consider the appropriateness of the General Advice having regard to Your individual objectives, financial situation and needs.

Before You make any decisions about whether to acquire this Policy, Blend recommends You read this Product Disclosure Statement.

If the Insured has any queries in relation this Policy, contact Blend in any of the following ways:

Email: [customerservice@blendinsurance.com.au](mailto:customerservice@blendinsurance.com.au)

Website: [www.blendinsurancesolutions.com.au](http://www.blendinsurancesolutions.com.au)

Phone: +61 2 9158 6629

Postal Address: Level 4, 97-99 Bathurst Street,  
Sydney, NSW 2000

## General Insurance Code of Practice

Blend supports the General Insurance Code of Practice. The purpose of the Code is to raise the standards of practice and service in the general insurance industry. For further information on the Code, please visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

## Our contract with the Insured

This Policy is a contract of insurance between the Policyholder and Us and contains all the details of the cover that We provide.

The Policy consists of:

- the Policy Schedule;
- this PDS and Policy Wording;
- any proposal or application completed by the Policyholder or an Insured Person;
- any endorsement or other document We tell You forms part of the Policy which may vary or modify the above documents.

These documents should be read together as they jointly form the contract of insurance between the Policyholder and Us.

## Cover for an Insured Person

Any individual who meets the Eligibility Criteria can apply to be added as an Insured Person.

Each Insured Person is covered under this Policy, subject to the terms, conditions and exclusions of the Policy.

Cover for an Insured Person:

1. begins from the Issue Date set out in their Confirmation of Cover; and
2. ends at the earliest of the following events:
  - a. when the Insured Person ceases to meet the Eligibility Criteria; or
  - b. at the Expiry Date given on the Confirmation of Cover; or
  - c. when the Policy is cancelled by Us or the Policyholder; or
  - d. when cover is cancelled by the Insured Person;
 whichever occurs first.

## How to apply for cover

If you are an individual that meets the Eligibility Criteria, you apply to become an Insured Person by contacting the Intermediary (see contact details on page 1).

The Policyholder must ensure that a copy of this PDS is made available to each Insured Person before the Insured Person elects to be covered by the Policy.

## Duty of Disclosure

### The Policyholder

You, the Policyholder, have a duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to issue You a Policy and on what terms.

- You have this duty until We agree to insure You
- You have the same duty before You renew, extend, vary or reinstate an insurance contract
- 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, Your Policy may be cancelled or the amount payable under Your Policy may be reduced if You make a claim, or both.

If Your failure to tell Us is fraudulent, Your claim may be rejected and not paid, and the contract as if it never existed.

### Insured Persons duty to take reasonable care not to make a misrepresentation

Insured Persons must take reasonable care not to make a misrepresentation to Us. This responsibility applies until a Confirmation of Cover has been issued for the first time or We agree to renew, extend, vary/change, or reinstate cover. Insured Persons must answer Our questions honestly, accurately and to the best of their knowledge. A misrepresentation includes a statement that is false, partially false, or which does not fairly reflect

the truth. It is not misrepresentation if they do not answer a question or if their answer is obviously incomplete or irrelevant to the question asked.

The responsibility to take reasonable care not to make a misrepresentation applies to everyone who will be insured under the Policy.

Whether or not an Insured Person has taken reasonable care not to make a misrepresentation is to be determined having regard to all relevant circumstances, including the type of insurance, who it is intended to be sold to, whether they are represented by a broker, their particular characteristics and circumstances We are aware of.

## Paying Your Premium

### How We calculate Your Premium

Premium is calculated taking into consideration a number of risk factors including the occupations of the Insured Persons, the age of the Insured Persons, the Waiting Period chosen, the sums insured and the Policyholder and Insured Person's previous insurance history. Premium includes commission paid to Your Intermediary by Us.

Premiums are subject to government charges, taxes and levies where applicable. They can include GST, stamp duty, and any other charges.

### Paying Your Premium

Each Insured Person must pay the Premium that applied to their cover. Payment must be made to the Intermediary within the period of time stipulated in the Confirmation of Cover ("the due date").

We may be entitled to cancel the cover of an Insured Person if the Premium is not paid by the due date.

## Taxation Implications

For the purposes of the below provisions for Taxation Implications, the use of:

- 'We', 'Us', and 'Our' includes Blend;
- 'You' and 'Your' means the Policyholder and the Insured Person (insofar as applicable).

The following taxation information is only a guide. Your individual circumstances will be important to and may affect the tax treatment of any Premiums You pay or benefits You receive. You should consult Your tax adviser regarding Your individual circumstances.

### Income Tax

Generally, if You are entitled to receive weekly benefits, the Premium You pay may be tax deductible. Premiums may also be tax deductible if You have taken out Your Policy for a revenue purpose.

Generally, if You receive weekly benefits as noted above, these benefits may be assessable to You and subject to tax at Your marginal income tax rate. However, lump sum amounts that You receive are generally not taxable provided certain conditions are met.

Pay As You Go Withholding Taxes ('PAYGW') may be withheld from any payments to You deemed to be taxable income in Your hands.

## Goods and Services Tax

Generally, You will not be required to pay Goods and Service Tax (GST) on any benefits You receive under Your Policy. However, You must advise Us if You are entitled to claim an input tax credit in relation to any GST payable on Your Premium and the extent of that entitlement. If You do not provide this information to Us, You may be liable to pay an amount of GST on benefits You receive.

If You are registered for GST, any payment We make may be reduced by the amount of any input tax credit You or another person are entitled to for those expenses.

## Cooling-Off Period

There is a twenty-one (21) day cooling-off period that applies to each Insured Person's Confirmation of Cover

An Insured Person can cancel their cover within twenty-one (21) days of the Issue Date of their Confirmation of Cover by giving notice to the Intermediary in writing.

We will refund all the Premium (and Agency Fee if applicable) paid less any non-refundable government charges, taxes and levies that We have paid.

The Insured Person cannot exercise this right if the Insured Person has made a claim under the Policy during the cooling-off period.

## Updating this PDS

We will not make any material change to the Policy after the start of the Period of Insurance. Where a change is made to the Policy, We will issue the Policyholder with new documents or other compliant document.

The Policyholder must ensure that any changes to the Policy are made available to each Insured Person.

## Renewal Procedure

Before this 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.

## How to Make a Claim

The Insured Person must notify Blend or Corporate Services Network ("CSN") as soon as reasonably possible but in any event no later than within thirty (30) days of an event that is likely to give rise to a claim. A failure to furnish Us with notice within the time provided in the Policy will not invalidate any claim but the amount payable under Your Policy may be reduced to the extent to which We have suffered any prejudice due to such failure.

Once notified of a claim, CSN will provide the Insured Person with claim forms. The Insured Person must fully complete and return the claim forms to CSN together with such other information and documentation that CSN requires in order to consider the claim. This information can include health certificates, medical practitioners' reports, employer reports and related evidence of the claim.

Insured Persons can notify an event and/or claim by sending notice to:

Corporate Services Network,

Email: [claims@csnet.com.au](mailto:claims@csnet.com.au)  
 Phone: +61 2 8256 1770  
 Address: GPA BOX 4276, Sydney, NSW 2001

## Complaints and Dispute Resolution Process

Allied World and Blend are committed to meeting and exceeding our clients' reasonable expectations whenever possible and would like to know if your reasonable expectations haven't been met. You are entitled to make a complaint about any aspect of your relationship with Blend or Allied World including the conduct of our agents and authorised representatives. Blend or its agent, or in the case of Allied World, its agent, will attempt in good faith to resolve any complaint/dispute in a fair, transparent and timely manner.

We aim to align with the General Insurance Code of Practice and comply with any relevant Australian Securities and Investments Commission (ASIC) guidelines.

Any complaint relating to this insurance should be referred to Blend in the first instance:

Email: [feedback@blendinsurance.com.au](mailto:feedback@blendinsurance.com.au)  
 Phone: + 61 2 91586629  
 Postal Address: Blend Complaints Officer,  
 PO Box A2016, Sydney South NSW 1235

If we do not make a decision within the period that we tell you we will respond, we will tell you about your right to lodge a complaint with an external dispute resolution scheme. If you are not happy with our response, you can refer your complaint to the Australian Financial Complaints Authority ('AFCA') subject to its rules. AFCA provides a free and independent dispute resolution service for consumers who have general insurance disputes falling within its rules.

AFCA's contact details are:

Email: [info@afca.org.au](mailto:info@afca.org.au)  
 Phone: 1800 931 678  
 Postal Address: Australian Financial Complaints Authority – GPO  
 Box 3, Melbourne VIC 3001  
 Website: [www.afca.org.au](http://www.afca.org.au)

## Privacy Statement

In this Privacy Statement the use of:

- a. 'We', 'Us' and 'Our' means Allied World and Blend;
  - b. 'You' and 'Your' means the Policyholder and Insured Person;
- unless specified otherwise.

We are committed to protecting Your privacy. We are bound by the obligations of the Privacy Act 1988 (Cth). This sets out basic standards relating to the collection, use, storage and disclosure of personal information.

The primary purpose for Our collection, use, storage and disclosure of Your personal information is to enable Us to provide insurance services to You.

We need to collect, use and disclose Your personal information (which may include sensitive information) to consider Your application for insurance and to provide the cover You have chosen, administer the insurance and assess any claim. You can choose not to provide Us with some of the details or all Your personal information, but this may affect Our ability to provide the cover, administer the insurance or assess a claim.

We may disclose the personal information We collect to third parties who assist Us in providing the above services, such as related entities, distributors, agents, insurers, reinsurers and service providers. Some of these third parties may be located outside of Australia, for example Singapore or the United Kingdom. In all instances where personal information may be disclosed to third parties who may be located overseas, We will take reasonable measures to ensure that the overseas recipient holds and uses Your personal information in accordance with the consent provided by You and in accordance with Our obligations under the Privacy Act 1988 (Cth).

Personal Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from Your insurance intermediary or co-insureds).

If You provide personal information for another person You represent to Us that:

- You have the authority from them to do so and it is as if they provided it to Us;
- You have made them aware that You will or may provide their personal information to Us, the types of third parties We may provide it to, the relevant purposes We and the third parties We disclose it to will use it for, and how they can access it. If it is sensitive information We rely on You to have obtained their consent on these matters. If You have not done or will not do either of these things, You must tell Us before you provide the relevant information.

You are entitled to access Your personal information and request correction if required.

By providing Us with Your personal information, You consent to Our collection, use and disclosure, as well as outlined above and in accordance with Allied World's and Blend's Privacy Policies.

This consent remains valid unless You alter or revoke it by giving written notice to Allied World's and Blend's Privacy Officer. Should you wish to withdraw your consent, We may not be able to provide insurance services to You.

Allied World's Privacy Policy contains information on the kinds of personal information Allied World collects and holds, how Allied World does so and the purposes for which Allied World collects, holds, and discloses personal information. It also contains information on how Allied World can access Your personal information, how You can seek correction of such information or make a privacy related complaint and when Allied World is likely to disclose personal information to third parties and overseas recipients, including the countries in which Allied World is likely located.

You can download a copy of Allied World's Privacy Policy by visiting <http://www.alliedworldinsurance.com/australia> or request a copy to be sent to You by calling (02) 8015 2500.

Blend's Privacy Policy sets out how:

- Blend protects Your personal information;
- You may access Your personal information;
- You may correct Your personal information held by Us;
- You may complain about a breach of the *Privacy Act 1988* (Cth) or Australian Privacy Principles and how Blend will deal with such a complaint.

If You would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact Blend's Privacy Officer by:

Email: [privacy@blendinsurance.com.au](mailto:privacy@blendinsurance.com.au)  
 Phone: +61 2 9307 6656  
 Postal Address: PO Box A2016,  
 Sydney South, NSW 1235

You can download a copy of Blend's Privacy Policy by visiting [www.blendinsurancesolutions.com.au](http://www.blendinsurancesolutions.com.au).

## Summary of Benefits and Risks

This is a general summary only and does not form part of the Policy and cannot be relied on as a full description of the cover provided.

Please refer to the relevant sections of the Policy and the Confirmation of Cover for full benefit details and applicable terms, limitations, conditions and exclusions.

### What the Policy covers

#### Accidental Permanent Total Disablement

Lump sum Accidental Permanent Total Disablement benefit – one hundred (100%) percent of the amount shown under Lump Sum Benefits in the Confirmation of Cover.

#### Accidental Death

Lump sum Accidental Death benefit – one hundred (100%) percent of the amount shown under Lump Sum Benefits in the Confirmation of Cover.

#### Temporary Total and Temporary Partial Disablement benefits

Weekly disablement benefits as a result of Injury for Temporary Total Disablement as shown in the Confirmation of Cover. Temporary Partial Disablement benefit is 40% of the Temporary Total Disablement benefit.

#### Lump Sum benefits for Injury resulting in surgery

Lump sum benefits for surgery as a result of Injury occurring outside of Australia as shown in the Benefits section of this PDS.

#### Weekly benefits for up to 104 weeks

Weekly benefits are payable for up to a maximum period of one hundred and four (104) weeks or twenty-six (26) weeks for Insured Person's over seventy-five (75) years old.

#### Exposure to the elements and Disappearance

Includes lump sum benefits for death and/or disablement as a result of exposure to the elements resulting an Injury or Disappearance.

#### Additional Benefits

Advanced Payment, Disappearance, Escalation of Claim Benefit, Funeral Expenses, and Modification Benefit as defined in the Additional Benefits section of this PDS.

### What the Policy doesn't cover

No benefits are payable under the Policy where the Injury results from:

#### Sickness

Claims caused by Sickness.

#### War, Civil War, Terrorism

Occurs as a result of War, Civil War or warlike operations, civil unrest, political unrest or Terrorism.

#### Epidemic or pandemic

Occurs as a result of epidemic or pandemic (as announced by the government of Australia or the World Health Organization) in existence before commencing travel outside Australia or announced by the government of Australia or the World Health Organization.

#### Professional Sports

Results from the Insured Person taking part in, participating or training for professional sport of any kind, or the sport where the Insured Person earns majority of their income.

### What the Policy doesn't cover (continued)

#### Air travel

Results from engaging in air travel or aerial activities except where the Insured Person is travelling as a passenger in a properly licensed aircraft.

#### Intentional or self-inflicted

Is deliberately self-inflicted or intentionally caused by the Insured Person.

#### Criminal acts

Results from a criminal act committed by the Insured Person or any other beneficiary of the benefits under this insurance.

#### Maximum Age

Occurs after the Insured Person reaches the Maximum Age.

#### Pre-Existing Medical Conditions

Results from Pre-Existing Medical Conditions as defined.

#### Nuclear exposure or radioactivity

Occurs as a result of the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel.

#### Health Insurance Act

Contravention of the *Health Insurance Act 1973* (Cth), the *Private Health Insurance Act 2007* (Cth) or the *National Health Act 1953* (Cth).

### When can Weekly Benefits be reduced or not paid

#### Lump Sum Benefits

No benefit shall be payable for more than one (1) condition in respect of the same Injury, in which case the highest benefit will be payable.

#### Waiting Period

No weekly benefits are payable for disablement during the Waiting Period stated in the Confirmation of Cover.

#### Beyond the maximum benefit period

As specified on the Confirmation of Cover, in respect to any one (1) Injury.

#### Able to return to work in a reduced capacity

Weekly benefits will be reduced to thirty percent (30%) if the Insured Person is able to return to work but elects not to do so.

#### Fit to return to work

Weekly benefits will cease once the Insured Person is deemed fit to return to work by a Doctor.

#### Death

Weekly and other benefits will cease when the Insured Person dies.

#### Failure to follow medical advice

If the Insured Person fails to follow the advice of or undertake the recommended treatment by a Doctor for the current disability.



## General Definitions

For the PDS and Policy, the following important definitions apply. Any word or expression to which a specific meaning has been given in any part of this document shall bear this meaning wherever it begins with a capital letter.

**Accident** means an incident that happens unexpectedly and unintentionally resulting in an Injury.

**Accidental Death** means the death of an Insured Person as a result of an Accident.

**Civil War** means a state of armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups, including armed rebellion, revolution, sedition, insurrection, civil unrest, coup d'état and the consequences of martial law.

**Complete Fracture** means a fracture in which the bone is broken completely across and no connection is left between the pieces.

**Confirmation of Cover** means the document issued to each Insured Person which contains details of the cover provided under this Policy.

**Disappearance** means a body has not been found within twelve (12) months after the date of that Disappearance, and sufficient evidence is produced to Our satisfaction that leads inevitably to the conclusions that the Insured Person sustained an Injury and that such an Injury caused the Insured Person's death.

**Doctor** means a person legally qualified and registered to practice medicine in Australia and who is a person other than the Insured Person, their relatives, business partners, shareholders or employees. Chiropractors, physiotherapists and alternative therapy providers are not regarded as a Doctor.

**Eligibility Criteria** means a member of the Post Office Agents Association Limited who is over the age of eighteen (18) and under the age of ninety (90) during the entire Period of Insurance.

**Event(s)** means the Event(s) described in the relevant Table of Events in this PDS.

**Finger(s), Thumb(s) or Toe(s)** means the digits of a Hand or Foot.

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

**Geographical Limit** means the region specified on the Confirmation of Cover. For avoidance of doubt cover outside of Australia is not available where sanction limitation(s) and exclusion(s) apply (see 'Sanctions Limitations and Exclusion Clause' in General Provisions).

**Hairline Fracture** means mere cracks in the bone.

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

**Injury** means a physical bodily injury resulting from an Accident which occurs during the Period of Insurance and is not a Sickness and which:

- a. results in an Event within twelve (12) months of the Accident; and
- b. with respect to Events 19 and/or 20, the Event occurs during the Period of Insurance or any Renewal Period; and
- c. results solely and independently of any causes other than:
  - i. the Accident; and/or
  - ii. Sickness directly resulting from medical or surgical treatment rendered necessary by the Accident; and
  - iii. may include an Injury caused by an Insured Person being directly and unavoidably exposed to the elements as a result of an Accident.

**Insured Person** means a person who has met the Eligibility Criteria, has had an application for cover accepted and has been issued a Confirmation of Cover.

An Insured Person is a third party beneficiary under Section 48 of the *Insurance Contracts Act 1984* (Cth) and is not party to this contract of insurance.

**Issue Date** means the date from which We agree to provide cover under the Policy as shown on the Insured Person's Confirmation of Cover.

**Limb(s)** means the entire Limb between the shoulder and wrist or between the hip and ankle.

**Loss** means in connection with:

- a. a Limb, Permanent physical severance or Permanent total loss of the use of the Limb;
- b. an eye, total and Permanent loss of all sight in the eye;
- c. hearing, total and Permanent loss of hearing; and
- d. speech, total and Permanent loss of the ability to speak;

and which in each case is solely caused by an Injury.

**Operative Time** means the time within the Period of Insurance that the cover under this Policy applies, as stated in the Confirmation of Cover.

**Other Fracture** means any fracture other than a Complete Fracture, Hairline Fracture or Simple Fracture.

**Paraplegia** means the Permanent loss of use of both legs and the Permanent loss of use of the whole or of part of the lower half of the body.

**Period of Insurance** means:

- a. in respect of the Policyholder, the period stated in the Policy Schedule or shorter time if the Policy is cancelled or We agree with the Policyholder; and
- b. in respect of an Insured Person, the period from the Issue Date on the Confirmation of Cover to the Expiry Date stated in the Confirmation of Cover or shorter time if the cover is cancelled or We agree to change the period.

**Permanent** means having lasted twelve (12) consecutive months from the Injury and at the expiry of that time being in the opinion of a Doctor beyond hope of improvement.

**Permanent Total Disablement** means total disablement which is Permanent and is as a result of an Accident and which entirely prevents the Insured Person forever from engaging in any business, profession, occupation or employment for which they are reasonably qualified by training, education or experience.

**Policy** means:

- a. the Policy Schedule;
- b. this PDS and Policy Wording;
- c. any proposal or application completed by the Insured Person;
- d. any other document We tell the Insured forms part of the Policy which may vary or modify the above documents.

**Policyholder** means Post Office Agents Association Limited.

**Policy Schedule** means the Policy Schedule issued to the Policyholder showing details of the cover attaching to and forming part of the Policy or any subsequently substituted Policy Schedule.

**Pre-Existing Medical Condition** means any condition, including any side-effect or symptoms of a condition:

- a. of which the Insured Person is aware or a reasonable person in the circumstances would be expected to have been aware of three (3) months prior to becoming an Insured Person under the Policy; or
- b. for which the Insured Person has sought or received medical attention, undergone tests or taken prescribed medication in the three (3) years immediately prior to becoming an Insured Person under the Policy.

**Premium** means the Premium as shown in the Policy Schedule that is payable by the Insured Person in respect of this Policy.

**Quadrilegia** means the Permanent loss of use of all four limbs.

**Renewal Period** means the personal accident insurance policy issued by Us which takes effect immediately at the end of the Period of Insurance.

**Salary** means:

- a. in the case of a salaried employee (not otherwise covered below), their weekly pre-tax income, including commissions, bonuses, overtime payments and any other allowances, before personal deductions, average during the period of twelve (12) months, immediately preceding the date of Temporary Partial Disablement or Temporary Total Disablement (whichever is relevant) or over such shorter period as they have been employed. Where commission, bonuses, overtime payments and any allowances are made more regularly than on an annual basis and form part of the Employee's total remuneration package they will be included as part of the Employee's weekly pre-tax income; or
- b. in the case of a salary packed employee or T.E.C (that is, total employment cost), their weekly pre-tax income derived from personal exertion (including but not limited to wages, motor vehicle and/or travel allowances, club subscription fees, housing loan or rental subsidy, clothing and meal allowances), before personal deductions (including bonuses, commissions, overtime payments), averaged over the period of twelve (12) months immediately preceding the date of Temporary Partial Disablement or Temporary Total Disablement (whichever is relevant) or over such shorter period as they have been employed. Where commission, bonuses, overtime payments and any allowances are made more regularly than on an annual basis and form part of the Employee's total remuneration package they will be included as part of the Employee's weekly pre-tax income; or
- c. in the case of a self-employed person, their weekly pre-tax income derived from personal exertion, after deduction of all expenses incurred in connection with the derivation of that income averaged over the period of twelve (12) months immediately preceding the date of Temporary Partial Disablement or Temporary Total Disablement (whichever is relevant) or over such shorter period as they have been self-employed.

**Seek Employment** means the Insured Person being registered with the government agency or department which is responsible for providing employment services and/or a recruitment agency and actively looking for employment by providing Us with proof of submitting a minimum of two (2) new job applications per week to the agency or department, or such evidence as may be reasonable in the circumstances.

**Sickness** means any illness or disease suffered by the Insured Person.

**Simple Fracture** means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a Doctor requires minimal and uncomplicated medical treatment.

**Temporary Partial Disablement** means that in the opinion of a Doctor, the Insured Person is temporarily unable to perform in a substantial part of their usual occupation, and while under the care of and acting in accordance with the instructions and/or advice of a Doctor.

**Temporary Total Disablement** means that in the opinion of a Doctor, the Insured Person is temporarily unable to perform in their usual occupation, and while under the care of and acting in accordance with the instructions and/or advice of a Doctor.

**Terrorism** means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s), whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public in fear.

**Utilisation of Nuclear, Chemical or Biological Weapons of Mass Destruction** means:

- a. the use of any explosive nuclear weapon or device; or
- b. the emission, discharge, dispersal, release or escape of:
  - i. fissile material emitting a level of radioactivity, or
  - ii. any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins), or
  - iii. any solid, liquid or gaseous chemical compound which, when suitably distributed;

which is capable of causing incapacitating disablement or death amongst people or animals.

**Waiting Period** means the period specified in the Confirmation of Cover during which no benefits are payable by Us in relation to Section 1 – Personal Injury – Part B (Weekly Benefits).

**War** means a state of armed conflict, whether declared or not, between different nations, states, or armed groups using military force to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

**We/Our/Us** means the Australian branch of Allied World Assurance Company, Ltd (ABN 54 163 304 907) ('Allied World').

**You/Your** means the Policyholder.



## Policy Wording

### Cover

We will cover the Insured Persons against events described in this Policy and;

- the Insured Person has paid or agreed to pay the Premium required for cover;
- the type of cover is specified in the Confirmation of Cover as applying to that Insured Person including:
  - where the relevant covered event occurs in the Geographical Limit and during the Operative Time;
  - up to the maximum limits and maximum periods;
  - subject to the applicable Waiting Period; and
- subject to the terms, conditions, provisions and exclusions of the Policy.

## Section 1 | Personal Injury

### Extent of Cover

### Injury

If during the Period of Insurance an Insured Person suffers an Accident which directly results in an Injury which results in the occurrence of any of the Events set out in the Table of Events shown under Section 1 – Personal Injury s – Parts A, B, and/or C, We will pay the benefit set out. However, the Event must occur within twelve (12) months of the Accident giving rise to the Injury and within any Renewal Period.

### Table of Events

#### Part A - Lump Sum Benefits

Cover for an Event under this Part applies only if an amount for that Event is shown in the Confirmation of Cover against Section 1 – Personal Injury– Part A – Lump Sum Benefits.

Event	Benefit
1. Accidental Death	100%
2. Permanent Total Disablement	100% *
3. Paraplegia or Quadriplegia	100% *
4. Permanent and incurable paralysis of all Limbs	100%
5. Permanent and total loss of sight of one (1) or both eyes	100%
6. Permanent physical severance or Permanent total loss of the use of one (1) or more Limbs	100%
7. Permanent and incurable insanity	100%
8. Permanent and total loss of:	
a. use of lens of both eyes	100%
b. use of lens of one (1) eye	60%
9. Permanent and total loss of:	
a. hearing of both ears	100%
b. hearing of one (1) ear	20%
10. Burns:	
a. third degree burns and/or resultant disfigurement which covers more than forty (40) percent of the entire external body	50%
11. Permanent total loss of use of four (4) Fingers and Thumb of either Hand	75%
12. Permanent total loss of use of four Fingers (4) of either Hand	40%
13. Permanent total loss of use of the Thumb of either Hand;	
a. both joints	30%
b. one (1) joint	15%
14. Permanent total loss of use of Fingers of either Hand;	
a. three (3) joints	15%
b. two (2) joints	10%
c. one (1) joint	5%
15. Permanent total loss of use of Toes of either Foot;	

a.	all – one Foot	15%
b.	great – both joints	5%
c.	great – one joint	3%
d.	other than great Toe – each Toe	1%
16.	Fractured leg or patella with established non-union	10%
17.	Shortening of leg by at least five (5) centimeters	7.5%
18.	Permanent partial disablement not otherwise provided for under Events 9 – 17.	Such percentage of the lump sum amount as We in Our discretion and having regard to the Insured's interests, shall determine, but not more than 75% and being in Our opinion not inconsistent with the benefits provided under Events 8 to 17.*

\*Any amount payable under Events 2, 3 or 18 will be reduced by any benefit amounts payable under Events 19 or 20 for any period greater than fifty-two (52) weeks.

### Part B – Weekly Benefits - Injury

Cover for an Event under this Part applies only if an amount for that Event is shown in the Confirmation of Cover against Section 1 – Personal Injury– Part B – Weekly Benefits – Injury.

Event	Benefit
19. Temporary Total Disablement From the date Temporary Total Disablement as a result of Injury commences and whilst the Temporary Total Disablement persists and after the Waiting Period:	We will pay up to the amount in the Confirmation of Cover against Section 1 – Personal Injury– Part B – Weekly Benefits – Injury, but not exceeding the percentage of Salary shown in the Confirmation of Cover.
20. Temporary Partial Disablement From the date the Temporary Partial Disablement as a result of Injury commences and whilst the Temporary Partial Disablement persists and after the Waiting Period:	We will pay up to the amount in the Policy Schedule against Section 1 – Personal Injury– Part B – Weekly Benefits – Injury, less any amount of current earnings as a result of working in a reduced capacity with the Insured, provided the combined amount does not exceed the percentage of Salary shown in the Confirmation of Cover.

Should the Insured Person be able to return to work in a reduced capacity but elect not to do so then the benefit payable will be twenty-five (25%) of the amount payable for Event 19.

### Part C – Injury Resulting in Surgery

Cover for an Event under this Part applies only if:

1. an amount for that Event is shown in the Confirmation of Cover against Section 1 – Personal Injury – Part C – Injury Resulting in Surgery;
2. the surgery is undertaken outside of Australia; and
3. payment of such benefit is not prohibited by the law of the country in which the surgery is undertaken.

Event	Benefit
21. Craniotomy	100%
22. Amputation of a Limb	100%
23. Fracture of a Limb requiring open reduction	50%
24. Dislocation of a joint requiring open reduction	25%
25. Any other surgical procedure carried out under general anaesthetic	5%

## Section 2 | Additional Benefits

### Extent of Cover

#### 2A - Advanced Payment

If an Insured Person sustains an Injury for which benefits are payable under Section 1 – Personal Injury– Event 19, We will immediately pay thirteen (13) weeks benefit in advance, provided that We are presented with medical evidence from a Doctor certifying that the total period of Temporary Total Disablement will be a minimum of twenty-six (26) weeks.

#### 2B - Disappearance

If the body of an Insured Person is not found within twelve (12) months after an Accident involving the conveyance in which they were travelling, Accidental Death will be presumed in the absence of any evidence to the contrary. The Accidental Death benefit amount set out under Section 1 – Personal Injury, Event 1 shall become payable, subject to a signed undertaking by the beneficiary that if the Insured Person is subsequently found alive, such Accidental Death benefit amount will be refunded to Us.

#### 2C - Escalation of Claim Benefit

After payment of a benefit for Events 19 and/or 20 continuously for twelve (12) months, the benefit will be increased by five (5%) percent per annum.

#### 2D - Funeral Expenses Benefit

If during the Period of Insurance an Insured Person suffers an Accidental Death, We will pay for the reasonable expenses incurred up to the amount shown on the Confirmation of Cover against Section 2 – Additional Benefits – Funeral Expenses for the Insured Person's funeral, burial or cremation or the cost of returning the Insured Person's body or ashes to a place nominated by the Insured Person's Spouse/Partner or the legal representatives of the Insured Person's estate.

#### 2M - Modification Benefit

If during the Period of Insurance an Insured Person sustains an Injury for which a benefit is paid for Events 2 or 3, We will pay for costs necessarily incurred to modify the Insured Person's home and/or motor vehicle, or costs associated with relocating the Insured Person to a more suitable home, up to the amount shown in the Confirmation of Cover against Section 2 – Additional Benefits – Modification Benefit, provided that medical evidence is presented from a Doctor certifying the modification and/or relocation is necessary due to the Injury.

## General Conditions

These General Conditions apply to all covers and the Policy unless expressly stated otherwise in the Policy.

1. If an Insured Person suffers an Injury resulting in any one (1) of Events 2 to 8.a., no further benefits will be payable under Section 1 – Personal Injury– Part A – Lump Sum Benefits for any subsequent Injury to that Insured Person.
2. Benefits shall not be payable for more than one (1) of Events 1 to 18 in respect of the same Injury in which case the highest benefit amount will be paid.
3. The amount payable under Events 2, 3 or 18 will be reduced by any benefit amounts payable under Events 19 or 20 for any period greater than fifty-two (52) weeks.
4. Benefits shall not be payable for more than one (1) of the surgical benefits described in Events 21 to 25, in respect of any one (1) Injury in which case the highest benefit amount will be paid.
5. Weekly Benefits shall not be payable:
  - a. in excess of the maximum benefit period, as specified in the Confirmation of Cover, in respect to any one (1) Injury;
  - b. in excess of the maximum percentage of Salary per week or the maximum applicable benefit per week as specified in the Confirmation of Cover;
  - c. for the Waiting Period;
  - d. beyond the date of the Insured Person's death;
  - e. once the Insured Person is deemed fit to return to work by a Doctor;
  - f. for more than one (1) of Events 19 and/or 20 that occur during the same period of time;
  - g. if the Insured Person fails to provide Us with all requested relevant information and other evidence reasonably required to assess their claim; or
  - h. during any period where the Insured Person fails to follow the advice of or undertake the recommended treatment by a Doctor for the current disability. Advice or treatment includes seeking specialist advice or undergoing rehabilitation such as but not limited to obesity, drug addiction or alcoholism treatment plans where the condition is related to or exacerbating the current disability.
6. We may require at any time during a period of disablement that the Insured Person be examined by an independent medical officer of Our choosing and expense to obtain a second opinion. The costs associated with the examination will be met by Us however if the Insured Person fails to attend the examination for any unjustified reason then they will be required to pay any costs incurred. If the second opinion is contrary to the opinion of the Insured Person's Doctor, We will obtain a third and independent Doctor's opinion which will be the opinion used for the purposes of assessing the claim. We may require at any time for the Insured Person to attend and complete a medical examination by this doctor. Where the Insured Person fails to attend an examination or co-operate with Our doctor's medical examination We are entitled to conclude that no temporary disablement has occurred.
7. The Insured Person must provide Us with medical evidence provided by a Doctor regarding the Insured Person's Temporary Disablement and their ability to attend their usual occupation.
8. If an Insured Person suffers a recurrence of Temporary Total Disablement or Temporary Partial Disablement from the same or related cause or causes within six (6) months, the subsequent period of disablement will be deemed a continuation of the prior disablement. A new Waiting Period will not apply and the total benefit period shall not exceed the maximum benefit period, as specified in the Confirmation of Cover, inclusive of the benefit already received. If the Insured Person has worked on a full-time unrestricted basis for at least six (6) consecutive months the subsequent period of disablement shall be deemed to have resulted from a new Injury. A new Waiting Period and a new maximum benefit period as specified in the Confirmation of Cover shall apply. Where an Injury requires surgical treatment which cannot be performed within the twelve (12) months from the date of the Accident, provided the Insured Person can demonstrate that such treatment was known as necessary during the twelve (12) month period from the date of Accident and a Doctor certifies this, We will treat this as a continuation of the first Injury regardless of whether the Insured Person has been able to return to work for six (6) months, provided surgery does not occur in a period in excess of twenty-four (24) months from the original date of the Accident.
9. If an Insured Person returns to work for more than five (5) days during the Waiting Period and suffers a reoccurrence of the Injury which led to the initial Temporary Total Disablement, then the Waiting Period shall recommence from the day that the Insured Person suffers Temporary Total Disablement after returning to work.
10. At the discretion of the Insured Person's employer (if applicable), the Insured Person may be required to exhaust some or all of their sick leave entitlement or sick leave accrual prior to the Insured Person making a claim under this Policy.
11. Annual leave or other employer sponsored benefits are not required to be exhausted prior to the Insured Person making a claim under this Policy.
12. The amount of any benefit payable for Temporary Total Disablement and Temporary Partial Disablement will be reduced by the amount of any periodic compensation benefits payable under any workers' compensation or accident compensation scheme and the amount of any sick pay received or any disability entitlement so that the total amount of any such benefit or entitlement and benefits payable under the Policy shall not exceed the percentage of Salary of the Insured Person shown in the Confirmation of Cover and/or the Salary of the Insured Person.
13. If an Insured Person becomes unemployed whilst receiving benefit payments under Events 19 and/or 20 and is subsequently certified by a Doctor as being fit for light or partial duties, then the Insured Person must actively Seek Employment which is consistent with the Doctor's certified level of capacity. Should the Insured Person not actively Seek Employment, benefits shall be reduced to thirty percent (30%) of the amount payable for Event 19.
14. Subject to Advanced Payment referred to under Section 2 – Additional Benefits, Weekly Benefits shall be payable fortnightly in arrears. Compensation for a period of less than one week will be paid at the rate of one-seventh (1/7th) of the weekly benefit for each day during which the disability continues.
15. All benefits shall be payable to the Insured Person or such person(s) and in such proportions as the Insured Person shall nominate, unless otherwise stated in the Policy.

16. Where an Insured Person is exposed to the elements as a result of an Accident and suffers from any of the Events stated in the Table of Events as a direct result of that exposure within twelve (12) months of the Accident, the Insured Person will be deemed for the purposes of this Policy to have suffered an Injury on the date of the Accident.
17. Should a benefit be payable under this Policy that is also payable under any other Policy issued by Us, the benefit will only be payable under one (1) Policy, which shall be the Policy with the highest benefit amount.

## General Exclusions

The following General Exclusions apply to all Sections of this Policy unless expressly stated otherwise in the Policy.

We will not be liable to pay any benefits where death, Injury or liability is caused by, arises from or is in any way connected with;

1. an Insured Person engaging in or taking part in:
  - a. flying in an aircraft or aerial device other than as a passenger in an aircraft licensed to carry passengers; or
  - b. training for or participating in professional sport of any kind, or the sport where You earn majority of your income;
2. an Insured Person's intentional, willful or reckless act;
3. any self-injury, suicide or any illegal or criminal act committed by an Insured Person;
4. Us contravening the Health Insurance Act 1973 (Cth), the *Private Health Insurance Act 2007* (Cth) or the *National Health Act 1953* (Cth) or any amendment to, or consolidation or re-enactment of those Acts;
5. any loss which occurs when the Insured Person is older than ninety (90) years. This will not prejudice any entitlement to claim benefits for an Event which has arisen before an Insured Person has attained ninety (90) years.
6. any claim for Events 19 and/or 20 which are in any way attributed to childbirth or pregnancy with the exception of any unexpected and unforeseen medical complications or emergencies arising therefrom;
7. any loss resulting from War, Civil War or war like operations, civil, political unrest or Terrorism.
8. directly or indirectly from the use, existence or escape of nuclear weapons, materials or ionizing radiation from or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel;
9. directly or indirectly an Insured Person being exposed to the Utilisation of Nuclear, Chemical or Biological Weapons of Mass Destruction;
10. Pre-Existing Medical Conditions;
11. which is covered by:
  - a. Medicare;
  - b. any workers' compensation legislation;
  - c. any transport accident legislation;
  - d. any common law entitlement;
  - e. any government sponsored fund, plan or medical benefit scheme; or
  - f. any other insurance policy required to be effected by or under law;
12. Sickness.

## General Provisions

These General Provisions apply to all covers and the Policy unless expressly states otherwise in the Policy.

### Aggregate Limit of Liability

Our total liability for all claims arising from any one (1) occurrence or series of occurrences shall not exceed the amount shown in the Policy Schedule against Aggregate Limit of Liability (A).

Our total liability related to any one (1) Insured Person shall not exceed the amount shown in the Policy Schedule against Aggregate Limit of Liability (B).

In the event that claims made under this insurance exceed the Aggregate Limit of Liability, then the amount by which claims exceed this limit will be proportionally reduced.

### Alteration of Risk

The Insured Person must advise Blend as soon as is reasonably practical of any alteration of their business activities which increase the risk of damage, injury, liability, loss or Sickness. This notification should be made to the Intermediary who must advise Blend immediately.

### Assistance and Co-operation

The Insured Person where applicable, shall co-operate with Us and upon Our reasonable request, assist in making settlements, in the conduct of law suits and in enforcing any right of contribution or indemnity against any person or organisation who may be liable to the Insured Person because of bodily Injury or damage with respect to which insurance is afforded under the Policy. In that regard, the Insured Person may be requested to attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The Insured Person shall not voluntarily make any payment, accept fault, assume any obligation or incur any expense other than for first aid to others at the time of accident.

### Cancellation

#### By the Policyholder

The Policyholder can cancel this Policy at any time by giving notice in writing to Us.

#### By an Insured Person

An Insured Person can cancel their cover at any time by giving notice to the Intermediary in writing.

#### By Us

We can cancel this Policy for any of the reasons permitted by law.

We can cancel the cover of an Insured Person for any of the reasons permitted by law. Notice of any cancellation will be given to the Insured Person by the Intermediary.

#### Effect of Cancellation

When the Policy or Confirmation of Cover is cancelled, We will refund the Premium to each Insured Person for their unexpired cover period less any non-refundable government charges, taxes and levies.

Any Insured Person who has made a claim under this Policy is not entitled to refund of premium.

Blend may not refund any applicable Agency Fee if the Policy has been cancelled outside the cooling-off period.

### Claim Notification

The Insured must notify Blend or Corporate Services Network ("CSN") as soon as reasonably possible but in any event no later than within thirty (30) days of an event that is likely to give rise to a claim. A failure to furnish Us with notice within the time provided in

the Policy will not invalidate any claim but the amount payable under Your Policy may be reduced to the extent to which We have suffered any prejudice due to such failure.

### Currency

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

### Reasonable Care

The Insured Person's must take all reasonable care to prevent or minimise loss, damage, Injury, Sickness or liability under this Policy.

### Fraudulent Claims

If the Insured Persons covered under this Policy makes a claim or arranges for another party to make a claim that is in any way false, dishonest or fraudulent, then We may refuse to pay any such.

### Other Insurance

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

### Sanctions Limitation and Exclusion Clause

Allied World shall not be deemed to provide cover nor be liable to pay any claim or provide any benefit under this Policy to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer or their parent or affiliate or ultimate holding company to any sanction, prohibition or restriction under United Nations resolutions, or the trade or economic sanctions, laws or regulations of Australia, the European Union, United Kingdom or United States of America.

### Subrogation

Save as to the circumstances set out in Sections 65(5) and (6) of the *Insurance Contracts Act 1984*, when We pay any amount under this Policy, You or Your legal representative agree that We shall be subrogated to all of Your or Your legal representative rights to recover against any person or entity and You or Your legal representative agree to execute and deliver any certificates, information and other documentation as We may reasonably require and do whatever else is necessary to enable Us to secure such rights.

### Takeover Provision

Cover is extended to include claims for Events 19 & 20 only where the Injury occurred during the previous Period of Insurance but the Event occurs during the Period of Insurance underwritten by Us, and the Insured Person has held continuous cover with Us and is an Insured Person with Us at the time of the Event.

This provision only applies to Insured Persons under the previous Period of Insurance who have renewed with Us.

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