

A close-up photograph of a young man and woman smiling warmly at the camera. The man is on the left, with dark hair and a beard, wearing a dark shirt. The woman is on the right, with dark curly hair and sunglasses perched on her head, wearing a blue denim jacket. They are in a brightly lit, ornate interior, likely a museum or gallery, with classical statues and columns visible in the background.

**nib** travel  
insurance

## Combined Financial Services Guide and Product Disclosure Statement

Australia - Effective 10 December 2014

# Supplementary Product Disclosure Statement

This Supplementary Product Disclosure Statement (SPDS) dated 10 December 2015 applies to all nib Travel Insurance policies issued on or after 10 December 2015. This SPDS should be read together with the nib Travel Insurance Combined Financial Services Guide and Product Disclosure Statement (PDS) effective 10 December 2014.

The PDS is updated and amended as follows:

In the **Important Matters** section, the information under **Your duty of disclosure** on page 36 is replaced with:

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

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

When amending or extending **your** contract of insurance, **we** will ask **you** specific questions about any change in **your** circumstances. **You** must tell **us** about any change to something **you** have previously told **us**, otherwise **you** will be taken to have told **us** that there is no change.

**You** have this duty until **we** agree to insure, amend or extend the contract.

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.



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# Product Disclosure Statement Before You Buy

When purchasing your travel insurance, we ask that you become familiar with the information outlined in this document to ensure the cover offered is right for your circumstances.

Where **you** still have queries, please contact nib on **13 14 63** Mon-Fri, 8am-8.30pm; Sat, 8am-1pm, AEST.

## Who can buy?

Our travel insurance plans are only available to **residents** of Australia (as defined in the Travel Insurance Glossary, page 38) who meet the age limits of the plan selected. **Residents** include Australian citizens and holders of current and valid student visas, Australian 457 visas, other skilled working visas and spousal visas but does not include, for example, those on Australian working holiday visas.

## Where are you going and how often?

The cover that is right for **you** will depend on where **you** are travelling, who is travelling and how often. The plans **we** offer are:

- International Comprehensive: **our** premium single-trip product for travel **overseas** for people under age 81.
- Annual Multi Trip: a 12-month policy for frequent travellers under age 76. Cover

includes both international and Australian **domestic** leisure trips for a maximum of 38 days or business trips for a maximum of 90 days.

- International Medical Only: **overseas** medical expenses cover for people under age 81.
- Domestic: for **domestic** travel within Australia for people under age 81.

All plans are only available for **residents** of Australia (as defined in the Travel Insurance Glossary, page 38).

## When am I covered?

**You** should purchase **your** travel insurance as soon as possible after **you** have begun to book **your trip** because cover for Section 2 Cancellation costs, when applicable to **your** plan, begins from when **you** purchase the policy and **we** issue **your** Certificate of Insurance.

Cover for all other benefit sections applicable to **your** plan begins on **your** date of departure and ends on **your** date of return as stated on the Certificate of Insurance or when **you** return to **your home**, whichever happens first.

The policy is only valid once the premium is paid and **we** issue a Certificate of Insurance. Only people named on the Certificate of Insurance are covered by the policy.

Please make sure **you** keep **your** Certificate of Insurance and this PDS safe together with any other documents **we** send **you**, as these contain all the information about **your** policy.

## A few words about the Annual Multi Trip plan.

- This policy must be purchased within 30 days before the start of **your** period of insurance.
- Under a **family** policy, **your** adult travel partner listed on **your** Certificate of Insurance may travel independently of **you**.

**Dependents** listed on **your** Certificate of Insurance are only covered whilst accompanying **you** and/or **your** insured travel partner.

## What's covered and what's not?

Our plans each have different Policy Benefits (pages 7-9), but like all travel insurance policies, they don't cover everything. **You** should read this PDS carefully to ensure **you** select the cover that is right for **you**.

For example: the International Medical Only plan has limited cover, so **you** will have no cover for some benefits including Cancellation costs (Section 2), Luggage and personal effects (Section 14) and the Snow sports and activities option (Section 16). These and other benefits are available with other plans, so read the summary under Policy Benefits (pages 7-9) and each policy section carefully.

Certain words have special meanings which can be found in the Travel Insurance Glossary (pages 38-40). In addition:

- Each policy section tells **you** what is covered and what **we** will pay.
- Additional options are available for luggage cover and **rental vehicle insurance** excess (excluding International Medical Only).
- Cover can be purchased for snow skiing and other snow sports and activities (excluding International Medical Only).
- The Exclusions to Sections (pages 16-21) describe the specific circumstances which are not covered by those sections of the policy.
- The General Exclusions: applicable to all sections (pages 22-24) apply to the entire policy.

Both Exclusions to Sections and General Exclusions are noted in the Policy Benefits section (pages 7-9) and highlighted in shaded boxes throughout the PDS for easy reference.

Please read through this information carefully because it defines the way the policy responds when **you** need to claim.

## How your medical history affects your cover

Medical cover under travel insurance policies is for unexpected **sudden illnesses or serious injuries**.

Our travel insurance only includes cover for certain medical conditions, so please consider **your** medical history carefully because **overseas** medical care is expensive.

Medical conditions **you** already have before **you** buy the policy are only covered if they are on the list of automatically covered conditions (pages 27-28) **AND** **you** meet all requirements outlined for automatic cover. If **you** do not meet those requirements, **you** will not have cover for any of **your pre-existing medical conditions** unless **we** offer **you** cover following **your** completion of an assessment and **you** pay any additional premium required.

**You** will not be covered for any claims where **your** medical history (or those of other people) is a contributing factor and is not covered by the policy.

Refer to the Pre-existing Medical Conditions section (pages 25-30) for guidelines on cover for **pre-existing medical conditions**.

## About your insurance

This policy is underwritten by certain underwriters at Lloyd's, managed by Cerberus Special Risks Pty Limited ABN 81 115 932 173 AFS Licence No 308461 (Cerberus) and arranged and promoted by nib health funds limited ABN 83 000 124 381 AR 264068 (nib).

## Before You Buy

For their contact details, refer to the Financial Services Guide on page 41.

The Important Matters (pages 35-37) section contains information on **your** duty of disclosure, applying for cover, changing **your** policy, **your** rights and our responsibilities to **you**, including:

- Applying for cover (page 35)
- About your premium (page 35)
- Changes to your policy (page 35)
- Money back guarantee / cooling-off period (page 35)
- Policy extensions (page 36)
- Your duty of disclosure (page 36)
- General Insurance Code of Practice (page 37)
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- Responsibility for this document (page 37)

It is **our** responsibility to operate this insurance within the General Insurance Code of Practice. It is **our** choice to do this in such a way that is dependable, helpful and easy.

**Your** policy is based on what **you** tell us and **we** expect **you** to be truthful. If **you** aren't, this has implications.

Please also read the Financial Services Guide (pages 41-43) for information on how the providers of this insurance work together and the services they provide, including:

- About us (page 41)
- How we handle complaints (page 42)
- Privacy Notice (page 43)
- Responsibility for this document (page 43)

# Policy Benefits

The following table is a summary only of the benefits and limits available for each plan. Please refer to each policy section for specific conditions of cover and a detailed explanation of what is not covered under each section.

**Note:** The International Medical Only plan has limited cover, so **you** will not have cover for some benefits including Cancellation Costs and Luggage and Personal Effects, and the Snow Sports and Activities Option is also unavailable.

## Policy excess

A policy **excess** of \$100 applies per event when claiming under benefit sections 1-4 and 14-17, and this amount is shown on **your** Certificate of Insurance. No **excess** applies to benefit sections 5-13. **You** can remove the **excess** by purchasing the **excess** buy-out option for an additional premium.

A further **excess** may apply to each event relating to **your pre-existing medical conditions**. Where applicable, this amount is shown on **your** Certificate of Insurance; **you** cannot remove this **excess**.

## Policy exclusions

For a detailed explanation of what is not covered in each policy section, please refer to Exclusions to Sections 1-17 (pages 16-21) under "What's Covered and What's Not". Also, there are General Exclusions (pages 22-24) which are applicable to all sections of the policy.



Benefit	International Comprehensive and Annual Multi Trip		
What's Covered	Single	Family	
1.* <b>Medical Expenses Incurred Overseas</b> Emergency Dental	Unlimited \$500	Unlimited \$500	
2.* <b>Cancellation Costs</b>	Unlimited	Unlimited	
3. <b>Additional Expenses / Medical Evacuation</b>	Unlimited	Unlimited	
4.* <b>Loss of Income</b>	\$10,000	\$20,000	
5.* <b>Out of Pocket Expenses</b>	\$6,000	\$12,000	
6.* <b>Travel Delay</b>	\$2,000	\$4,000	
7.* <b>Return Airfare</b>	\$6,000	\$12,000	
8. <b>Resumption of Trip</b>	\$3,000	\$6,000	
9. <b>Special Events</b>	\$2,000	\$4,000	
10. <b>Rental Vehicle Insurance Excess</b>	\$4,000	\$4,000	
11.* <b>Withdrawal of Services</b>	\$500	\$500	
12.* <b>Accidental Death</b>	\$25,000	\$50,000	
13.* <b>Total Permanent Disability</b>	\$12,500	\$25,000	
14.* <b>Luggage and Personal Effects</b>	\$12,000	\$24,000	
15. <b>Personal Liability</b>	\$2,500,000	\$2,500,000	
<b>16.* Snow Sports and Activities</b> <span style="color: green;">Option Only</span>  Piste Closure Snow Skiing Pre-paid Costs Snow Skiing Equipment Replacement Hired Snow Skiing Equipment	When <b>you</b> purchase this option, cover under Sections 1-5, 7, 9 and 12-15 is extended when <b>you</b> participate in the activities listed in Section 16.1  \$1,000 \$1,000 \$1,500 \$2,000	\$2,000 \$2,000 \$3,000 \$4,000	
<b>17.* Business Travel</b>  Business Equipment Hire Business Equipment Re-create Business Documents	<span style="color: green;"><b>Annual Multi Trip Only</b></span>  \$5,000 \$1,000 \$1,000	\$5,000 \$1,000 \$1,000	

\* Sub-limits apply (refer to "What's Covered and What's Not", pages 10-21).

International Medical Only		Domestic	
Single	Family	Single	Family
Unlimited \$500	Unlimited \$500		
		\$10,000	\$20,000
Unlimited	Unlimited	\$10,000	\$20,000
		\$4,000	\$4,000
		\$10,000	\$20,000
		\$4,000	\$8,000
\$2,500,000	\$2,500,000	\$1,000,000	\$1,000,000
		When <b>you</b> purchase this option, cover under Sections 2, 3, 12, 14 and 15 is extended when <b>you</b> participate in the activities listed in Section 16.1	
		\$1,000	\$2,000
		\$1,000	\$2,000
		\$1,500	\$3,000
		\$2,000	\$4,000

# What's Covered and What's Not

## Section 1: Medical expenses incurred overseas

**You** only have this cover if **you** choose the International Comprehensive, Annual Multi Trip or International Medical Only plan.

1. **We** will pay the **reasonable** cost of emergency medical, hospital, road ambulance or other treatment **you** actually and necessarily receive **overseas** during the **trip** because **you** suffer a **sudden illness** or **serious injury**. **You** must make an effort to keep **your** medical expenses to a minimum.

However, **we** will only pay for treatment received and/or hospital accommodation during the 12-month period after the **sudden illness** first showed itself or the **serious injury** happened.

The treatment must be given or prescribed by a registered medical practitioner or paramedic.

If **we** determine that **you** should return **home** to Australia for treatment and **you** do not agree to do so, then **we** will pay **you** the amount which **we** determine would cover **your** medical expenses and/or related costs had **you** agreed to **our** recommendation. **You** will then be responsible for any on-going or additional costs relating to or **arising** out of the event **you** have claimed for.

2. **We** will also pay the cost of **overseas** emergency dental treatment up to a maximum amount of \$500 per person per **trip** following an infection or broken tooth and which the treating dentist certifies in writing is solely required for the immediate relief of sudden and acute onset of pain to healthy, natural teeth. A natural tooth is one that is whole or properly restored (with fillings only).

3. **We** will pay up to \$12,000 in total for **your** burial or cremation **overseas** or for transporting **your** remains to Australia.

- Please note **we** will not pay for any costs incurred in Australia.

The maximum amount **we** will pay for all claims combined under this section is shown under Policy Benefits (page 7) for the plan **you** have selected.

For what **we** will not pay in this section, please refer to Exclusions to Sections 1-13 (page 16) and General Exclusions: applicable to all sections (page 22).

## Section 2: Cancellation costs

**You** only have this cover if **you** choose the International Comprehensive, Annual Multi Trip or Domestic plan.

1. **We** will pay the value of the unused arrangements, less any refunds due to **you**, if **you** have to cancel any pre-paid transport or accommodation arrangements due to any unforeseen or unforeseeable circumstances outside of **your** control.
2. **We** will pay the **reasonable** cost of rearranging **your trip** prior to **you** travelling because something unforeseen and outside of **your** control occurs, provided that this cost is not greater than the cancellation fees or lost deposits which would have been incurred had the **trip** been cancelled.
3. **We** will pay the cancellation cost of tuition or course fees up to \$2,000 if the sole purpose of **your trip** is to attend that course and that course is cancelled due to circumstances outside of **your** control.

4. **We** will pay the travel agent's cancellation fees up to 10% of the amount paid to the travel agent or \$1,500 for a **single** policy or \$3,000 for a **family** policy, whichever is the lesser, when full monies have been paid or the maximum amount of the deposit has been paid at the time of cancellation. **We** will not pay any travel agent's cancellation fees above the level of commission and/or service fees normally earned by the agent had the **trip** not been cancelled.
  5. **We** will pay **you** for loss of frequent flyer or similar air travel points **you** used to purchase an airline ticket following cancellation of **your** airline ticket and **you** cannot recover the lost points from any other source. The cancellation must be due to unforeseen or unforeseeable circumstances outside of **your** control.
 

**We** calculate the amount **we** pay **you** by multiplying:

    - a) the cost of an equivalent class airline ticket based on the quoted retail price at the time the ticket was issued, less **your** financial contribution;
    - b) by the total value of points lost divided by the total value of points used to obtain the ticket.

The maximum amount **we** will pay for all claims combined under this section is shown under Policy Benefits (page 7) for the plan **you** have selected.

For what **we** will not pay in this section, please refer to Exclusions to Sections 1-13 (page 16) and General Exclusions: applicable to all sections (page 22).
- ### Section 3: Additional expenses/ medical evacuation
- Cover is available for all plans.
- This section only covers **you** for **reasonable** additional travel and accommodation expenses that result directly from one of the following events:
1. **You** being unable to continue the **trip** because of the death, **sudden illness or serious injury** of:
    - a) **You** or a member of **your travelling party**; or
    - b) A **close relative** or business partner or person in the same employ as **you**, who is resident in Australia or New Zealand, provided that the **sudden illness or serious injury** required hospitalisation or confinement. In the case of a business partner or person in the same employ, the person's absence made the ending of the **trip** necessary and **you** have written confirmation of that fact from a senior partner or director.
  2. The need, because of a **sudden illness or serious injury** resulting in **you** being hospitalised as an in-patient, for a **close relative** or friend to travel to, remain with or escort **you** in place of the attending registered medical practitioner. **You** must have written advice of this need from the attending registered medical practitioner and **our** consent.
  3. Cancellation or restriction of scheduled public transport services caused by severe weather, natural disaster, hijacking, riot, strike or civil commotion. The event must have begun after **we** issued the Certificate of Insurance. **You** must have done everything reasonable to avoid the expenses, and **you** must get the **carrier's** written confirmation of **your** claim.
  4. Motor vehicle, railway, air or marine **accident**. **You** must have written confirmation of the **accident** from an official body in the country where the **accident** happened.
  5. Loss (excluding Government confiscation) of passports, travel documents or credit cards, but limited to expenses incurred within the country where the loss occurred in having the documents replaced.
  6. A member of **your travelling party** who is a full-time student being required to sit supplementary examinations.

7. Disruption of **your trip** due to **your home** in Australia being destroyed by a natural disaster or fire.

**We** will pay **you** if **you** have to interrupt **your trip** after it has begun for **your** necessary additional travel, accommodation, repatriation and meals that **you** undertake with **our** consent. Travel expenses for **your** return **home** or evacuation are only covered if the attending registered medical practitioner advises **us** in writing that as a result of **sudden illness or serious injury** **you** are unfit to continue the **trip**.

The following rules apply:

1. **We** will not pay for the cost of resuming the **trip** after **you** have returned to Australia (excluding Section 7 Return airfare and Section 8 Resumption of trip when applicable).
2. Additional travel must be at the fare class originally chosen, except where **we** agree otherwise based on a written recommendation by **your** attending registered medical practitioner.
3. If **you** do not have a return ticket at the time of the event that causes **you** to return to Australia, **we** will deduct the cost of an economy class airfare at the **carrier's** regular published rates for the return trip. **We** will use **your** return ticket if this reduces **our** costs.
4. **We** will not pay for additional transport and accommodation expenses when a claim is made under Section 2 Cancellation costs or Section 6 Travel delay, when applicable, for cancelled transport and accommodation expenses covering the same period of time.
5. Benefits are payable for a period up to 12 months from the date **your trip** was interrupted.

The maximum amount **we** will pay for all claims combined under this section is shown under Policy Benefits (page 7) for the plan **you** have selected.

For what **we** will not pay in this section, please refer to Exclusions to Sections 1-13 (page

16) and General Exclusions: applicable to all sections (page 22).

## Section 4: Loss of income

**You** only have this cover if **you** choose the International Comprehensive or Annual Multi Trip plan.

**We** will pay **you** your average gross income less normal legal deductions for up to six months, calculated from the return date on the Certificate of Insurance, if, as a result of suffering an **injury** during the **trip**, **you** become totally unable within 30 days after that **injury** to attend to **your** usual full-time occupation or business when **you** return to Australia. However, **we** will not pay in respect of the first 30 days after **you** originally planned to resume **your** work. This benefit is not applicable to **dependents**. The maximum **we** will pay is \$1,500 per month **single** policy and \$3,000 per month **family** policy.

The maximum amount **we** will pay for all claims combined under this section is shown under Policy Benefits (page 7) for the plan **you** have selected.

For what **we** will not pay in this section, please refer to Exclusions to Sections 1-13 (page 16) and General Exclusions: applicable to all sections (page 22).

## Section 5: Out of pocket expenses

**You** only have this cover if **you** choose the International Comprehensive or Annual Multi Trip plan.

**We** will pay **you** \$50 for each day **you** are necessarily confined to hospital **overseas** provided that the period of confinement exceeds 48 consecutive hours because of a **sudden illness or serious injury** that happens or first shows itself during the **trip**.

The maximum amount **we** will pay for all claims combined under this section is shown under Policy Benefits (page 7) for the plan **you** have selected.

For what **we** will not pay in this section, please refer to Exclusions to Sections 1-13 (page 16) and General Exclusions: applicable to all sections (page 22).

## Section 6: Travel delay

**You** only have this cover if **you** choose the International Comprehensive or Annual Multi Trip plan.

If **your** pre-paid scheduled transport is cancelled, rescheduled or delayed for a reason outside of **your** control, whether or not caused by a **carrier**, **we** will pay **you** up to \$2,000 for a **single** policy or \$4,000 for a **family** policy as follows:

1. If **you** are delayed for at least 6 hours, **we** will pay **you** up to \$200 for each 12 hour period of delay. This benefit is for reimbursement of **reasonable** additional expenses for accommodation, meals and for transfers directly between transport terminals and accommodation; and
2. Where **you** cannot reach **your** next destination on time, **we** will pay **you** toward the cost of **your** unusable, non-recoverable, pre-paid accommodation, transfers, tours, events and attractions.

**You** must give **us your** receipts and written confirmation from the **carrier** of the reasons for the cancellation, rescheduling or delay and any compensation offered or denied. Additional expenses must be **reasonable** and necessary and at the same standard as originally booked.

**We** will not pay for flights or other transport costs or upgrades for **you** to continue **your** journey.

Where **you** incur an additional expense under item 1 above as well as a loss of a similar pre-paid expense under item 2 above relating to the same period of time, **we** will pay the higher of

the two. For example, if **you** have to purchase a night's accommodation in City A because **your** flight is delayed and **you** can't use **your** non-refundable, pre-paid accommodation in City B for the same night, **we** will only pay the higher of these costs.

The maximum amount **we** will pay for all claims combined under this section is shown under Policy Benefits (page 7) for the plan **you** have selected.

For what **we** will not pay in this section, please refer to Exclusions to Sections 1-13 (page 16) and General Exclusions: applicable to all sections (page 22).

## Section 7: Return airfare

**You** only have this cover if **you** choose the International Comprehensive or Annual Multi Trip plan.

**We** will pay **you** towards the cost of **your** original airline ticket (less any refund that is due to **you**) if, because of a **sudden illness or serious injury** that happens during **your trip**, the attending registered medical practitioner or **carrier** requires **you** to be brought back to Australia with a medical escort. However, **we** will only do so if **we** bring **you** back when either:

- a) There are more than 5 days of the **trip**, or 25% of its length, left to go, whichever is the greater; or
- b) **You** have been confined to hospital **overseas** for more than 25% of the insured part of the **trip**.

The maximum amount **we** will pay for all claims combined under this section is shown under Policy Benefits (page 7) for the plan **you** have selected.

For what **we** will not pay in this section, please refer to Exclusions to Sections 1-13 (page 16) and General Exclusions: applicable to all sections (page 22).

## Section 8: Resumption of trip

**You** only have this cover if **you** choose the International Comprehensive or Annual Multi Trip plan and **you** are not making a claim under Section 2 Cancellation costs.

If **you** return to **your home** in Australia because, during **your trip**, a **close relative** of **yours** who is residing in Australia or New Zealand dies unexpectedly or is hospitalised following a **sudden illness** or **serious injury**, **we** will reimburse **you** up to \$3,000 for a **single** policy or \$6,000 for a **family** policy towards return airfares to resume **your trip** within 12 months of **your** return to Australia, but only if more than 14 days remain in the period of **your trip** on **your** Certificate of Insurance.

The maximum amount **we** will pay for all claims combined under this section is shown under Policy Benefits (page 7) for the plan **you** have selected.

For what **we** will not pay in this section, please refer to Exclusions to Sections 1-13 (page 16) and General Exclusions: applicable to all sections (page 22).

## Section 9: Special events

**You** only have this cover if **you** choose the International Comprehensive or Annual Multi Trip plan.

If **your trip** is interrupted by any unforeseeable cause outside of **your** control and **you** are unable to arrive at **your** destination by the time originally scheduled for the purpose of:

- a) attending a pre-arranged wedding, funeral, conference or sporting event which cannot be delayed as a consequence of **your** late arrival, or
- b) returning to work in Australia,

**we** will reimburse **you** for the **reasonable** additional cost of using alternative public transport of the same fare class as originally chosen to arrive at the destination on time.

If returning to work, **you** will need to provide a letter from **your** employer confirming **your** dates of leave and when **you** were expected to return to work. For other pre-arranged events noted in (a) above, **you** will need to provide proof of the scheduled commencement date and time.

The maximum amount **we** will pay for all claims combined under this section is shown under Policy Benefits (page 7) for the plan **you** have selected.

For what **we** will not pay in this section, please refer to Exclusions to Sections 1-13 (page 16) and General Exclusions: applicable to all sections (page 22).

## Section 10: Rental vehicle insurance excess

**You** only have this cover if **you** choose the International Comprehensive, Annual Multi Trip or Domestic plan.

**We** will pay **you** for the **rental vehicle** insurance excess if **you** rent a vehicle from a rental company and it is involved in an **accident**, is damaged or is stolen whilst in **your** care. **We** will only pay if **you** have a written rental agreement from a licensed rental company.

The maximum amount **we** will pay for all claims combined under this section is shown under Policy Benefits (page 7) for the plan **you** have selected.

For what **we** will not pay in this section, please refer to Exclusions to Sections 1-13 (page 16) and General Exclusions: applicable to all sections (page 22).

### Additional rental vehicle insurance excess option

Where an additional premium has been paid and this option is noted on **your** Certificate of Insurance, the limit on the Certificate of Insurance will apply.

## Section 11: Withdrawal of services

**You** only have this cover if **you** choose the International Comprehensive or Annual Multi Trip plan.

**We** will pay **you** \$50 per day when any of the following services are unforeseeably withdrawn for 48 hours continuously during **your trip** at the pre-paid accommodation where **you** are staying:

1. All water and electrical facilities in **your** room;
2. Waiter service at meals;
3. Kitchen services so that no food is served;
4. All chambermaid services.

**You** must produce a written report from the accommodation manager where **you** are staying in support of **your** claim.

The maximum amount **we** will pay for all claims combined under this section is shown under Policy Benefits (page 7) for the plan **you** have selected.

For what **we** will not pay in this section, please refer to Exclusions to Sections 1-13 (page 16) and General Exclusions: applicable to all sections (page 22).

## Section 12: Accidental death

**You** only have this cover if **you** choose the International Comprehensive, Annual Multi Trip or Domestic plan.

1. **We** will pay **your** estate the **applicable limit** if **you** die within twelve (12) months as the direct result of an **injury** that happens to **you** during **your trip**. However, there is no cover for **your dependents**. Under a **family** policy, **we** will only pay the **single** policy limit for any one person.
2. **We** will also pay **your** estate the **applicable limit** if **you** are presumed dead and **your** body is not found within 12 months after the transport **you** were travelling in disappears, sinks, is wrecked or crashes.

The maximum amount **we** will pay for all claims combined under this section is shown under Policy Benefits (page 7) for the plan **you** have selected.

For what **we** will not pay in this section, please refer to Exclusions to Sections 1-13 (page 16) and General Exclusions: applicable to all sections (page 22).

## Section 13: Total permanent disability

**You** only have this cover if **you** choose the International Comprehensive or Annual Multi Trip plan.

**We** will pay **you** up to the **applicable limit** if, during **your trip**, **you** suffer an **injury** resulting in **your** permanent total loss of sight in one or both eyes or the permanent total loss of use of one or more limbs within one year of the date of the **accident**. **We** will pay **you** the **single** amount shown for the plan purchased. The maximum limit in respect of **dependents** is \$10,000 for each child.

The maximum amount **we** will pay for all claims combined under this section is shown under Policy Benefits (page 7) for the plan **you** have selected.

For what **we** will not pay in this section, please refer to Exclusions to Sections 1-13 (page 16) and General Exclusions: applicable to all sections (page 22).



## Exclusions to Sections 1-13

We will not pay a claim that **arises** because of any of the following:

1. **You** have received medical care under a reciprocal national health scheme. Reciprocal Health Care Agreements are currently in place between the Government of Australia and several other countries. For details of these agreements, refer to the following Australian Medicare website: [humanservices.gov.au/medicare](http://humanservices.gov.au/medicare).
2. **You** received private hospital or medical treatment where public funded services or care was available in Australia or under any Reciprocal Health Care Agreement between the Government of Australia and the Government of any other country. Please refer to the following Australian Medicare website for further information: [humanservices.gov.au/medicare](http://humanservices.gov.au/medicare).
3. Medical and/or dental costs incurred in Australia.
4. **You** travel even though **you** know **you** are unfit to travel; travel against medical advice; travel to obtain medical treatment; or **you** arrange to travel when **you** know of circumstances that could lead to the **trip** being disrupted or cancelled.
5. **You** have been instructed by **your** registered medical practitioner that **you** are unfit to travel and **you** fail to promptly cancel **your** pre-booked travel. **You** will be responsible for any extra cost (including cancellation charges) incurred from **your** failure to promptly cancel the prearranged travel.
6. **Your** claim **arises** directly or indirectly from any **injury, sudden illness or serious injury** where a metastatic or terminal prognosis was made prior to the issue of the Certificate of Insurance.
7. **Your** claim **arises** out of pregnancy or related **complications** after 26 weeks of pregnancy with a single baby or after 19 weeks of pregnancy with a multiple pregnancy. Expectant mothers should consider whether they travel under this policy, as no cover is provided for childbirth or the health of a newborn child, irrespective of the stage of pregnancy at which the child is born.
8. Dental treatment involving the use of precious metals or for cosmetic dentistry.
9. A tour operator or wholesaler is unable to complete arrangements for a tour because there are not the required number of people to begin or complete a tour or trip. This does not apply in relation to prepaid travel arrangements bought separately to reach the departure point for the tour or other travel arrangements.
10. A loss that **arises** directly or indirectly from an act or threat of terrorism. This exclusion only relates to Section 2: Cancellation costs (page 10), Section 6: Travel delay (page 13) and Section 9: Special events (page 14).
11. Delays, rescheduling or cancellation of scheduled transport services caused by the **carrier** or related to the **carrier**, including maintenance, repairs, rescheduling, service faults or industrial activity other than a strike or corporate takeover. This exclusion does not apply to Section 6: Travel delay (page 13) and Section 9: Special events (page 14).
12. Financial, business, professional or contractual arrangements. This exclusion does not apply to claims under Section 2: Cancellation costs (page 10) where:
  - a) **you** or a member of **your travelling party** are made redundant from full-time permanent employment in Australia, provided **you** or they were not aware that the redundancy was to occur before **you** purchased this policy; or

- b) where **you** are a full-time permanent employee and **your** pre-arranged leave is cancelled by **your** employer.
13. Which **arises** from a lack of due care and responsibility on **your** part by neglecting to observe appropriate preventative measures for the travel region as outlined by the World Health Organisation, including relevant vaccinations, malaria prophylaxis and hygiene measures. Please see who.int for further information.
14. **You** or a member of the **travelling party** changes plans or decides not to continue with the **trip**.
15. **You** operate a **rental vehicle** in violation of the rental agreement.
16. **You** use the **rental vehicle** to transport items other than luggage.
17. **You** engage in snow sports and activities, except those covered under Section 16 Snow sports and activities option when **you** have purchased that option for an additional premium and it is noted on **your** Certificate of Insurance.
18. The financial collapse of any transport, tour or accommodation provider.

**You** must check General Exclusions: applicable to all sections (page 22) for other reasons why **we** will not pay.

## Section 14: Luggage and personal effects

**You** only have this cover if **you** choose the International Comprehensive, Annual Multi Trip or Domestic plan.

**You** must take all reasonable precautions to safeguard **your luggage and personal effects, for example:**

- a) locking them securely inside a locker or cabinet; or

- b) leaving them in **your** or **your travelling party's** locked, private room; or
- c) not leaving them **unsupervised** in a **public place**, not leaving them behind nor walking away from them.

Otherwise, **we** will not pay **your** claim.

It is important that **you** report all losses to the police if theft is suspected or **you** lose something. However, all losses that occur aboard public transport or whilst **you** are a guest of an accommodation provider should also be reported to a responsible officer of the transport or accommodation provider where the loss occurred. **You** must obtain a written report from whomever **you** report **your** loss to. All losses must be reported within 24 hours of discovery.

The limits in total for a camera, video camera or personal computer and for any other item are set out below. A pair or related set of items is considered one individual item. Examples of individual items include, but are not limited to:

- a) a camera, lenses (attached or not), tripod and accessories;
- b) a matching pair of earrings;
- c) a set of skis with bindings.

The maximum amount **we** will pay for any one item (item limit) is:

- \$700 under all plans; and
- \$4,000 where the item is a laptop, tablet, camera or video camera; and
- For the Annual Multi Trip plan only, a policy limit of \$5,000 applies in respect of all business equipment.

**If we are to pay a claim, you must:**

- a) keep receipts for goods **you** buy separate from the goods themselves;
- b) keep any relevant ticket and luggage check and other documentation and give them to **us**;

- c) provide evidence of the value and **your** ownership of the goods;
- d) provide evidence of forced entry for theft of locked items;
- e) if an airline loses or damages **your** accompanying luggage, report it in writing to the airline within 24 hours of discovery; and
- f) get written confirmation that **you** made the report, and give it to **us** with details of any settlement that they make in relation to the loss or damage.

**We** are entitled to choose between repairing or replacing the property or paying **you** its value in cash after allowing for **reasonable** wear and tear (depreciation). Any payment, however, will not exceed the original cost of the item.

**We** will pay **you** for each of the following:

- 1. **Accidental** loss, theft or damage to **your luggage and personal effects**, including things **you** buy during the **trip**, whilst they are accompanying **you**.
- 2. Theft of cash up to \$250 provided a police report is obtained confirming the theft has occurred.
- 3. Loss of dentures or dental prostheses up to \$800.
- 4. Essential clothing and toiletry items bought because **your luggage** is temporarily lost or delayed (not permanently lost) by the **carrier** for more than 12 hours, up to \$250 for a **single** policy or \$500 for a **family** policy. This does not apply on the leg of **your trip** that brings **you** to **your** home in Australia. **We** will not pay more than \$500 **single** or \$1,000 **family** if the delay is more than 72 hours. **You** must give **us** relevant receipts and written confirmation of **your** claim, including the length of the delay from the appropriate authority. No **excess** applies to this benefit.
- 5. Financial loss **you** suffer because of loss, theft or fraudulent use of **your** travel documents, travellers cheques, passport or credit cards after they have been **accidentally** lost or have been stolen. **We** will not pay more than \$2,000. **You** must comply

with any conditions of the issuing body.

- 6. The **reasonable** additional costs incurred **overseas** in obtaining a replacement passport or travel document following the **accidental** loss, theft or damage of **your** passport whilst outside Australia, up to \$2,000. No **excess** applies to this benefit.
- 7. In the event that a claimable loss, theft or damage to **your luggage and personal effects** occurs, **we** will allow **you** one automatic reinstatement of the sum insured for the plan selected.

Any snow sports and leisure equipment not in use and which meets the definition of **luggage and personal effects** will be covered within the terms of this Section 14, even when the Snow sports and activities option (Section 16) is not purchased. To obtain cover for snow sports and leisure equipment whilst in use, the option (Section 16) must be purchased.

The maximum amount **we** will pay for all claims combined under this section is shown under Policy Benefits (page 7) for the plan **you** have selected.

The Exclusions to Section 14 (page 19) and the General Exclusions: applicable to all sections (page 22) apply regardless of any additional cover for valuable items below.

#### Additional cover for valuable items

Additional cover is available for **luggage and personal effects** by specifying individual items and paying an additional premium when **you** buy **your** policy. Cover is available up to the original cost price of the item, to a maximum \$4,000 per item, provided the combined total for all specified items does not exceed \$10,000.

The most **we** will pay is limited to the item value stated on **your** Certificate of Insurance or the original cost of the item, whichever is lower.

The Exclusions to Section 14 (page 19) and General Exclusions: applicable to all sections (page 22) apply.

## Exclusions to Section 14

We will not pay for a claim that **arises** because of any of the following:

1. Loss, theft or damage to watercraft of any type (excluding surfboards).
2. Damage to sports and leisure equipment (including surfboards) while in use, except snow sports and leisure equipment when **you** have purchased the Snow sports and activities option (Section 16) for an additional premium and it is noted on **your** Certificate of Insurance.
3. Breakage or damage to snow sports and leisure equipment over three years old.
4. Damage to sports and leisure equipment due to normal wear and tear, including dents and scratches.
5. Loss, theft or damage of **luggage** not reported to the transport provider, police, hotel or appropriate authority within 24 hours of **you** becoming aware of the loss and where no written report is obtained.

**You** must check General Exclusions: applicable to all sections (page 22) for other reasons why **we** will not pay.

## Section 15: Personal liability

Cover is available with all plans.

We will pay **you** amounts for which **you** are legally liable, up to the maximum benefit, because **your** negligence during **your trip** causes:

1. Injury to a person who is not a member of **your** family or **travelling party**; or
2. Loss or damage to property that is not owned by **you** or a member of **your** family or **travelling party** or is not in **your** or their custody or control.

We will also reimburse **your reasonable** legal costs and legal expenses for settling or defending the claim made against **you**. We decide whether the costs were **reasonable**. **You** must not accept any liability without **our** prior approval.

The maximum amount **we** will pay for all claims combined under this section is shown under Policy Benefits (page 7) for the plan **you** have selected.

## Exclusions to Section 15

We will not pay for liability:

1. **Arising** out of **your** trade, business or profession;
2. For **injury** to an employee **arising** out of, or in the course of, their employment by **you**;
3. **Arising** out of an unlawful, wilful or malicious act by **you**;
4. **Arising** out of **your** ownership, possession or use (including as a passenger) of a mechanically propelled vehicle or any aircraft or watercraft;
5. **Arising** out of **you** passing on an illness or disease to another person;
6. **Arising** out of **your** participation in snow sports and activities, except those activities covered under Section 16 Snow sports and activities option when **you** have purchased that option for an additional premium and it is noted on **your** Certificate of Insurance.

**You** must check General Exclusions: applicable to all sections (page 22) for other reasons why **we** will not pay.

## Section 16: Snow sports and activities option

**You** only have this cover if **you** have paid the additional premium for this option and it is noted on **your** Certificate of Insurance. (This option is not available under the International Medical Only plan.)

1. When **you** purchase this option, cover under Sections 1-5, 7, 9 and 12-15 under the International Comprehensive and Annual Multi Trip plans and Sections 2, 3, 12, 14 and 15 under the Domestic plan is extended when **you** participate in specific snow sports and activities (listed in 1a-e below).

This cover is subject to the terms, conditions, limits, **excesses** and exclusions detailed in each applicable section and applies when **you** participate in the following activities in areas designated as safe by a resort, tour operator or local authority:

- a) snow skiing and snowboarding on-piste and off-piste within resort and terrain park boundaries on groomed or ungroomed runs and marked trails which are patrolled or monitored by resort authorities;
  - b) backcountry snow skiing and snowboarding, including heli-skiing and cat skiing, only when on a guided tour with a licensed tour operator;
  - c) cross country skiing on marked trails; tobogganing (on-piste);
  - d) using snowmobiles when provided by the recognised piste authority for transport to and from areas designed for recreational skiing within resort boundaries or when on a guided tour with a licensed tour operator;
  - e) ice/glacier walking (up to 3,000 metres), sleigh riding and dog sledding, only when on a guided tour with a licensed tour operator.
2. **Piste closure:** **We** will pay **you** \$100 for a **single** policy or \$200 for a **family** policy for each day that the skiing facilities at the

resort **you** have pre-booked before **your** **trip** commenced and that **you** are staying in during the usual ski season for that resort are totally closed due to adverse snow conditions (including absence of snow)

**You** must obtain a detailed written report from the resort management in support of **your** claim. Furthermore, the resort's outdoor ski facilities must be at least 1,000 metres above sea level.

3. **Snow skiing pre-paid costs:** **We** will pay **you** the proportional amounts of irrecoverable pre-paid charges **you** have paid (or contracted to pay before the **trip** commenced) for ski equipment hire, lift passes and ski-school costs if, during **your** **trip**, **you** are prevented from skiing for more than 24 hours following **your** **sudden illness or serious injury** sustained during **your** **trip**.
4. **Snow skiing equipment replacement:** **We** will pay **you** for the hire of alternative ski equipment:
  - a) following **accidental** loss, theft or damage of **your** ski equipment and for which a claim has been accepted by **us** under Section 14; or
  - b) if **you** are temporarily deprived of **your** ski equipment for a period of more than 24 hours from the scheduled time of arrival at the snow destination due to delay or misdirection of **your** ski equipment.
5. **Hired snow skiing equipment:** **We** will pay for **accidental** loss, theft or **accidental** damage to hired snow skiing equipment (skis, poles, ski boots and bindings, ski helmets, snowboards, snowboard boots and bindings) for which **you** have a written hire agreement with a licenced hire company. The maximum amount **we** will pay for any one item (item limit) is \$700.

The maximum amount **we** will pay for all claims combined under this section is shown under Policy Benefits (page 7) for the plan **you** have selected.

## Exclusions to Section 16

**We** will not pay for a claim that **arises** from:

1. **You** engaging in any of the following activities: racing; bobsleighting/ bobsledding; luge; skeleton; tubing; ski acrobatics; ski jumping; skijoring; snow kiting; snow biking; snow rafting; ice hockey; ice climbing; activities on frozen lakes and rivers; and any form of power-assisted skiing;
2. Events that occur outside the normal ski season for the resort.

**You** must check all Exclusions to Sections 1-13 (page 16), 14 (page 19) and 15 (page 19) and General Exclusions: applicable to all sections (page 22) for other reasons why **we** will not pay.

3. **We** will also pay for the re-creation during **your** trip of business documents, business plans and business presentations if they are lost, stolen or **accidentally** damaged. The most **we** will pay is \$1,000.

## Exclusions to Section 17

**We** will not pay for loss, theft or damage to:

1. Business equipment (consisting of computer equipment, communication devices, other business-related equipment and business documents), unless **you** have selected the Annual Multi Trip plan.

**You** must check Exclusions to Section 14 (page 19) and General Exclusions: applicable to all sections (page 22) for other reasons why **we** will not pay.

## Section 17: Business travel

**You** only have this cover if **you** choose the Annual Multi Trip plan.

1. **We** will pay **you** for **accidental** loss, theft or damage of business equipment (consisting of computer equipment, communication devices, other business-related equipment and business documents) up to \$5,000. **We** are entitled to choose between repairing or replacing the business equipment or paying **you** its value in cash after allowing for **reasonable** wear and tear (depreciation). Any payment however will not exceed the original cost of the item.
2. **We** will also pay **you** for the hire of alternative business equipment following **accidental** loss, theft or damage of business equipment or for its misdirection or delay in transit for more than 24 hours and where a claim has been accepted by **us**. The most **we** will pay is \$250 for each complete day up to a maximum of \$1,000.

# General Exclusions

(applicable to all sections)

It's important to be aware that all travel insurance has "exclusions" - events and items **you** will not be covered for. Carefully read and ensure **you** understand all preceding section exclusions and the following general exclusions. If **you** are unsure, please call nib on **13 14 63**.

## We will not pay for any claim arising from or relating to the following:

1. A loss which is recoverable by compensation under any workers compensation act or transport accident laws or by any Government sponsored fund, plan, medical benefit scheme or any other similar legislation required to be effected by or under a law.
2. A loss **arising** from the failure of any travel agent, tour operator, accommodation provider, airline or other **carrier**, car rental agency or any other travel or tourism services provider to provide services or accommodation due to their **insolvency** or the **insolvency** of any person, company or organisation they deal with.
3. Consequential loss of any nature including loss of enjoyment.
4. A loss resulting from a criminal, unlawful or dishonest act by **you** or by a person with whom **you** are in collusion or if **you** have not been honest and frank with all answers, statements and submissions made in connection with **your** insurance application or claim.
5. A loss that **arises** from any act of war (whether war is declared or not) or from any rebellion, revolution, insurrection or taking of power by the military.
6. A loss that **arises** from a nuclear reaction or contamination from nuclear weapons or radioactivity.
7. A loss that **arises** from biological and/or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and/or create public fear.
8. **Your** claim **arises** from errors or omissions in any booking arrangements or failure to obtain relevant visa, passport or travel documents.
9. A loss that **arises** because **you** did not follow advice in the mass media of a government or other official body's warning:
  - a) against travel to a particular country or parts of a country; or
  - b) of a strike, riot, bad weather, civil commotion or contagious disease; or
  - c) of a likely or actual **epidemic** or **pandemic**; or
  - d) of a threat of an **epidemic** or **pandemic** that requires the closure of a country's borders; or
  - e) of an **epidemic** or **pandemic** that results in **you** being quarantined;and **you** did not take the appropriate action to avoid or minimise any potential claim under **your** policy (including delay of travel referred to in the warning). Please refer to [who.int](http://who.int), [smartraveller.gov.au](http://smartraveller.gov.au) and [dfat.gov.au](http://dfat.gov.au) for further information.

No cover is available for any event under any section of this policy should **you** travel to a country or region where the Australian government has issued a "Do Not Travel" warning.

10. A loss that **arises** from parachuting, sky diving, hang gliding, parapenting or travel in an air supported device other than as a passenger in a licensed passenger aircraft operated by an airline or charter company. This does not apply to hot air ballooning or parasailing.
11. A loss, theft or damage to:
- cash, bank or currency notes, cheques or negotiable instruments (excluding Section 14 theft of cash);
  - unsupervised luggage and personal effects**;
  - property that **you** leave **unsupervised** in a **public place** or that happens because **you** do not take reasonable care to protect it;
  - luggage and personal effects**, but only to the extent that **you** are entitled to compensation from the **carrier** responsible for the loss, theft or damage;
  - items left **unsupervised** in a motor vehicle, unless taken from a locked boot or locked concealed luggage compartment of a station wagon, hatchback, van or motor home between sunrise and sunset local time and there is evidence of damage or forced entry which is confirmed by a police report; or
  - a video camera, mobile telephone, photographic equipment, personal computer or jewellery left **unsupervised** in a motor vehicle at any time;
  - a video camera, mobile telephone, photographic equipment, personal computer or jewellery checked in to be held and transported in the cargo hold of any **carrier** (including any loss from the point of check-in until receipt of the said goods);
  - luggage and personal effects** which are fragile or brittle or an electronic component which is broken or scratched, unless either:
    - it is the lens of spectacles, binoculars or photographic or video equipment; or
    - the breakage or scratch was caused by a crash involving a vehicle in which **you** were travelling.
12. For loss, theft or damage which is not reported to, and a written report is not obtained within 24 hours of discovery from, the police or the appropriate authority such as, but not limited to, the airline, accommodation manager, transport provider, airport authority, tour operator or guide. In the case of an airline, a property irregularity report will be required.
13. Loss, wear and tear or depreciation of property or damage caused by the action of insects, vermin, mildew, rust or corrosion.
14. A loss **arising** from any mechanical or electrical breakdown or malfunction.
15. A loss **arising** from **your**, any of **your travelling party's** or a **close relative's** intentional exposure to a needless risk or not taking reasonable care, except in an attempt to save human life.
16. Any search and rescue expenses (including costs charged to **you** by a government, regulated authority or private organisation connected with finding or rescuing an individual).
17. Delay, detention, seizure or confiscation by Customs or other officials.
18. Events for which the provision of cover or a liability to pay a benefit would expose **us** and/or **our** reinsurer(s) to any sanction, prohibition or restriction under United Nations resolutions or any sanctions, laws or regulations of the European Union, United Kingdom or the United States of America.



19. Loss, theft or damage to anything shipped as freight or under a Bill of Lading.
20. If **you**, **your close relative** or a member of **your travelling party**:
  - a) commits suicide, attempts to commit suicide or deliberately injures himself or herself;
  - b) is under the influence of, or is addicted to, intoxicating liquor or a drug, except a drug taken in accordance with the advice of a registered medical practitioner;
  - c) takes part in a riot or civil commotion;
  - d) acts maliciously;
  - e) races (except on foot); mountaineers or rock climbs using support ropes; or takes part in any professional sporting activity;
  - f) rides a motorcycle:
    - i) without wearing a helmet; and
    - ii) without having a valid licence as required in Australia and in the country of travel for the same class of motorcycle **you** (or they) are operating; or
    - iii) as a pillion passenger without a helmet;
  - g) dives underwater using an artificial breathing apparatus, unless an open water diving licence is held or when diving under licensed instruction.
21. For any costs or expenses incurred outside the period of the **trip**.
22. Ongoing payments under Section 1: Medical expenses incurred overseas (page 10) if **we** decide on the advice of a doctor appointed by **us** that **you** are capable of being repatriated to Australia.
23. **Your claim arises** from any medical procedures in relation to AICD/ICD insertion during overseas travel. If **you**, **your travelling party** or a **close relative** (as listed on **your** Certificate of Insurance) requires this procedure, due to sudden and acute onset which occurs for the first time during **your** period of cover and not directly or indirectly related to a **pre-existing medical condition**, **we** will exercise **our** right to organise a repatriation to Australia for this procedure to be completed.
24. The cost of medication in use at the time the **trip** began or for maintaining a course of treatment **you** were on prior to the **trip**.
25. **Your claim arises** from **pre-existing medical conditions** except as specified under Pre-existing Medical Conditions (pages 25-30).
26. If **your claim arises** directly or indirectly from a sexually transmitted disease.
27. Any mental illness as defined by DSM-IV including but not limited to dementia, depression, anxiety, stress or other nervous condition; behavioural diagnoses such as autism; eating disorders; a drug or alcohol addiction.
28. Fertility treatment at any time, including any resulting pregnancy.
29. Pregnancy in any of the following circumstances:
  - a) if **you** have experienced any **complications**, for any pregnancy, prior to **your** policy being issued;
  - b) pregnancies **arising** from services or treatment associated with an assisted reproductive program, including but not limited to in vitro fertilisation;
  - c) a single pregnancy after 26 weeks;
  - d) a multiple pregnancy after 19 weeks;
  - e) for childbirth at any time;
  - f) for regular antenatal care;
  - g) care of a newborn child.

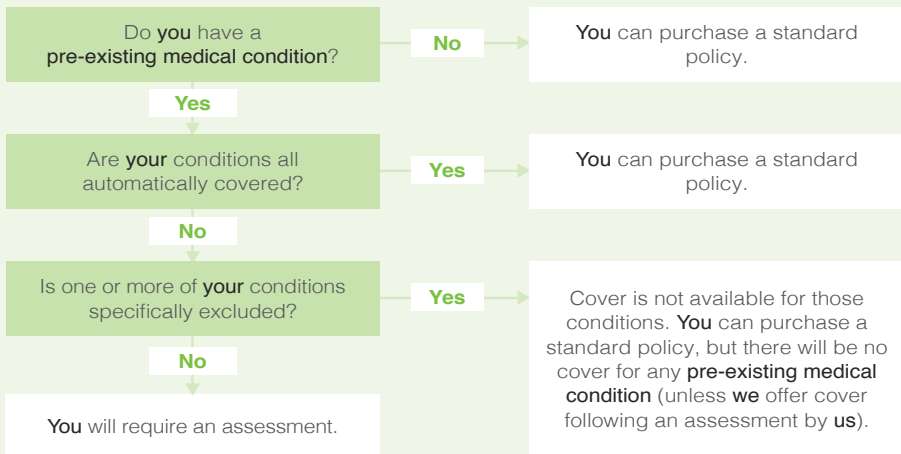
# Pre-existing Medical Conditions

Travel insurance only provides cover for emergency medical events **overseas** that are sudden and unforeseen. Medical conditions that existed at the time **you** purchased **your** policy are not covered unless:

1. They are automatically covered by **our** policy (see table, Automatically covered conditions, below); or
2. Following an assessment by **us**, **you** purchase pre-existing medical cover on terms offered by **us**.

If **you** have a **pre-existing medical condition** that is not covered, **we** will not pay any claims **arising** out of, or exacerbated by, that **pre-existing medical condition**. This means, for example, that **you** may have to pay for any **overseas** medical expenses incurred, which can be prohibitive in some countries.

## What to do next?



The following sections will assist **you** in answering these questions and help **you** select the cover that's right for **you**. If **you** have any questions just call nib.

## Do you have a pre-existing medical condition?

A pre-existing medical condition means:

- a) Any **chronic** or currently ongoing medical or dental condition of which **you** are aware or any complication related to any such **chronic** or current condition; or
- b) Any medical or dental condition, or related complication, the symptoms of which **you** are currently aware; or
- c) A medical or dental condition that is currently being investigated or treated, or has been investigated or treated in the 90 days prior to the issue of the Certificate of Insurance, by a health professional (including dentist or chiropractor or physiotherapist); or
- d) Any medical condition, current ongoing or experienced at any time in the past, involving **your** back, neck, brain, heart, circulatory system, respiratory system or cancer; or
- e) Any condition for which **you** take prescribed medicine; or
- f) Any condition for which **you** have had surgery, or any complication **arising** from any surgery **you** have at any time had for any reason; or
- g) Any condition for which **you** see a medical specialist; or
- h) Pregnancy (Pregnancy cover is explained on pages 28-29).

The definition applies to **you**, **your travelling party**, a **close relative** and any other person.

Examples of **pre-existing medical conditions** include:

### Cardiovascular disease:

Medical conditions involving the heart and blood vessels are collectively called cardiovascular disease (CVD). All such conditions are interrelated. If **you** have ever needed to see a specialist cardiologist or been diagnosed with a form of CVD such as (but not limited to):

1. Aneurysms
2. Angina
3. Cardiomyopathy
4. Cerebrovascular Accident (Stroke)
5. Disturbances in heart rhythm (cardiac arrhythmias)
6. Previous heart surgery (including valve replacements, bypass surgery, stents)
7. Myocardial infarction (heart attack)
8. Transient Ischaemic Attack

and **you** do not purchase adequate cover for CVD, **you** may not be covered for any claims relating to the heart/cardiovascular system (including heart attacks and strokes).

If any of these conditions are expressly excluded from **your** policy, all CVD is excluded.

### Chronic lung disease:

If **you** have ever been diagnosed with a **chronic** lung disease including (but not limited to) Emphysema and Chronic Bronchitis, Bronchiectasis, Chronic Obstructive Airways Disease (COAD) or Chronic Obstructive Pulmonary Disease (COPD) and **you** do not purchase adequate cover for **your** respiratory disease, **you** may not be covered for any claims relating to a new airways infection.

If a **chronic** lung condition is expressly excluded under **your** policy, all new respiratory infections are also excluded.

## Is your condition automatically covered?

If **you** have a **pre-existing medical condition**, it will be automatically covered by **our** standard policy (unless **we** specify otherwise) if:

- **Your** condition is listed below and **you** meet all specified criteria; and
- **You** do not have any **pre-existing medical condition** other than those listed below; and
- **You** have not attended a hospital (including day surgery or emergency department) in the past 24 months, for any condition; and

- **You** meet the age limit of the plan **you** have selected.

If **you** do not meet the above requirements, **you** will not have cover for ANY of **your pre-existing medical conditions**, unless **we** offer **you** cover following **your** completion of an assessment. Details of how to complete an assessment are below.

## Automatically covered conditions

Conditions without specified criteria		
Acne	Goitre	Nocturnal Cramps
Bell's Palsy	Glaucoma	Osteopaenia
Benign Positional Vertigo	Graves' Disease	Osteoporosis
Bunions	Hiatus Hernia	Pernicious Anaemia
Carpal Tunnel Syndrome	Hypothyroidism, including Hashimoto's Disease	Plantar Fasciitis
Cataracts	Impaired Glucose Tolerance	Raynaud's Disease
Coeliac Disease	Incontinence	Sleep Apnoea
Congenital Blindness	Insulin Resistance	Solar Keratosis
Congenital Deafness	Iron Deficiency Anaemia	Trigeminal Neuralgia
Dry Eye Syndrome	Macular Degeneration	Trigger Finger
Folate Deficiency	Meniere's Disease	Vitamin B12 Deficiency
Gastric Reflux	Migraine	

Conditions with specified criteria	
Allergies	But limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance and Hay Fever
Asthma	When <b>your</b> condition satisfies all of the following: a) <b>You</b> have no other lung disease; AND b) <b>You</b> are under 60 years of age at the date of policy purchase.
Diabetes Mellitus (Type I)*	When <b>your</b> condition satisfies all of the following: a) <b>You</b> were diagnosed over 12 months ago; AND b) <b>You</b> have no eye, kidney, nerve or vascular complications; AND c) <b>You</b> do not suffer from a known cardiovascular disease: for example, hypertension, hyperlipidaemia, hypercholesterolaemia;* AND d) For Type I Diabetes only – <b>you</b> are under 50 years of age at the date of policy purchase.
Diabetes Mellitus (Type II)*	
Epilepsy	When <b>you</b> have not had a seizure or had a change to <b>your</b> medication regime within the past 12 months.
High Cholesterol * (Hypercholesterolaemia)	Provided <b>you</b> do not suffer from: a) More than one of these conditions; AND/OR b) Another cardiovascular disease; AND/OR c) Diabetes.
High Blood Lipids * (Hyperlipidaemia)	
High Blood Pressure * (Hypertension)	
Pregnancy	When <b>you</b> have a single or multiple, uncomplicated pregnancy which does not <b>arise</b> from services or treatment associated with an assisted reproduction program, including but not limited to in vitro fertilisation; AND a) for a single pregnancy, <b>your trip</b> must end on or before the end of the 26th week of gestation; OR b) for a multiple pregnancy, <b>your trip</b> must end on or before the end of the 19th week of gestation.

\*These conditions are examples of cardiovascular disease. If **you** do not ensure sufficient cover for these conditions, **you** will not be covered for any claims relating to cardiovascular disease.

## Pregnancy

Cover for pregnancy is only provided automatically for a single or multiple pregnancy as detailed above but only when **you** meet the specified criteria under "Is your condition automatically covered?"

Cover applies to medically necessary expenses incurred during **your** period of insurance when **complications** to **your** pregnancy occur which are sudden and unexpected, are unknown to **you** at the time of policy purchase and/or booking arrangements, and that are outside of **your** control.

**Complications** are defined as “any secondary diagnosis occurring prior to, during the course of, concurrent with, as a result of or related to the pregnancy, which may adversely affect the pregnancy outcome.”

Where **you** do not meet all the criteria for automatic cover, and **your** pregnancy is not excluded below under “Specifically excluded conditions” or under any other exclusion in this policy, contact nib to arrange an assessment of **your** pregnancy and any other **pre-existing medical condition(s)**.

## Specifically excluded conditions

The following **pre-existing medical conditions** are specifically excluded, and there is no cover for any loss **arising** from, exacerbated by, related or attributable to these conditions.

### Terminal Illness

Any condition for which a metastatic or terminal prognosis has been given.

### Mental Illness

There is no cover available for mental illness as defined by DSM IV including, but not limited to, the following:

- a) Dementia, depression, anxiety, stress or other mental or nervous conditions;
- b) Behavioural diagnosis (such as autism, ADHD);
- c) A therapeutic or illicit drug or alcohol addiction;
- d) Eating disorders;

whether or not the condition **arises** independently or is secondary to other medical conditions.

### Sexually Transmitted Diseases/Infections

There is no cover available for any sexually transmitted diseases/infections, HIV or AIDS.

## Fertility treatment

Where **you** are not yet pregnant but are undergoing fertility treatment, now or before **your trip** commences, there is no cover available under any plan for this treatment or any resulting pregnancy.

## Pregnancy in certain circumstances

There is no cover for pregnancy, any **complication** or any other related medical treatment required when:

- a) **You** are more than 26 weeks pregnant in the case of a single pregnancy or 19 weeks in the case of a multiple pregnancy; or
- b) **You** will not complete **your trip** before the end of the 26th week of **your** single pregnancy or the end of the 19th week of **your** multiple pregnancy; or
- c) **Your** pregnancy **arose** from services or treatment associated with an assisted reproduction program, including but not limited to in vitro fertilisation; or
- d) **You** have experienced any **complications**, for any pregnancy, prior to **your** policy being issued.

There is also no cover for medical or other expenses relating to:

- a) childbirth at any time;
- b) regular antenatal care;
- c) care of a newborn child.

## I need an assessment. What do I do next?

If **your** condition does not qualify as an automatically covered condition and it is not a specifically excluded condition, **you** may have **your** condition assessed for cover by contacting nib on **13 14 63**. They will arrange an assessment of **your** condition(s) and advise:

- Whether **your** condition(s) can be insured under the policy;
- Whether any additional terms, conditions, exclusions or limitations will apply; and
- The amount of any additional **excess** payable in the event of a claim and/or any additional premium (where applicable) to be paid before **we** will cover **your** condition(s).

If **you** require an assessment, **we** will assess all **your** conditions. Only those conditions which **we** approve in writing will be covered, including any showing in the list of automatically covered conditions.

For any **pre-existing medical condition**, **we** have the right to accept or decline cover or impose special conditions such as an **excess**, additional premium and reduced benefits.

## Pre-existing medical conditions - close relatives

**You** are only covered for claims which **arise** from a **pre-existing medical condition** suffered by a **close relative** who is hospitalised or dies in Australia or New Zealand after the policy is issued and at the time of the policy issue **you** were unaware of the likelihood of such hospitalisation or death. The most **we** will pay in respect of all claims under all the sections of the policy is \$2,000 for a **single** policy and \$4,000 for a **family** policy.

## Pre-existing medical conditions – other people

**We** will not pay for claims **arising** from a **pre-existing medical condition** suffered by people other than those named on the Certificate of Insurance or for a **close relative** as noted above.

Please also read the applicable cover sections under What's covered and what's not (pages 10-21) and General Exclusions: applicable to all sections (pages 22-24).

If **you** have any queries regarding **pre-existing medical conditions**, please contact nib on **13 14 63**.

# Help & Emergencies

Our emergency assistance service is there to help with medical emergencies, locate the nearest medical facilities, arrange **your** medical repatriation **home**, guide **you** to a local consulate or embassy, keep **you** in touch with **your** family or just give some general help when **you** need it.

## 24 hours, 7 days.

Phone:

+61 2 9234 3170 or  
+61 2 8256 1570

Call reverse charges via the local operator to avoid call costs.

Email:

[assist@we.com.au](mailto:assist@we.com.au)

Other contact information is available on our website: [nib.we.com.au/emergencies](http://nib.we.com.au/emergencies)

## If you need to go to hospital, are in an accident, require medical evacuation or repatriation

In an emergency situation, time is critical, so **you** or a member of **your travelling party** must contact **our** emergency assistance service (contact details above) as soon as it is practical following an **accident** or **you** becoming ill or **you** being hospitalised. They will need to assess **your** condition, so they will contact the hospital **you** are in to obtain necessary medical reports, and they may need to contact **your** GP at **home**.

Where **you** have not notified **our** emergency assistance service, **we** will not pay for any expenses, evacuation or airfares that have not been approved or arranged by **us**.

Subject to medical advice, **you** must follow the instructions of **our** emergency assistance team as to where **you** can be treated to ensure **you** receive quality medical care. **We** also have the option of returning **you** to Australia or evacuating **you** to another country if the cost of **your overseas** medical expenses could exceed the cost of returning **you** to Australia.

## If you have a medical condition but are not hospitalised

Where the costs are likely to be under \$2,000 and **you** do not require repatriation to Australia due to **your** medical or dental condition, **you** do not need to contact **our** emergency assistance service straight away. **You** can pay the costs yourself, but keep all receipts and obtain any medical reports to submit with **your** claim while **you** are away or when **you** return.

## Stolen, lost or damaged passport

Our emergency assistance service can help **you** find a local consulate if **your** passport is lost or stolen as well as let **you** know what **you** need to provide **us** when **you** make a claim.



# Making a Claim

## What we ask for

We ask that **you** notify **us** of any claims within 30 days of **your** return from **your trip**. When **you** submit **your** claim, **we** will only ask for relevant information that **we** require to assess **your** claim. It is important that **you** tell **us** what happened and provide **us** with all the documents **we** ask for.

It is important that **you** obtain as much documentation as possible at the time of the event, as it can be difficult to obtain some documents once **you** return to Australia. If **you** have anything lost or stolen, **you** need to report it within 24 hours of discovery to the police as well as any other appropriate authority in the circumstances (such as an accommodation provider, airline or tour operator) while **you** are there.

**You** must also obtain a copy of the written report from whomever **you** report **your** loss to and submit this with **your** claim. If a **carrier** has lost or damaged **your luggage** or **you** notice something has been taken from **your** bag, **you** should report the event to the **carrier** and obtain a Property Irregularity Report from them as soon as possible.

**We** may ask **you** to translate documents into English if they are provided to **us** in another language. Where possible, **you** should obtain these translations before submitting **your** claim. **We** do not require professional translations but any expenses incurred in obtaining the translation will not be paid by **us**.

Other information **we** may require includes, but is not limited to, original receipts; proof of ownership of **your luggage and personal effects**; valuations; clinical notes or a written medical report or summary from **your** treating doctor or dentist **overseas** which clearly explains the medical condition, the diagnosis provided, medical tests requested and treatment given; or a medical certificate from **your** local GP or

dentist. Any relevant information **we** ask for would need to be provided at **your** expense.

Please retain the originals of all documents, as **we** may require that **you** send these to **us** (as outlined below).

## Submitting your claim

**You** need to notify **us** of any claims by completing a claim form in full and attaching all supporting documentation.

To obtain a claim form, for instructions on submitting **your** claim form and supporting documentation, and for details of the full claims process:

Visit **our** website at:

 [nib.we.com.au/claims](http://nib.we.com.au/claims)

Email:

 [nibtravelclaims@cerberusrisks.com](mailto:nibtravelclaims@cerberusrisks.com), or

Ring **us** on:

 1300 625 229 or +61 2 8263 0487

If **you** do not fully complete the claim form or provide the information **we** require, **we** may not be able to process **your** claim, or **we** may reduce the amount of **your** claim.

## Claims processing

**Your** claim will be processed within ten business days of **us** receiving a completed claim form and all necessary documentation. If **we** need additional information, a written request will be sent to **you** within ten business days.

## Claims are payable in Australian dollars

We will pay all claims in Australian dollars. We will pay **you** unless **you** tell **us** to pay someone else. The rate of currency exchange that will apply is the rate at the time **you** incurred the expense.

## You must not admit fault or liability

In relation to any claim under this policy, **you** must not admit that **you** are at fault and **you** must not offer or promise to pay any money, or become involved in litigation, without **our** approval.

## You must help us recover any money we have paid

If **we** have a claim against someone in relation to the money **we** have to pay under this policy, **you** must do everything **you** can to help **us** recover that money in legal proceedings. If **you** are aware of any third party that **you** or **we** may recover money from, **you** must inform **us** of such third party.

## If you can claim from anyone else, we will only make up the difference

If **you** can make a claim against someone other than under an insurance policy in relation to a loss or expense covered under this policy and they do not pay **you** the full amount of **your** claim, **we** will make up the difference. **You** must claim from them first.

## Depreciation

Depreciation will be applied to claims for **luggage and personal effects** which are not listed as valuable items. It is calculated at such reasonable rates as determined by **us** by taking into consideration factors such as **reasonable** wear and tear based on the age of the item,

the expected life span of an item, the value on the second hand market and advances in technology which reflect in the price of the item if **you** were to purchase it now.

## Other insurance

If any loss, damage or liability covered under this policy is covered by another insurance policy, **you** must give **us** details. If **you** make a claim under one insurance policy and **you** are paid the full amount of **your** claim, **you** cannot make a claim under the other policy. If **you** make a claim under another insurance policy and **you** are not paid the full amount of **your** claim, **we** will make up the difference. **We** may seek contribution from **your** other Insurer. **You** must give **us** any information **we** reasonably ask for to help **us** make a claim from **your** other Insurer.

## Subrogation

**We** may, at **our** discretion, undertake in **your** name and on **your** behalf control and settlement of proceedings for **our** own benefit to recover compensation or secure indemnity from any party in respect of anything covered by this policy. **You** are to assist and permit to be done all acts and things as required by **us** for the purpose of recovering compensation or securing indemnity from other parties to which **we** may become entitled or subrogated, upon **us** paying **your** claim under this policy regardless of whether **we** have yet paid **your** claim and whether or not the amount **we** pay **you** is less than full compensation for **your** loss. These rights exist regardless of whether **your** claim is paid under a non-indemnity or an indemnity clause of this policy.

## Recovery

**We** will apply any money **we** recover from someone else under a right of subrogation in the following order:

1. To **us**, **our** administration and legal costs arising from the recovery.

#### How To Make A Claim

2. To **us**, an amount equal to the amount that **we** paid to **you** under the policy.
3. To **you**, **your** uninsured loss (less **your excess**).
4. To **you**, **your excess**.

Once **we** pay **your** total loss, **we** will keep all money left over. If **we** have paid **your** total loss and **you** receive a payment from someone else for that loss or damage, **you** must pay **us** the amount of that payment up to the amount of the claim **we** paid **you**.

If **we** pay **you** for lost or damaged property and **you** later recover the property or it is replaced by a third party, **you** must pay **us** the amount of the claim **we** paid **you**.

## Business travellers – how GST affects your claim

If **you** are entitled to claim an input tax credit in respect of a cost for which a claim is made or would be entitled to an input tax credit if **you** were to incur the relevant cost (i.e. in replacing a lost or stolen item), the amount **we** would otherwise pay will be reduced by the amount of that input tax credit.

## Travel within Australia only

If **you** are entitled to claim an input tax credit in respect of **your** premium, **you** must inform **us** of the amount of that input tax credit (as a percentage) at the time **you** first make a claim. If **you** fail to do so, **you** may have a liability for GST if **we** pay **you** an amount under this policy.


# Important Matters


When you buy a policy with nib, it's important you understand your duty of disclosure, your rights and our responsibilities to you.

## Insurer

This insurance is underwritten by certain underwriter's at Lloyd's.

You may contact the insurer at:

 Lloyd's Underwriters' General Representative in Australia  
Suite 2, Level 21, Angel Place  
123 Pitt St  
Sydney NSW 2000

 (02) 9223 1433

## Applying for cover

When **you** apply for a policy, **we** will confirm with **you** things such as the period of insurance, **your** premium, what cover options and **excesses** will apply, and, where applicable, any changes to the policy wording or cover which will be documented in writing to **you**. These details are recorded in the Certificate of Insurance and any other documentation **we** issue to **you**.

If **you** have any queries, want further information about the policy or want to confirm a transaction, please contact nib on:

 13 14 63 (local charges apply)

## About your premium

**You** will be told the premium payable for the policy when **you** apply. It is based on a number of factors such as **your** destination(s), length of trip, number of people covered, age, **pre-existing**

**medical conditions** and additional options. The higher the risk, the higher the premium.


**Your** premium also includes amounts that take into account **our** obligation to pay any relevant compulsory government charges, taxes or levies (e.g. Stamp Duty and GST) in relation to **your** policy. These amounts will be set out separately in **your** Certificate of Insurance as part of the total premium.

## Changes to your policy

Please check all **your** policy documents and make sure all the information is correct as **we** rely on the information in dealing with **your** policy. If there are any errors, please contact nib on:

 13 14 63 (local charges apply)

OR

 [nib@nib.com.au](mailto:nib@nib.com.au)

Where **your** circumstances have changed and **you** need to change the cover **we** provide, please contact **us** so **we** can assist. In some circumstances **we** can change the cover or issue a new policy. Either way **we** will always email **you** a new Certificate of Insurance.

## Money back guarantee / cooling-off period

**You** have up to 14 days from the time **you** are issued **your** Certificate of Insurance to decide if the cover is right for **you**. This is called **your** cooling-off period.

If **you** decide that **you** don't want this policy, **you** may cancel it within the cooling-off period. **You** will receive a full refund of the premium **you** paid, provided:

- a) **you** haven't started **your** trip;
- b) **you** haven't made a claim; and
- c) **you** don't want to make a claim or exercise any other right under the policy.

**You** can also cancel **your** policy at any other time, but **we** will not refund any part of **your** premium.

**You** can cancel **your** policy during the cooling-off period by contacting nib on 13 14 63.

## Policy extensions

Extensions of **your** insurance policy are available unless:

- a) **You** are over 80 years of age at the time of extension; or
- b) **We** covered **you** for a **pre-existing medical condition**; or
- c) There has been any change in **your** health status, including the discovery of new medical conditions, since the start of **your** original policy; or
- d) There has been any other change to **your** personal circumstances which would impact on **our** decision to continue insuring **you** or apply any special conditions; or
- e) **You** have made a claim or are aware of a possible claim resulting from **your** original policy, but **you** have not advised **us** of it.

Extensions are calculated at the current rates for the relevant plan at the time of the extension.

Where **we** have updated this PDS, **you** will be offered an extension under the terms of the PDS in use at the date **your** extension is processed. Extensions will not be available when the **trip** duration exceeds 12 months in total from the Period of Insurance start date stated on **your** original Certificate of Insurance.

If the scheduled transport in which **you** are to travel is delayed, or the delay is caused by an event that entitles **you** to make a claim under this policy, the insurance is automatically

extended beyond the period of the **trip** stated in the Certificate of Insurance. The extension lasts until **you** are capable of travelling to **your** final destination, including the journey there, or for a period of six (6) months, whichever happens first.

## Your duty of disclosure

When **we** agree to insure **you** or to change **your** cover, **we** rely on the accuracy of the information **you** provide to **us**. It is therefore important that when **you** respond to **our** questions about **you**, those who will be covered under **your** policy and **your** travel plans, that **you**:

- give **us** honest and complete answers; and
- tell **us** everything **you** know and that **you** could reasonably be expected to disclose.

**Your** obligations to keep **us** informed extend beyond the initial purchase of **your** policy. If **your** circumstances change and as a result of that, the answers to questions **we** asked **you** at the time **you** purchased **your** policy would be different (for example, **you** develop a condition that requires **you** to visit a hospital or medical specialist or take prolonged periods off work), **you** must disclose that to **us**. Where this involves an **injury** or illness, **you** must provide a medical certificate from **your** treating general practitioner confirming **you** do not require any further treatment or medication and **you** are medically fit to travel and participate in **your** planned activities.

If **you** do not comply with **your** duty of disclosure or **your** obligations to keep **us** informed, **we** may cancel the policy or reduce the amount **we** pay if **you** make a claim.

## How we handle complaints

Information about how **we** handle complaints about this insurance or the services provided to **you** by the underwriters, Cerberus or nib are located on page 42 of this Combined FSG and PDS.

## General Insurance Code of Practice

The Insurance Council of Australia Limited has developed the General Insurance Code of Practice (the Code), which is a self-regulatory code for adoption by insurers. **We**, together with Cerberus and nib, proudly support the Code and embrace its objectives of raising the standards of practice and service in the insurance industry. **You** can obtain a copy of the Code from [codeofpractice.com.au](http://codeofpractice.com.au).

## Jurisdiction and choice of law

This policy is governed by and construed in accordance with the law of New South Wales, Australia, and **you** agree to submit to the exclusive jurisdiction of the courts of New South Wales. Equally **we**, in accepting this insurance, agree that:

- If a dispute arises under this insurance, this insurance will be subject to Australian law and practice and the underwriters will submit to the jurisdiction of any competent court in the Commonwealth of Australia;
- Any summons notice or process to be served upon the underwriters may be served upon Lloyd's Underwriters' General Representative in Australia at Suite 2, Level 21, Angel Place, 123 Pitt Street, Sydney NSW 2000, who has authority to accept service and to appear on the underwriters' behalf; and
- If a suit is instituted against **us**, **we** will abide by the final decision of such court or any competent appellate court.

## Updating the PDS

This PDS is current for the period of insurance outlined on **your** Certificate of Insurance. From time to time, **we** may need to update this PDS or issue a Supplementary PDS (SPDS) if certain changes occur where required and permitted by law. If the changes affect a policy **you** currently have with **us**, **we** may issue **you** with a new PDS and/or SPDS to update the relevant information.

**We** ask that **you** read the new PDS and/or SPDS in full to understand the changes, as they may affect **your** cover or **your** decision to purchase cover with **us**.

## Responsibility for this document

Cerberus is responsible for the Financial Services Guide in this document, and certain underwriters at Lloyd's are responsible for the Product Disclosure Statement in this document.

Date prepared: 4 December 2014

Date effective: 10 December 2014

Version: NIBAUS-PDS-01-10DEC2014

# Travel Insurance Glossary

Words in this PDS that have special meanings are noted in **bold** and defined here:

## Accident or accidental

means an unexpected, unintended, unforeseeable event causing loss. The accident must happen while **you** are on a **trip** and covered under the policy.

## AICD/ICD

means an implantable cardioverter-defibrillator (ICD), also known as an automated implantable cardioverter-defibrillator (AICD).

## Applicable Limit

means the sum insured specified in the plan selected which is listed on **your** Certificate of Insurance.

## Arises or Arising

means directly or indirectly caused by, resulting from, related to or in any way associated with.

## Carrier or Carriers

means an aircraft, vehicle, train, vessel or other public transport operated under a licence for the purpose of transporting passengers. This definition excludes taxis.

## Chronic

means a persistent and lasting condition in medicine. **We** do not consider that chronic pain has to be 'constant' pain, however in many situations it has a pattern of relapse and remission. The pain, disease or medical issue may be long-lasting, recurrent (occurred on more than two occasions) or characterised by long suffering.

## Close Relative

is limited to a relative of **yours** or of a member of **your travelling party** who is **residing** in Australia or New Zealand. It means **your** or their spouse, de facto partner, parent, parent-in-law, daughter, son, daughter-in-law, son-in-law, brother, sister, brother-in-law, sister-in-law, grandchild,

grandparent, step-parent, step-son, step-daughter, fiancé, fiancée or guardian.

## Complications

means any secondary diagnosis occurring prior to, during the course of, concurrent with, as a result of or related to the pregnancy, which may adversely affect the pregnancy outcome.

## Dependent

means **your** children or grandchildren not in full time employment who are under the age of 21 at the date of policy issue, travelling with **you** on the majority of the **trip**, and listed as covered on **your** Certificate of Insurance.

## Domestic

means when travel involves an overnight stay and accommodation and/or transport is pre-arranged with a travel services provider.

## Epidemic

means a sudden development and rapid spreading of a contagious disease in a region where it developed in a simply endemic state or within a previously unscathed community.

## Excess

means the amount which **you** must first pay for all losses **arising** from the one event before a claim can be made under **your** policy.

## Family

means **you** and **your** travel partner named in the Certificate of Insurance and **your dependent** children or grandchildren under the age of 21, at the date of policy issue, travelling with **you** on the majority of the **trip**, listed as covered on **your** Certificate of Insurance.

## Home

means **your** usual place of residence in Australia.

## Injury

means a bodily injury caused solely and directly by violent, **accidental**, visible and external means, during **your** period of cover and which does not result from any illness, sickness or disease.

## Insolvency

means bankruptcy, provisional liquidation, liquidation, appointment of a receiver or administrator, entry into a scheme of arrangement, statutory protection, stopping the payment of debts or the happening of anything of a similar nature under the laws of any jurisdiction.

## Luggage and Personal Effects

means any personal items owned by **you** and that **you** take with **you** or buy on **your trip** and which are designed to be worn or carried about with **you**. This includes items of clothing, personal jewellery, photographic and video equipment or personal computers, or electrical devices or portable equipment. However, it does not mean any business samples or items that **you** intend to trade.

## Overseas

means in any country other than Australia.

## Pandemic

means a form of an **epidemic** that extends throughout an entire continent, even the entire human race.

## Pre-existing Medical Condition means:

- Any **chronic** or currently ongoing medical or dental condition of which **you** are aware or any complication related to any such **chronic** or current condition; OR
- Any medical or dental condition, or related complication, the symptoms of which **you** are currently aware; OR
- A medical or dental condition that is currently being investigated or treated, or has been investigated or treated in the 90 days prior to the issue of the Certificate of Insurance, by a health professional (including dentist or chiropractor or physiotherapist); OR

- Any medical condition, current or ongoing or experienced at any time in the past, involving **your** back, neck, brain, heart, circulatory system, respiratory system or cancer; OR
- Any condition for which **you** take prescribed medicine; OR
- Any condition for which **you** have had surgery, or any complication **arising** from any surgery **you** have at any time had for any reason; OR
- Any condition for which **you** see a medical specialist; OR
- Pregnancy (pregnancy cover is explained on pages 28-29).

**Note:** This definition applies to **you**, **your travelling party**, a **close relative** and any other person.

## Public Place

means any place that the public has access to including, but not limited to, planes, trains, cruise ships, taxis, buses, air or bus terminals, stations, wharves, streets, museums, galleries, hotels, hostels, dormitories and other shared accommodation (unless it is a private, locked room occupied only by **you** and/or **your travelling party**), foyers, grounds and common areas, campgrounds, beaches, restaurants, cafes, private car parks, public toilets and general access areas.

## Reasonable

means, for medical or dental expenses, the standard level of care given in the country **you** are in, including the use of the public health care system where there is a Reciprocal Health Care Agreement in place with the Government of Australia; for other expenses, the standard level **you** have booked for the rest of **your trip**; or as determined by **us**.

## Rental Vehicle

means only a rented sedan, campervan, hatchback or station wagon, four-wheel drive or mini bus/people mover rented from a licensed motor vehicle rental company.



### Resident

means an Australian citizen; a holder of a current and valid Australian permanent resident visa, partner/spouse visa, skilled working visa (457 or other skilled working visa) or a student visa; a New Zealand passport holder permanently residing in Australia; and:

- a) with unrestricted right of entry into Australia;
- b) with access to long-term medical care in Australia (not including Reciprocal Health Care Agreements);
- c) who has a permanent Australian residential address; and
- d) who agrees to be repatriated, if required, back to Australia under this insurance.

### Single

means **you** and **your dependent** children or grandchildren not in full-time employment under the age of 21, at the date of policy issue, travelling with **you** on the majority of the **trip**, listed as covered on **your** Certificate of Insurance.

### Sudden Illness or Serious Injury

means a condition which first occurs during **your** period of cover and which necessitates treatment by a legally qualified medical practitioner and which results in **you** or any other person to which this Insurance applies being certified by that medical practitioner at the time as being unfit to travel or continue with **your** original **trip**.

### Travelling Party

means those people defined in **family** and any travelling companion who has made arrangements to accompany **you** for at least 50% of the **trip**.

### Trip

means the period of travel stated in the Certificate of Insurance under Period of Insurance. It begins on the date of departure as stated in the Certificate of Insurance and ends when **you** return to **your home**, or when the period of the **trip** set out in the Certificate of Insurance ends, whichever happens first.

### Unsupervised

- a) means leaving **your luggage** with a person **you** did not know prior to commencing **your trip**; or
- b) leaving it in any position where it can be taken without **your** knowledge; or
- c) leaving it at such a distance from **you** that **you** are unable to prevent it being taken.

Unsupervised also means leaving **your luggage** behind, forgetting it or walking away from it.

### We, Our, Us

means certain underwriters at Lloyd's who deal with **you** through their agent, Cerberus Special Risks Pty Limited.

### You or Your

means the person or people named in the Certificate of Insurance and their accompanying **dependent** children or grandchildren under the age of 21, travelling with **you** on the majority of the **trip**, not in full-time employment at the date of policy issue and listed on **your** Certificate of Insurance.

# Financial Services Guide

This Financial Services Guide (FSG) explains the insurance services that you receive when you purchase a policy through nib. It also explains how Cerberus and nib are paid, how any complaints you may have will be dealt with and the professional indemnity insurance arrangements.

This FSG is provided to help you decide whether this travel insurance product and the services we provide are suitable for you.

We provide it in combination with the PDS, which provides you with information about the main policy benefits and exclusions.

## About us

This insurance is underwritten by certain underwriters at Lloyd's (Insurer).

Cerberus Special Risks Pty Limited, ABN 81 115 932 173, AFSL 308461 (Cerberus) is an Australian Financial Services Licensee authorised to provide financial product advice and deal in general insurance products.

Cerberus is the underwriting agent acting for the insurer and holds a binding authority from the insurers, which allows Cerberus to issue, vary, renew or cancel your insurance and handle and settle claims. This means that Cerberus acts as the insurer's agent and not as your agent.

Cerberus has appointed nib health funds limited, ABN 83 000 124 381, AR 264068 (nib), as its authorised representative to assist in the management of its insurance activities, provide general advice and arrange to issue travel insurance. nib acts on behalf of Cerberus and the insurer, and not on your behalf.

## Our contact details:

### nib health funds limited

ABN 83 000 124 381  
Authorised Representative No. 264068



22 Honeysuckle Dr  
Newcastle NSW 2300  
Australia



**13 14 63**  
Mon-Fri: 8am-8.30pm  
Sat: 8am-1pm  
(AEST)

### Cerberus Special Risks Pty Limited

ABN 81 115 932 173  
AFS Licence No. 308461



**1300 625 229**



PO Box A975  
Sydney South NSW 1235  
Australia

## Remuneration

For providing these services, Cerberus receives a percentage of the gross premium (which includes the premium and taxes) from the insurer when you buy a policy. Cerberus pays a percentage of its commission to nib for its role in promoting travel insurance and arranging to issue your policy. If the insurer makes an underwriting profit in a given year, Cerberus can receive a profit commission based on the performance and profitability of all insurances placed by Cerberus.

Employees of Cerberus receive an annual salary. Cerberus employees may also receive a bonus provided they meet certain performance criteria, including sales.

nib employees may receive an annual salary, performance based bonuses and other incentives depending on the nature of their employment.

You may ask each of us for more information about our remuneration within a reasonable time after we give you this FSG and before your policy is issued.

## Professional indemnity insurance

Cerberus has professional indemnity insurance arrangements that cover errors and mistakes relating to its insurance services. The policy meets the requirements of the Corporations Act and provides cover for claims relating to the conduct of Cerberus and its employees, even after that person ceases to be employed by them, provided that the claim is notified to the professional indemnity insurer when it arises and within the relevant policy period.


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## How we handle complaints

If you have a complaint about this insurance or the financial services provided by the insurer, Cerberus or nib, please contact:

### Cerberus Customer Relations


PO Box A975  
Sydney South NSW 1235  
Australia


 1300 625 229

 [idr@cerberusrisks.com](mailto:idr@cerberusrisks.com)

Cerberus will respond to your complaint within 15 business days. If more time is needed to collect necessary information or complete any further investigation required, Cerberus will agree with you a reasonable alternative timeframe.

If you are not satisfied with the response to your complaint, you should contact the Lloyd's General Representative in Australia for consideration under their dispute resolution process. You can contact Lloyd's at:


 **Lloyd's Underwriters' General Representative in Australia**  
Suite 2, Level 21, Angel Place  
123 Pitt St  
Sydney NSW 2000

 (02) 9223 1433

The length of time required to resolve a dispute will depend on the individual issues, however, you will normally receive a response within 15 business days of receipt, provided Lloyd's has received all necessary information and has completed any investigation required.

If you are not satisfied with the outcome of your complaint, or if your complaint has not been resolved to your satisfaction within 45 days of making your complaint, you can choose to have your complaint independently reviewed by the Financial Ombudsman Service (FOS).

You can contact FOS at:

 **Financial Ombudsman Service Limited (FOS)**  
GPO Box 3  
Melbourne VIC 3001

 1300 780 808 Fax: (03) 9613 6399

 [info@fos.org.au](mailto:info@fos.org.au)  
[fos.org.au](http://fos.org.au)

## Privacy Notice

In order to arrange and manage your travel insurance, we collect your personal (including in some circumstances your sensitive) information from you directly, from those authorised by you such as family members, travelling companions, doctors and hospitals and from others we consider necessary including our partners, associates, government entities or service providers. nib health funds limited ABN 83 000 124 381 (nib), acting as our authorised representative, may also collect this information on our behalf.

The personal (including sensitive) information we collect about you is used to administer and provide the insurance services, such as emergency assistance, and to manage your and our rights and obligations in relation to the insurance services, including managing, processing and investigating claims. We may also collect, use and disclose your personal information for product development, marketing, competitions, research, IT systems maintenance and development, recovery against third parties and for any other purposes with your consent or where required or authorised by Australian law.

Your personal (including sensitive) information may be disclosed to third parties involved in the above process, such as nib, travel insurance providers, insurers and reinsurers, claims handlers, investigators and cost containment providers, medical and health service providers, legal and other professional advisers, your and our agents and our related companies. Some of these third parties may be located in other countries such as the UK and USA.

You agree that nib may use your personal information and we may disclose your personal information to nib for the purposes of the direct marketing of related products and services offered by or on behalf of nib. You may ask at any time to stop receiving direct marketing communications from nib by a particular channel or at all at any time by contacting their Privacy Officer in writing to nib health funds limited, 22 Honeyuckle Drive Newcastle NSW 2300, telephone 13 14 63 or email [PrivacyOfficer@nib.com.au](mailto:PrivacyOfficer@nib.com.au)

When you provide personal information about other individuals, we and our agents rely on you to have made them aware that you are providing their information to us, how they can access it and all other matters described in this Privacy Notice. We rely on you to have obtained their consent on these matters if required. You can seek access to and correct your personal information by contacting us. You may not access or correct personal information of others unless you have been authorised by them, or are authorised under law or they are your dependents.

If you have a complaint about your privacy or concerns about how your personal information is managed, please contact our Privacy Officer in writing at PO Box A975, Sydney South NSW 1235 or at [privacy@cerberusrisks.com](mailto:privacy@cerberusrisks.com). For more information about our handling of personal (including sensitive) information, including further details about access, correction and complaints, please see our Privacy Policy available on request from us or at [www.nib.com.au/privacy](http://www.nib.com.au/privacy). For similar information in relation to nib, nib's Privacy Policy is available at [www.nib.com.au/privacy](http://www.nib.com.au/privacy) or on request from nib's Privacy Officer.

If you do not provide us with the personal (including sensitive) information that we require, we may not be able to provide you with our services or products including processing your application for insurance.

## Responsibility for this document

Cerberus is responsible for the Financial Services Guide in this document, and certain underwriters at Lloyd's are responsible for the Product Disclosure Statement in this document. Distribution of this FSG is authorised by Cerberus.

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## Sales and General Enquiries

**Phone:** 13 14 63

Mon-Fri: 8am-8.30pm; Sat: 8am-1pm (AEST)

**Email:** [nib@nib.com.au](mailto:nib@nib.com.au)

**Website:** [nib.com.au](http://nib.com.au)

## Claims

**Phone:** 1300 625 229 or +61 2 8263 0487

**Email:** [nibtravelclaims@cerberusrisks.com](mailto:nibtravelclaims@cerberusrisks.com)

**Website:** [nib.we.com.au/claims](http://nib.we.com.au/claims)

## 24 hour Emergency Assistance

**Phone:** +61 2 9234 3170 or +61 2 8256 1570

(Call reverse charges to avoid call costs)

**Email:** [assist@we.com.au](mailto:assist@we.com.au)

**Website:** [nib.we.com.au/emergencies](http://nib.we.com.au/emergencies)

nib health funds limited ABN 83 000 124 381 AR 264068 (nib) is an authorised representative of Cerberus Special Risks Pty Limited ABN 81 115 932 173 AFS Licence No 308461 (Cerberus). This insurance is underwritten by certain underwriters at Lloyd's and arranged by Cerberus.