

International Travel Insurance

Combined Financial Services Guide and Product Disclosure Statement

Effective Date 30 November 2019



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About this document

There are two parts to this document. The first part is your Product Disclosure Statement (PDS) which provides the important information about this policy, including the detailed terms, conditions and exclusions, and how to contact us. XL Insurance Company SE, Australia branch (ABN 36 083 570 441) (the insurer), are responsible for the PDS section in this document.

The second part of this document is the Financial Services Guide (FSG) which provides information about who we are, who we do business with to provide you with insurance, how we and our business partners are paid, how to make a complaint and other details to help you decide whether to use any of the services offered by us. nib Travel Services (Australia) Pty Limited, ABN 81 115 932 173, AFSL No 308461 (nib), are responsible for the FSG section in this document.

About the insurer

This insurance is underwritten by XL Insurance Company SE, Australia branch (ABN 36 083 570 441). XL Insurance Company SE is part of AXA XL, a division of AXA.

About nib Travel Insurance Distribution

This policy is distributed and issued by nib Travel Insurance Distribution Pty Limited, ABN 40 129 262 175, AR 336467 (nib Travel Insurance Distribution), who are an authorised representative of nib Travel Services (Australia) Pty Limited, ABN 81 115 932 173, AFS Licence No 308461 (nib). Various partners who hold their own Australian Financial Services Licenses are also authorised by nib to distribute and issue the travel insurance. For information on how these insurance providers work together and the services they provide, please refer to the FSG at the back of this combined document.

Product Disclosure Statement

Important information

In this PDS we explain important information about this policy including how we'll protect your privacy and how to make a complaint or access our dispute resolution service.

nib International Assistance

nib International Assistance provides emergency assistance for people who are covered under nib travel insurance policies worldwide. Our experienced insurance specialists can be contacted by telephone 24 hours a day, 7 days a week to help you in the event of an emergency and to liaise on your behalf with our in-house medical team.

nib International Assistance will also work closely with the claims department to assess **your** entitlement to financial assistance.

Our team is connected with a global network that provides:

- Medical care;
- Medical transfer to a hospital or repatriation to Australia where necessary;
- Guidance and support even if your loss may not be covered by the policy;
- Access to general policy and coverage advice; and
- Access to translation services.

How to contact nib International Assistance

Please contact the nib International Assistance team using the contact details below:

Phone	+61 3 8523 2800
	Within Australia: 1300 555 019
Fax	+61 3 8523 2815
Email	travelassist@nib.com.au

The cost of this policy

The total premium is the amount **we** charge **you** for this policy. It includes the amount **we** have calculated for the risk, commission and taxes and government charges applicable. The premium will be shown on the Certificate of Insurance.

When calculating the premium **we** take a number of factors into account. These factors and the degree to which they affect the premium will depend on the information **you** give **us**, and the level and type of cover **you** choose.

The main factors that impact your premium include:

the length of your trip;

- your destination;
- the travel plan chosen;
- additional premium payable for any available options you choose;
 - cancellation limit option
 - snow sports cover option
 - rental vehicle insurance excess
 - specified items
 - variable excess
 - specified medical conditions.

For example, premiums may be higher for longer **trips**, destinations that are high risk or have higher medical costs, plans with greater coverage, and/or when **you** choose to purchase additional cover.

This policy is only valid when you pay the premium and our representative issues a Certificate of Insurance to you.

Additional options to purchase

We offer the following options for **you** to purchase. These options can be added with payment of an additional premium, depending on the travel plan **you** select, and will be shown on **your** Certificate of Insurance when **you** purchase **your** policy.

Cancellation limit option

The policy limit for "Cancellation or holiday deferment costs" must be chosen at the time of purchase; the limit will then appear on the Certificate of Insurance.

You can vary the maximum trip cancellation limit at the time you purchase your policy, and you will be advised of any change in premium. Your policy limit for "Cancellation or holiday deferment costs" and any additional premium will be shown on your Certificate of Insurance.

Snow sports cover option

This option is available with the Comprehensive and Annual Multi Trip Plans with payment of an additional premium. When chosen, this option is shown on **your** Certificate of Insurance. Applicable limits are applied per adult and are not increased for accompanying **children**.

If you'll be taking part in snow sports on your trip, you must select the "Snow sports cover option" when you buy your policy to receive cover under your travel plan. In addition, you will receive the following benefits:

Benefit	Applicable limits per adult
Any claim arising from participation in snow sports	Up to the applicable limit of the relevant section.
Ski lift passes	\$300
Ski run closure	\$100 per day up to a maximum of \$500
Hire replacement snow equipment	\$300

Refer to the section "Snow sports cover" for further cover details with this option.

Additional rental vehicle insurance excess option

This option is available with the Comprehensive and Annual Multi Trip Plans with payment of an additional premium. When chosen, this option is shown on **your** Certificate of Insurance.

If you are hiring a rental vehicle, you may have to pay an insurance excess for an accident or theft. We have included cover for rental vehicle insurance excess; however, you may wish to increase this cover for an additional amount.

Maximum additional limit	Additional units of cover
\$5,000	Additional premium charged for each \$500 unit of additional limit selected.

This insurance does not provide cover for your liability arising out of your use of a rental vehicle. Please ensure you have liability insurance adequate for the country(ies) where you will be using the rental vehicle.

Specified items option

This option is available on the Comprehensive, Annual Multi Trip and Essentials Plans. Specified items are shown on **your** Certificate of Insurance.

You can cover items worth more than the luggage item limit shown for your plan by specifying the item(s) and paying an additional amount. Items separately insured under this Specified items option are covered up to the amount specified, even if this amount exceeds the total "Luggage and personal effects" limit set out in the Schedule of benefits for your plan.

- Maximum individual specified item limit: \$4,000
- Maximum total for all specified items: \$10,000

You must insure the total value per item. Please ensure you have proof of value (not more than 12 months old) of any item you specify. This will be required should you make a claim. Depreciation does not apply to specified items in the event of a claim. Cover for specified items is subject to the terms and conditions as detailed under the section "Luggage and personal effects".

Variable excess option

When you apply for insurance, we will let you know the applicable premium you have to pay. The premium and any excess applicable to your selected plan will be shown on your Certificate of Insurance.

Where a plan allows **you** to vary the excess, **your** premium will be adjusted accordingly; the lower the excess **you** select, the higher **your** premium will be.

Refer to the section "Excesses" for more information on how excesses work.

Specified medical conditions option

(Not available on Essentials Plan.)

If you seek cover for events that arise from or relate to your existing medical condition(s) - other than those listed in "Conditions automatically covered for free" for which you meet the eligibility criteria - please refer to the section "Existing medical conditions" for the application, medical screening and cover details.

If we agree to offer you cover for your existing medical condition(s), we will advise you in writing of any additional terms and conditions of that cover, including any additional excess and premium that will be payable. If you purchase this cover, it will be shown on your Certificate of Insurance.

Specified medical conditions excess

If you receive cover for any specified medical condition(s) and your Certificate of Insurance shows you have this cover, an additional excess may also apply to each occurrence relating to your specified medical condition(s) when you claim. This additional excess will also be shown on your Certificate of Insurance and on any other related documents we send you; however, you cannot change or remove this excess.

Duty of Disclosure

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.

Cooling-off period

Cancelling within the cooling-off period

You have 21 days from the day you buy your policy to decide if the cover is right for you. If it's not, you can cancel your policy within this 'cooling-off period', and we'll give you a full refund of your premium provided that:

- you haven't started your trip; and
- you haven't made a claim; and
- you don't intend to make a claim or exercise any other right under your policy.

To cancel your policy within the cooling-off period, contact our representative. Your refund will be processed within 15 business days.

Cancelling outside the cooling-off period

If you request to cancel your policy outside the cooling-off period, we may, at our discretion, refund that part of your premium paid for the unused period of insurance; we may charge an administration fee to do so. Also, you cannot have started your trip, made a claim and/or intend to make a claim or exercise any other right under your policy.

Cancellation by us

We can cancel **your** insurance in any way permitted by law, including if **you** have:

- failed to comply with your Duty of Disclosure; or
- made a misrepresentation to us before the policy was entered into;
 or
- failed to comply with a provision of a policy, including failure to pay the premium; or
- made a fraudulent claim under this policy or any other current policy; or
- failed to notify us of a specific act or omission as required by the policy.

If we cancel your policy, we will do so by giving you written notice. We will deduct from the premium an amount to cover the shortened period for which you have been insured by us and refund to you what is left

The General Insurance Code of Practice

We have adopted the General Insurance Code of Practice developed by the Insurance Council of Australia. The Code is designed to promote good relations and insurance practice between insurers, authorised representatives and consumers. The Code sets out what we must do when dealing with you. You can obtain a copy of the Code from codeofpractice.com.au.

Privacy

nib Travel Insurance Distribution Pty Limited and nib Travel Services (Australia) Pty Limited ("we", "us", "our" in this privacy section) collect **your** personal information, and in some cases **your** sensitive information, in order to issue, arrange and manage **your** travel insurance or to provide **you** with related services. We will only collect personal and sensitive information from **you** or from those authorised by **you**.

We may disclose **your** personal and sensitive information to third parties involved in the above process, such as travel agents and consultants, 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, Europe and the USA.

Our Privacy Policy details how we collect, use, store and disclose your personal and sensitive information as well as how you can seek access to and correct your personal information or make a complaint. 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 dependants.

By providing us **your** personal and sensitive information, **you** consent to us collecting, using, storing and disclosing it in accordance with our Privacy Policy. If **you** don't provide all of the personal and sensitive information we've requested we may not be able to provide **you** with our services or products including being able to process **your** application for insurance.

You can view our full Privacy Policy at: https://www.nib.com.au/travel-insurance/privacy.

Resolving complaints and disputes

If you have any feedback about our service – positive or negative – we would like you to share it with us. Refer to our contact details on the last page of this document.

How we handle complaints

If you have a complaint arising out of this insurance or the financial services provided by the insurer, our representatives, affiliates, or service providers, please contact:

nib Customer Relations

PO Box A975

Sydney NSW 1235 Australia

Phone: 1300 025 121

Email: idr-care@nib.com.au

nib will acknowledge **your** complaint within 5 business days and provide **you** with the contact details of the person handling **your** complaint. **We** will respond to **your** complaint within 15 business days. If more time is needed to collect necessary information or complete any further investigation required, nib will agree with **you** a reasonable alternative timeframe.

If you are not satisfied with the response to your complaint, you should contact XL Insurance Company SE, Australia branch, for consideration under their dispute resolution process at:

The Complaints Officer

XL Insurance Company SE, Australia branch

L28 123 Pitt St, Sydney NSW 2000

Email: idraustralia@axaxl.com

Your dispute will be acknowledged within 5 working days of receipt, and XL Insurance Company SE, Australia branch, will send a final response on behalf of the insurer within 15 business days.

If we are unable to resolve your complaint within 45 days of receiving your original complaint, or if you are still not satisfied with the outcome, you can choose to have your complaint independently reviewed by the Australian Financial Complaints Authority, or AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

AFCA can be contacted at:

Website: afca.org.au Email: info@afca.org.au

Telephone: 1800 931 678 (free call)

In writing to: Australian Financial Complaints Authority, GPO Box 3,

Melbourne VIC 3001

Changing your policy

Changes to this policy only become effective when we agree to them and send you a new Certificate of Insurance detailing the change.

If you wish to change your personal details or travel dates after your Certificate of Insurance has been issued, please contact us for approval; we may require additional information to review the change request.

Changes to your travel plans

You must tell **us** as soon as possible if circumstances occur, or if changes or alterations are intended or made, which increase the risk of loss, damage or **injury**. This may result in changes to **your** cover.

For example, **you** intend to spend more than 24 hours in a destination not listed on **your** Certificate of Insurance.

If you don't nominate the destination country or region for your trip, any claim under this policy relating to that undisclosed destination country or region may be reduced to nil.

Extending your policy

Depending on your circumstances, if you want to change the dates of your cover, you'll need to either extend your policy or buy a new one (for the additional days). Here's when you can extend your policy:

- if all travellers are currently within the plan age limits such as if you are travelling with accompanying children who are still under 25;
- if you haven't claimed and don't intend to claim for an event that has already occurred;
- if your health (and any other relevant circumstances that might foreseeably lead to a claim) hasn't changed; and
- if you don't have any specified medical conditions covered under your current policy.

If you don't satisfy all these criteria, don't worry; you can apply to buy a new policy for the additional dates. If you don't qualify for an extension and have to buy a new policy to cover your additional travel days, the PDS and the rates in use at the time you buy your new policy will apply.

You can only extend a policy up to a maximum of 12 months from the original departure date shown on your Certificate of Insurance.

You cannot extend the 45 day **trip** duration of the Annual Multi Trip Plan, however; **you** can apply for a Comprehensive policy to cover the additional dates, provided that **you** meet the eligibility requirements.

Automatic extension

If the scheduled public transport you're travelling on is delayed, or your trip is delayed by an event that entitles you to make a claim under this policy, the period of insurance will automatically be extended beyond the period of your original trip. This extension lasts until you're capable of travelling to your final destination via the most efficient and direct route, including the journey there, or for a period of 6 months beyond the period of insurance, whichever happens first.

Jurisdiction and Choice of Law

This policy is governed by and construed in accordance with the law of New South Wales, Australia. You agree to submit to the exclusive jurisdiction of the courts of New South Wales under this 'Jurisdiction and Choice of Law' clause should a dispute arise under this policy.

Financial Claims Scheme

This policy may be a protected policy under the Federal Government's Financial Claims Scheme (FCS), which is administered by APRA. The FCS may apply in the event that a general insurance company becomes insolvent. If the FCS applies, a person who is entitled to make a claim

under this policy may be entitled to a payment under the FCS. Access to the FCS is subject to eligibility criteria. **You** may obtain further information about the FCS from www.fcs.gov.au and the APRA hotline on 1300 55 88 49.

Our agreement with you

This policy is underwritten by XL Insurance Company SE, Australia branch (ABN 36 083 570 441). XL Insurance Company SE is part of AXA XL, a division of AXA.

This policy is an agreement between you and us, made up of:

- your application for insurance; and
- this Combined Financial Services Guide and Product Disclosure Statement: and
- your Certificate of Insurance, which sets out the cover you've chosen and any terms specific to you;
- any other documentation we issue to you outlining terms and conditions of your cover

The cover under this policy is provided during the **period of insurance**, once **you've** paid **us your** premium. There are also:

- conditions and exclusions which apply to specific covers or sections:
- "General exclusions", which apply to any claim you make;
- general conditions, which set out your responsibilities under this policy;
- "Claims conditions", which set out our rights and your responsibilities when you make a claim; and
- other terms, which set out how this policy operates.

Paying your premium

You must pay your premium (which includes commission, stamp duty and GST if applicable) at the time you take out this policy.

Your premium is set out on your Certificate of Insurance. If you did not pay your premium at the time you took out this policy, then we will treat this policy as never having operated and there'll be no cover.

Excesses

An excess is an amount **you** must pay once for each claim **you** make, except for benefit sections which state: "No excess applies to claims under this benefit". The excess is deducted from any claim payment **we** make to **you**, if **you** make more than one claim under **your** policy, the excess will apply to each claim which arises from each separate set of circumstances.

When you apply for insurance, we will let you know the applicable premium you have to pay, and your excess will be shown on your Certificate of Insurance. Depending on your plan, you may vary your excess. Refer to the section "Variable excess option" under "Additional options to purchase".

How much we'll pay

The most we'll pay for a claim is set out in the Schedule of benefits for the plan you have purchased and for the cover or section you're claiming under, less any excess and depreciation, where applicable. For more information about excesses, refer to the section "Excesses"; for more information on depreciation, refer to the "Luggage and personal effects" section which explains how we calculate depreciation.

When does the policy begin and end?

Your policy will be valid for the period of insurance once you've paid your premium and you've been provided with a Certificate of Insurance. Cover under the Annual Multi Trip Plan is available for any trip to be taken during the period of insurance up to 45 continuous days each trip. The policy is not a renewable contract of insurance.

When does Cancellation cover begin and end?

- Cover under the benefit section "Cancellation or holiday deferment costs" begins from the time your Certificate of Insurance is issued and ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.
- For the Annual Multi Trip Plan, for each trip, cover under the benefit section "Cancellation or holiday deferment costs" begins from the time the Certificate of Insurance is issued and ends the earlier of:
 - the time you return to your home in Australia; or
 - the end of the 45th day of your trip; or
 - the end of the period of insurance.

When does cover for all other benefits begin and end?

- Cover under all other benefits begins when you leave your home in Australia to begin your trip or the departure date of the trip shown on your Certificate of Insurance, whichever happens last. Cover ends when you return to your home in Australia or when the period of insurance ends, whichever happens first.
- For the Annual Multi Trip Plan, for each trip, cover under all other benefits begins during the period of insurance shown on your Certificate of Insurance from the time you leave your home in Australia to begin your trip. Cover ends the earlier of:
 - the time you return to your home in Australia; or
 - the 45th day of your trip; or
 - the end of the period of insurance.

Waiting period

If at the time you buy your policy (ie, the policy "Issue date") you've already started travelling, a 72-hour waiting period applies before any cover for any events begins. This means there is no cover under this policy for any events that occur within the first 72 hours of buying your policy. Cover only begins after the 72-hour waiting period, and cover is only for events first occurring after the 72-hour waiting period.

In addition, if **you** select a **trip** departure date that is more than 72 hours after buying **your** policy:

- cover under the benefit section "Cancellation or holiday deferment costs" begins after the 72-hour waiting period for any events that first occur after the 72-hour waiting period; and
- cover for all other benefits begins from the trip departure date shown on your Certificate of Insurance for events that first occur after the trip departure date.

If you have an nib travel insurance policy that will expire whilst you are travelling, and you purchase a new policy before your policy expires (at 11.59pm AET) on the return date shown on your Certificate of Insurance, the waiting period will not apply to that new policy, provided that there is no gap between the periods of insurance.

Updating this document

The information in this document was current at the date of preparation. It, and the information in any Supplementary PDS or Supplementary FSG provided to you, will apply for the period of insurance outlined on your Certificate of Insurance. From time to time, the information may be updated in a way that would not be materially adverse to you from the point of view of a reasonable person considering whether to acquire this product. If that happens, the updated information will be available at nib.com.au/travel-insurance. You can get a paper copy free of charge by contacting us.

Responsibility for this document

XL Insurance Company SE, Australia branch, are responsible for the PDS in this document.

Plans

When you take out this policy you must choose from the following travel plans:

- Comprehensive
- Essentials
- Annual Multi Trip

Your Certificate of Insurance will show the plan you've chosen.

Comprehensive Plan

Schedule of benefits

This Schedule of benefits forms part of your policy and shows the limits and sub-limits for the benefits. Applicable limits are applied per adult traveller and are not increased for accompanying children. You must read this Schedule of benefits together with your Certificate of Insurance and this Product Disclosure Statement.

Benefit	Applicable limits per adult
Cancellation and additional expenses	
Cancellation or holiday deferment costs	Chosen limit +

Benefit	Applicable limits per adult
Agent's cancellation fees - sub-limit	\$2,000
Emergency travel arrangements and accommodation expenses	Unlimited
Meals - sub-limit	\$500;
	Limit \$75 per 24hrs
Emergency internet and telephone calls - sub-limit	\$250
Post hospital accommodation	\$500;
	Limit \$100 per day
Medical expenses	
Overseas medical expenses	Unlimited^
Critical illness or injury - emergency travel expenses for a friend or relative sublimit	\$20,000
Hospital compensation	\$8,000; Limit of \$50 for every 24 hours
Dental expenses due to sudden and acute pain	\$1,000
Medical evacuation and repatriation	Unlimited
Home services sub-limit	\$500
Extra travel cover	
Travel delay	\$2,000; Limit \$250 for every 24hrs
Missed connection - special events	\$2,000
Resumption of trip	\$3,000
Emergency accommodation due to terrorism	\$3,000;
	Limit \$300 per day
Emergency expenses to avoid disaster	\$1,000
Early return home	\$2,000
Rental vehicle expenses	
Rental vehicle insurance excess	\$5,000 +
Return of rental vehicle	\$750
Luggage	
Luggage and personal effects maximum limit	\$12,000

Benefit	Applicable limits per adult
Personal computer, camera, video individual limit	\$4,000
Smartphone individual item limit	\$1,000
Watches and jewellery individual item limit	\$700
Other individual item limit	\$700
Emergency luggage	\$500
Stolen cash	\$250
Hiring replacement golf and surf equipment	\$200
Replacement passports and travel document	\$3,000
Fraudulent use of credit cards	\$3,000
Personal accident	
Accidental death	\$25,000
Accompanying children sub-limit	\$1,000 per child
Funeral expenses overseas	\$25,000
Total permanent disability	\$12,500
Loss of income	\$10,000; Limit of \$1,667 per month
Personal liability	\$2,500,000
Financial default of travel providers	\$10,000

⁺ This is a limit per policy; it is the most **we'll** pay for all people on **your** Certificate of Insurance combined, per **trip**.

Guidelines

- This plan is only available to residents of Australia
- This plan ends once you have returned to your home in Australia or the period of insurance ends, whichever happens first.
- If you have a high risk medical condition or require cover for an existing medical condition other than those automatically covered, please contact us to complete a medical screening assessment, which must be completed before the Certificate of Insurance can be issued.
- There is no provision to suspend this plan during the period of insurance.
- This plan cannot be purchased more than 12 months prior to travel.
- A policy premium is charged for each adult traveller; accompanying children are insured for no additional premium.

[^] For up to 12 months after the illness first appears or injury first occurs.

- Any options selected by you are in addition to this plan and are referenced in your Certificate of Insurance.
- There is no age limit on this plan. However, we may ask you some questions about your health and lifestyle at the time you buy your policy and then determine whether we will offer you cover and on what terms.

Essentials Plan

Schedule of benefits

This Schedule of benefits forms part of your policy and shows the limits and sub-limits for the benefits. Applicable limits are applied per adult traveller and are not increased for accompanying children. You must read this Schedule of benefits together with your Certificate of Insurance and this Product Disclosure Statement.

Benefit	Applicable limits per adult
Cancellation and additional expenses	
Cancellation or holiday deferment costs	Chosen limit +
Agent's cancellation fees sub-limit	\$2,000
Emergency travel arrangements and accommodation expenses	\$15,000
Meals sub-limit	\$500; Limit \$75 per 24 hrs
Emergency internet/telephone sub-limit	\$250
Medical expenses	
Overseas medical expenses	Unlimited^
Critical illness or injury – emergency travel expenses for a friend or relative sublimit	Not insured
Hospital compensation	\$5,000;
	Limit of \$50 for every 24 hours
Dental expenses due to sudden and acute pain	\$1,000
Medical evacuation and repatriation	\$500,000
Home services sub-limit	Not insured
Extra travel cover	
Travel delay	\$1,000;
	Limit \$250 per 24 hrs
Missed connection - special events	Not insured

Benefit	Applicable limits per adult
Resumption of trip	Not insured
Emergency accommodation due to terrorism	Not insured
Emergency expenses to avoid disaster	\$1,000
Early return home	\$2,000
Rental vehicle expenses	
Rental vehicle insurance excess	\$2,000 +
Return of rental vehicle	\$750
Luggage	
Luggage and personal effects maximum limit	\$5,000
Individual item limit	\$500
Emergency luggage	\$200
Stolen cash	Not insured
Hiring replacement golf and surf equipment	Not insured
Replacement passports and travel documents	\$1,000
Fraudulent use of credit or debit cards	Not insured
Personal accident	
Accidental death	\$10,000
Accompanying children sub-limit	\$1,000 per child
Funeral expenses overseas	\$15,000
Total permanent disability	Not insured
Loss of income	Not insured
Personal liability	\$1,000,000
Financial default of travel providers	\$3,500

⁺This is a limit per policy; it is the most **we'll** pay for all people on **your** Certificate of Insurance combined, per **trip**.

Guidelines

- This plan is only available to residents of Australia up to 69 years of age at the time the Certificate of Insurance is issued
- This plan ends once you have returned to your home in Australia, or the period of insurance ends, whichever happens first.
- This plan does not cover existing medical conditions unless it is one that is automatically covered. If you require cover for any other

[^] For up to 12 months after the illness first appears or injury first occurs.

existing medical condition, please ask our representative or us about other travel insurance products which may be available.

- This plan does not provide cover for any snow sports.
- There is no provision to suspend this plan during the period of insurance.
- This plan cannot be purchased more than 12 months prior to travel.
- A policy premium is charged for each adult traveller; accompanying children are insured for no additional premium.
- Any options selected by you are in addition to this plan and are referenced in your Certificate of Insurance.

Annual Multi Trip Plan

Schedule of benefits

This Schedule of benefits forms part of **your** policy and shows the limits and sub-limits for the benefits. Applicable limits are applied per adult traveller and are not increased for accompanying **children**. **You** must read this Schedule of benefits together with **your** Certificate of Insurance and this Product Disclosure Statement.

Benefit	Applicable limits per adult
Cancellation and additional expenses	
Cancellation or holiday deferment costs	Chosen limit +
Agent's cancellation fees sub-limit	\$2,000
Emergency travel arrangements and accommodation expenses	Unlimited
Meals sub-limit	\$500; Limit \$75 per 24 hours
Emergency internet/telephone sub-limit	\$250
Post hospital accommodation sub-limit	\$500; Limit \$100 per day
Medical expenses	
Overseas medical expenses	Unlimited^
Critical illness or injury – emergency travel expenses for a friend or relative sub-limit	\$20,000
Hospital compensation	\$8,000; Limit of \$50 for every 24 hours
Dental expenses due to sudden and acute pain	\$1,000

Benefit	Applicable limits per adult
Medical evacuation and repatriation	Unlimited
Home services sub-limit	\$500
Extra travel cover	
Travel delay	\$2,000;
	Limit \$250 every 24 hours
Missed connection-special events	\$2,000
Resumption of trip	\$3,000
Emergency accommodation due to terrorism	\$3,000;
	Limit of \$300 per day
Emergency expenses to avoid disaster	\$1,000
Early return home	\$2,000
Rental vehicle expenses	
Rental vehicle insurance excess	\$5,000 +
Return of rental vehicle	\$750
Luggage	
Luggage and personal effects maximum limit	\$12,000
Personal computer , camera, video individual item limit	\$4,000
Smartphone individual item limit	\$1,000
Other individual item limit	\$700
Emergency luggage	\$500
Stolen cash	\$250
Hiring replacement golf and surf equipment	\$200
Replacement passports and travel documents	\$3,000
Fraudulent use of credit or debit cards	\$3,000
Personal accident	
Accidental death	\$25,000
Accompanying children sub-limit	\$1,000 per child
Funeral expenses overseas	\$25,000
Total permanent disability	\$12,500

Benefit	Applicable limits per adult
Loss of income	\$10,000; Limit of \$1,667 per month
Personal liability	\$2,500,000
Financial default of travel providers	\$10,000

⁺ This is a limit per policy; it is the most we'll pay for all people on your Certificate of Insurance combined, per trip.

Guidelines

- This plan is only available to residents of Australia.
- There is no cover under this plan when you are between trips other than any benefits you may be entitled to under the "Cancellation or holiday deferment costs" section.
- If you have a high risk medical condition or require cover for an existing medical condition other than those automatically covered, please contact us to complete a medical screening assessment, which must be completed before the Certificate of Insurance can be issued.
- There is no provision to suspend this plan during the period of insurance.
- This plan cannot be purchased more than 6 months prior to the nominated commencement date.
- This plan provides cover for any **trip** overseas or within Australia a minimum of 200km from **your** home.
- Named adults can travel independently to any other named adult on your plan. Children are only covered whilst accompanying an adult named on your Certificate of Insurance.
- There is no limit to the number of trips you may take during your 12 month period of insurance.
- The maximum duration of any one trip is 45 days. For any trips longer than this duration please refer to the section headed "Extensions" and contact our representative.
- A policy premium is charged for each adult traveller; accompanying children are insured for no additional premium.
- Any options selected by you are in addition to this plan and are referenced in your Certificate of Insurance.
- There is no age limit on this plan. However, we may ask you some questions about your health and lifestyle at the time you buy your policy and then determine whether we will offer you cover and on what terms.

Plan selection

You must select a region based on the country(ies) you will be travelling to:

[^] For up to 12 months after the illness first appears or injury first occurs.

- Worldwide: or
- Worldwide excluding USA and Nepal.

Policy expiration

- This policy will expire 12 months from the nominated "Departure date" on your Certificate of Insurance and it is not a renewable contract. If it is possible that your policy may expire during your trip you should reapply for a new policy by contacting our representative to obtain a new PDS. If you wish to reapply you should complete a new application and if required, contact us to complete a medical screening assessment.
- If you have continuous cover, the maximum allowable trip duration will start again at the "Departure date" nominated on the new Certificate of Insurance.

Definitions

The words and terms in **bold** throughout this policy have special meanings set out below. Plurals and other forms of these words shall have the same meaning as in the singular form.

Where other words and terms are only used in one section of the policy, we'll describe their special meaning in that section.

Word or term	Meaning
Carrier(s)	the scheduled airline, vessel, train, or motor coach public transport in which you are to travel to or from your intended destination.
Children	your children, stepchildren, grandchildren, foster children, and children for whom you are the legal guardian who are travelling with you on the same itinerary for the entire duration of your trip and at the time the Certificate of Insurance is issued are: under 25 years of age, and working less than 30 hours per week.
Close relative	a relative of yours, or of a member of the travelling party, who is resident in Australia or New Zealand. It means a spouse, de facto partner, parent, parent-in-law, daughter, son, daughter-in-law, son-in-law, brother, sister, brother-in-law, sister-in-law, niece, nephew, grandchildren, grandparent, stepparent, stepchildren, fiancé or fiancée, or legal guardian.
Electronic equipment	personal and portable game consoles, media players, satellite navigation units, wearable technology, headphones.

Word or term	Meaning
Existing medical	any illness or injury for which, in the 12 months prior to policy purchase, you have:
condition(s)	■ had symptoms, or
	■ been diagnosed, or
	been prescribed medication, or
	received (or are waiting for) medical treatment, or
	 received (or are waiting for) tests, investigations or specialist consultation, or
	 received or been advised to attend a follow-up consultation; and/or
	had surgery or attended a hospital or clinic (as an outpatient or inpatient).
	It also includes any chronic or ongoing medical condition or terminal illness.
	This definition applies to you, your travelling party, a close relative or a business partner.
Financial default	The insolvency, bankruptcy, provisional liquidation, financial collapse, appointment of receivers or any other form of insolvency administration of any person, company, or organisation.
Home in Australia	your usual residential address in Australia. If you do not travel directly to your home in Australia at the completion of your trip, it means your point of arrival of your pre-paid scheduled public transport or an Australian hospital if we repatriate you.
Illness	any disease or sickness affecting the body or mind.
Injury	a bodily injury that is caused solely and directly by external and visible means as a result of an accident and which does not result from an illness.
Medical practitioner	a medical professional registered and certified by the National and/or State Health Board either in Australia or in the country in which you are being treated whilst on your trip, and who is licensed to provide treatment, medication/prescriptions and medical opinions and reports – for example doctors, physiotherapists, dentists, psychologists and psychiatrists.
	A medical practitioner does not include a person who is related to you or a member of your travelling party .
Our representative	an intermediary and their employees appointed by us as our agent to issue or vary nib travel insurance products on our behalf.
Period of insurance	the period of cover specified in the Certificate of Insurance.

Word or term	Meaning
Personal computer	laptops, notebooks, tablets, other personal hand-held wireless devices that convey data or information (excluding smartphones).
Professional sporting activity	a sporting activity where you are paid to participate, appear or train or where you receive sponsorship, income or prize money, regardless of whether or not you are a professional sportsperson.
Rental vehicle	Any 4-wheeled vehicle with a gross vehicle mass less than 4.5 tonnes that you :
	hire from a registered rental vehicle company; and
	■ have a rental vehicle agreement in writing.
Resident(s) of Australia	an Australian citizen; permanent resident; holder of a skilled working visa (including 457 and Temporary Skill Shortage visa, but not a working holiday visa); student visa; holder of a partner/spouse visa which allows you to stay in Australia for at least 2 years; or New Zealand passport holder; all with unrestricted right of entry into Australia and access to long-term medical care in Australia.
Scheduled public transport	publicly available flights, cruises, rail services, bus services, ferries that run to a published timetable.
Snow sports	snow skiing and snowboarding on and off piste, back country skiing and snowboarding, snowmobiling, tobogganing, cross-country skiing, telemark skiing.
Specified medical condition	an existing medical condition that we've agreed in writing to cover under your policy and for which you've paid an additional premium. The additional premium will be shown on your Certificate of Insurance.
Terrorist act/ terrorism	an act or threat of violence by any person or group, organisation or government committed for political, religious, ideological or similar purposes, including the intention to influence any government and/or to put the public in fear.
Total permanent disability	permanent and total loss of sight in one or both eyes or permanent and total loss of use of one or more limbs.
Travelling party	you and any travelling companion who has made arrangements to accompany you for at least 50% of your trip.

Word or term	Meaning
Trip(s)	In the case of the Comprehensive and Essentials Plans: it means travel during the period between the departure date and the return date listed on your Certificate of Insurance. The trip must start and/or end at your home in Australia.
	In the case of the Annual Multi Trip Plan: trip(s) mean any travel up to 45 days in duration between the departure date and return date shown on your Certificate of Insurance. Each trip must:
	Start and end at your home in Australia , and
	Be to a destination of at least 200km from your home in Australia, and
	Include travel by either pre-paid scheduled public transport or hire car.
	The period of travel cannot be altered without our consent.
Unattended	leaving your luggage or personal effects either with a person who is not a member of your travelling party, in a public place where it can be taken without your knowledge or at a distance from which you cannot prevent it from being taken.
We, our(s), us	XL Insurance Company SE, Australia branch (ABN 36 083 570 441), who deal with you through their agent, nib Travel Services (Australia) Pty Ltd ABN 81 115 932 173 AFSL No 308461.
You, your, yours, yourself	the people listed in the Certificate of Insurance.

Existing medical conditions

We automatically cover certain existing medical conditions listed under the section "Automatically covered conditions".

If you choose the Comprehensive or Annual Multi Trip Plans, you must apply for cover under the "Specified medical conditions option" at time of policy purchase if:

- you have a high risk medical condition, and/or
- you have an existing medical condition you want cover for.

(This option is not available with the Essentials Plan.)

What's an existing medical condition?

An existing medical condition is one for which, in the 12 months prior to policy purchase, you have:

- had symptoms, or
- been diagnosed, or
- been prescribed medication, or

- received (or are waiting for) medical treatment, or
- received (or are waiting for) tests, investigations or specialist consultation, or
- received or been advised to attend a follow-up consultation; or,
- had surgery or attended a hospital or clinic (as an outpatient or inpatient).

It also includes any chronic or ongoing medical condition or terminal illness.

This definition applies to you, your travelling party, a close relative or a business partner.

Getting cover for existing medical conditions (the "Specified medical conditions option")

A number of the most common medical conditions are automatically covered by your policy. Even if your existing medical condition isn't automatically covered, in many cases you'll still be able to get cover on application. Here's what you need to do:

- Check if your condition is an automatically covered condition: We'll
 automatically cover you for over 40 medical conditions. If your
 existing medical condition is on the list of "Automatically covered
 conditions", and you satisfy all the criteria related to that condition,
 you're covered for events that arise from or relate to that condition
 as part of our standard cover.
- Apply to add any conditions that aren't automatically covered as "specified medical conditions":

If you have one or more existing medical conditions that aren't automatically covered that you want cover for, you must let us know at the time you buy your policy and complete a medical screening. We'll ask you some questions about your health and then determine whether we can offer you cover and, if so, on what terms.

In many cases, we expect that we'll be able to offer you cover for your existing medical condition(s) for an additional premium. If you choose to pay the additional premium, the condition becomes a specified medical condition covered under your policy, and the premium and any additional excess will be shown on your Certificate of Insurance. You'll then be covered for events that arise from or relate to the specified medical condition(s).

What happens if you choose not to get cover for your existing medical condition?

If you have an existing medical condition that's not automatically covered under your policy or added to your policy as a specified medical condition, then you won't be covered for any claim that arises in relation to that existing medical condition.

High risk medical conditions

If you have ever had any of the following medical conditions, you must have a medical screening before or at the time you buy your Comprehensive or Annual Multi Trip policy.

We will then determine if the condition can be added to your policy and covered as a specified medical condition.

- heart conditions cardiovascular/coronary heart disease;
- respiratory conditions (except asthma and/or sleep apnoea providing they are automatically covered);
- chronic kidney disease;
- conditions involving the neck or back;
- cancer which has metastasised (the process by which cancer spreads from the place at which it first arose as a primary tumour to distant locations in the body);
- immune system deficiencies/reduced immunity; or
- any terminal illness.

Automatically covered conditions

We automatically cover you for over 40 existing medical conditions. Your medical condition is classified by us as an automatically covered condition if it's listed in the table below, provided that you satisfy all criteria listed for that condition. You must read this section together with the "General exclusions", as these may affect your cover.

Medical condition	Criteria
Acne	You haven't received treatment for your Acne from a medical practitioner in the three months prior to buying your policy.
Allergies	You follow advice in accordance with your medical practitioner (such as to carry epipens, antihistamines/ other preventative medication at all times) and, at the date you buy your policy, you: have no other known or underlying respiratory conditions or diseases (for example, Asthma); and have not required treatment from a medical practitioner for your allergies in the last six months.
Anaemia (Iron Deficiency)	No criteria apply.
Asthma	At the date you buy your policy, you: are under 60 years of age; have no other known or underlying respiratory conditions (including Sleep Apnoea); haven't required cortisone medication, except taken by inhaler or puffer; and haven't required hospitalisation for Asthma in the last two years, including as an outpatient.
Bell's Palsy	No criteria apply.

Medical condition	Criteria
Benign Positional Vertigo	At the date you buy your policy, you haven't required hospitalisation for Benign Positional Vertigo in the last two years, including as an outpatient.
Bunions	At the date you buy your policy, you haven't had surgery for Bunions in the last three months and have no surgery planned.
Carpal Tunnel Syndrome	At the date you buy your policy, you haven't had surgery for Carpal Tunnel Syndrome in the last three months and have no surgery planned.
Cataracts	At the date you buy your policy, you have no ongoing complications, haven't had surgery for Cataracts in the last three months, and have no surgery planned.
Coeliac Disease	At the date you buy your policy, you haven't required hospitalisation for Coeliac Disease in the last two years, including as an outpatient.
Congenital Blindness	No criteria apply.
Congenital Deafness	No criteria apply.
Diabetes Mellitus (Types I and II)	At the date you buy your policy, you:
(Types runa ny	were diagnosed more than six months ago;
	 haven't had any complications in the last six months;
	have no eye, kidney, nerve or vascular complications;
	have a blood sugar level reading between 4 and 12 or a HbA1C score of 9% or less; and
	 have no known cardiovascular/ coronary heart disease.
Dry Eye Syndrome	No criteria apply.
Ear Grommets	At the date you buy your policy, you have no current ear infection.

Medical condition	Criteria
Epilepsy	At the date you buy your policy, you've :
	 no underlying medical conditions (for example, previous head trauma, stroke);
	 not changed your medication regime for Epilepsy in the last 12 months; and
	 not required hospitalisation for Epilepsy in the last two years, including as an outpatient.
Folate Deficiency	No criteria apply.
Gastric Reflux	Your Gastric Reflux doesn't relate to another underlying diagnosis (examples: hernia or gastric ulcer).
Glaucoma	At the date you buy your policy, you have no ongoing complications, haven't had surgery for Glaucoma in the last three months, and have no surgery planned.
Goitre	The underlying medical cause excludes tumour.
Grave's Disease	At the date you buy your policy, you haven't received treatment from a medical practitioner for Grave's Disease in the last six months.
Hashimoto's Disease	The underlying medical cause excludes tumour.
Hiatus Hernia	At the date you buy your policy, you haven't had surgery for Hiatus Hernia in the last six months and have no surgery planned.
Hypercholester- olemia/ Hyper- lipidaemia (High Cholesterol / High Lipids)	Provided you have no cardiovascular/ coronary heart disease.
Hypertension (High Blood	Provided at the date you buy your policy:
Pressure)	you have no known cardiovascular/coronary heart disease; and
	 your current blood pressure reading is lower than 165/95.
Hypothyroidism (underactive thyroid)	The underlying medical cause excludes tumour.
Hyperthyroidism (overactive thyroid)	The underlying medical cause excludes tumour.

Medical condition	Criteria
Impaired Glucose Tolerance	At the date you buy your policy, you :
	were diagnosed more than six months ago;
	 haven't had any complications in the last six months;
	have no eye, kidney, nerve or vascular complications;
	have a blood sugar level reading between 4 and 12 or a HbA1C score of 9% or less; and
	 have no known cardiovascular/ coronary heart disease.
Incontinence	You have no underlying gastrointestinal or urinary condition.
Insulin Resistance	At the date you buy your policy, you've :
	 no known cardiovascular/coronary heart disease; and
	 not required hospitalisation for Insulin Resistance in the last two years, including as an outpatient.
Iron Deficiency	No criteria apply.
Macular Degeneration	No criteria apply.
Migraine	You haven't required hospitalisation for Migraines in the two years prior to buying your policy, including as an outpatient.
Nocturnal Cramps	No criteria apply.
Osteoporosis/	At the date you buy your policy, you :
Osteopenia	haven't had any fractures;
	 don't require more than one medication for this condition; and
	 have no other conditions involving the neck or back.
Pernicious Anaemia	No criteria apply.
Plantar Fasciitis	At the date you buy your policy, you haven't had surgery for Plantar Fasciitis in the last three months, and have no surgery planned.
Raynaud's Disease	At the date you buy your policy, you haven't required treatment by a medical practitioner for Raynaud's Disease in the last six months.

Medical condition	Criteria
Sleep Apnoea	At the date you buy your policy, you :
	 have no other known or underlying respiratory conditions (including Asthma); and
	 haven't required hospitalisation for Sleep Apnoea in the last two years, including as an outpatient.
Solar Keratosis	Your condition has been confirmed as benign.
Trigeminal Neuralgia	You haven't required treatment by a medical practitioner for Trigeminal Neuralgia in six months prior to buying your policy.
Trigger Finger	At the date you buy your policy, you haven't had surgery for Trigger Finger in the last three months, and have no surgery planned.
Vitamin B12 Deficiency	No criteria apply.

Changes in your health before travelling

If you develop a new medical condition (or the symptoms of one) after you buy your policy but before you depart on your trip, you must check with your medical practitioner for written confirmation that you're fit to travel. If you don't get your medical practitioner's written confirmation before you travel, and/or are unfit to travel due to your medical condition, you won't be covered for any claim that arises from that condition if you still travel.

Don't forget, if you had symptoms of a condition or were undergoing investigations for it at the time you bought your policy, we consider that to be an existing medical condition. If you forgot to tell us about this when you bought your policy, contact us as soon as possible (contact details on last page of this document).

Pregnancy

If you're pregnant at the time you buy your policy, or fall pregnant afterwards, you'll have cover under the benefits of this policy for any event that arises from your pregnancy, provided that the event that causes your claim:

- is covered by this policy;
- is a pregnancy-related illness; and
- occurs up to the end of the 26th week of a single pregnancy (or the 19th week of a multiple pregnancy).

Further, pregnancy-related **illnesses** such as hyperemesis (severe morning sickness), gestational diabetes, and any other must either have:

- first developed unexpectedly after you bought your policy and not be related to any previous pregnancy-related illness you had prior to buying your policy; or
- been added to your policy following a medical screening and our written offer to cover (under the Comprehensive and Annual Multi Trip Plans. (See "Adding cover if you've had a pregnancy-related illness".)

These conditions apply whether you fall pregnant naturally or with medical assistance (for example, through IVF).

Adding cover if you've had a pregnancy-related illness

("Specified medical conditions option", and only applicable on the Comprehensive and Annual Multi Trip Plans.)

If you have a history of pregnancy-related illnesses, either with a current or a past pregnancy, and would like to apply for cover for them, you must tell us about these conditions before or at the time you buy your policy and complete a medical screening. We'll ask you some questions about your health and then decide whether we can offer cover for your pregnancy-related illnesses and, if so, on what terms.

If we agree to offer you cover, and you pay the additional premium for this cover when you buy your policy, your approved pregnancy-related illnesses become specified medical conditions under your policy. The premium you have paid as well as any additional excess applicable will be shown on your Certificate of Insurance.

For more information on how to add pregnancy-related illnesses, see "Getting cover for existing medical conditions".

When aren't you covered?

You won't be covered for any claims that arise from any past or current pregnancy-related illness if you don't apply for cover for those medical conditions, they aren't approved by us in writing and you don't pay the applicable premium for that cover at the time you buy your policy.

This means that if you don't tell us about current or past pregnancyrelated illness(es) at the time you buy your policy – or if you do tell us about them and choose not to pay the additional premium to cover them as specified medical conditions – you won't be covered for any claims that arise as a result of those illnesses.

Also, you should plan your trip so you're home by the end of the 26th week for single pregnancies (or the 19th week for multiple pregnancies). If you don't, and something happens, you won't be covered.

Looking to fall pregnant?

You don't need to currently be pregnant to apply for cover in relation to any pregnancy-related illnesses you've had in the past. If you're thinking about having a baby and you have a history of pregnancy-related illnesses, follow the instructions in this section to apply for cover. If you don't tell us about prior pregnancy-related illnesses and you then fall pregnant, there's no cover under your policy for anything that happens as a result of those illnesses.

Cancellation and additional expenses

This section is divided into different benefits which apply depending on the travel plan, limits and any optional benefits **you** have chosen. The plan and any applicable limits appear on **your** Certificate of Insurance.

You must read this section together with the "General exclusions" as these may affect your cover.

What are the events that will be covered under this section?

We will cover you under this "Cancellation and Additional Expenses" section in respect of your planned trip if one of the following events occurs after the issue of the Certificate of Insurance:

- you are unable to start or finish the trip because of the death, sudden serious illness or serious injury arising before or during the trip of:
 - a. you; or
 - b. a member of your travelling party; or
 - a close relative or business partner who is a resident in Australia or New Zealand.

However, before **we** will cover **you**, **you** must provide **us** with proof that:

- you or a member of your travelling party were certified medically unfit to travel by a medical practitioner; or the death has occurred, or
- in the case of a close relative or business partner, the death has occurred, or the illness or injury required hospitalisation or for you to care for them.
- your pre-paid scheduled public transport services or pre-paid tour have been cancelled or restricted because of severe weather, natural disaster, riot, strike, civil insurrection, or hijacking.
- your pre-paid accommodation has been destroyed or is uninhabitable due to severe weather or natural disaster and no alternative equivalent accommodation is available in the vicinity. You must have done everything reasonable to obtain alternative accommodation.
- a member of the travelling party is summoned to jury duty or to give evidence in a court of law.
- a member of the travelling party is confined in compulsory quarantine.
- you have been involved in, or your travel arrangements have been cancelled or delayed by, a 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.
- your passport, travel documents or credit cards are stolen, accidently lost or damaged.
- a member of your travelling party has been retrenched from their permanent employment in Australia.
- the cancellation of pre-arranged leave by an employer for a member of your travelling party who is a permanent employee of the police, fire, ambulance or emergency services.
- you are unable to start the trip because your employer cancels your pre-arranged leave and you are in permanent employment. This cover is limited to \$1,000.

- 11. a member of **your travelling party** has been affected by any form of insolvency, administration or bankruptcy of their employer.
- 12. a wedding, conference, pre-paid concert, course, tuition or ticketed sporting event has been cancelled, and the sole purpose of the trip is to attend that wedding, conference, concert, course, tuition or ticketed sporting event.
- 13. a tour operator or wholesaler has cancelled a tour because there are not enough people to begin or complete the tour. Cover is limited to the pre-paid cost of the transport arrangements purchased solely to get to the departure point of the tour and returning from the finishing point of that tour, or rearrangement costs, whichever is the lesser

Cancellation or holiday deferment costs

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

If you have to cancel or rearrange your trip because of one of the reasons listed under "What are the events that will be covered under this section", we will pay either:

- the non-refundable portion of your pre-paid travel arrangements and cancellation fees charged by your travel agent; or
- the cost to rearrange your trip, provided that the cost is not greater than the amount that would have been incurred had you cancelled the trip,

for anyone listed on your Certificate of Insurance.

What is not covered?

- We will not pay for any event other than those listed as covered under "Cancellation and Additional Expenses" section.
- 2. We will not pay for any unused pre-paid transport costs where we have repatriated you a distance equivalent to, or greater than, the total distance remaining on your itinerary at the point of repatriation. Where the total distance of the repatriation is less than the unused travel arrangements we will calculate your entitlement on a pro-rata basis, taking into account the cost of your original ticket.
- We will not pay for any pre-paid snow sports arrangements on the Comprehensive or Annual Multi Trip Plans, unless you have purchased the "Snow sports cover option" and this option is shown on your Certificate of Insurance.
- 4. There is no cover where **you** have made a claim for the same costs under any other section of the policy.
- We will not pay for any non-refundable costs for anyone not named on your policy.
- We will not pay more than the cancellation amount that you have selected which appears on your Certificate of Insurance.
- 7. In the case of Agent's cancellation fees, **we** will not pay more than the limit outlined in the Schedule of benefits.

What is the most we will pay?

The most **we** will pay per policy for this benefit is the "Cancellation - chosen limit" shown on **your** Certificate of Insurance.

If you paid for any part of your trip using loyalty points, we will choose between either paying for or reinstating lost Frequent Flyer Points or similar reward points.

The amount we will pay is calculated as follows:

- the cost of the equivalent class airline ticket, based on the best available advance purchase airfare for the same season of the following year, less your financial contribution towards the airline ticket;
- 2. multiplied by the total amount of points lost;
- divided by the total amount of points redeemed to obtain the airline ticket.

Example:

Equivalent class advance purchase airfare = \$1,000

Points lost = 5.000

Points redeemed to obtain original ticket = 20,000

Claimable amount = $$1,000 \times (5,000/20,000) = 250

We will not pay for or reinstate **your** Frequent Flyer Points or similar reward points if **you** are able to recover the points or their value from any source.

Emergency travel arrangements and accommodation expenses

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you for expenses you incur for reasonable additional travel, accommodation, meals, internet use and emergency telephone calls, if you have to interrupt your trip after it has begun, because of an event set out under "What are the events that will be covered under this section?"

We will pay the higher of the non-refundable cancellation fees or the additional rearrangement costs that have been incurred as a result of the same event.

What is not covered?

- We will not pay for any event other than those listed under "What are the events that will be covered under this section?"
- Any additional travel you undertake must be at the fare class that you originally chose, except where written approval is provided by us.
- If the interruption to your trip requires repatriation or an early return to Australia, you must not organise any additional travel or accommodation in excess of \$2,000 without prior consent from us.
- If you return to your home in Australia because of the interruption and you did not have a return ticket at the time of the event that

- causes a claim under this section, **we** will deduct from the amount **we** pay **you** the cost of an economy class airfare at the **carrier's** regular published rates for the return journey.
- We will not pay for any expenses you incur to resume your trip after you have returned to your home in Australia, except as set out under the section "Resumption of trip".
- We will not pay for additional accommodation where you have claimed for cancelled accommodation expenses covering the same period of time.
- 7. We will not pay for accommodation expenses for periods where you have not forfeited pre-paid accommodation arrangements, except as set out under "Post-hospital accommodation", or if you are past your planned return date and we agree that you are unfit to travel.
- 8. There is no cover where **you** have made a claim for the same event under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Post-hospital accommodation

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

When does the cover begin and end?

The cover under this benefit begins when you leave hospital and ends when your medical practitioner deems you are fit to resume your trip, or after 5 days, whichever occurs first.

What is covered?

We will cover you if you are hospitalised overseas for more than 48 hours because of an illness or injury which first happened while you were outside Australia on your trip, and you need accommodation to recover from your illness or injury after you leave hospital. Before we will pay this you must have written consent from us.

What is not covered?

- We will not pay for post-hospitalisation accommodation expenses when you have also made a claim for cancelled accommodation expenses covering the same period of time.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Medical expenses

This section is divided into different benefits which apply depending on the plan **you** have chosen.

You must read this section together with the "General exclusions" as these may affect your cover.

Overseas medical expenses

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you for:

- reasonable and necessary emergency medical, hospital and ambulance expenses that you incur as a result of your death or your new illness or injury, specified medical condition, or "automatically covered condition";
- a return economy class airfare and reasonable accommodation for a friend or relative to travel directly to you, if you are hospitalised with a sudden, life-threatening injury or illness during your trip;
- dental treatment expenses you incur as a result of an injury to healthy natural teeth and which cannot be delayed until your return to Australia;

All treatment must be provided by a qualified and registered **medical practitioner** in the country **you** are being treated in.

Where you need treatment for an injury by a physiotherapist, chiropractor or osteopath you may have the first 6 treatments without asking us. Any treatments after that must be with our consent.

All expenses under this section must be incurred within 12 months of the date of the illness or injury.

What is not covered?

- There is no cover for any medical, hospital, dental or ambulance expenses you incur in Australia. We cannot cover these because we are not allowed to do so by law.
- There is no cover for medical expenses if you travelled with the intention of receiving medical treatment.
- There is no cover under this benefit because of an illness or injury, the signs and symptoms of which you first became aware of after you purchased your policy but before you started your trip, where you did not obtain certification from your medical practitioner that you were fit to travel.
- There is no cover for any person whose date of birth is after the date that the Certificate of Insurance was issued, unless you advised us and we agreed to provide cover.
- There is no cover for damage to dentures or dental prostheses under this section. Refer to the "Luggage and personal effects" section for cover that may be available.
- There is no cover for dental expenses to treat gingivitis, decay, normal wear and tear or the normal maintenance of dental health.
- There is no cover for crowns, caps, whitening, cleaning, scaling, creation of a new dental bridge or dental implants.
- There is no cover for any existing medical condition unless you have applied for cover for the existing medical condition, we have agreed

- to cover it in writing and, if applicable, **you** have paid the additional fee or the medical condition is one that is automatically covered.
- There is no cover for ongoing payments under this benefit if we
 decide that you are capable of being repatriated to Australia. If you
 do not agree to return to Australia to continue your medical
 treatment, ongoing cover will be limited to what we determine
 would have been the cost to return you to Australia.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

The most **we** will pay for this benefit is shown in the "Schedule of benefits" for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**, subject to the following:

- Medical expenses to treat an illness or injury must be reasonable and medically necessary,
- If you have paid an additional premium for cover for a specified medical condition, any additional terms and conditions which we notified to you in writing will also apply.
- The most we will pay for a dental injury event requiring only dental treatment is \$1,000.

Hospital compensation

No excess applies to claims under this benefit.

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you if you are hospitalised overseas for more than 48 continuous hours because of an illness or injury which first happened while you were outside Australia on your trip.

What is the most we will pay?

The most **we** will pay for this benefit is shown in the Schedule of benefits for **your** chosen plan. Limits apply per adult traveller and are not increased for accompanying **children**.

Dental expenses due to sudden and acute pain

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

 $\mbox{\bf We}$ will cover $\mbox{\bf you}$ for dental treatment expenses $\mbox{\bf you}$ incur overseas to relieve sudden and acute pain.

We will pay expenses which we believe are reasonable and necessary to treat the pain. Before we will pay this you must give us written certification from your treating dentist that treatment is necessary to alleviate your pain. Any treatment you receive must be given by a dentist or oral surgeon who is registered to practice in the country where you receive treatment.

What is not covered?

- There is no cover for dental expenses incurred to treat gingivitis, normal wear and tear or the normal maintenance of dental health.
- 2. There is also no cover for any dental expenses you incur in Australia.
- There is no cover for crowns, caps, whitening, cleaning, scaling, creation of a new dental bridge or dental implants.
- 4. There is no cover for cosmetic dentistry.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Medical evacuation and repatriation

This section is divided into different benefits which apply depending on the plan you have chosen.

You must read this section together with the "General exclusions" as these may affect your cover.

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you if you have to interrupt your trip after it has begun because you have suffered an illness or injury while you are on your trip, and in our opinion you need to be evacuated or repatriated. We will pay expenses which we believe are reasonable and necessary to bring you back to your home in Australia, or to another destination of our choice. The decision to evacuate or repatriate you is ours, and we will not pay for any evacuation or repatriation expenses unless it is medically justified and you have received our consent.

We will pay for expenses for transporting **your** remains to a funeral home in Australia if **you** die during the **trip**.

We will either:

- return you to your home in Australia with a medical attendant; or
- pay for a return economy class airfare, reasonable accommodation and additional expenses for a friend or relative to fly to, remain with and escort you in place of a medical attendant; or
- return you to your home in Australia without an attendant.

Under the Comprehensive and Annual Multi Trip Plans, we will also pay you for necessary home services provided by a registered home services business if you have been repartiated to your home in Australia by us during your trip and your illness or injury restricts your ability to perform these duties. You must have our consent before you incur any costs for home services.

What is not covered?

- We will not cover you if you evacuate or repatriate when it is not medically necessary or without our consent.
- We will not pay for any expenses you incur to resume your trip after you have returned to your home in Australia.
- 3. For repatriation, we will not pay more than the cost of repatriation to your home in Australia.
- 4. There is no cover under this benefit because of an illness or injury, the signs and symptoms of which you first became aware of after you purchased your policy but before you started your trip, where you did not obtain certification from your medical practitioner that you were fit to travel.
- Any additional costs for travel you undertake that is not at the fare class that you originally chose, unless undertaken with our consent.
- If you do not have a return ticket at the time of the event that causes a claim under this section, we will deduct from the amount we pay you the cost of an economy class airfare at the carrier's regular published rates for the return journey.
- 7. There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Extra travel cover

This section is divided into different benefits which apply depending on the plan you have chosen.

You must read this section together with the "General exclusions" as these may affect your cover.

Travel delay

No excess applies to claims under this benefit.

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you if during your trip any individual leg of your prepaid, scheduled public transport is delayed for at least 6 hours due to an unforeseen reason outside your control.

We will cover you for:

- the reasonable cost of rearranging your travel arrangements to resume your pre-paid arrangements; and
- 2. the cost of reasonable additional accommodation and meals.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Missed connection – special events

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

What is covered?

We will cover you if your trip is interrupted by an event that is not anticipated, is unexpected, and is outside of your control, and you are unable to arrive at your destination by the time originally scheduled for the purpose of attending a wedding, funeral, conference, 25th or 50th Wedding Anniversary, concert or ticketed sporting event which cannot be delayed as a consequence of your late arrival. We will pay for the reasonable additional cost of using alternative public transport to arrive at the destination on time.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Resumption of trip

This benefit is in place of, and not in addition to, any benefit payable under "Cancellation or holiday deferment costs".

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

What is covered?

We will cover you if you have to return to Australia because of the hospitalisation or death of a close relative in Australia during your trip as a direct result of sudden serious illness or serious injury. We will pay you for the transport costs you have paid to resume your original trip.

However, we will only do so if:

- you have more than 25% of your trip remaining, and
- you resume your journey within 6 months from the date that you return to your home in Australia, and
- vou have not made a claim for cancellation costs under this policy.

What is not covered?

- We will pay no more than the cancellation costs that would have been incurred on unused pre-paid arrangements had you not resumed your journey.
- There is no cover under this policy for any period of time you are in Australia.
- 3. Your policy will not recommence when you leave Australia to resume your journey. You must take out a new policy to have cover.

4. There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Emergency accommodation due to terrorism

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

What is covered?

We will cover you after your trip has begun for expenses you incur for necessary emergency accommodation if your trip is interrupted due to a terrorist act.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Emergency expenses to avoid disaster

No excess applies to claims under this benefit.

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

During your trip, we will cover you for reasonable additional travel arrangements you make within 48 hours of a public warning being issued in the mass media of severe weather, natural disaster, riot, strike or civil insurrection that is likely/expected to directly impact your travel arrangements.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Early return home

No excess applies to claims under this benefit.

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover **you** if **your** usual place of residence or business premises in Australia has been destroyed or rendered insecure due to a natural disaster, fire or malicious damage. Cover is limited to the additional

expenses incurred in returning you to the nearest practical accommodation to your home in Australia.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Rental vehicle expenses

This section is divided into different benefits which apply depending on the plan **you** have chosen.

You must read this section together with the "General exclusions" as these may affect your cover.

Rental vehicle insurance excess

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you for the rental vehicle insurance excess, or the cost of repairing the vehicle, whichever is lower, if:

- you rent a vehicle from a rental company;
- it is damaged by accident, storm, fire or theft; and
- **you** are a nominated driver on the Rental Vehicle Agreement.

For this benefit to apply, the **rental vehicle** must have comprehensive motor vehicle insurance for the period of hire.

What is not covered?

- This cover is not in place of rental vehicle insurance and only provides cover for the excess component up to the applicable limit.
- There is no cover for your liability resulting out of your use of a mechanically propelled vehicle (e.g. motor vehicle or motor cycle).
- 3. There is no cover where the loss event is not covered by the **rental vehicle's** comprehensive motor vehicle insurance.
- There is no cover for administration or loss of use fees charged by the rental company.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan; or, where you have purchased the "Additional rental vehicle insurance excess option", we will pay up to the chosen limit for "Rental vehicle insurance excess" shown on your Certificate of Insurance.

Return of rental vehicle

No excess applies to claims under this benefit.

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will pay towards the cost of returning your rental vehicle to the nearest depot, including airport concession charges, if due to a claimable event covered by any section of this policy you are unable to do so during your trip.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Luggage

This section is divided into different benefits which apply depending on the plan **you** have chosen.

You must read this section together with the "General exclusions" as these may affect your cover.

Luggage and personal effects

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you for each of the following:

- accidental loss, theft of, or damage to, your luggage or personal effects including things you buy during the trip, while they are accompanying you during your trip.
- loss of, or damage to, dentures or dental prostheses whilst not on your person during your trip.
- the cost of medical consultation fees you incur to replace prescription medication which is accidentally lost, stolen or damaged, together with the cost of the medication itself.
- theft of, or damage to, your luggage or personal effects while they are left in a locked motor vehicle or a motor home during daylight hours and there is forced entry into the vehicle.
- theft of, or damage to, your luggage or personal effects while they are left in a locked storage facility and there is forced entry into the facility.

In the event of a claim under this "Luggage and personal effects" section, we will reinstate the applicable limit for one other event that arises from any other set of circumstances.

What is not covered?

There is no cover under this section for any of the following:

1. accidental loss or damage to or theft of:

- cash, bank or currency notes, cheques or negotiable instruments other than allowed for under the "Stolen Cash" section;
- fragile or brittle items (eg. glass or china), except loss or damage caused by fire, or by accident to the transport carrying them;
- damage to computer, tablet or smartphone screens at any time:
- d. damage to software or applications;
- luggage or personal effects that are being transported independently of you;
- f. property that you leave unattended or that occurs because you do not take reasonable care to protect it;
- g. luggage or personal effects for which **you** are entitled to compensation from the **carrier**;
- personal computers, smartphones, communication or photographic equipment, electronic equipment, jewellery or watches left unattended by you in a motor vehicle or a motor home for any length of time, even if they are locked in the motor vehicle or motor home;
- luggage or personal effects left unattended by you during non daylight hours in a motor vehicle or a motor home for any length of time;
- j. luggage or personal effects left unattended by you in a tent or caravan for any length of time;
- personal computers, smartphones, communication or photographic equipment, electronic equipment, jewellery or watches checked in as luggage;
- I. trade items, trade samples or **your** tools of trade or profession;
- m. gold or precious metals, precious unset or uncut gemstones;
- watercraft of any type (excluding theft of surfboards or damage to surfboards whilst in the custody of a carrier);
- o. a drone i.e. an aircraft without a human pilot aboard;
- p. sporting equipment whilst in use;
- snow sports equipment unless you have selected the "Snow sports cover option" and payed the additional premium;
- luggage or personal effects that have been left in a locked storage facility for greater than 48 hours.
- wear and tear or depreciation of property or damage by the action of insects or vermin, mildew, humidity, rust or corrosion.
- 3. mechanical or electrical breakdown, or malfunction repair costs.
- where you have made a claim for the same costs under any other section of the policy.

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

We will not pay more than the original price **you** paid for an item, even if the applicable limit set out in the Schedule of benefits is higher.

We will choose between:

- paying you the original purchase price of the item in cash, less an allowance for depreciation which is outlined in the table below, unless you nominated to specify the item on your policy before you left on your trip and you paid the additional premium; or
- repairing or replacing your items to a condition no better than their condition at the time of loss, damage or theft.

The limits for specific items are set out in the Schedule of benefits and depend on the plan you have chosen, unless you have separately insured an item under the "Specified items option".

A pair or related set of items are considered to be one item (for example, a camera and its lenses (attached or not), tripod and accessories, a chain and pendant, or a pair of hearing aids) unless each individual item has been separately insured under the "Specified items option".

If you have separately insured an item under the "Specified items option", depreciation does not apply. In the event of a claim you must provide us with a receipt or valuation which is dated from before you specified the item on your policy. If you are not able to supply this, the item(s) will be settled in accordance with the items limits listed in the Schedule of benefits, and the additional premium you paid to specify the item will be reimbursed to you.

Items separately insured under the "Specified items option" are covered up to the amount specified and will not be deducted from the total luggage limit set out in the Schedule of benefits.

Depreciation

The nominated depreciation rate will apply to each year of age up to a maximum of 80% of the original purchase price of that item.

Depreciation amounts

10%	Camping, sporting and leisure equipment (not leisure clothing), and musical instruments.
15%	Clothing, footwear, personal effects, luggage, prescription glasses, sunglasses, costume jewellery and books.
20%	Personal computer, communication or photographic equipment, electronic equipment, mobile phones, smartphones, CDs and DVDs.
50%	Toiletries including skin care, makeup, perfume, medication.

Items not listed above will also be subject to depreciation at **our** reasonable discretion.

Emergency luggage

No excess applies to claims under this benefit.

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will cover you towards the cost of purchasing essential articles such as clothing, toiletries and personal requisites if your accompanied luggage is

delayed, misdirected or temporarily misplaced by the **carrier** for a period in excess of 10 hours during **your trip**. If **your** luggage is not recovered, the amount paid by **us** for the loss will be reduced by the total of any amounts paid for under this section.

What is not covered?

- There is no cover where you have made a claim for the same costs under any other section of the policy.
- There is no cover for purchase of jewellery, perfume, fragrances or alcohol.
- This benefit does not apply on the leg of your trip that returns you to your home in Australia.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

If after 72 hours **your** accompanied luggage is still missing, the applicable limit for this benefit is doubled.

Stolen cash

No excess applies to claims under this benefit.

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

What is covered?

We will cover you for the loss of cash that was either carried on your person at the time of loss or secured in a locked safe, provided that you reported the loss to the police within 12 hours of becoming aware of the loss and obtained a written police report.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Hiring replacement golf and surf equipment

No excess applies to claims under this benefit.

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

What is covered?

If your golf or surf equipment is accidentally lost, delayed or damaged during your trip we will pay for the cost of hiring replacement golf or surf equipment.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Replacement passports and travel documents

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will pay for the cost of reissuing or replacing your travel or personal documents, drivers licence, travellers' cheques, passport, or debit or credit cards, after they have been stolen, accidentally lost or damaged during your trip.

We will also cover the reasonable cost of **you** travelling to the nearest location where the documents can be replaced. **You** must comply with any conditions of the issuing body of the travel documents, travellers' cheques, passport, or debit or credit cards.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Fraudulent use of credit or debit cards

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

What is covered?

We will cover you for the fraudulent use of your credit or debit card if it was accidentally lost, stolen or skimmed during your trip. You must comply with any conditions of the issuing body of the credit or debit card.

What is not covered?

- There is no cover under this benefit if the credit or debit cards are fraudulently used by you, your relative or a travelling companion.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Personal accident

No excess applies to claims under this section.

This section is divided into different benefits which apply depending on the plan ${\bf you}$ have chosen.

You must read this section together with the "General exclusions" as these may affect your cover.

Accidental death

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will pay your Estate if during your trip:

- you suffer an injury which results in your death within 12 month of the injury being sustained; or
- you disappear because your means of transport disappeared, sank or was wrecked, and your body has still not been found 12 months after your disappearance.

What is not covered?

- 1. There is no cover if your death is due to an illness or your suicide.
- There is no cover where you have made a claim for the same costs under any other section of the policy

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Funeral expenses overseas

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will pay for expenses for **your** burial or cremation overseas if **you** die during the **trip**.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Total permanent disability

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

What is covered?

We will cover you if during your trip you suffer an injury and as a result of that injury you suffer total permanent disability within 12 months of sustaining the injury.

What is not covered?

- There is no cover if you suffer total permanent disability as a result
 of an illness.
- 2. There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Loss of income

You are covered for this benefit under the Comprehensive and Annual Multi Trip Plans.

What is covered?

We will cover you for your monthly income (net of income tax) if due to an injury you suffer during your trip, and on the advice of your medical practitioner, you are unable to attend your usual work in Australia. This benefit is only payable if your disability occurs within 30 days of the injury. Cover is limited to a period of 6 months from the first day in respect of which compensation is paid.

Before **we** make any payment **we** will contact Centrelink or similar bodies to confirm any payments that must be deducted from any payment **we** make.

What is not covered?

- We will not pay you in respect of the first 30 days after you originally planned to resume work in Australia.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Personal liability

You must read this section together with the "General exclusions" as these may affect your cover.

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

What is covered?

We will pay you for your legal liability to pay damages or compensation because your negligence during the trip causes:

- injury to a person who is not a member of your family or travelling party; or
- loss or damage to property that is not owned by you or a member of your family or travelling party, or which is not in your or their custody or control.

We will also pay **your** legal costs in relation to that liability, but only if **you** get **our** consent before **you** take or are involved in any legal action.

What is not covered?

- 1. There is no cover for any liability:
 - a. arising out of your trade, business or profession; or
 - for injury to an employee arising out of, or in the course of, their employment by you; or
 - c. arising out of your unlawful, wilful or malicious act; or
 - arising out of your ownership, possession or use (including as a passenger) of a mechanically propelled vehicle for example, motor vehicle, motor cycle, aircraft or watercraft; or firearm; or
 - e. arising out of you passing on an illness to another person.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Financial default of travel providers

You are covered for this benefit under the Comprehensive, Essentials and Annual Multi Trip Plans.

You must read this section together with the "General exclusions" as these may affect your cover.

What is covered?

If your accommodation, transport, or tour is cancelled due to the **financial default** of scheduled serviced airlines, hotels, resort operators, car and campervan hire companies, cruise lines, railway operators and theme park operators, **we'll** pay **you** the lesser of:

- the value of unused prepaid accommodation, transport or tour; or
- the reasonable cost of additional expenses you incur in rearranging your accommodation, transport or tour;

less any refunds you're entitled to.

The **financial default** must have happened after **your** Certificate of Insurance was issued.

What is not covered?

- We will not pay more than the level of commission and/ or service fees normally earned by the agent, had the trip not been cancelled.
- 2. Any additional travel **you** undertake must be at the fare class that **you** originally chose.
- We will not pay for additional accommodation where you have claimed for cancelled accommodation expenses covering the same period of time or for additional transport costs in excess of the distance of the cancelled travel arrangements.

The most we will pay for this benefit is shown in the "Schedule of benefits" for your chosen plan. Limits apply per adult traveller and are not increased for accompanying children.

Snow sports cover (optional cover)

"Snow sports cover" only applies if you have purchased the "Snow sports cover option". This option is only available with the Comprehensive and Annual Multi Trip Plans.

When you buy the "Snow sports cover option" (which will be shown on your Certificate of Insurance) you have cover under the other benefit sections for the plan you have chosen when you're participating in a snow sport.

The following "Snow sports cover" benefits are also available when you purchase the "Snow sports cover option".

You must read this section together with the "General exclusions" as these may affect your cover.

Ski lift passes

No excess applies to claims under this benefit.

What is covered?

We will cover you for non-refundable, pre-paid ski lift passes or ski equipment hire or tuition fees that cannot be used due to your illness or injury sustained during your trip.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Snow sports cover option". Limits apply per adult traveller and are not increased for accompanying children.

Ski run closure

No excess applies to claims under this benefit.

What is covered?

We will pay you if you are prevented from skiing at a pre-booked ski resort for more than 24 continuous hours during your trip, because insufficient snow, too much snow or high winds caused a total closure of the lift system.

What is not covered?

- We will not cover you for claims in respect of ski resorts that do not have skiing facilities at least 1,000 metres above sea level. We will not cover you for claims that arise due to insufficient snow in Northern Hemisphere ski resorts outside the period 15 December to 31 March, or in Southern Hemisphere ski resorts outside the period 1 July to 30 September.
- There is no cover where you have made a claim for the same costs under any other section of the policy.

The most we will pay for this benefit is shown in the "Snow sports cover option". Limits apply per adult traveller and are not increased for accompanying children.

Hire replacement snow equipment

No excess applies to claims under this benefit.

What is covered?

We will pay you the reasonable cost of hiring replacement equipment if your snow skiing equipment is lost, delayed or damaged during the trip.

What is not covered?

There is no cover where **you** have made a claim for the same costs under any other section of the policy.

What is the most we will pay?

The most we will pay for this benefit is shown in the "Snow sports cover option". Limits apply per adult traveller and are not increased for accompanying children.

General exclusions

These general exclusions apply to all sections of this policy.

You should read them, together with the cover and the specific exclusions referred to under each section of cover.

There is no cover under any section of this policy for any claim arising directly or indirectly because of any of the following:

- You travel:
 - a. even though you know you are unfit to travel; or
 - b. against medical advice; or
 - when you know you will have to consult a medical practitioner;
 or
 - d. for the purpose of obtaining medical advice or treatment, or
 - e. without complying with a directive, recommendation, or warning from the World Health Organisation.
- You fail to maintain a course of treatment you were on at the time your trip commenced.
- 3. Elective or cosmetic treatment or surgery that is not medically necessary, and/or their complications.
- 4. Participation in a clinical trial and/or their complications.
- Gastric banding, gastric sleeve or gastric bypass surgery and/or their complications.
- Recurrence or exacerbation of an existing medical condition of you, a member of the travelling party, a non-travelling close relative or business partner. This exclusion will not apply to specified medical conditions or if the medical condition is one that is automatically covered.

- Any illness or death that results from or relates to a terminal prognosis that was made prior to the issue of the Certificate of Insurance.
- 8. The birth of a child, at any gestation, regardless of the cause.
- Any pregnancy-related illness of the mother after the 26th week of gestation of a single pregnancy (or the 19th week of a multiple pregnancy).
- Any medical treatment or care that is not required as an emergency, or any alternative therapy, health spa or rehabilitation centre, unless it has been agreed to by us.
- Any cover under the Essentials Plan where you are 70 years of age or over at the time the Certificate of Insurance is issued.
- 12. A member of the **travelling party** decides to alter their plans or not to continue with the **trip**.
- 13. A member of the travelling party:
 - does not follow official laws or warnings from a governmental authority or organisation, or any other relevant or local authority.
 - intentionally and recklessly places themselves in circumstances, or undertakes activities which pose a risk to their personal safety (except in an attempt to save a human life); or
 - c. deliberately injures themselves; or
 - d. is intoxicated by or is addicted to alcohol or a drug, except a drug taken in accordance with the advice of a registered medical practitioner; or
 - e. takes part in a riot or civil commotion; or
 - hunts, plays polo, races (except on foot), mountaineers using support ropes, paraglides, rock climbs, abseils, participates in base jumping, running with the bulls, or pot holing; or
 - g. travels in international waters in a private sail vessel or privately registered sail vessel; or
 - h. participates in, or trains for, a professional sporting activity; or
 - scuba dives unless you hold an open water diving licence or you were diving under licensed instruction; or
 - j. rides a motor cycle, moped or motor scooter, either as the person in control or as a pillion passenger:
 - (i) with an engine capacity greater than 250cc, or
 - (ii) when not wearing a helmet, or
 - (iii) where the person in control does not have a full motorcycle licence that is valid both in the country of travel and in their country of residence.
 - rides an all terrain vehicle or quad bike, either as the person in control or as a pillion passenger.
 - participates in activities on snow or ice, other than snow sports activities if you have purchased the "Snow sports cover option", where available.

- m. participates in any competitive record attempts involving aerial devices or aircraft.
- 14. a loss which is recoverable under a scheme that provides coverage for any medical treatment; for example, Medicare, a private health fund, national reciprocal health fund or scheme, workers' compensation scheme, travel compensation fund or accident compensation scheme. We will not pay for private medical care when reciprocal health cover is available and accessible. In any case, we will only pay for private medical care where approval has been given by nib International Assistance.
- 15. any consequential loss, or loss of enjoyment; compensation or financial losses that are not specifically covered.
- 16. a loss caused by, or in any way connected with a malicious, criminal or dishonest act by a member of the travelling party or by a person with whom you are in collusion.
- you act fraudulently in any way or encourage anyone else to give us fraudulent information.
- a loss caused by, or in any way connected with, an epidemic or pandemic.
- 19. a loss caused by, or in any way connected with, war, invasion, act of a foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, military or usurped power or civil insurrection, except as provided for in the section "Emergency expenses to avoid disaster".
- 20. a loss caused by, or in any way connected with the use, existence or escape of nuclear materials, biological and or chemical materials, or ionising radiation from, or contamination by, radioactivity from any nuclear fuel, or nuclear waste from the combustion of nuclear fuel.
- 21. a loss caused by, or in any way connected with any government intervention, prohibition, or regulation except as provided for under "Cancellation and additional expenses", event 5 under "What are the events that will be covered under this section".
- a government authority seizing, withholding or destroying anything
 of yours or any prohibition by or regulation or intervention of any
 government or any government not allowing you to enter or to stay
 in that country.
- 23. an act or threat of terrorism. This exclusion does not apply to "Cancellation and additional expenses" event 2 for hijacking in "What are the events that will be covered under this section"; "Overseas medical expenses"; "Emergency accommodation due to terrorism"; "Luggage and personal effects"; "Medical evacuation and repatriation" for the cost of repatriation to or within Australia, if the carrier requires you to be brought back with a medical escort.
- 24. Cancellation, delay or rescheduling of your scheduled public transport on the part of the carrier for operational reasons, mechanical breakdown or maintenance. This exclusion does not apply to the "Travel delay" section or the "Missed connection - special events" section.
- you fail to take reasonable precautions to avoid a financial loss after a public warning of a strike, riot, civil commotion, or natural disaster.
- 26. you operate a rental vehicle in violation of the rental agreement.
- the financial default of a travel agent, scheduled serviced airlines, hotel and resort operators, car and campervan hire companies,

- cruise lines, railway operators and theme park operators to the extent that **your** loss is covered by a scheme or fund (not a contract of insurance), or would be covered but for this insurance.
- the financial default of any person, company or organisation involved in your travel arrangements and that financial default occurred prior to the issue of the Certificate of Insurance.
- a loss under the Annual Multi Trip Plan which occurs in excess of 45 days of any trip.
- 30. credit card conversion fees or any other bank charges.
- an event that occurs during any waiting period that applies to your policy.
- travelling or planning to travel to a country or region that is the subject of a 'Do not travel' warning issued by the Australian Government.
- 33. travelling or planning to travel when you knew, or should have known, at the time of policy purchase of circumstances that could result in a claim; or making travel arrangements after you knew, or should have known your trip may be affected by circumstances that result in a claim.

Sanctions limitation and exclusion clause

You're not insured under any section of this policy where 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 Australia, the European Union, the United Kingdom or the United States.

Claims

This section describes what **you** should and should not do, as well as conditions that apply when **you** make a claim and at the time loss or damage occurs which is likely to give rise to a claim.

What you must do in the event of a claim or incident

- 1. Prevent further loss or damage if it is safe to do so;
- If something was lost, stolen or vandalised, within 24 hours report it to the local police, transport provider, hotel, tour guide or other authority and get a copy of the report
- 3. If there were any witnesses, get their details and a written statement where possible;
- In the case of an emergency, call our 24 hour Emergency Assistance Team;
- 5. Contact us to submit your claim as soon as you can;
- Give us any documents, letters or notices relating to a claim or possible claim, medical certificates, itemised medical accounts, original receipts, rental agreements, repair quotes, ticket and luggage checks or information that we reasonably ask for. This will be at your expense;

- If you become sick or injured, see a medical practitioner as soon as you are aware of signs or symptoms of the condition and request a written report;
- 8. If your luggage is lost, delayed or damaged by the carrier, report this to them within 3 days and send to us a copy of the property irregularity report, along with details of any settlement that they make in relation to the loss or damage.

What you must not do in the event of a claim or incident

- Make any promise or offer of payment, or admit guilt or fault (except in a court or to the police), or become involved in any litigation in respect of an event that may result in a claim under this policy, without our consent:
- 2. Offer or negotiate to pay a claim or make repairs;
- 3. Dispose of damaged items unless we've said you can;
- Delay telling us about an incident as it may reduce the amount we pay for your claim;
- 5. Give us false or misleading information.

Settling claims

Claims, less any applicable excess, will be paid to **you** or **your** personal representative in Australian dollars on the basis of the exchange rate that applied at the time of the event that gave rise to the claim. **We** will not pay more than **your** actual loss.

Claims conditions

These claims conditions apply to every plan.

Claims service standard

Our claims service standard is to settle **your** claims within 10 working days upon the receipt of a completed Claim Form and all necessary supporting information. If more information is required **we** will contact **you** within 10 working days.

GST

If you're a business you must tell us if you're registered, or are required to be registered, for GST. When you do this, we need you to give us:

- Your ABN
- The percentage of any input tax credit you will claim, or will be entitled to claim, on your premium.

When we pay a claim, your GST status will determine the amount we pay you. Your claim settlement amount will be adjusted to allow for any ITC entitlement.

Unless **we** say otherwise, all amounts in **your** policy are inclusive of GST. There may be other taxation implications affecting **you**, depending upon **your** own circumstances. **We** recommend **you** seek professional advice.

How claims administration and legal proceedings are undertaken

When a claim is made **we** have the right, at **our** discretion, to exercise all the legal rights of the person making the claim relating to the incident and to do so in their name. **We'll** take full control of the administration, conduct or settlement of the claim including any recovery or defence **we** think is necessary.

We'll also report any suspected fraudulent act to the police for further investigation.

Other insurance and contribution

You must notify us of any other insurance which will or may, whether in whole or in part, cover any loss insured under your policy.

If at the time of any loss, damage or liability there's any other insurance (whether effected by you or by any other person) which covers the same loss, damage or liability you must provide us with any reasonable assistance we require to make a claim for contribution from any other insurer(s).

Seeking compensation

If your loss has been caused by someone else, for example, your luggage is damaged by a carrier, you are required to make a claim with the responsible party and provide documentation of that claim to us. If they do not pay you the full amount of your claim and your claim is covered under your policy, we will make up the difference. You must claim from them first.

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.

Providing proof

You must be able to prove to us you've suffered a loss covered by your policy before we'll pay you for it. We may ask you for this proof if you make a claim under your policy. So your claim can be assessed quickly, make sure you keep the following:

- proof that you owned the item; and
- proof of its value and age.

Therefore you should keep all relevant receipts, accounts, valuations and police or medical reports. **We** will not pay any claim when the only proof of ownership is:

- a photograph; or
- a photocopy of any documentation; or
- a copy of the user's manual downloaded from the internet unless you also submit a Statutory Declaration.

If you cannot provide the evidence or proof that \mathbf{we} ask for \mathbf{we} may not pay you.

Salvage

We're entitled to obtain and retain any items or materials salvaged or recovered after **you** make, and **we** agree, to pay a claim by replacing or

paying to replace any items or materials. **We** may sell the items or materials and keep the proceeds. **We** may choose to sell the items or materials to **you**, provided **you** agree to pay market price.

Subrogation, recovery action and uninsured loss

We may at any time, at **our** expense and in **your** name, use all legal means available to **you** of securing reimbursement for loss or damage arising under **your** policy. In the event **we** do so, **you** agree to give all reasonable assistance for that purpose.

If you've suffered loss that wasn't covered by your policy as a result of the incident, we may offer to attempt to recover this. You may also specifically ask us to recover this for you. You'll need to give us documents supporting your loss. Before we include any uninsured loss in the recovery action we'll also ask you to agree to the basis on which we'll handle your recovery action. You may need to contribute to legal costs in some circumstances.

Preventing our right of recovery

If you've agreed not to seek compensation from any person liable to compensate you for loss, damage or liability covered by your policy, we won't cover you for that loss, damage or liability.

Financial Services Guide

In this section you can find information about who nib Travel Insurance Distribution is, our relationships with our business partners, the financial services we provide to you and information about how we and our business partners are paid for those services. It aims to help you make an informed decision about the services offered. You can also find out about how we deal with any complaints and disputes.

About the Insurer

This insurance is underwritten by XL Insurance Company SE, Australia branch (ABN 36 083 570 441). XL Insurance Company SE is part of AXA XL, a division of AXA.

About nib Travel Insurance Distribution

nib Travel Insurance Distribution Pty Ltd, ABN 40 129 262 175, AR 336467 (nib Travel Insurance Distribution) is an authorised representative of nib Travel Services (Australia) Pty Ltd ABN 81 115 932 173, AFSL 308461 (nib). nib Travel Insurance Distribution is authorised by nib to distribute and issue travel insurance policies. nib Travel Insurance Distribution may also provide you with general advice about the travel insurance product. nib and nib Travel Insurance Distribution Pty Ltd are wholly owned subsidiaries of nib holdings limited and are part of the nib Group of companies.

nib acts as the underwriting agent of the insurer under a binding authority from the insurer, which means it can issue, vary, renew or cancel your insurance on their behalf and handle and settle any claims you make. nib, nib Travel Insurance Distribution and our business partners act on behalf of the insurer and not on your behalf.

nib authorises various partners who hold their own Australian Financial Services Licenses to distribute and issue the travel insurance. Those partners may also provide you with general advice about the travel insurance product. Where a partner provides a financial service in relation to the travel insurance, it does so under its own Australian Financial Services Licence.

About how we are paid

nib is paid a commission by the insurer for arranging, issuing and managing the travel insurance (including claims under the insurance) on behalf of the insurer. The commission is calculated as a percentage of the premium (and taxes) you pay for the policy. The percentage varies and is partly based on the profitability to the insurer of all the travel insurance policies arranged by or through nib. Employees of the nib Group of companies who provide services in relation to the insurance receive an annual salary, and may receive bonuses based on performance and/or sales.

nib pays a commission to nib Travel Insurance Distribution when you buy a policy, less any discount provided to you. This may be calculated as a percentage of the premium that you pay for the policy or as a percentage of the commission that nib receives from the insurer. The employees of the nib Group of companies who provide services to nib Travel Insurance Distribution receive an annual salary and may be paid bonuses based on performance and/or sales.

When you buy a policy through a partner, nib pays a commission to that partner, less any discount provided to you. This commission may be

calculated as a percentage of the premium that you pay for the policy, the volume of premiums received, or as a percentage of the commission that nib receives from the insurer. nib may also pay a contribution to that partner for marketing and promotions. Please read the Financial Services Guide provided by that partner for more information on the financial services provided and on commissions or remuneration paid.

If you would like more information on commissions or remuneration paid to or by nib, please contact nib or nib Travel Insurance Distribution either before you buy your insurance or within a reasonable time of receiving this Combined FSG and PDS.

Feedback, complaints and disputes

If you have any feedback about our service – positive or negative – we would like you to share it with us. Refer to our contact details on the last page of this document.

How we handle complaints

If you have a complaint arising out of this insurance or the financial services provided by the insurer, nib, our authorised representatives, distributors or affiliates, please contact:

nib Customer Relations PO Box A975

Sydney NSW 1235 Australia

Phone: 1300 025 121

Email: idr-care@nib.com.au

nib will acknowledge your complaint within 5 business days and provide you with the contact details of the person handling your complaint. We will respond to your complaint within 15 business days. If more time is needed to collect necessary information or complete any further investigation required, nib will agree with you a reasonable alternative timeframe.

If you are not satisfied with the response to your complaint, you should contact XL Insurance Company SE, Australia branch, for consideration under their dispute resolution process. You can contact XL Insurance Company SE, Australia branch at:

The Complaints Officer

XL Insurance Company SE, Australia branch Level 28, 123 Pitt St, Sydney NSW 2000

Email: idraustralia@axaxl.com

Your dispute will be acknowledged within 5 working days of receipt, and XL Insurance Company SE, Australia branch, will send a final response on behalf of the insurer within 15 business days.

If we are unable to resolve your complaint within 45 days of receiving your original complaint, or if you are still not satisfied with the outcome, you can choose to have your complaint independently reviewed by the Australian Financial Complaints Authority, or AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

AFCA can be contacted at:

Website: afca.org.au Email: info@afca.org.au

Telephone: 1800 931 678 (free call)

In writing to: Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001

Your privacy

We take your privacy seriously and adhere to the Privacy Policy detailed on our website at https://www.nib.com.au/travel-insurance/privacy.

Professional indemnity insurance

nib has professional indemnity insurance arrangements that comply with the requirements of Chapter 7 of the Corporations Act and which (subject to its terms and conditions) cover liability for claims in relation to nib and those who act on nib's behalf, including those who no longer act on our behalf but did at the relevant time.

Where a financial service is provided to you by one of nib's or nib Travel Insurance Distribution's partners, that partner is required to hold professional indemnity insurance arrangements for compensating clients for losses they suffer as a result of a breach of their obligations under the Corporations Act relating to the financial services provided by them.

Date prepared

nib is responsible for this FSG which was prepared on 17 Sep 2019. nib has authorised nib Travel Insurance Distribution to provide this FSG.

Version: NF_LIC_01_30NOV2019

Customer Service

Phone: 1300 410 272 (within Australia)

Phone: +61 2 9234 3193 (outside of Australia)

Fax: 1300 657 117

Email: travel@nib.com.au

Claims

Phone: 1300 353 176 (within Australia)

Phone: +61 2 7202 0508 (outside of Australia)

Email: travelclaims@nib.com.au

Medical Underwriting

Phone: 1300 410 272 (within Australia)

Phone: +61 2 9234 3193 (outside of Australia)

Fax: 1300 657 127

Email: travel-emc@nib.com.au

nib International Assistance

Phone: 1300 555 019 (within Australia)

Phone: +61 3 8523 2800 (outside of Australia)

Fax: +61 3 8523 2815

Email: travelassist@nib.com.au

Insurance underwritten by XL Insurance Company SE, Australia branch, ABN 36 083 570 441, who deal with you through their agent nib Travel Services (Australia) Pty Ltd, ABN 81 115 932 173, AFSL No 308461.

