



**ace insurance**

# **SAFEGUARD LIFESTYLE PROTECTION INSURANCE**

**Please read this Product Disclosure  
Statement and Policy Wording carefully.  
It contains important information about  
SafeGuard Lifestyle Protection Insurance**

Promoted and Administered by

Australian Owner Builders Insurance Services Pty Ltd  
7 Peninsula Boulevard,  
Seaford VIC 3198  
T: 1300 850 131  
E: [info@aobis.com.au](mailto:info@aobis.com.au)  
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**SafeGuard LIFESTYLE PROTECTION INSURANCE**

**Product Disclosure Statement and Policy Wording**

# SafeGuard Lifestyle Protection Insurance Product Disclosure Statement and Policy Wording

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## General Advice Warning

Any advice contained in this document is of a general nature only and does not take account of Your financial position, objectives or any other details or factors specific to Your personal situation. You should read this document carefully to decide if the limits, type and level of coverage meet Your needs and requirements.

The person arranging this insurance does not act as Your agent; they arrange the insurance on behalf of the insurer. You should seek Your own independent advice before You make a decision to purchase.

In any event, should You require further information on the insurance offered, please call Australian Owner Builders Insurance Services Pty Ltd on 1300 850 131

## Preparation Date

This document was prepared on 6 October 2009.

## 1. Important information about this document

This document is a Product Disclosure Statement which contains important information required under the *Corporations Act 2001* (Cth) (**the Act**). Other documents may also comprise Our Policy and if they do, We will tell You in the relevant document. This document is also Our insurance Policy Wording that describes the insurance contract between You and Us.

This document has been prepared to assist You in understanding *SafeGuard Lifestyle Protection Insurance* and to help You make an informed choice about it. You must decide what cover You need, so please read this document, the Policy Schedule and any other documents that We tell You form part of Your Policy carefully so that You are aware of the risks, limits of cover and other significant features of this insurance. You are not obliged to take out *SafeGuard Lifestyle Protection Insurance* and purchasing this insurance cannot be made a condition of any loan or mortgage agreement.

In return for You paying Us the premium as set out in Section 8 of this document, We insure You for the Period of Insurance, for the events described in and subject to the terms, conditions and exclusions of Your Policy. Please keep this document, Your Policy Schedule and any other documents that We tell You form part of Your Policy in a safe place in case You need to refer to them in the future.

Please check these documents to make sure all the information in them is correct. If any alterations are needed or if You change Your address or payment details please contact Australian Owner Builders Insurance Services Pty Ltd immediately. Their office and contact details are shown in the section below.

Certain types of cover under this insurance require You to provide receipts and other documentary evidence to Us where a claim is made. You should keep those documents in a safe place in case We need them to settle a claim. Your Policy insures You twenty-four (24) hours a day anywhere in the world.

You can contact Us using the details below.

## 2. About the Insurer and the Issuer

**ACE Insurance Limited** (ABN 23 001 642 020, AFSL No 239687) (**ACE**) is the insurer of the Policy, comprising the Disability, Involuntary Unemployment and the Trauma sections, which are general insurance covers.

ACE's contact details are:

Head Office: 28-34 O'Connell Street, SYDNEY NSW 2000  
Postal Address: GPO Box 4907, SYDNEY NSW 2001  
Telephone: 1800 815 675

Email: [CustomerService.AUNZ@acegroup.com](mailto:CustomerService.AUNZ@acegroup.com)

**Australian Owner Builders Insurance Services Pty Ltd** (ABN 95 122 431 654, AFSL No 308705) (**AOBIS**) is the issuer, promoter and administrator of this product. AOBIS contact details are:

Head Office: 7 Peninsula Boulevard, Seaford VIC 3198  
Postal Address: As Above  
Telephone: 1300 850 131

AOBIS is an Australian insurance underwriting agency that is licensed to give general financial product advice in relation to general insurance products. AOBIS is also licensed to carry on a financial services business to deal in a financial product by: issuing, applying for, acquiring, varying or disposing of a financial product in respect of general insurance products and life risk products. AOBIS has entered into an agreement with the insurer (ACE) and has a binding authority from ACE to arrange insurance policies on behalf of ACE and not on Your behalf. If You need any information about this insurance in the first instance please contact AOBIS.

In this document, unless otherwise stated, references to 'We', 'Us', or 'Our' are references to both ACE as the insurer and Australian Owner Builders Insurance Services Pty Ltd as the issuer, promoter and administrator.

## 3. Duty of disclosure

### What You must tell Us

We will ask you various questions when you apply for cover. When You answer those questions, You must be honest and You have a duty under law to tell us anything known to You, and which a reasonable person in the circumstances would include in answer to the question. We will use the answers in deciding whether to insure You and anyone else to be insured under this Policy, and on what terms.

### Who needs to tell us

It is important that You understand You are answering Our questions in this way for Yourself and anyone else whom You want to be covered by the Policy.

### If You do not tell Us

If You do not answer Our questions in this way, We may reduce our liability to pay a claim under this Policy or refuse to pay a claim under this Policy, or cancel the Policy. If You answer Our questions fraudulently, we may refuse to pay a claim and treat the Policy as never having taken effect.

## 4. The meaning of certain words

Throughout this document, certain words begin with capital letters. These words have special meaning and are included in the Definitions, located at Section 18 of this document. Please refer to the Definitions section for their meaning.

## 5. Eligibility

Your eligibility for this insurance is subject to the following conditions:

- i. You are at least eighteen (18) years of age and under sixty-four (64) years of age at the time You enter into this insurance contract; and
- ii. You are a permanent resident of Australia; and
- iii. You have entered into a loan or mortgage agreement as borrower or mortgagor within the six (6) month period prior to the Policy Commencement Date.

## 6. How to apply

To apply for cover the SafeGuard Lifestyle Protection Insurance Application Form must be completed. Please ensure that You have carefully read the Financial Services Guide (FSG), Product Disclosure Statement and Policy Wording prior to completing the application form.

## 7. What You are covered for

There are four levels of cover available under the Policy: Platinum, Gold, Silver and Bronze. You will be covered during the Period of Insurance for the benefits applicable to the level of cover selected by You in the SafeGuard Lifestyle Protection Insurance Application Form and evidenced in Your Policy Schedule. The benefits and the benefit amounts payable for each level of cover are set out below.

### Accidental Injury

If, during the Period of Insurance, You suffer an Accidental Injury which occurs solely, directly and independently of any other condition, resulting in any of the conditions 1-11 listed below, and the event occurs within twelve (12) months of the Accidental Injury, We will pay You the benefit amount applicable to Your level of cover (as evidenced in Your Policy Schedule) specified for the relevant event, subject to the terms, conditions and exclusions of this Policy.

Accidental Injury benefits shall not be payable for more than one condition arising from the same Accidental Injury. In such case, the highest benefit amount applicable to the conditions suffered will be payable.

Accidental Injury benefit amounts are set out below:

Conditions	Platinum, Gold, Silver	Bronze
1. Permanent Quadriplegia	1. \$100,000	1. \$50,000
2. Permanent Paraplegia	2. \$100,000	2. \$50,000
3. Permanent total loss of entire sight of both eyes	3. \$100,000	3. \$50,000
4. Permanent total loss of use of two limbs	4. \$100,000	4. \$50,000
5. Permanent total loss of use of one limb and one eye	5. \$100,000	5. \$50,000
6. Permanent total loss of one limb	6. \$80,000	6. \$40,000
7. Permanent Total loss of one eye	7. \$80,000	7. \$40,000
8. Permanent total loss of hearing in	8.	8.
a) both ears	a) \$60,000	a) \$30,000
b) one ear	b) \$15,000	b) \$ 7,500
9. Permanent total loss of four fingers and thumb on either hand	9. \$65,000	9. \$32,500
10. Permanent total loss of the lens of one eye	10. \$40,000	10. \$20,000
11. Third degree burns (with or without resultant disfigurement) which cover more than 40% of the entire external body.	11. \$50,000	11. \$25,000

### Involuntary Unemployment

In order to be eligible for cover under the Involuntary Unemployment benefit, You must be in Permanent Employment for at least six (6) consecutive months prior to the date of your Involuntary Unemployment.

If, sixty (60) days after the Policy Commencement Date and during the Period of Insurance, You become Involuntarily Unemployed or You receive notice that you will be made Involuntarily Unemployed, after a thirty (30) day Waiting Period We will pay You the monthly benefit amount applicable to Your level of cover (as evidenced on Your Policy Schedule), up to a maximum of three (3) monthly payments, whilst You remain Involuntarily Unemployed.

If You return to Permanent Employment for a continuous period of at least three (3) months, You will be eligible for further benefits under the Involuntary Unemployment cover if You are again made Involuntarily Unemployed during the Period of Insurance. The thirty (30) day Waiting Period will apply.

The maximum number of monthly benefits payable under the Involuntary Unemployment cover for Your Policy is six (6) monthly payments.

The monthly benefit amounts applicable to each level of cover under the Policy are set out below:

Platinum	Gold	Silver	Bronze
\$4,000	\$3,000	\$3,000	\$2000

The Involuntary Unemployment benefit will not be paid in the following circumstances:

- a) Your termination from Permanent Employment arises from Your wilful misconduct, breach of Your employment contract, disciplinary action taken against You by Your employer, or Your demotion or transfer (or proposed demotion or transfer) to another position; or
- b) You resign, accept voluntary redundancy, retire or abandon Your Permanent Employment; or
- c) Your employment is for a specified period of work in relation to which You become unemployed at the expiration of the period or on completion of the work; or
- d) You are employed in a business owned by You or Your family; or
- e) As at the date of Your Involuntary Unemployment You have not been engaged in Permanent Employment for at least twenty (20) hours per week for a continuous period of at least six (6) months; or
- f) In respect of the thirty (30) day Waiting Period commencing on the date You become Involuntarily Unemployed; or
- g) You are not in Permanent Employment at the Policy Commencement Date or You are advised immediately prior to the Policy Commencement Date or at any time during the first sixty (60) days after the Policy Commencement Date that Your Permanent Employment will be terminated; or
- h) You regain employment and are no longer Involuntarily Unemployed.

### **Trauma – applicable to Platinum and Gold Benefit Levels only**

If You suffer one of the Trauma Conditions listed as 1-6 below, which first occurs or manifests itself during the Period of Insurance (and after the Cancer No Claim Period in respect of Trauma Condition 1, Cancer), and you have access to the Platinum or Gold levels of cover (as evidenced by Your Policy Schedule) We will pay You the benefit amount of **\$50,000** subject to the terms, conditions and exclusions of the Policy.

The Trauma benefit does not apply to the Silver or Bronze levels of cover.

After payment is made for any one Trauma Condition, no further cover is available to You under the Trauma cover of Your Policy if you suffer another Trauma Condition.

Trauma Conditions are as follows:

**1. Cancer** - means a malignant tumour characterised by uncontrolled growth and the spread of malignant cells. This includes Leukaemia, Hodgkin's Disease, Non Hodgkin's Lymphoma and invasive Melanoma which exceeds 0.75 mm in depth. It does not include:

- (a) Melanoma that is not invasive and has not exceeded 0.75 mm in depth;
- (b) any other skin cancer;
- (c) Carcinoma in situ (Carcinoma in situ is a malignant tumour arising from surface epithelial cells which are restricted to the epithelium, and have not penetrated the basement membrane);
- (d) Kaposi's Sarcoma;
- (e) AIDS related cancers.

The Trauma benefit will not be paid in relation to a cancer condition if:

- (a) You suffered from Cancer in the three (3) years immediately before the Commencement Date of Your Policy; or
- (b) You suffer from Cancer or the Cancer manifests itself during the 90 day Cancer No Claim Period; or
- (c) the condition was caused directly or indirectly by a Sickness or Accidental Injury for which You should have received relevant medical treatment or advice from a Doctor in the twelve (12) months prior to the Commencement Date of Your Policy; or
- (d) You live for a period of less than thirty (30) days after You first suffer from a Trauma Condition or the Trauma Condition first manifests itself.

**2. Cerebrovascular Accident (stroke)** – means any cerebrovascular incident diagnosed as an infarction of brain tissue, by thrombosis, haemorrhage or embolisation from an extracranial source producing neurological sequelae. Evidence of permanent neurological deficit must be produced and certified by a consultant neurologist.

The following are excluded from cover under the Trauma benefit:

- (i) transient ischaemic attacks;
- (ii) migraines, headaches and reversible neurological deficits;
- (iii) Cerebrovascular disorder of the eye or optic nerve.

**3. Chronic Renal Failure** – means end stage renal failure presenting as chronic irreversible failure of both kidneys to function.

**4. Major Head Trauma** – means neurological deficit resulting from trauma, causing at least 25% impairment of whole person function lasting more than four weeks from the date of the trauma, and likely to persist, as certified by a consultant neurologist or neurosurgeon.

**5. Motor Neurone Disease** – means amyotrophic lateral sclerosis with significant persistent neurological deficit resulting in at least 25% whole person permanent impairment of whole person function as certified by a consultant neurologist.

**6. Myocardial Infarction (Heart Attack)** – means death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The condition shall include:

- (a) new and permanent electrocardiograph (ECG) changes associated with Myocardial Infarction; and
- (b) elevation to at least twice the upper normal level of cardiac enzymes consistent with a Myocardial Infarction.

If ECG or enzyme evidence of infarction is unavailable or inconclusive, then we will consider any other evidence provided in support of condition.

The following are excluded from cover under the Trauma benefit:

- (i) chest pain which does not meet the definition of Myocardial Infarction (Heart Attack) above;
- (ii) chest pain not related to a heart condition

## **8. Cost of the Insurance**

The premium payable is subject to the level of cover selected by You in Your application form (as evidenced on Your Policy Schedule).

The amount that You will pay depends on the cover You choose from the four (4) options available. You will pay more if you select Platinum cover than if You select Bronze cover. The amount of premium payable by You will be calculated and provided to You as part of Your application.

Your total premium will be charged inclusive of government charges and taxes such as GST. Before We can give You any insurance cover, the premium must be paid by You prior to Your Policy Commencement Date.

## **9. What You are not covered for – General Exclusions**

Your Policy will not apply to any other event caused by, arising directly or indirectly out of or in any way connected with:

1. Any Pre Existing Condition;
2. Any ailment or injury arising directly or indirectly from or related to alcoholism, drug addiction, or the influence of liquor or non prescribed drugs;
3. Any ailment or injury arising directly or indirectly from or related to a deliberate self inflicted injury or illness;
4. Any ailment arising directly or indirectly from or related to Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS);
5. Any ailment or injury arising directly or indirectly from taking part in a criminal activity;
6. Intentional self inflicted injury, self harm suicide or attempted suicide;
7. Any ailment or injury arising directly or indirectly from or related to any aerial activity except as a passenger in a fixed wing, motored aircraft owned and operated by a licensed airline or charter company;
8. Any ailment or injury arising directly or indirectly from or related to war or warlike activities, riot or civil commotion, strike, lockout or civil war;
9. Any ailment or injury arising directly or indirectly from or related to the use, existence or escape of nuclear material or waste, or ionising radiation;
10. Your participation in professional sport, parachuting, mountaineering, martial arts of any kind, racing of any kind other than foot or any other hazardous pursuits;
11. Asbestos;
12. Elective, nonessential or cosmetic surgery;
13. any condition attributed with pregnancy, childbirth, miscarriage or associated complications of these;

### **Terrorism Exclusion**

Notwithstanding any provision to the contrary within this Policy or any endorsement thereto it is agreed that this Policy excludes death, sickness, injury, illness, disease, loss, damage, cost of expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any Act or Terrorism regardless of any other sequence to the loss.

For the purpose of this exclusion Act of terrorism means an act, including but not limited to the use of force or violence and/or threat thereof, of any person or group(s) or persons, whether acting alone or on behalf or in connection with any organisation(s) or government(s) which from its nature or context is done for, or in connection with, political, religious,

ideological, ethnic or similar purpose or reasons, including the intention to influence any government and/or to put to the public, or any section of the public in fear.

This exclusion also excludes death, injury, sickness, illness, disease, loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way related to any Act of Terrorism.

## **10. Cooling off period**

You have fourteen (14) days after cover is activated to decide if the Policy meets Your needs. You may cancel Your Policy simply by advising Australian Owner Builders Insurance Services Pty Ltd in writing at 7 Peninsula Boulevard, Seaford VIC 3198, within those fourteen (14) days to cancel it.

You will not receive a refund if You have made or are entitled to make a claim during this cooling off period. Even after this cooling off period ends you still have cancellation rights. See immediately below.

## **11. Cancellation of the Policy**

### When You may cancel

You may cancel this Policy at any time.

Written notice to Australian Owner Builders Insurance Services Pty Ltd in writing at 7 Peninsula Boulevard, Seaford VIC 3198 is required if You want to cancel Your Policy.

Such cancellation shall be effective from the date specified in the written notice. Upon cancellation, provided that there has never been a claim on this Policy and subject to applicable law, we shall refund the portion of the unexpired period of cover, less a Cancellation Fee.

### When We may cancel or avoid the Policy

We may cancel Your Policy in accordance with the law by giving You written notice to Your address on Our file if You:

- Made a misrepresentation to Us before entering into this insurance.
- Fail to comply with Your duty of disclosure or the duty of utmost good faith.
- Fail to comply with a provision or condition of the Policy.
- Make a fraudulent claim under this or any other insurance Policy.

If We cancel Your Policy, We will give written notice to You personally or by post to Your last known address. Upon cancellation, provided that there has never been a claim on this Policy and subject to applicable law, we shall refund the portion of the unexpired period of cover less a Cancellation Fee.

## **12. Period of insurance**

Insurance shall commence at the time We accept Your SafeGuard Lifestyle Protection Insurance Application Form and continue for a period of two (2) years, and as shown on your Policy Schedule. The cover will expire at the end of the Period of Insurance, subject to the terms, conditions and exclusions of this Policy.

## **13. How to make a claim**

You should advise Us as soon as possible of an event(s) or circumstance(s) which could lead to a claim.

### **Procedure for making a claim**

If You or Your legal representative wishes to make a claim You or they must:

- a) complete a claim form (claim forms are available from AOBIS);
- b) attach to the claim form:
  - i. written notice containing full particulars of any circumstances in respect of which a claim is being made; and
  - ii. any reports that have been obtained from the police, a carrier or other authorities about an accident, loss or damage; and
  - iii. any other documentary evidence required by Us under Your Policy
- c) provide ACE with the completed claim form and accompanying documents within thirty (30) days of the Event taking place which gives rise to a claim; and
- d) give ACE, at Your or Your legal representative's expense, all medical and other certificates and evidence required by Us that is reasonably required to assess the claim.

ACE will take all reasonable steps to pay a valid claim promptly. If your Policy is cancelled this does not affect your rights to make a claim under Your Policy if the event occurred before the date of cancellation.

## 14. General conditions

### Where does Your Policy apply?

Your Policy insures You twenty four (24) hours a day anywhere in the world.

### Australian Law

You must be an Australian resident to be covered by this Policy.

Your Policy is governed by the laws of the State or Territory in which You normally reside. Any dispute or action in connection with Your Policy shall be conducted in and determined by the courts of the State or Territory in which You normally reside.

### Australian Currency

All payments by You to Us and Us to You or someone else under Your Policy must be in Australian currency.

### When does this Policy end?

No further benefits or compensation will be payable under this Policy and all cover will cease:

- a) if You are paid 100% of the sum insured as evidenced in your Policy Schedule; or
- b) if You cease to live in Australia; or
- c) on expiry of the Period of Insurance.

## 15. Dispute resolution

We are committed to handling any complaints about Our products or services efficiently and fairly.

If You have a complaint about the product or service provided, You should contact AOBIS by phone on 1300 850 131 or in writing to 7 Peninsula Boulevard, Seaford VIC 3198. Your complaint will be handled by AOBIS's Complaints Officer. The Complaints Officer will contact You to resolve Your complaint, usually within 24 hours.

If Your complaint is not satisfactorily resolved, You can use ACE's internal dispute resolution process. Please contact ACE on 1800 810 624 or [DisputeResolution.AU@acegroup.com](mailto:DisputeResolution.AU@acegroup.com). Your query or complaint will then be reviewed and We will respond within fifteen (15) working days. A brochure describing this process is available on request.

If You are unhappy with Our internal review of Your complaint, You may be able to access the insurance industry's external dispute resolution body, the Financial Ombudsman Service run by Financial Ombudsman Service Limited (**FOS**), at no cost to You. The FOS can make decisions with which insurers are obliged to comply. The FOS can be contacted at:

Financial Ombudsman Service Limited  
GPO Box 3  
Melbourne Victoria 3001

Freecall: 1300 780 808  
Facsimile: 03 9613 6399  
Email: [info@fos.org.au](mailto:info@fos.org.au)  
Website: [www.fos.org.au](http://www.fos.org.au)

## 16. Privacy statement

ACE Insurance Limited ("ACE") is committed to protecting your privacy. ACE collects, uses and retains your personal information in accordance with the National Privacy Principles. Our detailed privacy policy is available on our website at [www.aceinsurance.com.au](http://www.aceinsurance.com.au)

ACE collects your personal information (which may include health information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim. We collect the information to assess your application for insurance, to provide you or your organisation with competitive insurance products and services and administer them and to handle any claim that may be made under a policy. If you do not provide us with this information, we may not be able to provide you or your organisation with insurance or to respond to any claim.

We may disclose the information we collect to third parties, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as assessors and call centres), other companies in the ACE group, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside Australia.

You agree to us using and disclosing your personal information as set out above. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer.

From time to time, we may use your personal information to send you offers or information regarding our products that may be of interest to you. If you do not wish to receive such information, please contact our Privacy Officer using the contact details provided below.

If you would like to access a copy of your personal information, or to correct or update your personal information, please contact our customer relations team on 1800 815 675 or email [CustomerService.AUNZ@acegroup.com](mailto:CustomerService.AUNZ@acegroup.com)

If you have a complaint or want more information about how ACE is managing your personal information, please contact the Privacy Officer, ACE Insurance Limited, GPO Box 4907, Sydney NSW 2001, Tel: 1800 815 675 or email [Privacy.AU@acegroup.com](mailto:Privacy.AU@acegroup.com)

## 17. Updating our PDS

We may need to update the information contained in Our PDS from time to time (where allowed to or required by law). We will issue You with a new PDS or a Supplementary PDS or other compliant document to update the information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this product, We may issue You with a notice of this information in other forms or keep an internal record of such changes (You are welcome to get a paper copy free of charge by calling Us).

## 18. Definitions

For the purpose of this Policy the following Definitions apply unless the context dictates otherwise:

### “Accidental Injury”

means a bodily injury resulting from an accident and which is not an illness and which:

- a) is caused by violent external visible means; and
- b) occurs within the Period of Insurance; and
- c) within twelve (12) months of the bodily injury, results, solely and independently of any other causes (except sickness directly resulting from medical or surgical treatment rendered necessary by the Accidental Injury), in an event covered under Your Policy; and
- d) may include a bodily injury caused by You being directly and unavoidably exposed to the elements as a result of an accident.

### “Cancellation Fee”

means 10% of the refund payable for the unexpired Period of Insurance.

For example, if You selected the Bronze level of cover for which a premium of \$794.00 is payable, and You cancelled Your Policy after one (1) year of the two year Period of Insurance, You would be eligible for a refund of half the premium paid, which is \$397.00, less 10% of the refundable amount, which is \$39.70. In this example, the Cancellation Fee is \$39.70.

### “Cancer No Claim Period”

means the ninety (90) day period commencing on the Policy Commencement Date.

### “Fingers or Toes”

means the digits of a hand or foot.

### “Insured”

means the person named as the Insured as named on the Policy Schedule.

### "Involuntary Unemployment", " Involuntarily Unemployed "

means termination of Your Permanent Employment where You:

- a) have been retrenched or made redundant at the instigation of Your employer; and have registered as unemployed with CentreLink or equivalent government authority or a recognised recruitment or personnel agency; and
- b) are in receipt of unemployment benefits unless You are not eligible to receive unemployment benefits because of the level of income earned by You and/or Your spouse or the value of Your assets; and
- c) can provide other evidence of unemployment satisfactory to Us

But does not include termination of employment due to:

- a) wilful misconduct or breach of employment contract;
- b) voluntary redundancy or termination (eg. resignation);
- c) the completion of a specified project or period of contract work; or
- d) the seasonal nature of Your employment.

**“Limb”**

means the entire limb between the hip and the ankle or between the shoulder and the wrist.

**“Loss of Use”**

means loss of, by physical severance, or total and Permanent loss of the effective use of the part of the body referred to in the table contained in the section entitled ‘What you are covered for’ under the benefit heading ‘Accidental Injury’.

**“Medical Practitioner”**

means a legally qualified and registered medical practitioner who is not the Insured or a relative of the Insured.

**“Paraplegia”**

means Permanent, total and entire paralysis of both legs and part or whole of the lower half of the body.

**“Period of Insurance”**

means the period of cover, being two (2) years from the Policy Commencement Date, as evidenced in the Policy Schedule.

**“Permanent”**

means lasting twelve (12) consecutive calendar months and which is certified by an independent Medical Practitioner at the expiry of that period as beyond hope of improvement.

**“Permanent Employment”**

means Your permanent regular employment of no less than twenty (20) hours per week in continual, permanent and gainful employment for salary or wages that does not include seasonal, intermittent, contract or self employed work.

**“Pre Existing Condition”**

means:

- (a) any Sickness, disability or other condition relating to Your health for which a Medical Practitioner was consulted or for which treatment or medication was prescribed within the twelve (12) months prior to the Policy Commencement Date; or
- (b) a Sickness, disability or other condition relating to Your health, the manifestation or symptoms of which a reasonable person in the circumstances would be expected to be aware, during the twelve (12) months prior to the Policy Commencement Date.

**“Policy”**

means this document, the Policy Schedule, individual insurance applications and any other documents We issue to You which are expressed to form part of the Policy terms and conditions, which set out the cover we provide for the Period of Insurance.

**“Policy Schedule”, “Certificate of Currency”**

means the Policy Schedule we give You which contains the details of Your cover under this Policy specific to You.

**“Policy Commencement Date”**

means the date of the commencement of the Policy as evidenced in the Policy Schedule.

**“Quadriplegia”**

means Permanent, total and entire paralysis of both arms and legs.

**“Self Employment” “Self Employed”**

means earning an income directly from Your own business, trade or profession rather than earning a salary or wage from an employer.

**“Sickness”**

means any illness or disease.

**“Us”, “We”, “Our”, “Insurer”**

means ACE Insurance Limited (ABN 23 001 642 020, AFS Licence No: 239687) as the insurer of this Policy, and Australian Owner Builders Insurance Services Pty Ltd (ABN 95 122 431 654, AFSL No 308705) as the issuer, promoter and administrator of this Policy.

**“Waiting Period”**

means the thirty (30) day period after You become Involuntarily Unemployed in respect of which no benefits are payable.

**“You”, “Your”**

means the Insured as evidenced in the Policy Schedule.