

Policy Type: Voluntary Workers – **Student Injury Insurance**
Policy Number: 5553719
Insured: Federation of P & C Association of NSW

Insured Persons:

Category A All enrolled students of the schools nominated by the Insured
Category B All parents & carers of **Category A** Insured Persons
Category C All teachers and support staff of the schools nominated by the Insured
Category D All enrolled students of the schools nominated by the Insured

Period of Insurance: Inception Date: 03/03/2025 at 4:00pm (local standard time)
Expiry Date: 01/02/2026 at 4:00pm (local standard time)

Policy Wording: VW 19012024 Voluntary Workers Group Personal Accident

Scope of Cover

Category A: Students

The coverage afforded under this Policy applies whilst an Insured Person is attending the nominated school in accordance with requirements of that school or whilst taking part in an activity organised and supervised by the nominated school, including authorised school sports and excursions. Cover extends to the necessary direct travel to and from attending school and/or such activity.

Category B : Parents & Carers of students in Category A

The coverage afforded under this Policy applies whilst an Insured Person is acting in an official capacity and accompanying Category A Insured Persons on authorised activities and excursions. Cover extends to the necessary direct travel to and from attending such activity or excursion.

Category C: Teachers & Support Staff

The coverage afforded under this Policy applies whilst an Insured Person is accompanying Category A Insured Persons on authorised activities and excursions. Cover extends to the necessary direct travel to and from attending such activity or excursion.

Category D: Students – Outside School Activities

The coverage afforded under this Policy applies at all times other than when covered as a Category A Insured Person

Territorial limits: Worldwide

Schedule Of Benefits

** Most benefits listed below are a percentage of the sum insured**

** Please refer to the full extent of cover within the schedule**

Maximum Age Limit (sub-limits apply)	80
Aggregate Limit of liability	\$15,000,000
Aggregate Limit of Liability per Event for Charter Flights/ Non-Scheduled Flights	\$1,000,000
Policy Currency	AUD

Benefits	Category A sum Insured	Category B sum Insured	Category C sum Insured	Category D sum Insured
Death and Capital Benefits	\$500,000	\$500,000	\$500,000	\$100,000
Broken/ Fractured Bones Benefits	\$7,500	\$7,500	\$7,500	\$5,000
Non-Medicare Medical expenses Expense Limitation 85%	\$7,500	\$7,500	\$0	\$3,750
Student Tutorial Benefit Expense Limitation 100% Deferral Period Nil Benefit Period 26 Weeks	\$300	\$300	N/A	\$300
Student Tutorial Benefit Expense Limitation 100% Deferral Period Nil Benefit Period 52 Weeks	N/A	N/A	\$300	N/A
Loss of Teeth or Dental Procedures Maximum payable per tooth \$250 Excess \$50	\$10,000	\$10,000	\$0	\$5,000
Out of Pocket expenses Benefit	\$300	\$300	\$300	\$300
Bed Care Benefit Daily Benefit \$42.86	\$15,600	\$15,600	\$15,600	\$0
Cash Benefit Daily Benefit \$100	\$1,500	\$0	\$0	\$0
Emergency Transport Benefit	\$1,000	\$1,000	\$1,000	\$1,000
Weekly Injury Benefit	\$0	\$0	\$0	\$0
Accidental HIV Infection Lump Sum Benefit	\$2,000	\$2,000	\$2,000	\$2,000
Childcare Benefit	\$0	\$2,000	\$2,000	\$0
Clothing expenses Benefit	\$500	\$500	\$500	\$500
Coma benefit	\$2,000	\$2,000	\$2,000	\$2,000
Domestic Help Benefit Benefit Period 26 weeks Deferral period Nil Expense Limitation 100%	\$0	\$500	\$500	\$0
Driver Services Benefit	\$0	\$0	\$0	\$0
Family Accommodation and transport expenses benefit	\$2,000	\$2,000	\$2,000	\$2,000

Financial Advice	\$10,000	\$10,000	\$10,000	\$10,000
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Home and Vehicle Modification Benefit	\$10,000	\$10,000	\$10,000	\$10,000
Partner Employment Training Benefit	\$0	\$0	\$0	\$0
Retraining and Rehabilitation Expenses Benefit	\$0	\$0	\$0	\$0
Unexpired Membership Benefit	\$0	\$0	\$0	\$0

If there is no amount Shown against any one or more of the above Sections, no cover is provided in respect of them

Endorsements To Policy Wording / Schedule

Bed Care Benefit

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury and as a result is unable to perform the 'activities of daily living' such as washing, cooking, bathing, dressing and movement around the Insured Person's Principal residence and the Insured Person is confined to bed (other than in a Hospital or other medical facility), which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

AHI will pay the amount shown in the Policy Schedule against "Daily Benefit" for each completed twenty-four (24) hours of continued bed confinement.

The maximum We will pay is the amount shown in the Policy Schedule against "Bed Care Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. A Medical Practitioner must certify that the Insured Person is unable to perform the 'activities of daily living' and is confined to bed for the period claimed.

Exclusions

1. No Cover is provided for bed confinement which lasts less than a period of forty-eight (48) consecutive hours.

Cash Benefit

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in the Insured Person being unable to attend school, which is not otherwise excluded in this Benefit, AHI will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

AHI will pay the amount shown in the Policy Schedule against "Daily Benefit" for each completed twenty-four (24) hours of continued absence from school.

The maximum We will pay is the amount shown in the Policy Schedule against "Cash Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The Insured Person must be unable to attend school or work for a minimum of two (2) days before this Benefit becomes payable.

2. A Medical Practitioner must certify that the Insured Person is unable to attend school as a result of the Injury
3. The inability of the Insured Person to attend school must occur within three hundred and sixty-five (365) consecutive days from the date of the Insured Person Injury.

Exclusions

1. No specific exclusions apply to this benefit, only the General Exclusions.

Clothing Expenses Benefit

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury and as a result of:

- a) the Accident giving rise to the Injury, or
- b) the necessary medical treatment of the Injury

expenses are incurred for clothing, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

AHI will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount AHI will pay is shown in the Policy Schedule against "Clothing Expenses Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Emergency Transport Benefit

Extent of cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person suffers a life-threatening serious Injury or a serious Sickness that requires immediate emergency medical care, and as a result incurs expenses for emergency transportation to a hospital, which are not otherwise excluded in this Benefit, AHI will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

AHI Will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount AHI will pay is shown in the Policy Schedule against "Emergency Transport Benefit".

Conditions

1. The attending Medical Practitioner Must certify the condition was life-threatening serious Injury or a serious Sickness that required immediate emergency medical care.
2. Emergency transportation is to the nearest Hospital

Exclusions

1. No cover is provided where the payment of the Benefit would constitute the carrying on of a "Health Insurance Business" as defined under the Private Health Insurance ACT 2007 (Cth) or any succeeding legislation to that Act or would result in a breach of the provisions of the Health Insurance ACT 1973 (cth) or any similar legislation.

Loss of Teeth or Dental Procedure

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in any of the following Insured Events which are not otherwise excluded in this Benefit, AHI will pay the Compensation in accordance with the terms set out in this Benefit.

Insured Events

Percentage of Benefit Payable

Loss of Teeth or full capping of Teeth	100% of the per Tooth limit per Tooth
Partial capping of Teeth	50% of the per Tooth limit per Tooth

Compensation

AHI will pay the Percentage of Benefit Payable stated for the Insured Event, of the amount shown in the Policy Schedule against "Loss of Teeth or Dental Procedures".

Conditions

1. The maximum amount AHI will pay for any one Tooth is shown in the Policy Schedule against "Maximum per Tooth".
2. The maximum Compensation payable for any one Injury is the amount shown in the Policy Schedule against "Loss of Teeth or Dental Procedures".

Definition

The following definition is applicable to this benefit:

TOOTH or TEETH means a sound and natural tooth but does not include dentures, implants, crowns, prosthetic teeth and dental fillings.

Exclusions

No Cover is provided for any Pre-Existing Condition.

Changes to Death and Capital Benefits Extent of Cover - \$500,000

Category A Students & B Parents & Carers

The following Extent of Cover against Death and Capital Benefits shall read as follows and not as stated in the Policy Wording for category A and B only.

If during the Period of Insurance and Occurring within the Scope of Cover, an Insured Person sustains an Injury which results in any of the following Insured Events which are not otherwise excluded in this Benefit, AHI will pay the Compensation in accordance with the terms set out in this Benefit.

Insured Event	% of benefit payable	Sum calculated
Death	10%	\$50,000
Paraplegia/Quadriplegia	100%	\$500,000
Permanent and incurable insanity	25%	\$125,000
Permanent total loss of sight in		
• Both Eyes	50%	\$250,000
• One (1) eye	25%	\$125,000
Permanent total Loss of Use of		
• Two (2) limbs	50%	\$250,000
• One (1) limb	25%	\$125,000
Permanent total loss of use of hearing in both ears	20%	\$100,000
Permanent total loss of use four fingers and thumb either hand	20%	\$100,000
Permanent total loss of use four fingers of either hand	12.5%	\$62,500
Permanent total loss of use of		
• The lens in one (1) eye	15%	\$75,000
• Hearing in one (1) ear	5%	\$25,000
Third degree burns &/or resultant disfigurement which covers more than 40% of the entire external body	12.5%	\$62,500
Permanent total loss of use of one thumb of either hand		
• Both joints	7.5%	\$37,500
• One (1) joint	3.75%	\$18,750

Permanent total loss of use of fingers of either hand		
• Three (3) joints	2.5%	\$12,500
• Two (2) joints	1.87%	\$9,350
• One (1) joint	1.25%	\$6,250
Permanent total loss of use of toes of either foot		
• All – one (1) foot	3.75%	\$18,750
• Great – both joints	1.25%	\$6,250
• Great – one (1) joint	0.75%	\$3,750
• Other than great, each toe	0.25%	\$1,250
Fractured leg or patella with established non – union	2.5%	\$ 12,500
Shortening of leg by at least 5cm	1.87%	\$9,350

Changes to Death and Capital Benefits Extent of Cover - \$500,000

Category C Teachers and Support Staff

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in any of the following Insured Events which are not otherwise excluded in this benefit, AHI will pay the compensation in accordance with the terms set out in this benefit.

Insured Event	% of benefit payable	Sum calculated
Death	12.5%	\$62,500
Paraplegia/Quadriplegia	100%	\$500,000
Permanent and incurable insanity	25%	\$125,000
Permanent total loss of sight in		
• Both Eyes	50%	\$250,000
• One (1) eye	25%	\$125,000
Permanent total Loss of Use of		
• Two (2) limbs	50%	\$250,000
• One (1) limb	25%	\$125,000
Permanent total loss of use of hearing in both ears	20%	\$100,000
Permanent total loss of use four fingers and thumb either hand	20%	\$100,000
Permanent total loss of use four fingers of either hand	12.5%	\$62,500
Permanent total loss of use of		
• The lens in one (1) eye	15%	\$75,000
• Hearing in one (1) ear	5%	\$25,000
Third degree burns &/or resultant disfigurement which covers more than 40% of the entire external body	12.5%	\$62,500
Permanent total loss of use of one thumb of either hand		
• Both joints	7.5%	\$37,500
• One (1) joint	3.75%	\$18,750
Permanent total loss of use of fingers of either hand		
• Three (3) joints	2.5%	\$12,500
• Two (2) joints	1.87%	\$9,350
• One (1) joint	1.25%	\$6,250
Permanent total loss of use of toes of either foot		
• All – one (1) foot	3.75%	\$18,750
• Great – both joints	1.25%	\$6,250
• Great – one (1) joint	0.75%	\$3,750
• Other than great, each toe	0.25%	\$1,250
Fractured leg or patella with established non – union	2.5%	\$ 12,500
Shortening of leg by at least 5cm	1.87%	\$9,350

Changes to Death and Capital Benefits Extent of Cover - \$100,000

Category D Students – Outside School Activities

The following Extent of Cover against Death and Capital Benefits shall read as follows and not as stated in the Policy Wording for Category D only.

If during the Period of Insurance and Occurring within the Scope of Cover, an Insured Person sustains an Injury which results in any of the following Insured Events which are not otherwise excluded in this Benefit, AHI will pay the Compensation in accordance with the terms set out in this Benefit.

Insured Event	% of benefit payable	Sum calculated
Death	25%	\$25,000
Paraplegia/Quadriplegia	100%	\$100,000
Permanent and incurable insanity	25%	\$25,000
Permanent total loss of sight in		
• Both Eyes	50%	\$50,000
• One (1) eye	25%	\$25,000
Permanent total Loss of Use of		
• Two (2) limbs	50%	\$50,000
• One (1) limb	25%	\$25,000
Permanent total loss of use of hearing in both ears	20%	\$20,000
Permanent total loss of use four fingers and thumb either hand	20%	\$20,000
Permanent total loss of use four fingers of either hand	12.5%	\$12,500
Permanent total loss of use of		
• The lens in one (1) eye	15%	\$15,000
• Hearing in one (1) ear	5%	\$5,000
Third degree burns &/or resultant disfigurement which covers more than 40% of the entire external body	12.5%	\$12,500
Permanent total loss of use of one thumb of either hand		
• Both joints	7.5%	\$7,500
• One (1) joint	3.75%	\$3,750
Permanent total loss of use of fingers of either hand		
• Three (3) joints	2.5%	\$2,500
• Two (2) joints	1.87%	\$1,870
• One (1) joint	1.25%	\$1,250
Permanent total loss of use of toes of either foot		
• All – one (1) foot	3.75%	\$3,750
• Great – both joints	1.25%	\$1,250
• Great – one (1) joint	0.75%	\$750
• Other than great, each toe	0.25%	\$250
Fractured leg or patella with established non – union	2.5%	\$2,500
Shortening of leg by at least 5cm	1.87%	\$1,870

Changes to General Exclusions

The following exclusion is included in addition to the General Exclusions in the Policy Wording.

15. No cover is provided for any over-the-counter medication.

Changes to AHI Standard Definitions

The following definition is included in addition to the AHI Standard Definitions in the Policy Wording.

SCHOOL ACTIVITIES means any events, programs, or organised actions that are planned, endorsed, or sponsored by schools nominated by the Insured.

IMPORTANT NOTICES & INFORMATION
PLEASE READ THIS IMPORTANT NOTICE

**FOLLOWING THE INTRODUCTION OF THE INSURANCE CONTRACTS ACT 1984 BY THE
FEDERAL GOVERNMENT AND FOR YOUR PROTECTION WE DRAW YOUR ATTENTION TO
COME IMPORTANT MATTERS OF WHICH YOU SHOULD NOW BE AWARE.**

DUTY OF DISCLOSURE

Before you enter into a contract of General Insurance with an Insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to that Insurer every matter that you know is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extent, vary or reinstate a contract of General Insurance. Your duty; however, does not require disclosure of matters:

That diminish the risk to be undertaken by the insurer; that are of common knowledge;

That the insurer knows, or, in the ordinary course of business ought to know; As to which compliance with your duty is waived by the Insurer.

NON DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may have the option of avoiding the contract from its beginning. PLEASE BEAR IN MIND Your Duty of Disclosure is not limited to information requested from you prior to the issue of the policy. You may be aware of other matters which are relevant. If you are in doubt, it is better to disclose the information rather than take the risk of failing on your duty of disclosure.

PARTIES TO BE COVERED

The contract provided cover only for those named in the contract, therefore you should ensure that all parties that are to be covered or may have financial interest are named in the contract. The amount that you will be able to recover under the contract will be limited to the amount of the actual interest.

UTMOST GOOD FAITH

The insurance is a contract based on the utmost good faith requiring the insurer and you to act towards each other with the utmost good faith in respect of any matter arising in relation to this contract of insurance.

TAX INVOICE

This Tax Invoice is a summary of the insurance policy (errors and omissions excepted) and does not purport to be a copy of the insurance underwriter's policy or other documents. In the case of any discrepancy, the underwriter's documents will prevail.

BROKER'S FEE

Please note that this fee is for the placement and for the professional management of your insurance and as such is not refundable.

CO-INSURANCE, AVERAGE OR UNDER INSURANCE

Most Fire, Loss of Profits (also known as Business Interruption or Consequential Loss) Industrial Special Risks, Construction, Machinery/ Electronic Breakdown, Marine, Goods in Transit and some Home Insurance Policies

Contain a Co-Insurance, Average or Under Insurance Clause. This means that you must insure for full value and this of course varies with the type of insurance cover you have, that is Market Value,

Indemnity or Replacement options. If you are underinsured the insurer may reduce the amount of your claim by the proportion by which you are underinsured. For your protection we suggest you review your sums insured regularly and obtain a professional evaluation.

SUBROGATION RIGHTS

Where another party is liable to compensate you for any loss, damage or liability which is covered by this contract of insurance but you have agreed not to seek compensation or recovery from the other party than the insurer will not cover you for that loss, damage or liability unless agreed in writing by the insurer.

PAYMENT OF PREMIUMS BY INSTALMENT

Should you require this facility please contact this office to discuss terms.

When premiums are paid by instalment and any remaining instalment remains unpaid for at least 14 days the insurer may refuse to pay a claim or limit their liability in respect of a claim. If a premium instalment remains unpaid for at least a month the insurer may cancel the policy by giving written notice to you.

CLAIMS

Please notify this office during normal business hours of any event likely to give rise to a claim. If applicable you should always notify the Police as soon as possible. Do not admit liability or make any offer of settlement. You must take all reasonable precautions for the safety of the property insured and to prevent further loss or damage.

WORKERS' COMPENSATION

Unless otherwise stated this policy does NOT cover Workers' compensation. If you do not have this cover or require further information in relation to this Statutory Requirement, please contact our office immediately.

AUSTRALIAN FINANCIAL COMPLAINTS AUTHORITY & INSURANCE BROKERS CODE OF PRACTICE

Andrews Insurance Services Pty Ltd subscribes to the Australian Financial Complaints Authority, a free customer service, and the Insurance Broker Code of Practice. If you are not fully satisfied with our services or require further information regarding the facility please call our customer relations/Complaints Officer.

CHANGE OF RISK OR CIRCUMSTANCES

To enable us to provide you with sound advice and to ensure the proper insurance protection please keep us informed of any changes during the period of insurance. If you are in doubt as to whether the insurer should or should not be told of certain changes, we would rather you consult us and give you extra service by answering your queries than allow you to take the risk of producing a claim.

PLEASE ADVISE IN WRITING:

1. Any information which you wish to disclose;
2. Any change of circumstance to the risk now being insured;
3. Any details which could affect the Insurer's decision to invite renewal in similar terms to last year;
4. Any change in occupancy or if the property becomes vacant;
5. Any alteration to your sum/s insured;
6. Any changes of address, phone number or other details.

PRIVACY ACT

We are committed to protecting your privacy. We use the information you provide us to arrange for and quote on the financial services we provide to you. We only provide personal information to the financial service provider and their representatives & those appointed to assist you with claims under policies of insurance. We will not trade rent or sell the information. Andrews Insurance Services Pty Ltd has developed a privacy policy which is available upon request.