

Savannah Insurance Agency Pty Ltd

Trading As:

Savannah Personal Accident

Appendix A

Dentisure, Student Dental Accident Insurance

Information Booklet



Dentisure, Student Dental Accident Insurance

IMPORTANT INFORMATION

This Personal Accident Insurance cover is available under a Group Personal Accident Policy issued to Dental Corporation Pty Ltd ("**Dental Corp**") ABN 92 124 730 874, Level 6, 18 Orion Road, Lane Cove, NSW 2066, by Savannah Insurance Agency Pty Ltd ("**Savannah**") ABN 84 130 364 313, Suite 2, Level 9, 220 George Street, Sydney, NSW 2000.

Dental Corp is not the issuer of the Dentisure, Student Dental Accident Insurance Policy or the underlying insurance cover and neither **Dental Corp** nor any of its related corporations guarantee any of the benefits under this insurance cover.

This insurance cover is provided at no additional cost to the **eligible persons** and **Dental Corp** does not receive any commission or remuneration from Savannah for arranging this Dentisure Student Personal Accident Insurance. Neither **Dental Corp** nor any of its related corporations are Authorised Representatives under the Financial Services Reform Act 2001 (Cth).

Dental Corp may terminate this Dentisure, student Dental Personal Accident Insurance by providing written notification to their **eligible persons**.

The insurance cover provided under this Dentisure Booklet does not include the benefits as prescribed under the Insurance Contracts Act 1984 (Cth) and are only available when the **eligibility criteria** have been met.

You are under no obligation to accept the insurance cover set out in this document. However, if **you** wish to make a claim under this cover, **you** will be bound by the definitions, terms, conditions, exclusions, limitations and claim procedures applicable to this insurance cover.

Therefore please read this document carefully to ensure that **you** understand the scope of the insurance cover provided and keep it in a safe place for future reference.

Please also keep detailed particulars, receipts and proof of any injury you suffer and proof of your **eligibility** for this insurance cover.

HOW TO MAKE A CLAIM

Information on claims can be found under the section titled **Conditions — 4 Claims Procedure** in the **Policy Wording**. Please read this carefully.

Claims need to be submitted with original supporting documentation such as doctor's reports, receipts, and where requested, additional **Proof of Loss - Conditions - 8** in the **Policy Wording**.

For all claims enquires please contact Proclaim on the details below;

Locked Bag 32012, Collins St East, VIC 8003
Phone: (03) 9660 5200 Fax: 1300858329
Or email: insclaims@proclaim.com.au

CONTENTS

	Page Number
Important Information / How to Make a Claim	2
Key Benefits of Dentisure Student Personal Accident Insurance	3
Summary of Insurance Cover	4
Important Matters about the Insurance Cover	5-6
The Insurance Cover	7
Definitions	7-12
Exclusions	13
Special Provisions	14-15
Conditions	16-17
Dispute Resolution	18
Privacy Statement / Code of Practice	19
Table of Events and Compensation	20-22
Exposure	22
Disappearance	22

KEY BENEFITS OF DENTISURE STUDENT PERSONAL ACCIDENT INSURANCE

Cover under Dentisure Student Personal Accident Insurance is provided for a range of **Events**. Details of the **Compensation** payable in respect of any specified **Event** are set out in the **Table of Events and Compensation**.

Cover for each of the **Events** is subject to acceptance of the risk by Savannah, **Cover** is limited to the **Events** and maximum **Compensation** amounts set out in the **Table of Events and Compensation** and is subject to the terms, conditions, provisions and exclusions set out in this Dentisure, Student Dental Personal Accident Insurance Information Booklet and the **Group Policy**.

Summary of Insurance Cover

The insurance cover is summarised below:

SECTION	COVER DESCRIPTION
Section A Capital Benefits	Provides a lump sum payment for the accidental death, Permanent disability or specified Permanent total loss events of an Insured Person(s) as a result of Injury
Section B Additional Benefits	
Bed Care Patient	Provides a weekly benefit if an insured person becomes a bed care patient for more than 24 hours as a result of an Injury
Injury Assistance	Provides a limited weekly reimbursement for the costs of hiring domestic help, child minding services or extra transportation expenses as a result of an injury totally disabling an Insured Person(s)
Broken and/or Fractured Bones	Provides a lump sum payment for specified broken and/or fractured bones of an Insured Person(s) as a result of Injury
Dislocation	Provides a lump sum payment for specific dislocations suffered by an Insured Person(s) as a result of Injury
Dental Cash	Provides a lump sum payment for the loss of a natural tooth/teeth of an Insured Person(s) as a result of injury occurring during school activities only (excludes loss of milk teeth)
Student Tutoring Expenses	Provides a limited weekly reimbursement for the costs of tutoring an Insured Person(s) who is unable to attend their school as a result of Injury
Fee Relief	Provides a limited payment for school term tuition fees in the event of the death of an Insured Person(s)' parent or guardian as a result of Injury
Overseas Medical Expenses	Provides limited reimbursement of overseas medical expenses incurred by an Insured Person(s) as a result of an injury whilst travelling outside Australia
Emergency Transport	Provides limited reimbursement of costs for an Insured Person(s) to travel in emergency transport as a result of an Injury
Non-Medicare Medical Expenses	Provides limited reimbursement of Non-Medicare Medical Expenses incurred by an Insured Person(s) as a result of Injury during school activities only

IMPORTANT MATTERS ABOUT THE INSURANCE COVER

Special notice should be taken of the following important points regarding the **insurance cover**.

1. Eligibility Criteria

A person is eligible for this insurance, if he/she:

- (a) is a current government or private primary or secondary school student; and
 - (b) is aged 19 years or under; and
 - (c)
 - (i) at the first inception date of the **Group Policy**, has attended a **Dental Corp** clinic for a consultation with a **Dental Corp** dental service provider within twelve (12) months prior to such inception date; or thereafter
 - (ii) has attended a **Dental Corp** clinic for a consultation with a **Dental Corp** dental service provider after the inception of the **Group Policy** and within the **Policy Period**,
- and**
- (d) is a patient of **Dental Corp** and for whom **Dental Corp** has declared to us to be insured under the **Group Policy**.

2. Individual Period of Insurance

Insurance cover under this Dentisure Student Personal Accident Insurance is provided to any one **insured person** for a period of 365 consecutive days commencing from the day **immediately after** he/she has first satisfied the **eligibility criteria** within the **Policy Period**.

Provided always that, any one **insured person** can only have one (1) **Individual Period of Insurance** at any one time, no matter how many attendances they have at the **Dental Corp** clinic during any 365 consecutive day period.

- 3. There are some circumstances where cover cannot be provided; these circumstances are set out in this Dentisure Student Personal Accident Insurance Information Booklet. Please take special note of the **Exclusions, and the Special Provisions – General**, set out on pages 13 - 15 of this Booklet.
- 4. An **Aggregate Limit of Liability** applies to the **insurance cover**. An **Aggregate Limit of Liability** is the maximum amount **we** will pay for all claims arising under the **Group Policy** during any one **Policy Period**. The **Aggregate Limit of Liability** is set out in the **Policy Schedule**.

This means that, in the event that the **Aggregate Limit of Liability** is exhausted during any one **Policy Period**, no further claims will be payable under this **insurance cover** for the balance of the **Policy Period**, notwithstanding that the relevant **Insured Person(s)**' claim would have been payable by **us** but for the exhaustion of the **Aggregate Limit of Liability**.

5. An **Aggregate Period, Elimination Period or Excess**, each as described below, may apply to one or more of the **Events**.

An **Aggregate Period** is the maximum period of time for which **Compensation** will be payable under a specified **Event** (generally up to a maximum of fifty two (52) weeks). Details regarding the application of such **Periods** are shown in the **Table of Events and Compensation**.

An **Elimination Period** is a period of time for which no **Compensation** is payable. Different **Elimination Periods** apply to particular **Events**; details regarding the application of such **Periods** are shown in the **Table of Events and Compensation**.

Excess is an amount that an **insured person** will have to pay for each and every claim the **insured person** has under the applicable **Event**. Details of such **Excesses** and the relevant **Events** are shown in the **Table of Events and Compensation**.

6. This Dentisure Student Personal Accident Insurance Information Booklet also contains important information about the rights and obligations of **insured persons** including information about Privacy, the General Insurance Code of Practice and Dispute Resolution on pages 18 - 19.
7. The **insurance cover** may be varied by way of endorsement from time to time. Where applicable, information regarding the details and effect of any such endorsement will be provided to the **insured persons**.
8. Words with a special meaning are shown in this document in **bold, italic** font.

THE INSURANCE COVER

The **insured persons** are insured against **Injury** during the **Individual period of Insurance**, as suits the case, for the **Compensation** amounts shown in the **Table of Events and Compensation** on the terms, conditions, provisions, exclusions and limitations set out in this Dentisure Student Personal Accident Insurance Information Booklet and subject to all the terms, conditions and provisions of the **Group Policy**, including the **Policy Schedule**.

The **insurance cover** provided is subject to the **Insured** paying, or agreeing to pay, the **premium we** require, as set out in the **Group Policy**.

DEFINITIONS

Words with a special meaning are shown in this Dentisure Student Accident Insurance Information Booklet in **bold, italic** font.

Activities of Daily Living are transferring, dressing, toileting, bathing/washing and eating, all as defined below.

- (a) **Transferring** means the ability of the **insured person** to move in and out of a chair or bed without the assistance of another person. The **insured person** will be considered to be able to transfer themselves even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorised devices are used.
- (b) **Dressing** means the ability of the **insured person** to put on and take off all garments and medical braces or artificial limbs usually worn and to fasten and unfasten them, without the assistance of another person. The **insured person** will be considered to be able to dress themselves even if the above tasks can be performed only by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.
- (c) **Toileting** means the ability of the **insured person** to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing without the assistance of another person. The **insured person** will be considered to be able to toilet themselves even if they have a colostomy and are able to empty the pouch themselves, or if the **insured person** uses a commode, bedpan or urinal, and are able to empty and clean it without the assistance of another person.
- (d) **Bathing/Washing** means the ability of the **insured person** to wash themselves either in the bath or shower or by sponge bath without the assistance of another person. The **insured person** will be considered to be able to bathe themselves even if the above tasks can only be performed in the bath or shower by using equipment or adaptive devices.
- (e) **Eating** means the ability of the **insured person** to get nourishment into the body by any means once it has been prepared and made available to the **insured person** without the assistance of another person.

Aggregate Limit of Liability means the maximum amount **we** will pay for all claims arising under the **Group Policy** during any one **Policy Period**.

Aggregate Period means the maximum period of time for which **Compensation** will be payable to the **insured person** in respect of any one **injury**.

Bed Care Patient means an **insured person** who is confined in a bed under the regular daily attendance and care of a professional carer (not being a family member of the **insured person**) directly resulting from a covered **injury** and certified as necessary by a legally qualified medical practitioner, such practitioner being other than an immediate family member of the **insured person**.

Provided always that *Bed Care Patient* does not include confinement in any of the following institutions in which an ***insured person*** resides at the time of the ***injury*** giving rise to the claim — nursing or convalescent home, a geriatric ward, a mental institution, rehabilitation or extended care facility for the elderly.

Compensation means the Compensation set out in the **Table of Events and Compensation**, forming part of this Dentisure Student Personal Accident Insurance Information Booklet.

Dental Corp means Dental Corporation Pty Ltd, also referred to in this document as ***"you"***.

Domestic Help and Child Minding Services means the actual costs incurred for the reasonable and necessary professional services carried out by persons, not being members of the ***insured person's*** family or other relatives or persons permanently residing with the ***insured person***:

- (a) to help the parent(s) or guardian of the ***injured insured person*** with household duties or to look after and tend the needs of the ***injured insured person***; where
- (b) such duties or needs are normally carried out by the ***insured person's*** parent(s) or guardian.

Eligibility criteria mean a person who:

- (a) is a current government or private primary or secondary school student; and
- (b) is aged 19 years or under; and
- (c) see (i) and (ii) below:
 - (i) at the first inception date of the Group Policy, has attended a Dental Corp clinic for a consultation with a Dental Corp dental service provider within twelve (12) months prior to such inception date; or thereafter
 - (ii) has attended a ***Dental Corp*** clinic for a consultation with a ***Dental Corp*** dental service provider after the inception of the ***Group Policy*** and within the ***policy period***; and
- (d) is a patient of ***Dental Corp*** for whom ***Dental Corp*** has declared to us to be insured under the ***Group Policy***.

Eligible person(s) means a person who meets the ***eligibility criteria*** for the ***insurance cover***.

Elimination Period means the period, commencing with the first day of ***total disablement*** for which medical treatment was sought in respect of the ***injury***, and during which no ***Compensation*** is payable to the ***insured person***.

Event means an Event set out in the **Table of Events and Compensation**, forming part of this Dentisure Student Personal Accident Insurance Information Booklet.

Emergency Transport means the actual costs incurred by the ***insured person***, as a result of an ***injury***, to travel in a vehicle, vessel or aircraft licensed to transport sick or injured persons for the purpose of obtaining urgent medical treatment at a registered medical facility.

Provided always that we shall not be liable to pay any ***Compensation*** in respect of:

- a) any expense to which Section 118.1 of the *Private Health Insurance Act 2007* (Cth) as amended) or any of the regulations made thereunder apply;

- b) more than the percentage specified in the Table of Events and Compensation of the amount of each claim made under this *Event* after deduction of the amount applicable in Item (a) above (where applicable) and deduction of the amount of **Excess** specified in the **Table of Events and Compensation**;
- c) any expense which **we** are prohibited by law from paying.

Provided further that, in respect of all covered expenses for any one *injury*, our total liability shall now exceed the amount of **Compensation** set out in the **Table of Events and Compensation** for this *Event*.

Excess is the amount shown in the **Table of Events and Compensation** that the *insured person* will have to pay for each and every claim the *insured person* makes under the applicable *Event*.

Extra Public Transport Expenses means the additional public transport costs incurred by the *insured person* to travel to and/or from the medical practitioner's surgery to have treatment for the *injury*.

Fingers, Thumbs or Toes means the digits of a *hand* and *foot*.

Foot means the entire foot below the ankle, and **feet** has a corresponding meaning.

Hand means the entire hand below the wrist.

Group Policy means the group personal accident policy issued by Savannah to **Dental Corp** which extends the benefit of the **insurance cover** to **insured persons**.

Hospital (in respect of **Overseas Medical Expenses**) means any institution (located outside Australia) lawfully operated for the care and treatment of sick or injured persons with organised facilities for diagnosis and surgery and having twenty-four (24) hours a day nursing service and medical supervision, but does not include any institution used primarily as a nursing or convalescent home, a place of rest, a mental institution, a rehabilitation or extended care facility or a place for the care or treatment of alcoholics or drug addicts.

Individual Period of Insurance means the 365 consecutive day period of insurance cover applicable to **an insured person**. The **Individual Period of Insurance** for any one *insured person* will commence from the day immediately after he/she has first satisfied the **eligibility criteria** within the **Policy Period**.

Provided always that, any one *insured person* can only have **one (1) Individual Period of Insurance** at any one time, no matter how many attendances they have at the **Dental Corp** clinic during any 365 consecutive day period.

Injury means a physical injury caused by violent, external and visible means which occurs fortuitously during the **Individual Period of Insurance** and which results solely and directly and independently of any pre-existing conditions or other cause in any of the **Events** specified in the **Table of Events and Compensation** within twelve (12) calendar months from the date of its occurrence. **Injured** has a corresponding meaning.

Insurance cover means the insurance cover provided to **Dental Corp** under the **Group Policy**.

Insured means Dental Corporation Pty Ltd ("**Dental Corp**") ABN 92 124 730 874, also referred to in this document as "**you**".

Insured person(s) means any person who is an **eligible person**, provided that **Dental Corp** has paid or agreed to pay **us** the **premium** due under the **Group Policy** for such **eligible person**.

Insurer means certain underwriters at Lloyd's.

Limb means any part of the arm between the shoulder and the wrist, or any part of leg the between the hip and the ankle.

Loss of Independent Existence means when as a result of an **injury** an **insured person** is unable to perform two (2) or more of the **Activities of Daily Living**

Non Medicare Medical Expenses means expenses:

- (a) that are not subject to any full or partial Medicare rebate, nor recoverable by an **insured person** or their parent or guardian from any other source; and
- (b) incurred within twelve (12) calendar months of an **insured person** sustaining **injury**; and
- (c) paid by the **insured person** or their parent or guardian for treatment certified necessary by a legally qualified medical practitioner, such practitioner being other than an immediate family member of the **insured person**, to a registered private hospital, physiotherapist, nurse or similar provider of medical services, including the cost of medical supplies or ambulance hire but excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth, excluding first teeth and dentures, and is caused by **injury**.

If an **insured person** suffers an **injury** and requires physiotherapy treatment(s), **we** will pay such expenses up to the amount of **Compensation** shown in **Section B - Event 32** under **Table of Events and Compensation** provided that, where five (5) or more treatments are required, the **insured person** has obtained a referral from a legally qualified medical practitioner, such practitioner being other than an immediate family member of the **insured person**.

However, **Non Medicare Medical Expenses** does not include:

- a) any or part of any expenses for which a Medicare benefit is paid or is payable, including the balance of monies due or payable by an **insured person** or their parent or guardian after deduction of any Medicare benefit or rebate from the actual expense incurred (commonly referred to as the "**Medicare Gap**"); or
- b) rehabilitation expenses which are not direct treatment, such as equipment or sporting membership.

Provided always that we shall not be liable to pay any **Compensation** in respect of:

- a) any expenses recoverable by an **insured person** or their parent or guardian from any other insurance scheme or any plan providing medical/physiotherapy or similar coverage or from any other source except for the excess of the amount recoverable from such other insurance/plan or source;
- b) any expenses incurred for **injury** sustained whilst the **insured person** is not attending a primary or secondary school or taking part in an activity organised and supervised by a primary or secondary school.

- c) any expense to which Section 118.1 of the *Private Health Insurance Act 2007* (Cth) as amended) or any of the regulations made thereunder apply;
- d) more than the percentage specified in the Table of Events and Compensation of the amount of each claim made under this *Event* after deduction of the amount applicable in Item (a) above (where applicable) and deduction of the amount of **Excess** specified in the **Table of Events and Compensation**;
- e) any expense which **we** are prohibited by law from paying.

Provided further that, in respect of all covered expenses for any one *injury*, our total liability shall now exceed the amount of **Compensation** set out in the **Table of Events and Compensation** for this *Event*.

Overseas Medical Expenses means expenses incurred outside the territorial limits of Australia within twelve (12) calendar months of an **insured person** sustaining *injury* and paid by the **insured person**, their parent or guardian or their primary or secondary school on that **insured person's** behalf for treatment certified necessary by a legally qualified medical practitioner to a physician, surgeon, nurse, **hospital** and/or ambulance service for medical, surgical, x-ray, **hospital** or nursing treatment but excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth (excluding first teeth and dentures) and is caused by *injury*.

We shall not be liable to make any refund in respect of:

- a. any expenses recoverable by the **insured person** or their parent or guardian or their primary or secondary school from any other insurance scheme or any plan providing medical/physiotherapy or similar coverage or from any other source except for the excess of the amount recoverable from such other insurance/plan or source;
- b. any expense to which Section 118.1 of the *Private Health Insurance Act 2007* (as amended) or any other regulations made there under that apply;
- c. for the **excess** amount specified in the **Table of Events and Compensation** for **Overseas Medical Expenses**;
- d. any expense, which **we** are prohibited by law from paying;
- e. any expenses incurred for overseas trips which exceed ninety (90) days in duration.

our total liability shall not exceed the amount specified in the **Table of Events and Compensation**.

Paraplegia means **permanent** and entire paralysis of both legs and part or whole of the lower half of the body.

Permanent means lasting twelve (12) calendar months from the date of occurrence and at the end of that period being beyond hope of improvement.

Policy Period means the period shown in the **Group Policy Schedule** or subsequent Renewal Notice issued by **us**.

Policy Schedule means the document issued by Savannah to **Dental Corp** which extends the benefit of the **insurance cover** to **insured persons**.

Quadriplegia means **permanent** and entire paralysis of both legs and both arms.

Student Tutoring Expenses means the actual expenses necessarily incurred for professional tutorial services of a suitably qualified teacher holding a current teaching certificate equal to the level of education currently undertaken by an **insured person**, who as a result of **injury** is wholly and continuously prevented from attending their normal studies at an educational institution in Australia. Provided such absence is certified by that **insured person's** legally qualified and registered medical practitioner, who is not the **insured person** or a member of the **insured person's** family, as being necessary for that **insured person's recovery**.

Terrorist act means any actual or threatened use of force or violence directed at or causing damage, **injury**, harm or disruption, or committing of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered **terrorist acts**.

Terrorist act shall also include any act, which is verified or recognized by the (relevant) Government as an act of terrorism.

Total Disablement means as a result of **injury** an **insured person** is wholly and continuously prevented from attending all of that **insured person's** usual school classes and school activities and is under the regular care of and acting in accordance with the instructions or professional advice of a legally qualified medical practitioner, such practitioner being other than an immediate family member of the **insured person**.

Total Loss means in relation to:

- a) an **insured person's** body part or **limb, hand, foot, finger** or **toe**, the physical severance or entire loss of the use thereof;
- b) an eye, the entire and irrecoverable loss of all sight in the eye;
- c) hearing, the entire and irrecoverable loss of hearing

War means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

We/Our/Us means certain underwriters at Lloyd's.

EXCLUSIONS

These exclusions will apply to all coverages provided under this policy.

The **insurance cover** shall **not** apply to any **injury** or event directly or indirectly arising out of:

1. the intentional use of military force or other intervention by a government or official authority to intercept, prevent or mitigate any known or suspected **terrorist act**.
2. any loss arising out of any **terrorist act**.
3. any consequence of any **insured person** engaging in hang gliding, sky diving or parachuting.
4. the **insured person** driving or riding in any kind of race.
5. sickness, disease or any kind of infection however contracted, even if through **injury**. This Exclusion however, does not apply to sickness or disease directly resulting from medical or surgical treatment rendered necessary by an **injury** or to infection directly resulting from an **injury**, provided that in each case the **injury** itself is covered.
6. an **insured person's** pregnancy, childbirth or miscarriage.
7. sexually transmitted disease, or Acquired Immune Deficiency Syndrome (AIDS.) disease or Human Immunodeficiency Virus (HIV.) Infection.
8. radioactive contamination or radioactivity in any form whatsoever whether occurring naturally or otherwise.
9. an **insured person** having a blood alcohol content over the prescribed legal limit when driving or operating any motor vehicle, and/or being under the influence of intoxicating liquor and/or being under the influence of any drug other than a drug
10. an **insured person's** intentional self-injury or suicide.
11. any criminal or intentional illegal act of the **insured person(s)**.
12. training for or participating in professional sports of any kind.
13. air travel except as a passenger in a properly licensed aircraft.
14. an **insured person's** deliberate exposure to exceptional danger unless in an attempt to preserve their own life, or the life of others.
15. **war**, civil war, invasion, insurrection, revolution, use of or threatened use of military power or usurpation of government or military power.

SPECIAL PROVISIONS — GENERAL

1. The **Compensation** payable under **Section A, Capital Benefits** of the **Table of Events and Compensation — Event 3** (Death) shall be payable to an **insured person's** parent(s) or guardian; any other **Compensation** payable under the **insurance cover** shall be payable to the **insured person** or the **insured person's** parent(s) or guardian if they have incurred the expense on behalf of the **insured person**.
2. **Compensation** shall not be payable for more than one of the **Events 1-22** listed in **Section A** of the **Table of Events and Compensation** in respect of the same **injury**, in which case the **Event** with the highest **Compensation** amount will be paid.
3. Should an **insured person** sustain **injury**, which results in any one of the **Events 1 to 9** (inclusive) and **Event 22** as described in **Section A — Capital Benefits** of the **Table of Events and Compensation**, there shall be no further liability for that **insured person** under the **insurance cover** for any **injury** sustained by such **insured person** thereafter.
4. **Compensation** shall not be payable:
 - (a) in excess of the **Aggregate Period** shown against any **Event** in respect of any one **injury**.
 - (b) unless the **insured person** shall, as soon as possible after the happening of any **injury** likely to give rise to a claim under the **insurance cover**, procure and follow proper medical advice from a legally qualified and registered medical practitioner, such practitioner being other than an immediate family member of the **insured person**.
5. If, as a result of **injury**, **Compensation** is payable in respect of an **insured person** under **Section B, Additional Benefits**, events **23, 24 or 27** of the **Table of Events and Compensation**, and if, during the **Individual Period of Insurance**, such **insured person** suffers recurrence of **total disablement** from the same or related cause or causes, the subsequent period of **total disablement** will be deemed a continuation of the prior period unless in between such periods an **insured person** has been certified fit for at least six (6) consecutive months, in which case such **total disablement** shall be deemed to be the result of a new **injury** and subject to a new **Elimination Period** and **Aggregate Period**.
6. In relation to **Section B, Additional Benefits** of the **Table of Events and Compensation**, **Event 30 - Overseas Medical Expenses**, an **insured person** will not be covered for any medical expenses incurred during overseas trips which exceed ninety (90) days in duration.
7. **Aggregate Limit Of Liability**

Our total liability for all claims arising under the **Group Policy** during any **Policy Period** shall not exceed the **Aggregate Limit of Liability** set out in the **Policy Schedule**.

8. **Compensation** shall not be payable in respect of:

- a) any expense to which Section 118.1 of the *Private Health Insurance Act 2007* (Cth) as amended) or any of the regulations made thereunder apply;
- b) more than the percentage specified in the Table of Events and Compensation of the amount of each claim made under this *Event* after deduction of the amount applicable in Item (a) above (where applicable) and deduction of the amount of **Excess** specified in the **Table of Events and Compensation**;
- c) any expense which **we** are prohibited by law from paying.

Provided further that, in respect of all covered expenses for any one *injury*, our total liability shall not exceed the amount of **Compensation** set out in the **Table of Events and Compensation** for this *Event*.

CONDITIONS

1. Assignability

Any rights under the **insurance cover** shall not be assignable without **our** agreement and prior written consent.

2. Australian Law

The **insurance cover** is governed by the laws of New South Wales and any dispute or action in connection therewith shall be conducted and determined in Australia.

3. Cancellation of Group Policy

We and **Dental Corp** may terminate the **Group Policy** at accordance with its provisions. **Dental Corp** will notify all **insured persons** of the date of such termination.

Notwithstanding such termination, **we** will maintain cover for those **insured persons whose Individual Period of Insurance** extends beyond the date of termination. In respect of such **insured persons**, their **insurance cover** will cease on the date that their **Individual Period of Insurance expires**.

4. Claims Procedure

- (a) Written notice of a claim must be given to **us** by the **Insured Person** within ninety (90) days of suffering the injury. Notice may be provided by completing a claim form available at:

Proclaim
Locked Bag 32012,
Collins Street East, Vic 8003,

Or by advising by telephone on (03) 9660 5200, or by Fax on 1300 858 329,
Or by submitting a claim by email: insclaims@proclaim.com.au.

We will advise if additional information is required and the **Insured Person** must provide this to **us** in a reasonable time.

Claims need to be supported by original supporting reports and documentation such as police or school accident reports, doctors' reports and hospital reports, as suits the case. In the event of claims under some policy sections, an **Elimination** and/or **Aggregate Period** or an **Excess** may apply.

- (b) All certificates and evidence required by **us** shall be furnished at the expense of the **insured person** or their parent or guardian for any claim hereunder and shall be in such form and of such nature as **we** shall prescribe.
- (c) **We** may have the **insured person** medically examined at **our** expense when and as often as **we** may reasonably require after a claim has been made, or in the event of the **insured person's** death, arrange an autopsy unless this is illegal in the country in which the autopsy is to be performed.

5. **Currency**

All amounts shown in this Dentisure Student Personal Accident Insurance Information Booklet are in Australian currency (AUD). If expenses or losses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount payable in Australian currency (AUD) will be the rate at the time of incurring the expense or suffering the loss.

6. **Effective Date Of *Individual Period of Insurance***

The insurance of any **insured person** shall become effective from the day immediately after he/she meets the **eligibility criteria** within the **Policy Period** and will cease after a period of 365 consecutive days.

7. **Fraud and Misstatement**

Any fraud, misstatement or concealment by **Dental Corp** and/or an **insured person** either in the application on which this **insurance cover** is based, or in relation to any other matter affecting this **insurance cover**, or in connection with the making of any claim thereunder, may give us certain rights provided for in the *Insurance Contracts Act 1984* (Cth), including the right to reduce or refuse payment of any claim, cancel or avoid the **Group Policy**.

8. **Proof of Loss**

After **we** receive notice of a claim **we** will provide the **insured person** or their parent or guardian with **our** usual claim forms for completion. The claim forms must be properly completed and all evidence required by **us** shall be furnished in a timely manner at the expense of the **insured person** or their parent or guardian and be in such form and of such nature as **we** may require.

9. **Subrogation**

In the event of any payment under this **insurance cover**, **we** shall be subrogated to all the **insured/insured person's** rights of recovery thereof against any person or organisation and the **insured/insured person** shall execute and deliver instructions and papers and do whatever else is necessary to secure such and enable enforcement of such rights. The **insured/insured person** shall take no action to prejudice such rights.

DISPUTE RESOLUTION

We and Savannah will do everything possible to provide a quality service to **you**. However, **we** recognise that occasionally there may be an aspect of **our** or Savannah's service or a decision **we** or Savannah have made that **you** wish to query or draw to **our** or Savannah's attention. Savannah has complaints and dispute resolution procedures which undertake to answer **your** queries or complaints within 15 (fifteen) working days. If **you** have any queries or complaints, please contact Savannah, Savannah's staff are always available to listen to **you** and to help where they can.

If **you** wish to make a complaint or access Savannah's internal dispute resolution service, please contact Savannah and ask to speak to Savannah's dispute resolution manager. The contact details of Savannah's dispute resolution manager are as follows:

Savannah Dispute Resolution Manager
GPO Box 4920, Sydney, NSW 2001
Tel: (02) 8062 4256
Fax: (02) 8078 0162

If **you** are unhappy with Savannah's response, or Savannah has taken more than fifteen (15) working days to respond, **you** should contact Peter Fryer at:

Lloyd's Australia Limited
Suite 2, Level 21 Angel Place 123 Pitt Street,
Sydney NSW 2000
Tel: (02) 9223 1433
Fax: (02) 9223 1466
Email: peter@lloydsaustralia.com.au

When **you** lodge **your** dispute with **us**, **we** will usually require the following information:

- Name, address and telephone number of the policyholder
- The type of insurance policy involved
- Details of the policy concerned (policy and/or claim reference numbers, etc)
- Name and address of the insurance intermediary through whom the policy was obtained
- Details of the reasons for lodging the dispute
- Copies of any supporting documentation **you** believe may assist **us** in addressing **your** dispute appropriately.

Following receipt of **your** dispute, **you** will be advised whether **your** dispute will be handled by either Lloyd's Australia or the Policyholder & Market Assistance Department at Lloyd's in London:

If **you** are unhappy with this response, **you** may take Your complaint to the Financial Ombudsman Service (FOS), an Australian Securities & Investments Commission (ASIC) approved external dispute body.

The FOS resolves certain insurance disputes between consumers and insurers and will provide an independent review at no cost to **you**. **We** and Savannah are bound by any determination made by the FOS but the determination is not binding on **you**.

The contact details of the FOS are as follows.

GPO Box 3, Melbourne VIC 3001
Freecall: 1300 78 08 08
Fax: (03) 9613 6399
Email: info@fos.org.au
Web: www.fos.org.au

PRIVACY STATEMENT

We are committed to protecting **your** privacy. **We** use the information **you** provide **us** to quote on **your** application for a Policy, to provide the insurance, administer the Policy and assess and manage any claims. **We** only provide personal information to **our** underwriters and reinsurers (and their representatives) and those **we** appoint to assist us with claims under **your** Policy.

If **you** do not provide **us** with full information, **we** cannot properly quote for **your** insurance and **we** cannot insure **you**. **You** can check the personal information we hold about **you** at any time. Such application should be directed to Savannah, in writing, where it will be considered by its internal privacy disputes department.

If **you** provide **us** with personal information about anyone else, **we** rely on **you** to have obtained their consent and to have informed them:

- to whom **we** may provide their personal information;
- the purposes for which **we** will use their personal information; and
- how they can access that information.

If the information is sensitive, **we** rely on **you** to have obtained their consent on these matters.

For more information about **our** privacy policy, please visit **our** website.

CODE OF PRACTICE

This Group Policy is Insurance Council of Australia's General Insurance Code of Practice compliant, apart from any claims adjusted outside Australia. Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry.

When **you** lodge a claim Savannah will tell **you** in plain language what information Savannah needs and how **you** should go about making **your** claim.

Savannah will respond promptly to any requests **you** make for assistance with **your** claim and it will be considered and assessed promptly.

TABLE OF EVENTS AND COMPENSATION

THE EVENTS

THE COMPENSATION (Each insured person)

SECTION A - CAPITAL BENEFITS

injury as defined, resulting in

1.	<i>Permanent Quadriplegia</i>	\$125,000
2.	<i>Permanent Paraplegia</i>	\$125,000
3.	<i>Death</i>	\$ 20,000
4.	<i>Permanent Loss of Independent Existence</i>	\$ 50,000
5.	<i>Permanent Total Loss</i> of entire sight of both eyes	\$ 25,000
6.	<i>Permanent Total Loss</i> of entire sight of one eye	\$ 25,000
7.	<i>Permanent Total Loss</i> of use of two limbs	\$ 25,000
8.	<i>Permanent Total Loss</i> of use of both feet	\$ 25,000
9.	<i>Permanent Total Loss</i> of use of both hands	\$ 25,000
10.	<i>Permanent Total Loss</i> of use of one limb	\$ 12,500
11.	<i>Permanent Total Loss</i> of use of one hand	\$ 12,500
12.	<i>Permanent Total Loss</i> of use of one foot	\$ 12,500
13.	<i>Permanent Total Loss</i> of hearing in both ears	\$ 15,000
14.	<i>Permanent Total Loss</i> of hearing in one ear	\$ 7,500
15.	<i>Permanent Total Loss</i> of use of four fingers and thumb of either hand	\$ 12,500
16.	<i>Permanent Total Loss</i> of use of four fingers of either hand	\$ 10,000
17.	<i>Permanent Total Loss</i> of use of one thumb of either hand	
17.1	<i>Both joints</i>	\$ 7,500
17.2	<i>One joint</i>	\$ 3,750
18.	<i>Permanent Total Loss</i> of use of fingers of either hand	
18.1	<i>Three joints</i>	\$ 2,500
18.2	<i>Two joints</i>	\$ 1,750
18.3	<i>One joint</i>	\$ 1,250
19.	<i>Permanent Total Loss</i> of use of toes of either foot	
19.1	<i>All - one foot</i>	\$ 12,500
19.2	<i>Great - both joints</i>	\$ 7,500
19.3	<i>Great - one joint</i>	\$ 2,500
19.4	<i>Other than great, each toe</i>	\$ 500
20.	<i>Shortening of leg by at least 5cm</i>	\$ 1,750
21.	<i>Third degree burns and/or resultant disfigurement due to fire or chemical burns which extends to more than 40% of the entire body</i>	\$ 12,500
22.	<i>Permanent</i> partial disablement not otherwise provided for under Events 4 to 21 inclusive	Up to \$ 125,000*

* Such percentage of the \$125,000 which corresponds to the percentage reduction in whole bodily function as certified by not less than two (2) legally qualified medical practitioners one of whom shall be the Insured Person(s)' treating doctor and the other shall be nominated by us.

In the event of a disagreement between them, a third legally qualified medical practitioner's opinion shall be obtained and the percentage awarded shall be the average of the three (3) opinions.

SECTION B - ADDITIONAL BENEFITS

THE EVENTS

THE COMPENSATION (Each *insured person*)

23. **Bed Care Patient Benefit** - if an *insured person* becomes a **bed care patient** for a period of more than 24 hours as a result of an **injury**
- \$200 per week
- Aggregate period** for this Benefit is up to fifty-two (52) weeks
24. **Injury Assistance Benefit** – in the event of an *insured person* suffering **total disablement**, we will reimburse up to 75% of **domestic help** week **and child minding services and/or extra public transport expenses** certified as necessary by the *insured person's* legally qualified medical practitioner **Elimination period** is seven (7) days per **injury**
- Up to \$200 per week
- Aggregate period** for this Benefit is up to fifty-two (52) weeks
25. **Injury** as defined resulting in broken and/or fractured bones of the:
- | | |
|---|--------------|
| (a) Finger or toe | \$ 125 |
| (b) Hand or foot | \$ 150 |
| (c) Arm, elbow, wrist, leg, ankle or knee; | |
| (i) simple fractures | \$ 300 |
| (ii) compound or complicated fractures | \$ 600 |
| (d) Collarbone | \$ 300 |
| (e) Breastbone | \$ 200 |
| (f) Rib (one or more) | \$ 300 total |
| (g) Shoulder, cheekbone or nose | \$ 150 |
| (h) Hip or jaw | \$ 900 |
| (i) Skull, pelvis, one or more vertebrae of the neck or spine | \$ 1,500 |
| The maximum amount payable any one <i>injury</i> is | \$ 3,000 |
26. **Injury** as defined resulting in dislocation of the:
- | | |
|---|----------|
| (a) Hip | \$ 300 |
| (b) Knee | \$ 150 |
| (c) Shoulder Blade | \$ 150 |
| (d) Collarbone or Jaw | \$ 150 |
| (e) Ankle, Elbow or Wrist | \$ 150 |
| The maximum amount payable any one <i>injury</i> is | \$ 1,250 |
27. **Dental Cash Benefit (School Activities Only)**
Lump sum payment for the loss of teeth or crowning of damaged teeth with cast metal or porcelain or ceramic or veneer or similar restorations, provided that this occurs within twelve (12) calendar months from the date of Injury to permanent or second teeth
(No cover is provided for milk or first teeth, bridges, dentures or fillings)
- The maximum amount payable for any one *injury* is \$5,000
28. **Student Tutoring Expenses Benefit** – we will reimburse for the **student tutoring expenses** if an *insured person* is unable to attend their school as a result of **injury**.
- Up to \$200 per week
- Elimination period** is seven (7) days per **injury**
Aggregate period for this Benefit is up to fifty-two (52) weeks
29. **Fee Relief** - Following the death by **injury** of the *insured person's* parent or guardian, we will pay the annual school tuition fees up to \$3,000 for each of the in all remaining school terms of the current school year.
- \$7,500 maximum

THE EVENTS

THE COMPENSATION (Each *insured person*)

- | | |
|---|--------------------------------------|
| 30. Overseas Medical Expenses Benefit – We will reimburse for the overseas medical expenses incurred by an Insured Person(s) as a result of an Injury whilst travelling outside Australia. | \$5,000 |
| Excess each and every loss is \$20 | |
| (Note: No cover for any expenses incurred for overseas trips which exceed 90 days in duration) | |
| 31. Emergency Transport Benefit — (School Activities Only)
We will reimburse the cost for an Insured Person(s) to travel in Emergency Transport as a result of an Injury | \$2,000 maximum
per <i>injury</i> |
| 32. Non-Medicare Medical Expenses Benefit - (School Activities Only)
100% of the Non-Medicare Medical Expenses incurred after deduction of the Policy excess to the maximum amount specified.
Excess each and every loss is \$20 | \$1,250 maximum
per injury |

EXPOSURE

If any of the **Events** listed in the **Table of Events and Compensation, Section A or B** occurs as the result of unexpected exposure to the elements following an ***injury***, we will assume that an ***insured person*** has sustained ***injury*** as defined and will pay the ***Compensation*** specified for such ***Event***.

DISAPPEARANCE

If an ***insured person's*** body has not been found within twelve (12) calendar months after the date of the disappearance, sinking or wrecking of the conveyance in which that ***insured person*** was travelling at such date, **we** will assume that the ***insured person*** died as the result of ***injury*** and will pay the ***Compensation*** specified under the **Table of Events and Compensation — Section A, Capital Benefits, Event 3** (Death), subject to receipt of a signed undertaking by the ***insured person's*** parent or guardian, or the person to whom the ***Compensation*** has been paid, that any such ***Compensation*** shall be refunded if it is later demonstrated that the ***insured person*** did not die as a result of an ***injury***.