

Savannah Insurance Agency Pty Ltd

Trading As:

Savannah Personal Accident

Dentisure, Student Dental Accident Insurance

Group Personal Accident Insurance

Combined Product Disclosure Statement (PDS)

Policy Wording

and

Financial Services Guide (FSG)

This document contains the terms, conditions and exclusions applicable to your insurance policy. It is important that you read and understand it and retain it in a safe place.

This Combined PDS & FSG is dated 21st June 2010.



Issued by Savannah Insurance Agency Pty Ltd (ABN 84 130 364 313), (Australian Financial Services Licence No. 329631) ("**Savannah**"), acting under a binding authority arrangement which gives Savannah the authority to act as an Agent of certain underwriters at Lloyd's.

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Part 1 – IMPORTANT INFORMATION

ABOUT OUR GROUP PERSONAL ACCIDENT INSURANCE

1. This Product Disclosure Statement (PDS)

This PDS is designed to assist **you** to make informed choices about **your** insurance needs. It gives a summary of the benefits and risks associated with this insurance product. This document is divided into three sections. The first section (Part 1) includes general information about this insurance. The second section (Part 2) is the Policy wording that sets out the specific terms, conditions and exclusions of the cover that **we** will provide, which should be read carefully to ensure that it provides the cover **you** need. Parts 1-2 form the PDS. The third section (Part 3) is the Financial Services Guide designed to help **you** decide whether to use the services that Savannah provide, and other information that **you** should read carefully before entering into this Policy.

Please keep this combined PDS and FSG, along with your policy documents, in a safe place for future reference.

In this PDS:

We, Our or Us means certain underwriters at Lloyd's.

You, Your or Yourself means the person(s) named in the Policy Schedule as the Insured and includes the Insured Person(s) in connection with:

1. the circumstances in which entitlements to benefits arise (including the application of any exclusions);
2. the general conditions and limitations; and
3. notification and disclosure obligations.

Insured Person(s) means the person(s) named in the Policy Schedule by **you** from time to time for the insurance cover selected by **you** and for which the premium has been paid.

As the information in this PDS may change from time to time, **you** can obtain updated information simply:

- by asking your intermediary (if applicable);
- by visiting: www.savannahgroup.com.au;
- by writing to the address shown below;
- by emailing us: enquiries@savannahgroup.com.au

Insurer means certain underwriters at Lloyd's

If the change to the information is materially adverse, **we** will issue a Supplementary PDS.

2. About Savannah Insurance Agency Pty Ltd

Savannah Insurance Agency Pty Ltd (ABN 84 130 364 313), (Australian Financial Services licence no. 329631) ("**Savannah**"), is an underwriting agency created to provide a range of insurance products including group personal accident insurance. Savannah acts as an agent for certain underwriters at Lloyd's. Savannah does not act on **your** behalf. Savannah has full authority to quote contracts of insurance; issue contracts of insurance; collect premiums; and pay claims as an agent of certain underwriters at Lloyd's.

Savannah's contact details are:

Savannah Insurance Agency Pty Ltd
ABN 84 130 364 313; AFS Licence No: 329631
Suite 2, Level 9, 220 George Street, Sydney, NSW 2000

Telephone: (02) 8062 4255
Fax: (02) 8078 0162

Website: www.savannahgroup.com.au
Email: enquiries@savannahgroup.com.au

3. About the Insurer

Lloyd's underwriters are authorised by APRA pursuant to the Insurance Act 1973.

Savannah is authorised by the Insurer to enter into contracts of insurance underwritten by certain underwriters at Lloyd's, and Savannah is authorised as agent of the insurer under a binding authority agreement as if it were the Insurer. **We** do not act on **your** behalf.

4. Your Individual Requirements

When preparing this PDS, We and Savannah have not taken into account **your** individual objectives, requirements or financial position. **We** generally distribute **our** products through licensed insurance brokers or advisers (intermediaries).

You should discuss with **your** intermediary the type of risks **you** need to insure against and the appropriate amount of cover that **you** need. Further, if **you** have any questions about the appropriateness of this product for **your** objectives, requirements or financial position, **you** should seek advice from **your** intermediary.

If **you** wish to contact **us** about this PDS, please use the contact details given above. However, **we** can only provide **you** with factual information or general advice about this product and cannot advise **you** whether the product is appropriate for **your** objectives, requirements or financial position.

If **your** circumstances, relevant to the risks **we** have agreed to insure, change after taking out this insurance **you** should notify **us** (or ask **your** intermediary to do so on **your** behalf) as soon as possible.

5. 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 not 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.

6. Other Issues to Consider before Taking out this Insurance

Like all insurance contracts, the Policy contains exclusions, terms and conditions, as well as limits and sub-limits that **you** should be aware of when considering whether to purchase this product.

The Policy Schedule will contain important information about **your** cover, including the Period of Insurance, the premium, the level of cover (and the insured amounts) **you** have chosen and whether any standard terms have been varied by way of endorsement to the Policy.

You should keep all of the Policy documents in a safe place.

7. Types of Cover

This Policy provides personal accident insurance cover and **you** should read this Policy carefully to ensure that the cover **you** choose is appropriate for **your** needs.

We will pay **you** the benefit set out in **your** Policy Schedule if **you** suffer an Injury resulting from an accident during the Period of Insurance. The Injury suffered must:

- be an insured **event** of the type set out in the **Table of Events and Compensation**; and
- arise within twelve (12) calendar months from the date of the accident.

This Group Policy provides **you** with insurance cover as specified in the Dentisure, Student Dental Accident Insurance Information Booklet, attached as Appendix A.

All cover is subject to **you** paying or agreeing to pay the required premium, and is subject to all the terms, provisos, conditions and exclusions of the Group Policy, including those specified in the Dentisure, Student Dental Accident Insurance Information Booklet.

The insurance cover provided under this Group Policy, including the cover specified in the Dentisure, Student Dental Accident Insurance Information Booklet, does not include the benefits as prescribed under the *Insurance Contracts Act 1984* (Cth) and are only available to insured persons who have met the **eligibility criteria**.

This Group Policy shall only apply to **Events** that occur during the policy period as set out in the Policy Schedule or subsequent Renewal Notice, as suits the case. Provided however that, in the event that the Group Policy is cancelled, **we** will maintain cover for those **Insured Persons** who's **Individual Period of Insurance** extends beyond the **Cancellation Date**. In respect of such **Insured Persons**, their insurance cover will cease on the date their b expires.

Further details and limits on cover are set out in Part 2 of this PDS, and the insurance cover has been summarised below.

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

8. Conditions

As well as the conditions that appear in each section, the Policy also includes a number of general conditions that apply to all sections. In some circumstances, a breach of a condition may entitle **us** to refuse to pay a claim or reduce the amount **we** are liable to pay.

9. Aggregate Limit of Liability

The most **we** will pay for all claims under this Policy during any **Period of Insurance** is set out under the B in the Policy Schedule.

10. Limits On What We Will Pay

The maximum benefit **we** will pay under this Policy is the Sum Insured set out in the Policy Schedule.

11. Sum Insured

The Sum Insured is the amount **we** agree to insure **you** for when **you** take out the Policy as shown in **your** Policy Schedule.

12. What We do not Pay

Claims may be excluded in certain circumstances under the Policy which means **we** may refuse to pay **your** claim.

Further details on what **we** do not pay are set out in Part 2 of this PDS.

13. The Cost of this Insurance Policy

The cost of **your** Policy is calculated based on a number of considerations including the claims experience and other information about the person(s) covered under this Policy relevant to the particular risk.

These factors, and the degree to which they affect **your** premium, will depend on the information that **you** provide to **us**.

The cost of the Policy is made up of premium, government taxes such as goods & services tax (GST) and stamp duty, where applicable.

Please note that the cover **we** provide is subject to payment of the premium by the due date.

14. Your Duty of Disclosure

What You must tell Us

When answering **our** 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 the Group 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 for anyone else whom **you** want to be covered by the Group Policy.

If You do not tell Us

If **you** do not answer **our** questions in this way **we** may reduce or refuse to pay a claim, or cancel the Group Policy. If **you** answer **our** questions fraudulently, **we** may refuse to pay a claim and treat the Group Policy as never having worked.

You do not have to tell **us** about any matter that:

- diminishes the risk to be undertaken by **us**;
- is of common knowledge;
- **We** know or, in the ordinary course of **our** business, ought to know; or
- **We** say **we** do not need to know.

15. Taxation Implications

Depending upon **you** or **your** company's entitlement to claim input tax credits under this Policy, **we** may reduce the payment of **your** claim by the amount of any input tax credit.

A claim paid in respect of weekly disability benefit in this Policy, is subject to personal income tax and it is **your** responsibility to declare such benefit when completing **your** usual tax return.

There may be other taxation implications affecting **you** depending upon **your** own circumstances. We recommend that **you** seek professional advice.

16. Making a Claim

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, 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 a claim under some **Events**, an **excess** will apply. Please refer to the Dentisure, Student Dental Accident Insurance Information Booklet attached as Appendix A, for full detail of the applicable excesses and when they are payable.

At any time after a claim has been lodged, **we** may conduct enquiries into the circumstances of the claim. **We** may ask for medical examinations or, in the event of death, **we** may request an autopsy. This will be done at Our expense.

Any payments under this Policy will be to **you**, or in the event of **your** death, **your** legal representative.

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

Once a payment is made under this Policy, **we** may attempt to recover the amount **we** have paid to **you** if **we** find someone else is responsible for the loss or damage. **We** will do this in **you** or the **Insured Person(s)** name. **We** may also need to defend **you**, or the **Insured Person(s)**, if someone else alleges **you** caused them loss or damage. **You** and the **Insured Person(s)** are required to cooperate with **us** at all times.

17. Cancellation

- (a) This Group Policy may be cancelled by **you** at any time by giving **us** no less than thirty (30) days' written notice of such cancellation.
- (b) This Group Policy may be cancelled by **us** giving **you** ninety (90) days' written notice in accordance with the *Insurance Contracts Act 1984* (Cth).
- (c) Such cancellation date to be agreed between **you** and **us** so as to ensure that the **Insured Person(s)** are provided with no less than thirty (30) days' prior notice of the cancellation of the insurance cover provided to them under this Group Policy.
- (d) Upon cancellation of this Group Policy, **you** shall provide **us** with a final Declaration and **we** will calculate the final premium payable in accordance with **Insuring Clause 4**.

Notwithstanding the provisions of 17(c) above, **we** will maintain cover for those **Insured Person(s)** who's **Individual Period of Insurance** extends beyond the Cancellation Date. In respect of such **Insured Person(s)**, their insurance cover will cease on the date that their **Individual Period of Insurance** expires.

18. Cooling-Off Period

You have the right to cancel the Policy by notifying the Insurer in writing within twenty-one (21) days of the date the Policy was issued to **you** (**Cooling-Off Period**). **You** are entitled, during the Cooling-Off Period, to a complete refund of the amount **you** have paid for the Policy. If **you** choose to cancel the policy during the Cooling-Off Period, **we** will treat the policy as never having existed.

You are not entitled to a refund if, during the Cooling-Off Period, the Policy has already expired or if **you** have made a claim under the Policy.

19. 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

20. Lloyd's Australian Alternative Disputes Resolution Clause

In the event that a dispute arises between **us** and **you** out of or otherwise in relation to this agreement, then:

- (a) Any party to the dispute shall, without prejudice to any other right or entitlement they may have, give written notice to the other party (the "**Dispute Notice**") requiring them within seven (7) days of this notice to negotiate (whether in a face to face meeting or by teleconference) in good faith as to how the dispute can be resolved;
- (b) If a dispute is not resolved within ten (10) days of the Dispute Notice, either party can request the other party within a further ten (10) days to agree on either:
 1. a process for resolving the dispute through means other than litigation or arbitration, such as further negotiation, mediation, or any other alternative dispute resolution technique. The rules governing any such technique shall be agreed as between the parties and where no such agreement as to the process and or guidelines is reached within ten (10) days, then it shall be by mediation by a mediator selected by the Chairperson for the time being of Lawyers Engaged in Alternative Dispute Resolution (**LEADR**) (or other appropriate professional body as agreed by the parties); or
 2. referral of the matters in dispute to an independent expert for an expert determination. The parties agree that they will not be bound by the determination of the expert. The expert:
 - (a) will be a person agreed between the parties within ten (10) days of the dispute being referred to expert determination or failing this, the expert will be a person appointed by the Australian Insurance Law Institute (or other appropriate professional body as agreed by the parties);
 - (b) will act as an expert and not as an arbitrator;
 - (c) will proceed in such a manner as he or she thinks fit without being bound to observe the rules of natural justice or the rules of evidence;
 - (d) will take into consideration all documents, information and other written and oral material that the parties place before him or her including documents, information and material relating to the facts in dispute and to arguments and submissions upon the matters in dispute; and
 - (e) will act with expedition to provide the parties with a determination in writing within thirty-five (35) days of the referral to him or her of the matters in dispute.

Both parties must use their best endeavours to achieve resolution by the selected process and further agree that neither party will initiate litigation (as set out in clause (c) below) without first pursuing such informal resolution techniques in good faith;

In the event that the dispute is not resolved by such informal process within thirty-five (35) days of the Dispute Notice (or such other period as agreed in writing between the parties) the dispute shall be referred to litigation.

- (c) Following either a mediation or an expert determination pursuant to clause (b) of this provision, either party may then initiate proceedings in any competent Court in the Commonwealth of Australia in relation to the matters in dispute.

Such proceedings may only be commenced on 14 days written notice to the other party and shall be determined in accordance with the law and practice applicable in such Court.

Any summons, notice or process to be served upon Underwriters may be served upon:

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

who has authority to accept service and to appear on Underwriters' behalf.

If proceedings are instituted against any one of the Underwriters, all Underwriters participating in this insurance will abide by the final decision of such Court or any competent Appellate Court.

- (d) Except where the dispute renders it impossible to do so, the parties will continue performing their respective obligations under the Policy while the dispute is being resolved, unless and until such obligations are terminated or expire in accordance with this agreement.
- (e) Each party must use its reasonable endeavours to ensure that where a dispute is reasonably foreseeable, it is dealt with at a sufficiently early stage to ensure that there is a minimal effect on the ability of either party to perform its obligations under the Policy.
- (f) Notwithstanding anything in this schedule, either party may at any time commence Court proceedings in relation to any dispute or claim arising under, or in connection with the Policy where the party seeks urgent interlocutory relief.

21. 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.

22. Privacy

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.

23. Service of Suit Clause (Australia)

The Underwriters hereon agree that:

- (i) In the event of a dispute arising under this Policy, Underwriters at the request of the insured (or reinsured) will submit to the jurisdiction of any competent Court in the Commonwealth of Australia. Such dispute shall be determined in accordance with the law and practice applicable in such Court.
- (ii) Any summons notice or process to be served upon the Underwriters may be served upon:

Lloyd's Australia Limited
Suite 2, Level 21 Angel Place
123 Pitt Street, Sydney NSW 2000

Telephone: (02) 9223 1433
Facsimile: (02) 9223 1466

who has authority to accept service and to enter an appearance on Underwriters' behalf, and who is directed at the request of the insured (or reinsured) to give a written undertaking to the insured (or reinsured) that he will enter an appearance on Underwriters' behalf.

- (iii) If a suit is instituted against any one of the Underwriters all Underwriters hereon will abide by the final decision of such Court or any competent Appellate Court.

24. Marketing

You agree to:

- (a) Obtain **our** prior written agreement before **you** provides to **your** Customers, or to any third party, any information (including information on your nominated website) or printed material relating to the Insurance Cover in which the form content, key messages and concepts have not been agreed to by **us**.
- (b) Pay for all printing and promotional costs associated with marketing material promoting the benefits of the Insurance Cover; and;
- (c) Obtain **our** prior written agreement, which shall not be unreasonably withheld, prior to the publication or use by **you** of any promotional and advertising material including but not limited to information provided on your nominated website, associated with promoting the Insurance Cover.

25. Age Limits

There are certain age limits that apply to this Policy. There is no cover for any **Insured Person(s)** over the age of nineteen (19) years.

Part 2 – POLICY WORDING

IMPORTANT INFORMATION

This Group Policy provides **you** with insurance cover as specified in the Dentisure, Student Dental Accident Insurance Information Booklet, attached as Appendix A.

All cover is subject to **you** paying or agreeing to pay the required premium, and is subject to all the terms, provisos, conditions and exclusions of the Group Policy, including those specified in the Dentisure, Student Dental Accident Insurance Information Booklet.

The insurance cover provided under this Group Policy, including the cover specified in the Dentisure, Student Dental Accident Insurance Information Booklet, does not include the benefits as prescribed under the *Insurance Contracts Act 1984* (Cth) and are only available to **Insured Person(s)** who have met the eligibility criteria.

This Group Policy shall only apply to **Events** that occur during the policy period as set out in the Policy Schedule or subsequent Renewal Notice, as suits the case. Provided however that, in the event that the Group Policy is cancelled, we will maintain cover for those **Insured Person(s)** who's **Individual Period of Insurance** extends beyond the Cancellation Date. In respect of such **Insured Person(s)**, their insurance cover will cease on the date their **Individual Period of Insurance** expires.

INSURING CLAUSES

In consideration of **your** payment of the premium, the Insurer shall extend cover to **Insured Person(s)** in accordance with the terms of this Group Policy and the terms, conditions, exclusions and limitations set out in the Dentisure, Student Dental Accident Insurance Information Booklet document for the duration of the Policy Period, and the **Insured Person(s)' Individual Period of Insurance**, as suits the case.

2. Notice of Claim

Written notice of claim must be given to **us** by an **insured person** within ninety (90) days of suffering the injury together with all documentation required by us in support of the claim. Compensation will be payable on a valid claim to the parent or legal guardian, as the case may be, of the **insured person** provided all supporting documentation has been provided to **us**.

3. Proof of Loss and Physical Examination

After **we** receive notice of a claim **we** will provide the **insured person** with **our** usual claim forms for completion. The claim forms must be properly completed and all evidence required by **us** must be furnished in a timely manner at the expense of the **insured person** and be in such form and of such nature as **we** may require. **We** may, at **our** own expense, conduct any medical examination or arrange for an autopsy to be carried out unless it is illegal to do so.

4. Compliance and Claims Co-operation

You and/or the **insured person** must follow **our** advice or instructions and co-operate with **us** at all times with respect to a claim, otherwise **we** may decline to pay part or all of **said** claim.

5. Declaration

You agree to provide **us** with a Declaration in writing in respect of the actual number of **Eligible Persons**, separately by **Eligible Person's** name, **Eligible Person's** age and date of when such **Eligible Person** first satisfied the **Eligibility Criteria** by a Dental Corp dentist for each state and territory in Australia, at the first inception of this Group Policy and thereafter on a quarterly basis for the duration of the policy period.

6. Premiums Payable

You shall pay **us** the premiums in accordance with the Policy Schedule and the provisions of **Insuring Clause 4**.

7. Claims and Complaints Handling

We shall be responsible for:

Claims – the claims handling in respect of all claims made by **Insured Person(s)**. This obligation includes but is not limited to the provision of claim forms, processing of the claims, making payments to the parents or legal guardians, as the case may be, of **Insured Person(s)** and rejecting claims; and

Complaints – receiving, investigating and responding to complaints and enquiries received from **Insured Person(s)** or other stakeholders such as parents or legal guardians or regulatory bodies.

7. Cancellation

- (a) This Group Policy may be cancelled by **you** at any time by giving **us** no less than thirty (30) days' written notice of such cancellation.
- (b) This Group Policy may be cancelled by **us** giving **you** ninety (90) days' written notice in accordance with the *Insurance Contracts Act 1984* (Cth).
- (c) Such cancellation date to be agreed between **you** and **us** so as to ensure that the **Insured Person(s)** are provided with no less than thirty (30) days' prior notice of the cancellation of the insurance cover provided to them under this Group Policy.
- (d) Upon cancellation of this Group Policy, you shall provide **us** with a final Declaration and we will calculate the final premium payable in accordance with **Insuring Clause 4**.

Notwithstanding the provisions of 7(c) above, **we** will maintain cover for those **Insured Person(s)** who's **Individual Period of Insurance** extends beyond the Cancellation Date. In respect of such **Insured Person(s)**, their insurance cover will cease on the date that their **Individual Period of Insurance** expires.

8. Currency

All amounts shown in the **Policy Schedule**, Renewal Notice and the *Dentisure, Student Dental Accident Insurance Information Booklet* **are** in Australian dollars. If expenses are incurred by an **insured person** in a foreign currency, then the rate of currency exchange used to calculate the claim amount payable will be the rate at the time the **insured person** incurs the expense or suffers the loss.

9. Governing Law

This Group Policy, including the *Dentisure, Student Dental Accident Insurance Information Booklet*, is governed by the laws in force in the State of New South Wales, Australia, and any dispute in connection with this Group Policy or matters arising out of the insurance cover provided thereunder will be governed by the courts of New South Wales, and the appellate courts from them.

10. Automatic Renewal

This Group Policy may be renewed with **our** consent from term to term, providing the **insured** pays or agrees to pay the required renewal **premium**.

11. Fraudulent Claims

If any claim is in any respect fraudulent or if any fraudulent means or devices are used by **you** or the **insured person**, or anyone acting on **your** or the **insured person's** behalf, to obtain any benefit under this Group Policy then any amount payable in respect of such claim shall be forfeited.

12. Tax or Imposts

Where the **insurer** is, or believes it will become, liable for any tax or other imposts levied by any Commonwealth, state or territory government, authority or body in connection with this Group Policy, the **insurer** may reduce, vary or otherwise adjust any amounts (including but not limited to **premiums**, charges and benefits), under this Group Policy in the manner and to the extent the **insurer** determines to be appropriate to take account of the tax or impost, to the extent permitted by law.

13. Aggregate Limit of Liability

An **Aggregate Limit of Liability** applies to the insurance cover provided under this Group Policy. The **Aggregate Limit of Liability** is set out in the Policy Schedule.

14. Table of Events and Compensation

TABLE OF EVENTS AND COMPENSATION

THE EVENTS	THE COMPENSATION (Each insured person)
SECTION A - CAPITAL BENEFITS	
<i>injury</i> as defined, resulting in	
1. Permanent Quadriplegia	\$125,000
2. Permanent Paraplegia	\$125,000
3. Death	\$ 20,000
4. Permanent Loss of Independent Existence	\$ 50,000
5. Permanent Total Loss of entire sight of both eyes	\$ 25,000
6. Permanent Total Loss of entire sight of one eye	\$ 25,000
7. Permanent Total Loss of use of two limbs	\$ 25,000
8. Permanent Total Loss of use of both feet	\$ 25,000
9. Permanent Total Loss of use of both hands	\$ 25,000
10. Permanent Total Loss of use of one limb	\$ 12,500
11. Permanent Total Loss of use of one hand	\$ 12,500
12. Permanent Total Loss of use of one foot	\$ 12,500
13. Permanent Total Loss of hearing in both ears	\$ 15,000
14. Permanent Total Loss of hearing in one ear	\$ 7,500
15. Permanent Total Loss of use of four fingers and thumb of either hand	\$ 12,500
16. Permanent Total Loss of use of four fingers of either hand	\$ 10,000
17. Permanent Total Loss 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. Permanent Total Loss 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. Permanent Total Loss 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. Shortening of leg by at least 5cm	\$ 1,750
21. Third degree burns and/or resultant disfigurement due to fire or chemical burns which extends to more than 40% of the entire body	\$ 12,500
22. Permanent 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 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***
Aggregate period for this Benefit is up to fifty-two (52) weeks
- Up to \$200 per week **and**
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***.
Elimination period is seven (7) days per ***injury***
Aggregate period for this Benefit is up to fifty-two (52) weeks
- Up to \$200
per week
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 remaining school terms of the current school year.
- \$7,500
maximum in all

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 *injury*
32. **Non-Medicare Medical Expenses Benefit** - (School Activities Only) \$1,250 maximum
per *injury*
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

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***.

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**.

Appendix A

Dentisure, Student Dental Accident Insurance Information Booklet

See attached Appendix A Booklet

Part 3 – FINANCIAL SERVICES GUIDE (FSG)

Date of Preparation of this FSG is 21st June 2010.

Distribution of this FSG has been authorised by Savannah Insurance Agency Pty Ltd (**Savannah**).

This FSG contains important information about Savannah. This FSG is designed to help **you** decide whether to use the services Savannah provide, how they are remunerated and how any complaints **you** may have are dealt with.

If **you** decide to acquire insurance as a retail client, **you** will be given a Product Disclosure Statement (**PDS**) before or at the time **you** acquire the insurance. The PDS is designed to assist **you** to make informed choices about **your** insurance needs. It gives a summary of the benefits and risks associated with, including general information about, the insurance as well as a policy wording (that sets out the specific terms, conditions and exclusions of the cover provided).

Please keep this FSG along with **your** policy documents in a safe place for future reference.

About Savannah

Savannah is an underwriting agency acting under a binding authority which means Savannah acts as an agent of the Insurer. Savannah does not act on **your** behalf.

Savannah's Services

Savannah is authorised under its Australian Financial Services Licence (No. 329631) to provide general financial product advice (but not personal advice) on, and issue, general insurance products. Savannah can offer **you** the following products:

- Inpatriate & Expatriate Medical Expenses (Emergency and Evacuation) Insurance
- Enterprise Bargaining Agreements (EBA) Insurance
- Individual Personal Injury and Illness Insurance
- Group Personal Accident Insurance
- Commercial Crime Insurance
- Voluntary Workers Insurance
- Fidelity Guarantee Insurance
- Corporate Travel Insurance
- Journey Insurance
- Sports Insurance

How Savannah is Remunerated

Savannah will receive a percentage of the gross premium (including taxes and charges) each time **you** buy a policy (including renewals) and for some variations. This does not increase the amount of premium paid by **you**.

Savannah may also receive a profit share commission calculated as a percentage of the gross premium (including taxes and charges) from the Insurer based on the profit they earn on the portfolios underwritten by Savannah on their behalf.

Savannah may also charge **you** an administration fee when **you** first enter into a policy and on any variation, renewal or cancellation. This amount is payable in addition to **your** premium.

Savannah's staff are paid a salary. They may receive bonuses or other incentives and rewards depending on their performance relating to certain specific business criteria.

For details of Savannah's remuneration, please contact Savannah within a reasonable time after receiving this FSG and before Savannah provide any insurance services to **you**.

What happens if you have a complaint?

Savannah has established formal internal dispute procedures to ensure that all enquiries and complaints are fairly and properly considered and dealt with. If **you** have an enquiry or complaint about our services please phone our Complaints Manager on (02) 8062 4256.

If **your** complaint remains unresolved, please contact:

Savannah Dispute Resolution Manager
GPO Box 4920, Sydney, NSW 2001
Tel: (02) 8062 4256
Fax: (02) 8078 0162
Email: feedback@savannahgroup.com.au

If **you** are not satisfied with the outcome of our internal dispute resolution process **you** may lodge a written complaint with the Financial Ombudsman Service Limited (FOS) which can be contacted at:

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

This service is offered to **you** free of charge and their decisions are binding on Savannah but not **you**.

Professional Indemnity Insurance

Savannah has professional indemnity insurance in place which covers Savannah and their employees for any errors or mistakes relating to their insurance services. This insurance meets the requirements of the Corporations Act and meets claims relating to an employee even after they cease to be an employee, provided that the Insurer is notified of the claim when it arises and this is done within the relevant policy period.

Privacy

Savannah are committed to protecting **your** privacy. Information supplied to them by **you** (or **your** intermediary) will only be used to arrange the insurance product(s) with the Insurer. Savannah do not trade, rent or sell **your** information and you can check the information they hold about **you** at any time. Savannah's complete Privacy Policy can be accessed on our website www.savannahgroup.com.au or by writing to Savannah at the address shown in this FSG.

Contact details

If **you** need further information about Savannah's products or services, or should **you** have any queries please contact Savannah or visit our website: www.savannahgroup.com.au.

Savannah Insurance Agency Pty Ltd
ABN 84 130 364 313 AFSL # 329631
Suite 2, Level 9, 220 George Street
Sydney, NSW 2000
Tel (02) 8062 4256 Fax (02) 8078 0162