

Personal Accident and Illness Insurance

Product Disclosure Statement and Insurance Policy

Please read this policy in conjunction with the
Certificate of Insurance



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Ansvar Insurance – Insurance products with flexible solutions

Our history

Ansvar Insurance has been a trusted name in Australia since 1961. Owned by UK Insurance company, Ecclesiastical Insurance Office plc, we enjoy substantial financial backing and are proud to meet the rigorous regulatory requirements of an insurer serving Australians.

Why insure through Ansvar Insurance?

With almost 50 years of experience in Australia we understand what customers are seeking in their insurance company: a trusted, responsible and professional organisation where you are treated with respect and care and offered choice and flexibility. Offering value for money, personal service and a demonstrated commitment to community programs explains why we are the insurer of choice for our Australia wide customers.

Developing our young Australians

We are honoured to provide support to many community organisations throughout Australia. Each organisation provides valuable support to improve and enrich the lives of Australian youth so that they may contribute positively to the community in which they live. To find out more about our grants to Community Education Program please visit our website ansvar.com.au

Our insurance advantage

Ansvar Insurance is a specialist insurance company with a deep understanding of the issues confronting our customers.

We believe in offering more than just insurance. Our dedicated staff are committed to helping clients protect their assets by providing:

- specialist insurance advice in our core markets
- flexibility in underwriting
- independent, on-site, risk management inspections and expert advice to find solutions
- risk management seminars and advice on helping clients develop their risk management programs

Product Disclosure Statement

About this PDS

The financial product offered in this Product Disclosure Statement (PDS) is provided by Ansvr Insurance Limited.

The purpose of this PDS is to assist you to understand your insurance policy and to enable you to make an informed choice about your insurance requirements. The PDS sets out the significant features of the Personal Accident and Illness insurance policy including its benefits, risks and information about how the insurance premium is calculated.

You also need to read the insurance policy wording which is covered in the section 'Your contract with Ansvr Insurance'. The basic policy wording, in conjunction with the certificate of insurance we issue upon acceptance of your application and any endorsements attached to the certificate provide a full description of the terms, conditions and limitations of the insurance cover.

This Product Disclosure Statement was prepared in April 2010.

Who is the insurer and how can we be contacted?

Ansvr Insurance Limited, ABN 21007 216 506, is the issuer of this insurance policy. The registered office of Ansvr Insurance is Level 18, 303 Collins Street, Melbourne, Victoria. The Ansvr Insurance Australian Financial Services Licence number is 237826.

You can contact us by:

- calling in person at any Ansvr Insurance office
- telephoning 1300 650 540
- facsimile +61 3 9614 2740
- writing to any office of Ansvr Insurance
- email to insure@ansvar.com.au

Changes to this insurance policy

The policy wording may be subject to change from time to time and the changes will generally only affect you at the time the insurance cover is renewed each year. Changes in insurance policy wordings will be communicated to you in several ways and these are:

- if a change would affect you adversely, Ansvr Insurance will issue you with a new Product Disclosure Statement (PDS) or a Supplementary PDS;
- for minor changes which do not adversely affect you, we will communicate the changes to you in writing at the earliest opportunity;
- information can be obtained by telephoning our toll free number (1300 650 540), calling at one of our offices or visiting our website at www.ansvar.com.au to find out what changes might have occurred;
- if changes have occurred we'll be pleased to provide you with a paper copy of them on request

Cooling off period

We will refund the premium you have paid for cover under this insurance policy if you cancel the insurance policy within 30 days of its commencement. To do this, you must advise us in writing and return the insurance policy and certificate of insurance to your nearest Ansvr Insurance office.

You will not receive a refund if you have made or intend to make a claim under the insurance policy.

Significant features and benefits

Cover applies to the insured person for death, permanent or partial disablement resulting from bodily injury if this occurs within twelve months of the bodily injury.

Weekly bodily injury benefits are payable for the maximum period shown in your certificate of insurance.

The insurance policy covers all insured persons up to 85 years of age, unless otherwise shown in the certificate of insurance, or by endorsement issued by us.

Significant risks

You should ensure that the sums insured shown in the certificate of insurance are sufficient to cover the insured person's death, disablement and loss of income. For example, if you decide to take weekly benefits and you select a sum insured that is less than the insured person's income, we will only pay up to the sum insured shown in the table of benefits.

Costs

The premium payable by you is shown in your certificate of insurance.

The factors used to determine a premium on this insurance policy are the nature of the occupation and the insured's age.

A cancellation fee may apply if you cancel your insurance policy before expiry.

Premiums and fees are subject to Commonwealth and State taxes which include the Goods and Services Tax and Stamp Duty which are shown on your certificate of insurance.

Code of Practice and Privacy Act

As a signatory to The General Insurance Code of Practice we are committed to raising standards of service to our customers. This voluntary code sets out the minimum standards we will uphold in the services we provide to you.

The Privacy Act sets out how we are to collect, use, disclose and protect your personal information. It also describes the circumstances for you to access and, if necessary correct your personal information.

Complaints

If you are not satisfied with our service we recommend that you use the complaints procedure set out below. The type of complaint could relate to the behaviour of or advice given by an Ansvr Insurance employee or authorised representative, a decision on a claim, the privacy of your personal information or any other matter relating to your insurance that is of concern to you. These procedures are available free of charge to you.

First, contact the employee or authorised representative with whom you have had contact to see if he or she can resolve the problem. If that is not possible, then contact the Regional Manager in your state. The Regional Manager will review the information and give you a response as quickly as possible; but no later than three working days from the date when the complaint is received.

If you are not satisfied with the response given by the Regional Manager, then please put your unresolved complaint in a letter and address it to:

The Secretary
Internal Dispute Resolution Committee

Ansvar Insurance Limited
303 Collins St, Melbourne VIC 3000

You can also telephone the Secretary with your complaint on (03) 9614 3535, fax it on (03) 9614 2740, or choose to email your complaint to the Secretary at insure@ansvar.com.au

The Secretary will refer your complaint to the Committee which comprises the CEO, Operations Manager and one of the non executive directors of Ansvar Insurance Limited, for a decision.

The Internal Dispute Resolution Committee has appropriate authority to deal with unresolved complaints. You will receive a response within seven (7) working days from the time the Internal Dispute Resolution Committee receives your unresolved complaint, or alternatively you will be asked for further information. If further information is required, you will receive a decision within seven (7) working days from the time Ansvar Insurance receives the additional information.

What if we don't resolve your problem?

Once the Internal Dispute Resolution Committee gives you an answer, we will provide you with information about external dispute resolution if that is available.

For many complaints that is the Financial Ombudsman Service (FOS). FOS provides a free and independent dispute resolution service for consumers which have general insurance disputes that are covered by its Terms of Reference. If you wish your dispute to be reviewed by FOS, you must refer your dispute to FOS within three calendar months of receiving the Internal Disputes Resolution Committee's decision. You can do this by contacting FOS at:

Financial Ombudsman Service
GPO Box 3, Melbourne VIC 3001
Ph: 1300 78 08 08 (National toll free)
Ph: (03) 9613 7366
Fax: (03) 9613 6399
Email: info@fos.org.au
Website: www.fos.org.au.

Alternatively, you may further pursue your unresolved complaint through a formal legal process such as the courts, mediation, or arbitration.

For privacy complaints you may approach the Federal Privacy Commissioner. A copy of the General Insurance Code of Practice and privacy principles can be obtained from our website ansvar.com.au or from one of our offices.

Important notice to Policyholders

It is important to read/retain the following documents and keep them in a safe and convenient place:

- this document
- your current Certificate of Insurance

Remember to regularly review your insurance policy, particularly at renewal to ensure your insurance policy provides the cover that you currently need.

Duty of disclosure

Before you enter into an insurance contract with us, you are required to tell us every matter that is known to you, being a matter that:

- you know to be relevant to the decision by us to accept the risk and if so, on what terms; or

- a reasonable person in the circumstances could be expected to know to be a matter so relevant.

If you have not disclosed all relevant information, or if you have misinterpreted the facts, then we may be entitled to cancel the policy, reduce the sum insured, or treat the policy as never having existed.

If you do not tell us all relevant matters we can reduce the amount we pay for any claim or cancel this insurance policy. If your non disclosure is fraudulent we can void the insurance policy from the beginning.

Goods and Services Tax (GST)

This insurance policy has provision for payment of Goods and Services Tax:

- by you in relation to premiums

The contract between you and Ansvar Insurance

When we have received your premium, we will insure you against the events described in this insurance policy. This insurance covers events happening anywhere in Australia during the period of insurance shown in the certificate of insurance. The insurance policy shall not be modified except by our written endorsement.

Your insurance commences and concludes at 4.00pm local time on the dates shown.

If the terms of this agreement are not observed, cover may be reduced or cancelled.

Assignment and beneficiary change

No assignment of interest will be binding on us unless the original or a duplicate thereof is filed with us. We assume no responsibility for the validity of an assignment.

No beneficiary change will bind us unless we receive written notice of such change and we agree to it in writing.

Cancellation

You may cancel this insurance policy at any time by notifying us in writing. Ansvar Insurance can cancel this insurance policy in accordance with the Insurance Contracts Act 1984. We will be entitled to retain premium for the period during which the insurance policy has been in force. You may be required to pay a cancellation fee if you cancel the insurance policy.

Definitions

Certain words and phrases that appear in this insurance policy have special meanings. These appear in the 'Definitions' section of this insurance policy.

Employment status

If you engage in any occupation which increases the risk of bodily injury from the occupation originally shown, you must notify Ansvar Insurance immediately in writing. We may require an extra premium for the increased risk.

If you cease to be an employee you must advise Ansvar Insurance immediately and pay any extra premium we may require.

Examination of books and records

We may examine your books and records relating to this insurance at any time during the period of insurance and up to 12 months after expiration or resolution of all claims whichever is the later

Jurisdiction

This insurance policy shall be governed and construed in accordance with the laws of Australia. Any dispute shall be resolved in accordance with these laws.

Limits and initial period excluded

This insurance policy is subject to the:

1. benefits;
2. limits; and

3. initial period excluded

set out in the table of benefits shown in this insurance policy and the certificate of insurance.

Monthly instalments

You may pay your premium by monthly instalments direct from a financial institution or from your credit card. However, if your first monthly instalment is dishonoured by your financial institution this policy will not operate at all. This means that you will not be covered in the event of a claim.

You cannot make a claim if, at the date of loss, any monthly instalment has remained unpaid for 14 days or more.

If you have a total loss or we settle your claim by paying the full sum insured, we will deduct the instalments for the remaining period of insurance from the amount we pay to you.

Should the financial institution holding your account return or dishonour a direct debit payment due to lack of funds in your account, we will charge you for any direct or indirect costs which we incur arising from the payment being returned or dishonoured.

Subrogation

If we make any payment, then to the extent of that payment, we may exercise any rights of recovery held by you or the insured person. You and the insured person must not do anything which reduces any such rights and must provide reasonable assistance to us in pursuing any such rights.

Definitions

In this insurance policy:

bodily injury	means injury caused solely and directly by accidental, violent, external and visible means, including exposure to the elements, which occurs during the period of insurance (but does not include any condition which is also an illness, sickness or disease or any degenerative condition) provided that the injury results in any of the events specified in the table of events within 12 calendar months from the date of such injury.
certificate of insurance	means the certificate of insurance attaching to this wording or any certificate of insurance subsequently issued during the period of insurance.
illness, disease or sickness	means illness, sickness or disease contracted by an insured person after the commencement of the period of insurance and which results solely and directly and independently of any other cause in temporary total disablement, provided such temporary total disablement occurs during the period of Insurance and continues for a period of not less than seven days from the commencement date of medical treatment by a medical practitioner.
income	means the average weekly gross income net of business expenses, earned by an insured person through personal exertion during the twelve (12) months immediately preceding the bodily injury, but does not include bonuses, commission, overtime payments or any allowances. Where an insured person has elected to salary sacrifice his/her income, weekly gross income means the total value of the salary package.

initial period excluded	means the period of time shown in the certificate of insurance during which time benefits are not payable.
insured, you, your	means the company, organisation or person insured and shown in the certificate of insurance.
insured person	means the clergy, locum or person(s) shown in the certificate of insurance as the insured person.
insurer, we, us, our	means Ansvar Insurance Limited ABN 21 007 216 506.
limb	means an arm at or above the wrist or a leg at or above the ankle whether in the singular or plural.
medical practitioner	means a person who is recognised by the laws of the jurisdiction in which treatment is received as qualified to treat the bodily injury, illness, disease or illness and who is not a relative of the insured person.
partial disablement	means disablement that prevents the insured person from substantially attending to the insured person's usual occupation as certified by a qualified medical practitioner.
permanent	means lasting in excess of 12 calendar months from the commencement of total disablement and at the end of that period being considered unlikely to improve and likely to continue for an indefinite period.
pollutants	means any solid, liquid, gaseous or thermal irritant or contaminant, including but not limited to smoke, vapour, soot, fumes, acid, alkalis, chemicals and waste. Waste includes material to be recycled, reconditioned or reclaimed.
total disablement	means disablement that entirely prevents the insured person from carrying out all the normal duties of the insured person's usual occupation, as certified by a qualified medical practitioner.

Cover

If during the period of insurance and while carrying out his/her usual occupation, the insured person suffers bodily injury (or illness if covered under this insurance), we will pay the corresponding compensation set out in the certificate of insurance and table of benefits for death or total or partial disablement, if this death or disablement occurs within twelve months of the bodily injury or illness.

Weekly bodily injury benefits are payable up to the maximum period shown in your certificate of insurance.

You or your legal representative must supply us with a certificate from a medical practitioner in relation to any claim made.

All cover is subject to the terms, conditions and exclusions of the insurance policy. This insurance policy consists of the certificate of insurance, the table of benefits, the insurance policy terms and conditions and any endorsements attached.

Exposure and disappearance

We will also pay you the benefit shown in the table of benefits if as a result of such bodily injury the insured person is exposed to the elements and as the result of that exposure within 12 months suffers an event set out in the table of benefits.

If the body of an insured person is not found within twelve (12) months after an accident involving the conveyance in which he or she was travelling, death will be presumed in the absence of any evidence to the contrary. The death benefit amount set out in the table of benefits will become payable, subject to a signed undertaking by the beneficiary that if the insured person is subsequently found alive, such death benefit amount shall be refunded to us.

Illness extension

If you have paid the appropriate additional premium and an 'illness extension' is shown in your certificate of insurance, the table of benefits is extended to cover the insured person's total disablement from carrying out his/her usual occupation as a result of contracting an illness, sickness or disease for longer than the initial period excluded.

However, we will not pay for any illness, sickness or disease which the insured person contracts within the first three weeks of the period of insurance.

Other expenses

The insurance provided also includes:

1. out of pocket expenses necessarily incurred solely and directly from bodily injury sustained and not recoverable from any other source, but excluding hospital and/or medical costs;
2. the cost of domestic help where disablement necessitating expenditure for the employment of domestic help is certified by a medical practitioner that such help is essential owing to the nature of the bodily injury.

The maximum amount we will pay for each of these benefits is an amount equal to the benefit shown against event 16 in the table of benefits or the actual expenditure, whichever is the lesser.

These benefits are only available to those insured persons who are not receiving benefits for events 15, 16 or 17 in the table of benefits.

Table of benefits

Bodily injury by accident causing:

1. Death	100%
2. Permanent Total Disablement	100%
3. Permanent and incurable paralysis of all limbs	100%
4. Permanent total loss of sight of both eyes	100%
5. Permanent total loss of use of two limbs	100%
6. Permanent and incurable major brain damage	100%
7. Permanent total loss of hearing in both ears	100%
8. Permanent total loss of use of four fingers and thumb of either hand	75%
9. Permanent total loss of use of four fingers of either hand	50%
10. Permanent total loss of sight of one eye	50%
11. Permanent total loss of use of one limb	50%
12. Permanent total loss of hearing in one ear	25%
13. Permanent disfigurement from burns to more than 50% of the surface area of the head and neck	30%
14. Permanent disfigurement from burns to more than 50% of the surface area of the remainder of the body other than head and neck	20%
15. Temporary total disablement	The weekly benefit or average weekly income, whichever is the lesser, up to the maximum number of weeks shown in the certificate of insurance.
16. Temporary partial disablement	25% of the weekly benefit or 25% of the average weekly income whichever is the lesser, up to the maximum number of weeks shown in the certificate of insurance.

Illness causing:

17. Temporary total disablement (optional extension)	The weekly benefit or average weekly income, whichever is the lesser, up to the maximum number of weeks shown in the certificate of insurance
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Special provisions:

- For events 1 to 14, the amount payable is the percentage of the capital sum insured shown against the events, provided that:
 - the aggregate total of all payments under events 1 to 14 inclusive will not exceed 100% of the capital sum insured stated in the certificate of insurance in any one period of insurance;
 - any compensation paid or payable for events 1 to 14 will be reduced by any sum paid or payable for event 15, 16 and 17 in respect of the same bodily injury;

2. For events 15, 16 and 17 we will pay in accordance with the table of benefits provided that:
 - a. we will not pay for more than one of these events at the same time;
 - b. we will not make payment for longer in aggregate than the number of weeks of the benefit period shown in the certificate of insurance for any one bodily injury or illness giving rise to a claim;
 - c. we will not pay for any injured insured person who is not engaged in employment, a profession or paid occupation and who as a result of his/her bodily injury does not suffer a loss of average weekly income;
3. If, as a result of bodily injury, compensation is payable under this table of benefits and the insured person suffers a recurrence of total disablement or partial disablement while this insurance policy is in force as a result of the same or a related cause or causes, any subsequent period of total disablement or partial disablement will be deemed to be a continuation of the prior period, if between such periods the insured person has performed the normal duties of his/her usual occupation on a full-time basis for at least six consecutive months. However, any such subsequent period of total disablement or partial disablement will be deemed to be the result of a new bodily injury and subject to a new initial period of exclusion;
4. No compensation is payable under this section unless the event occurs within twelve calendar months of the date of the accident which caused the event;
5. Our total liability shall not exceed the amount of the maximum capital benefit or the maximum weekly benefit entitlement, as shown in the table of benefits and certificate of insurance, whichever is the greater.

Exclusions

We will not pay any claim for:

1. Death, bodily injury or illness sustained or suffered by an insured person who has not attained the age of fifteen (15) years or who exceeds seventy five (75) years of age, unless otherwise agreed by us and shown in the certificate of insurance;
2. Death, bodily injury or illness to an insured person caused by acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV) and/or any of their mutant derivatives or variations that was diagnosed before the beginning of the period of insurance;
3. Death, bodily injury or illness resulting from an insured person:
 - a. being affected or influenced in any way by intoxicating liquor or drugs;
 - b. being addicted to intoxicating liquor or a drug;
 - c. taking part in a riot or civil commotion;
 - d. taking part in naval, military or air force service or operations;
 - e. acting maliciously;
 - f. participating in or training for any professional sport, or racing, or training for racing or trialling in or on any motor powered conveyance;
 - g. engaging in football, underwater activities, mountaineering, skiing, motor cycling (whether as driver or passenger) hunting, polo, riding or driving in any kind of race, snow or ice sports, parachute jumping, sky diving or hang gliding;
 - h. exposing him or herself to needless peril;
4. Any type of hernia suffered by an insured person however caused;
5. Death, bodily injury or illness resulting from an insured person travelling in any unlicensed aircraft; or flying or engaging in any other aerial activity as part of an aircraft's crew;

6. Suicide, attempted suicide, any deliberately self-inflicted bodily injury or any illegal or criminal act committed by an insured person;
7. War, whether declared or not, civil war, or invasion;
8. Nuclear weapons, radiation or radioactivity from any nuclear fuel or nuclear waste arising from the combustion of nuclear fuel and/or any self-sustaining process of nuclear fission;
9. Pregnancy, childbirth, miscarriage or the complications of these conditions;
10. Any condition pre-existing the insurance policy, or any aggravation of any such condition or degenerative condition unless the pre-existing condition has been accepted by us, and the extra premium is paid by you;
11. Death, bodily injury or illness which would not have arisen but for the existence of asbestos;
12. Acts of terrorism – refer to your current certificate of insurance;
13. Death, bodily injury or illness directly or indirectly arising out of discharge, dispersal, release or escape of pollutants;
14. Any benefits where you receive or are entitled to receive compensation under workers or transport accident compensation legislation.

Claims procedures

Following an event giving rise to a claim, it is your responsibility to advise Ansvar Insurance by telephone or in person as soon as is reasonably possible but no later than 30 days after the event and promptly provide any information we request.

Where required a claim form will be sent to you when you advise us of the claim. Please complete and return this form promptly.

Any letters, notices, or legal documents you receive which relate to the event are to be forwarded to Ansvar Insurance immediately.

Fraudulent claims

As a protection for all insurance policy holders we will take legal action against any person who makes a fraudulent claim.

If a fraudulent claim is made we will not pay it and we will take action to recover any moneys already disbursed in respect of the claim. We will also cancel the insurance policy.

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