

Medical Expenses
Product Disclosure Statement
and Policy Wording
BEM1224

Batch
Accident & Health

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PRODUCT DISCLOSURE STATEMENT (PDS)

ABOUT BATCH UNDERWRITING PTY LIMITED

This PDS has been prepared by Batch Underwriting Pty Ltd.

Batch Underwriting Pty Ltd (ABN 15 670 264 767) ('Batch') is an Authorised Representative 00130615 of Halo Underwriting Pty Ltd, Australian Financial Services Licence No 237267. Batch acts under a binding authority granted to it by the Insurer, Certain Underwriters at Lloyd's led by Canopus Managing Agents Limited, Syndicate 4444.

Batch Underwriting has the authority to administer, issue policies, alterations, and renewals for the Insurer.

ABOUT THE INSURER

This insurance is underwritten by Certain Underwriters at Lloyd's led by Canopus Managing Agents Limited, Syndicate 4444.

Lloyd's is the world's leading insurance and reinsurance marketplace. Through the collective intelligence and risk-sharing expertise of the market's underwriters and brokers, Lloyd's helps to create a braver world. The Lloyd's market does this by sharpening the insight to anticipate and understand risk, and the knowledge to develop relevant and innovative forms of insurance for customers globally. Lloyd's offers the efficiencies of shared resources in a marketplace that covers risks from more than 200 territories, in any industry, at any scale. Lloyd's promises a trusted partnership – helping people, businesses and communities to recover in times of need and build resilience for the future. Lloyd's is a 330-year-old start up, founded by a few brave entrepreneurs in a coffee shop. Three centuries later, the Lloyd's market continues that proud tradition – sharing risk and inspiring courage everywhere.

GENERAL INSURANCE CODE OF PRACTICE

The Insurance Council of Australia Limited has developed the General Insurance Code of Practice ("the Code"), which is a voluntary self-regulatory code. The Code aims to raise the standards of practice and service in the insurance industry.

Lloyd's has adopted the Code on terms agreed with the Insurance Council of Australia.

For further information on the Code please visit www.codeofpractice.com.au or alternatively **You** can request a brochure on the Code from **Us**.

The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code. For more information on the Code Governance Committee (CGC) go to www.insurancecode.org.au.

WHAT IS A PRODUCT DISCLOSURE STATEMENT

The purpose of this PDS is to help **You** understand the cover offered under the **Policy** and provide **You** with sufficient information to enable **You** to compare and make an informed decision about whether to purchase the **Policy**. This PDS contains valuable information required under the *Corporations Act 2001 (Cth)* (The Act) about the **Policy** including the benefits and conditions, **Your** rights as a client and other things **You** need to know to make an informed decision.

You should read the **Policy Wording** section in this document and the **Policy Schedule** of this insurance to obtain a complete description of all the benefits, terms, conditions, and exclusions relating to the cover offered under this insurance. Please read these documents carefully and ensure that **You** keep them in a safe place for future reference.

Certain words in this PDS and **Policy Wording** have special meanings that are set out in the definitions sections contained within the **Policy Wording**.

GENERAL ADVICE

Any general advice contained within the **Policy Wording**, PDS or accompanying documents does not consider **Your** or any **Insured Person's** personal situation, financial objectives, or needs.

WORDS WITH SPECIAL MEANINGS

For the purpose of reading this PDS and **Your Policy Wording**, some words have a special meaning for the terms **We** have used, which are provided in the General Definitions section of this **Policy Wording**. Any word or expression to which a special meaning has been given in any part of this **Policy** shall bear this meaning and is shown in **bold** and start with a capital letter. Please note words in a singular may be plural and vice versa dependent on the context that cover is provided.

A reference in this **Policy** to any legislation or legislative provision includes any statutory modification or replacement or re-enactment of, and any sub-ordinate legislation issued under, that legislation or legislative provision.

KEY BENEFITS OF YOUR POLICY

This **Policy** has a number of **Benefits**. A summary of key **Benefits** is outlined below. Please read the **Policy Wording** carefully to make sure that **You** understand its provisions. If **You** require any information, please contact **Us** or **Your** broker. All cover is subject to the payment of premium and the terms, conditions, exclusions, and provisions of the **Policy**.

Some of the key **Benefits** of the **Policy** include:

1. Inpatient and Outpatient Medical Care and Prescribed Medicines;
2. Maternity and New Born Expenses;
3. Dental Expenses;
4. Ancillary Expenses;
5. Medical Evacuation Expenses; and
6. Additional Benefits.

HOW TO APPLY FOR MEDICAL EXPENSES INSURANCE

To apply for the **Policy**, **You** will need to complete an application form available from a licensed Insurance Broker who has a current agency agreement with **Us**. They will then approach **Us** to provide **You** with a quotation.

POLICY COST, PAYMENT, AND TAXATION IMPLICATIONS

We will provide the cover described in the **Policy Wording**, subject to its terms and conditions, for the **Policy Period**.

The cover under the **Policy** commences upon the payment of the premium unless otherwise agreed in writing. The cost of **Your Policy** is the total premium including taxes and charges due as detailed on the **Policy Schedule**. It is calculated prior to the commencement of the **Policy Period** based on the information **You** supply on **Your** application form and the **Insurer's** assessment of the risk. The cost of insurance is shown on **Your** quote and includes taxes and statutory charges (such as stamp duty and GST). Each year thereafter and prior to the **Policy** anniversary, if **We** offer **You** terms to renew the **Policy**, **We** will advise **You** of the premium for the new **Policy** year. A premium adjustment may be charged by **us** for variations or endorsements to the **Policy** that **You** request mid-**Policy** year, and **We** agree to provide.

The premium is calculated based on **Your** specific risk profile which may include:

1. the sums insured;
2. the **Insured Person's** medical history, age and claims history;
3. any restrictions or extensions to cover under the **Policy**; and

4. previous insurance history.

We may increase or decrease **Your** premium from the renewal date, but **We** will advise **You** when **We** propose to do this.

You must pay **Your** premium within the agreed credit terms otherwise **Your Policy** may not be in force. If **You** do not pay **Your** premium on time by the due date or **Your** payment is dishonoured this **Policy** will not come into force and **We** may:

1. cancel the **Policy**; and
2. decline any claim under the **Policy**.

Depending on **Your** entitlement to claim GST credits under this **Policy**, **We** may reduce the payment of any claim by the amount of any GST credit. An **Insured Person** should consult his or her tax accountant in relation to any questions about his or her circumstances.

EXCESS

If **You** or an **Insured Person** makes a claim under the **Policy**, **You** may be required to pay an excess or wait for a specified period of time before a **Benefit** is payable. This is the amount **You** must first contribute towards each claim.

We are able to provide options to quote higher or lower excess or alternatives in certain circumstances, which will either decrease or increase **Your** premium, depending upon the options requested.

The **Annual Aggregate Excess** applicable to **Your Policy** is specified in the **Policy Schedule**.

COOLING OFF PERIOD

You have a 21-day cooling off period starting from the date cover commences, where **You** have the right to return the **Policy** to **Us** and **We** will refund all of the premium **You** paid. **Your Policy** will be cancelled effective from the start date of the **Policy**. **You** must advise **Us** in writing by letter or email. **You** are not entitled to a refund if **You** have made a claim under the **Policy** during the cooling-off period, but **You** still reserve **Your** rights to cancel the **Policy**.

YOUR DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION

Your application for insurance cover will be treated as if **You** are applying for a 'consumer insurance contract'. Before the contract of insurance is entered into, **You** have a legal duty to take reasonable care not to make a misrepresentation to the **Insurer** under the Insurance Contracts Act 1984 (Cth). It is very important that **You** comply with **Your** duty, as this may impact on **Your** insurance cover. **You** have the same duty to take reasonable care not to make a misrepresentation and to disclose those matters to **Us** before **You** renew, extend, vary, or reinstate a contract of insurance.

A misrepresentation is an answer or statement that is not true, only partially true, or does not fairly reflect the truth.

When **You** apply for insurance, **We** will ask **You** clear and specific questions that are relevant to **Our** decision to insure **You**. **Your** answers in response to **Our** questions are important as **We** use them to determine whether **We** can provide insurance cover to **You**, and if so, the terms of the **Policy** and the premium **We** will charge. This means that when answering **Our** questions, **You** should respond fully, honestly, and accurately.

The duty to take reasonable care not to make a misrepresentation applies anytime **You** answer **Our** questions as a part of an initial insurance application, when extending or making changes to an existing insurance, and reinstating any previous contract of insurance.

We may later investigate the answers **You** provide to **Us**, for example, when a claim is made.

Guidance for answering **Our** questions:

Important: please ensure that **You** take care when providing **Your** answers in response to **Our** questions in relation to **Your** insurance application. **You** should respond fully, honestly, and accurately. If **You** do not, it may affect **Your** insurance cover.

When answering **Our** questions, please:

- Think carefully about **Your** responses. If **You** do not understand the question or require further explanation, please ask **Us** before responding;
- Make sure **Your** responses are truthful, accurate and complete answers to every question that **We** ask **You**;

- Please provide **Us** with all relevant information in response to **Our** questions. If **You** are unsure what information to include, please include it or check with **Us**, **Your** broker or adviser;
- Do not assume that **We** will contact anyone else for the information **We** are asking **You** for;
- Review each answer **You** have provided on **Your** insurance application carefully and make any corrections (if necessary) before submitting it to **Us**. **You** are responsible for the answers that **You** provide us, even if **You** have had help in preparing **Your** application, for example from **Your** broker, intermediary, advisor, or someone else.

Before **Your** insurance cover starts, please tell **Us** of any changes that may be required to the answers **You** have given to **Our** questions. This may save time as any changes may require further investigation or assessment of the risk.

If, after **Your** insurance cover starts, **You** think **You** may not have complied with **Your** duty, please contact **Us**, **Your** broker or advisor immediately and **We** will let **You** know whether it has any impact on **Your** cover.

We may contact **You** after **You** have submitted **Your** application to clarify or collect any information that **You** may not have included. The information **You** provide may be recorded and used by **Us** in assessing **Your** application. **Your** duty to take reasonable care not to make a misrepresentation applies to all types of communication with **Us**, including written, electronic, online, when speaking with **Us** in person or on the telephone, or a mix of these.

If **You do not comply with **Your** duty**

If **You** do not take reasonable care not to make a misrepresentation, it may have serious consequences for **Your** insurance. If **You** have failed to comply with **Your** duty, **We** have certain rights, which may depend on what **Your** insurance offer may have been had **You** not made a misrepresentation, and whether or not the misrepresentation was fraudulent. **We** have different actions available to **Us**, for example, **We** may do one of the following:

- Avoid **Your** insurance cover. This means that **Your** insurance contract and cover will be treated as if it never existed;
- Change the amount of cover, for example the level of cover may be reduced;
- Change the terms of **Your** insurance contract, for example certain Events may be excluded from being covered.

This may mean an insurance claim may not be paid, or the amount or benefit paid may be reduced, or premium increased. If **We** suspect that **You** may have breached **Your** duty to take reasonable care not to make a misrepresentation, before **We** exercise any of the actions available to **Us**, **We** will:

- Explain **Our** reasons why **We** believe **You** have breached **Your** duty; and
- Provide **You** with an opportunity to respond and provide **Us** with further information.

If **We** decide to make changes to **Your** cover, **We** will notify **You** of **Our** decision and provide **You** with the review process and complaints procedure to follow if **You** disagree with **Our** decision.

If **You need help**

It is very important that **You** understand this information, the questions that **We** ask **You** and **Your** duty. If **You** are having difficulty for any reason, such as a disability, English language, or require further support such as a support person **You** trust, please contact **Us** so that **We** may tell **You** how **We** may assist in providing additional support.

If **You** have any questions, please contact **Us**, **Your** broker or advisor.

PRIVACY NOTICE

This notice sets out how Batch collects, uses, and discloses personal information about:

- **You**, if an individual; and other individuals **You** provide information about.
- Further information about **Our** Privacy Policy is available at www.batchunderwriting.com

How **We collect **Your** personal information**

Batch usually collects personal information from **You** or **Your** agents. Batch may also collect personal information from:

- **Our** agents and service providers;
- other Insurers;
- people who are involved in a claim or assist **Us** in investigating or processing claims, including third parties claiming under **Your** Policy, witnesses, and medical practitioners;

- third parties who may be arranging insurance cover for a group that **You** are a part of;
- providers of marketing lists and industry databases; and
- publicly available sources

Why We collect Your personal information

Batch collects information necessary to:

- underwrite and administer **Your** insurance cover;
- maintain and improve customer service; and
- advise **You** of **Our** and other products and services that may interest **You**.

You have a legal obligation under the Insurance Contracts Act 1984 to disclose certain information. Failure to disclose information required may result in Batch declining cover, cancelling **Your** insurance cover, or reducing the level of cover, or declining claims.

To whom We disclose Your personal information

In the course of underwriting and administering **Your Policy** We may disclose **Your** information to:

- entities to which Batch is related, reinsurers, contractors or third-party providers providing services related to the administration of **Your Policy**;
- banks and financial institutions for **Policy** payments;
- assessors, third party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim;
- other entities to enable them to offer their products or services to **You**; and government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Batch is likely to disclose information to some of these entities located overseas, including in the following country: United Kingdom, as well as any country in which **You** have a claim, and such other countries as may be notified in **Our** Privacy Policy from time to time.

You may request not to receive direct marketing communications from Batch.

Access to Your personal information

Our Privacy Policy contains information about how **You** may access and seek correction of personal information **We** hold about **You**. In summary, **You** may gain access to **Your** personal information by submitting a written request to Batch or please contact **Us** by email at privacy@batch.com or call **Us** on 1800 956 556.

In some circumstances permitted under the Privacy Act 1988, Batch may not permit access to **Your** personal information. Circumstances where access may be denied include where it would have an unreasonable impact on the privacy of other individuals, or where it would be unlawful.

Complaints

Our Privacy Policy also contains information about how **You** may complain about a breach of the applicable privacy principles and how **We** will deal with such a complaint.

If **You** have any concerns about how **We** are collecting and processing **Your** personal information, **You** may raise a complaint by email at enquiry@batchuw.com or contacting -

The Complaints Manager
Batch Underwriting Pty Limited
Email: enquiry@batchuw.com
Telephone: 1800 956 556
Address: The Commons, Level 4, 32 York Street, Sydney, NSW, 2000.

If **You** are dissatisfied with **Our** response, **You** may refer the matter to the Office of the Australian Information Commission (OAIC). The OAIC contact details can be found at www.oaic.gov.au

Consent

Your application includes a consent that **You** and any other individuals **You** provide information about consent to the collection, use and disclosure of personal information as set out in this Product Disclosure Statement (PDS).

HOW TO CONTACT US

Enquiries of a general nature should be addressed to Batch Underwriting Pty Ltd and should be sent to:

The Underwriting Manager
Batch Underwriting Pty Limited
Email: enquiry@batchuw.com
Telephone: 1800 956 556
Address: The Commons, Level 4, 32 York Street, Sydney, NSW, 2000

CLAIMS: All enquiries specific to making a claim, a notice of an Event which is likely to give rise to a claim, please refer to the section below, How to Make a Claim.

COMPLAINTS: Any complaint relating to this **Policy**, please contact **Your** broker contact in the first instance and refer to the section below, How to Make a Complaint.

HOW TO MAKE A CLAIM

You or any person entitled to claim under this **Policy** must give **Us** or **Our** authorised agent written notice of any Event which is likely to give rise to a claim, within thirty (30) days, or as soon as is reasonably practicable.

Please send the notice to:

The Underwriting Manager
Batch Underwriting Pty Limited
Email: claims@batchuw.com
Telephone: 1800 956 556
Address: The Commons, Level 4, 32 York Street, Sydney, NSW, 2000

Once notified of **Your** claim, Batch will provide **You** with all the necessary claim forms. **You** must complete these forms in full and return to Batch along with all other information and documentation that is relevant to **Your** claim in order to ensure a quick and efficient claims assessment. These include and are not limited to any invoices, medical certificates, Medical Practitioner reports, and employer reports. A failure to provide relevant information could delay processing of **Your** claim.

Any payments will be made in Australian Dollars (AUD) unless otherwise shown in the **Policy Schedule**.

Any costs involved in obtaining or collecting required or supporting information for the claim form part of **Your** responsibility and are not claimable.

Dependent on the specific circumstances of the claim, an **Excess** or a waiting period may be applicable.

HOW TO MAKE A COMPLAINT

If **You** have any concerns or wish to make a complaint in relation to this **Policy**, **Our** services, or **Your** insurance claim, please let **Us** know and **We** will attempt to resolve **Your** concerns in accordance with **Our** Internal Dispute Resolution procedure. Please contact Batch Underwriting Pty Ltd in the first instance:

The Complaints Manager
Batch Underwriting Pty Limited
Email: enquiry@batchuw.com
Telephone: 1800 956 556
Address: The Commons, Level 4, 32 York Street, Sydney, NSW, 2000

We will acknowledge receipt of **Your** complaint and do **Our** utmost to resolve the complaint to **Your** satisfaction within ten (10) business days.

If **We** cannot resolve **Your** complaint to **Your** satisfaction, **We** will escalate **Your** matter to Lloyd's Australia who will determine whether it will be reviewed by their office or the Lloyd's UK Complaints team. Lloyd's contact details are:

Lloyd's Australia Limited
Email: ldraustralia@lloyds.com

Telephone: (02) 8298 0783

Post: Suite 1603 Level 16, 1 Macquarie Place, Sydney NSW 2000

A final decision will be provided to **You** within thirty (30) calendar days of the date on which **You** first made the complaint unless certain exceptions apply.

You may refer **Your** complaint to the Australian Financial Complaints Authority (AFCA), if **Your** complaint is not resolved to **Your** satisfaction within thirty (30) calendar days of the date on which **You** first made the complaint or at any time. AFCA can be contacted as follows:

Telephone: 1800 931 678

Email: info@afca.org.au

Post: GPO Box 3 Melbourne VIC 3001

Website: www.afca.org.au

Your complaint must be referred to AFCA within 2 years of the final decision, unless AFCA considers special circumstances apply. If **Your** complaint is not eligible for consideration by AFCA, **You** may be referred to the Financial Ombudsman Service (UK) or **You** can seek independent legal advice. **You** can also access any other external dispute resolution or other options that may be available to **You**.

The Underwriters accepting this Insurance agree that:

1. if a dispute arises under this Insurance, this Insurance will be subject to Australian law and practice and the Underwriters will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;
2. any summons notice or process to be served upon the Underwriters may be served upon:

Lloyd's Underwriters' General Representative in Australia
Suite 1603
Level 16
1 Macquarie Place
Sydney NSW 2000

who has authority to accept service on the Underwriters' behalf;

3. if a suit is instituted against any of the Underwriters, all Underwriters participating in this Insurance will abide by the final decision of such Court or any competent Appellate Court.

AGE LIMITS

This **Policy** does not cover any expenses which are incurred on or after the **Insured Person** reaches the age of seventy (70) years of age.

If **You** are above this age, **We** may consider cover on an individual application basis and the age limit will be indicated on the **Policy Schedule**.

SEVERAL LIABILITY NOTICE

The liability of an insurer under this contract is several and not joint with other insurers party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this contract.

The proportion of liability under this contract underwritten by an insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown on the **Policy Schedule**.

In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member's proportion. A member is not jointly liable for any other member's proportion. Nor is any member otherwise responsible for any liability of any other insurer that may underwrite this contract. The business address of each member is Lloyd's, One Lime Street, London EC3M 7HA. The identity of each member of a Lloyd's syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address.

Although reference is made at various points in this clause to "this contract" in the singular, where the circumstances so require this should be read as a reference to contracts in the plural.

Preparation Date

This PDS was prepared on 3rd December 2024

Updating this PDS

We may need to update the information contained in this PDS when necessary. Should this PDS need to be updated, **We** will provide **You** with a new or supplementary PDS outlining these changes, except in limited circumstances where the information is not something that would be materially adverse from the point of view of a reasonable person deciding whether to acquire this insurance.

POLICY WORDING

This **Policy** consists of Sections and provides the **Insured Person** with insurance cover under those Sections selected by **You** in **Your** application for this insurance and shown in the **Policy Schedule**.

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 **Policy** including the **Policy Schedule**.

DEFINITIONS

The following words have the special meaning explained below. These words will start with a capital letter and be shown in **bold**:

Annual Aggregate Excess means the amount which must be paid by the **Insured Person** for claimable **Benefits** before any **Benefits** are payable under any part of the **Policy** and applies to claimable benefits per single, per couple or per family and is the amount shown in the **Policy Schedule**.

Allied Health Care Provider means a legally licensed, qualified and registered health professional that performs diagnostic procedures, provides therapeutic services and patient care in a **Hospital**, private practice, in-home or community health facility who is not a **Doctor** and who is not the **Insured Person** and/or the **Insured**, or a family member or relative of the **Insured** and/or **Insured Person**. Allied Health Care Provider includes but is not limited to audiologists, chiropractors, dental hygienists, dietitians, myotherapists, exercise physiologists, perfusion, medical technologists, occupational therapists, orthoptists, orthotists and prosthetists, osteopaths, pharmacists, podiatrists, psychologists, physical therapists, radiographers/ Medical Imaging technologist, respiratory therapists, speech pathologists, sonographers, and social workers.

Batch Assist means the emergency assistance provider appointed by **Us**.

Benefit(s) means any benefit to which an **Insured** is entitled to under this **Policy**.

Bodily Injury means a bodily Injury to an **Insured Person** resulting from an accident and occurring independently of any other cause provided the Injury occurs on or after the **Insured Person's** cover commencement date as described under the **Policy Period** of individual cover in the **Policy Schedule**. It does not mean a **Sickness** or illness or disease; or any pre-existing physical, congenital or degenerative condition (except illness or disease directly resulting from medical or surgical treatment rendered necessary by any bodily injury).

Civil War means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition is armed rebellion, revolution, sedition, insurrection, Coup d' Etat, the consequences of martial law.

Computer System means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the **Insured** or any other party.

Country of Assignment means the country in which the **Insured Person** is temporarily residing on a foreign business assignment, to conduct business on behalf of the **Insured** during the **Policy Period**.

Country of Residence means the country of which the **Insured Person** is naturalized, a citizen, or permanent resident (i.e., holder of a multiple entry visa or permit which gives the **Insured Person** resident rights in such country). It does not mean the **Insured Person's** **Country of Assignment**.

Close Relative means the **Insured Person's Spouse/Partner**, parent, step-parent, parent-in-law, brother, sister, child or grandchild.

Critical Bodily Injury or **Critical Sickness** means a life-threatening **Bodily Injury** or **Sickness**, as certified by a **Doctor**, that was unknown and unexpected prior to commencement of the **Insured Person's** foreign assignment.

Cyber Act means an unauthorised, malicious, or criminal act or series of related unauthorised, malicious, or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any **Computer System**.

Cyber Incident means any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any **Computer System**; or any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any **Computer System**.

Dental Expenses (General) means charges made by a duly qualified oral surgeon or **Dentist** for examinations, scaling and cleaning, dental filling and restorations, diagnostic services, x-rays, injections, and extractions of teeth.

Dental Expenses (Special) means charges made by a duly qualified oral surgeon or **Dentist** for root treatment, endodontic treatment, oral surgery, anaesthetic services, periodontal surgery, interceptive orthodontic services, installation of and repairs to crowns and bridges, new dentures, dental repairs and remodelling and other **Specialist** and orthodontic services.

Dentist means a dentist or specialist who is registered or licensed to practice dentistry under the laws of the country in which they practice, other than the **Insured**, the **Insured Person**, a relative of the **Insured Person**; or an **Employee** or director of the **Insured**.

Dependant Child/Children means an unmarried dependent child, stepchild or legally adopted child of an **Insured Person** or his or her **Spouse** and who lives with the **Insured Person** in the **Country of Assignment** and who is over six (6) months of age and under nineteen (19) years of age or under twenty-five (25) years of age if he or she is a full-time student and is primarily dependent on the **Insured Person** for support and maintenance.

Doctor means a medical practitioner or medical **Specialist** who is registered or licensed and is legally qualified to practice medicine under the laws of the country in which they practice other than a medical practitioner or medical **Specialist** who is the **Insured**, the **Insured Person**, the **Insured Person's** employer or **Employee** or a relative of the **Insured Person**.

Effective Period of Cover means the date **We** receive an application form, and the **Insured Person** is added to the **Policy** by **Us** at request of the **Insured** and ends on the earlier of:

1. the time they cease to be an **Insured Person**;
2. the time the **Insured** requests that such **Insured Person** no longer has access to **Benefits** under the **Policy**; or
3. the date the **Policy** ends in accordance with the **Policy** or law (for example, when the **Policy Period** ends, the **Policy** is not renewed or is cancelled).

Cover in respect to an **Insured Person's Spouse/Partner** and/or **Dependant Child(ren)** will end on the earlier of:

1. the date insurance cover in respect of the applicable **Insured Person** is terminated in accordance with the above; or
2. the date such **Spouse/Partner** and/or **Dependant Child(ren)** ceases to be a **Spouse/Partner** and/or **Dependant Child(ren)** of the **Insured Person**

We are not obliged to notify an **Insured Person**, **Spouse/Partner** and/or **Dependant Child(ren)** of termination of the **Policy**.

Emergency Medical Transport means transport by ambulance by, or under an arrangement with a government approved ambulance service when medically necessary for admission to **Hospital**, emergency treatment on site or inter-**Hospital** transfer treatment.

Emergency Medical Evacuation means the emergency transportation of an **Insured Person** to another location for the purposes of necessary and immediate medical treatment outside their **Country of Residence**, or the repatriation of the **Insured Person** to their **Country of Residence**, including the cost of any accompanying medical staff as recommended by a **Doctor**. Any evacuation or repatriation must be organised by **Batch Assist** or with its prior written agreement.

Employee means any person in the **Insured's** service including directors (executive and non-executive), consultants, contractors, sub-contractors and/or self-employed persons undertaking work on the **Insured's** behalf.

Herbal Medicines means medicine that is natural 'botanical' (legally approved plants or plant extracts) that may be ingested or applied to the skin to treat Injury or Illness, which is prepared by, or purchased from a registered herbalist as prescription only. It is used as an alternative to pharmaceutical derived medication prescribed by a **Doctor** and does not include any pharmaceutical prepared or manufactured herb-based vitamins, supplements, peptides, breathing vapour, scented candles and purifiers or associated equipment.

Home Leave means the period during which the **Insured Person** temporarily returns to their **Country of Residence**. Home leave is effective from the date of arrival of the **Insured Person** in their **Country of Residence** and ends upon their departure from their **Country of Residence** to return to their **Country of Assignment**.

Home Nursing means expenses incurred by an **Insured Person** for the treatment of their **Bodily Injury** or **Sickness** for home nursing care, provided the care is considered necessary as evidenced by a written statement from a **Doctor** or **Specialist** and such care is provided by a legally qualified and registered nurse who is not the **Insured**, the **Insured Person**, a family member or relative of the **Insured** and/or the **Insured Person** or an **Employee** or director of the **Insured**.

Hospital means an institution registered as a hospital for the care and treatment of sick or injured persons. It does not mean a place for the treatment of alcoholics or drug addicts, a nursing, rest or convalescent home or home for the aged or similar establishment.

Insured means the entity or entities specified as the **Insured** in the **Policy Schedule**.

Insured Person(s) means any person(s) who come within the description of the **Insured Persons** appearing in the **Policy Schedule**, with respect to whom premium has been paid.

Maternity Care Expenses – Emergency means emergency and/or complicated delivery charges (in addition to **Maternity Care Expenses – Routine** charges) resulting from pregnancy or childbirth, including emergency or unplanned caesarean procedures, complications

relating to placentation and intrapartum complications, provided such expenses are certified by the treating **Doctor** and/or **Specialist** as being incurred as a result of an emergency and/or complicated delivery.

Maternity Care Expenses – Routine means charges for routine pre-natal, delivery (including elective caesarean) and post-natal charges (up to six (6) months after birth) for the care of the mother from the date of conception (or known conception) for expenses incurred during the **Policy Period** and after the commencement of their **Effective Period of Cover**.

Medical Care Expenses – Inpatient means charges incurred for a **Hospital** room and/or bed, anaesthesia and its administration, use of operating theatre, medicines, dressings, splints, plaster casts, rental of wheelchair or other prosthetic devices and/or miscellaneous hospital equipment, for services provided to an **Insured Person** by a **Doctor** and/or **Specialist** in a **Hospital** for treatment of a **Bodily Injury** or **Sickness** which is not otherwise more specifically defined within the **Policy**.

Medical Care Expenses – Outpatient means charges incurred for services provided to an **Insured Person** by a **Doctor** and/or **Specialist** outside of a **Hospital** for treatment of a **Bodily Injury** or **Sickness** which is not otherwise more specifically defined within the **Policy**.

Medical Mobility Equipment means any out of Hospital mobility and movement equipment to assist in patient transportation and recovery approved by a Medical Practitioner including A-frames, crutches, walker, walking stick, wheelchair (non-motorised), scooter (non-motorised), moon boot, knee brace, neck, arm or leg supports.

New Born Child Expenses – Routine means medical expenses normally expected for the care of a newborn child from the time of birth up to the child attaining the age of six (6) months after which the newborn child will become a **Dependent Child**. Newborn child expenses includes all vaccinations required under an immunisation program.

Nuclear, Biological or Chemical Terrorism means any **Terrorist Activity** involving the use of fusion, fission, radiation, biological or chemical weapons.

Policy means the **Policy Wording**, the PDS and the **Policy Schedule** and any additional endorsements which **We** subsequently issue to **You**.

Policy Wording means this document.

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

Policy Schedule means the schedule attached to the **Policy Wording** or any subsequently substituted schedule.

Pre-existing Conditions means any **Sickness**, disease, disability, syndrome or other condition, including any symptoms or side effects of these:

1. which the **Insured Person** is aware, or a reasonable person in the circumstances would be expected to have been aware in the twelve (12) months prior to the **Insured Person's** being covered by this **Policy**;
2. which the **Insured Person** has sought or received medical attention, counselling, undergone tests or taken prescribed medication, in the twelve (12) months prior to the **Insured Person** being covered by this **Policy**; or
3. that is a terminal condition of which the **Insured Person** has been diagnosed at any time prior to the **Insured Person's** being covered by this **Policy**.

Prescribed Medicines means medicines which have been prescribed by a **Doctor** or **Specialist**.

Professional Sport means any sport for which an **Insured Person** receives any fee, monetary reward, or sponsorship as a result of their participation.

Prosthesis means an artificial replacement for a missing body part such as an artificial limb or total joint replacement and includes a device designed and applied to improve function.

Psychology and **Psychiatry** means expenses charged by a duly qualified Psychiatrist or Psychologist for the provision of mental health services provided that the **Insured Person** is referred by their treating **Doctor** or **Specialist** for such treatment as a result of them suffering a **Bodily Injury** or **Sickness**.

Rehabilitation & Occupational Therapy Expenses means the reasonable and necessarily incurred charges for rehabilitation treatment and/ or occupational therapy as prescribed by the treating **Doctor** or **Specialist** as a result of a **Bodily Injury** or **Sickness**.

Sickness means an illness or disease which is not a **Pre-existing Condition** and which first manifests during the **Policy Period** and the **Insured Person's Effective Period of Cover**.

Specialist means a **Doctor** recognised and referred to by another **Doctor** for his or her experience, qualification, and training in a particular branch of medicine or surgery or in the treatment of a specific **Bodily Injury** or **Sickness** and who is not an **Insured Person** or a relative of the **Insured Person**.

Spouse/Partner means an **Insured Person's** husband or wife and includes a de-facto and/or life partner of any sex with whom the **Insured Person** has continuously cohabited for a period of three (3) months or more.

Terrorist Activity means an act, or acts, threat, hoax, or preparation of terrorist activity by any person, or group(s) of persons, committed for political, religious, ideological, or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but is not limited to actual harm to **You**, damage to **Your** property or the use of any application, software, or programme in connection with any electronic equipment (for example a computer, laptop, smartphone, tablet, or internet capable electronic device) or computer virus

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

We/Our/Us/Insurer means Batch Underwriting Pty Ltd (ABN 15 670 264 767) ('Batch') as an Authorised Representative 00130615 of Halo Underwriting Pty Ltd, Australian Financial Services Licence No 237267 for and on behalf of Certain Underwriters at Lloyd's led by Canopus Managing Agents Limited, Syndicate 4444.

You/Your/Insured means the Insured or **Insured Persons** named in the **Policy Schedule**.

GENERAL POLICY CONDITIONS

You and/or the **Insured Person** must comply with all terms and conditions in this **Policy**. Failure to comply could result in **Us** not paying all or part of a claim.

1. Additions and Deletions

You must notify **Us** in writing the names of any additional people to be included as an **Insured Person** under the **Policy** within thirty (30) days from the **Effective Period of Cover**. **You** will be subject to a pro-rata premium for their time on risk.

You must notify **Us** of any **Insured Persons** who no longer require cover under the **Policy** within thirty (30) days from the date of cessation of their cover.

We reserve the right not to refund any premium, or only refund a portion of the premium, if **We** have paid a claim or intend to pay a claim under the **Policy** during the **Policy Period** with respect to an **Insured Person** who no longer requires cover.

2. Aggregate Limit of Liability

- (a) Our total liability for all claims arising during any one **Policy Period** will not exceed the amount shown in the **Policy Schedule**. If this amount is not adequate to pay all claims in full, then **We** will reduce the **Benefit** payable to each **Insured Person** proportionately, so that the total of all payments does not exceed the aggregate limit of liability.
- (b) Our total liability, for all claims arising from **War/Civil War** in respect of any one **Policy Period**, shall not exceed the sum insured on the **Policy Schedule** for **War/Civil War**.
- (c) Our total liability, for all claims arising from **Nuclear, Biological or Chemical Terrorism** in respect of any one **Policy Period**, shall not exceed the sum insured on the **Policy Schedule** for **Nuclear, Biological or Chemical Terrorism**.

3. Alteration of Risk

If **You** make any changes, or become aware of any changes, or if **You** make any changes to **Your** business activities, that are likely to increase the risk of a claim under this **Policy**, **You** must tell **Us** as soon as **You** become aware of the changes.

4. Annual Aggregate Excess

No cover is provided under the **Policy** until the **Insured Person** has paid the whole of the **Annual Aggregate Excess**.

5. Assessment of claim

If a **Benefit** under this **Policy** calls for consideration of 'reasonable,' 'necessary' or 'essential' expenses/services, the determination as to whether the claimed expense/service falls within the same, is a matter for **Our** sole discretionary assessment and determination acting reasonably having regard to the relevant circumstances

6. Alternative Insurances

In the event of a claim **You** must advise **Us** immediately as to any other insurance **You** may have covering the same risk.

7. Australian Law

This **Policy** is governed by the Laws of the Australian State or Territory it was issued in and any dispute or action in connection therewith shall be conducted and determined in Australia.

8. Benefits Payable

Unless an **Insured Person** otherwise directs, all **Benefits** (with the exception of Employee Replacement / Employee Return to **Country of Assignment**) shall be paid to the **Insured Person**, or in the case of the **Insured Person's** death, to the **Insured Person's** legal personal representative. **Benefits** will not be payable for expenses which are incurred on or after the date an **Insured Person** permanently returns to their **Country of Residence**.

9. Cancellation

This **Policy** may be cancelled by **You** at any time by giving **Us** notice in writing. Should **You** cancel **Your Policy**, **We** shall retain a pro rata proportion of the premium for the time the **Policy** has been in force and unless **You** purchased the **Policy** through an Insurance Broker, will pay any premium refund due to **You** within fifteen (15) business days. If **You** purchased the **Policy** through an Insurance Broker, ask **Your Broker** what arrangements apply. **You** will not receive any refund if **You** have made a claim or a claim is forthcoming against the **Policy** prior to cancellation. **We** may cancel this **Policy** in the circumstances prescribed by Section 59 and 60 of the Insurance Contracts Act 1984 (Cth).

10. Claim Offset

There is no cover under this **Policy** for any loss, event, or liability which is covered under any other insurance policy, health or medical scheme or Act of Parliament or is payable by any other source.

We will however pay the difference between what is payable under the other insurance policy, health or medical scheme or Act of Parliament or such other source and what **You** or the **Insured Person** would be otherwise entitled to recover under this **Policy** where permissible under Law.

11. Co-operation

You or any **insured Person** will frankly and honestly provide **Us** with all information and assistance required by **Us** and/or **Our** representatives appointed by **Us** in relation to any claim or loss. Any unreasonable failure to comply with this obligation may entitle **Us** to deny cover for the claim or loss, in whole or part. **You** or any **Insured Person** will do all things reasonably practicable to minimise **Our** liability in respect of any claim or loss.

Batch Assist (+61 2 9312 5163) must be notified as soon as reasonably practicable if the **Insured Person** is hospitalised or where medical expenses, emergency medical evacuation and covered travel costs exceed or are likely to exceed five thousand (\$5,000) dollars in any one (1) event to confirm cover under the **Policy**.

12. Currency

All amounts shown are in Australian dollars (AUD). If expenses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount payable will be the rate at the time of incurring the expense or suffering a loss.

13. 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 **Policy**, then any amount payable in respect of such claim shall be forfeited.

14. Other insurance

In the event of a claim under the **Policy**, **You**, the **Insured Person**, or any person covered by this **Policy** must inform **Us** of any other insurance to which **You** or the **Insured Person** have access to make a claim, which may cover the same risk or loss.

15. Renewal

This **Policy** may be renewed with **Our** agreement, providing the **Insured** pays or agrees to pay the required renewal premium.

16. Subrogation

We have the right to commence or take over legal proceedings in **Your** and/or the **Insured Person's** name for the defence or settlement of any claim, or to sue or prosecute any other party to recover any monies payable by them at law. **You** and the **Insured Person** must reasonably co-operate with **Us** and do nothing to hinder **Our** rights.

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

17. Tax or Imposts

Where **We** are, or believe **We** will become, liable for any tax or other imposts levied by any Commonwealth or State government, authority, or body in connection with this **Policy**, **We** may reduce, vary, or otherwise adjust any amounts (including but not limited to premiums, charges, and benefits), under this **Policy** in the manner and to the extent **We** determine to be appropriate to take account of the tax or impost.

18. Sanctions

It is a condition of this (re)insurance, and the (re)insured agrees, that the provision of any cover, the payment of any claim and the provision of any benefit hereunder shall be suspended, to the extent that the provision of such cover, payment of such claim or provision of such benefit by the (re)insurer would expose that (re)insurer to any sanction, prohibition or restriction under any: United Nations' resolution(s); or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or Australia. Such suspension shall continue until such time as the (re)insurer would no longer be exposed to any such sanction, prohibition or restriction.

GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

No **Benefits** are payable under this **Policy** for any loss or expense directly or indirectly caused by, arising out of, any of the following:

1. Childbirth or pregnancy within the first fifty-two (52) weeks of cover commencing.
2. Cosmetic, elective, or plastic surgery (except and to the extent that it is necessary for the cure or alleviation of a **Bodily Injury** to the **Insured Person**)
3. Any expenses which are incurred on or after the date an **Insured Person** reaches the age of seventy (70) years of age, unless otherwise indicated on the **Policy Schedule**.
4. Any **Pre-Existing Condition** unless an application form has been received and accepted by **Us** prior to the **Insured Person** being covered under this **Policy**.
5. The **Insured** or the **Insured Person**, or any of **Your** or the **Insured Person's** representatives, refusing to follow **Our** or **Batch Assist** instructions and directions.
6. An **Insured Person** travelling against the advice of a **Doctor** or **Specialist** when the **Insured Person** is unfit to travel or for the purpose of the **Insured Person** to seek medical attention for a **Pre-Existing Condition**.
7. Any Benefits, treatment or services covered by Compensation under Australian and international equivalents of National Health schemes, Government Sponsored Funds, Workers' Compensation Acts, Transport Compensation Acts or Private Health Insurance of which the **Insured Person** is a member, or where payment of Benefits under this **Policy** would be in breach of such statutes.
8. Any medical services provided within the Commonwealth of Australia where an eligible **Insured Person** receives:
 - a. treatment or services which are covered by Medicare and the contribution of any further payment to this service would contravene provisions of the Private Health Insurance Act 2007 (Cth); or
 - b. the Health Insurance Act 1973 (Cth), the National Health Act 1953 (Cth), or any succeeding or amending legislation to the aforementioned Acts; or
 - c. supplies or purchases Prescription Medicines or pharmaceutical supplies that are either available through the Pharmaceutical Benefits Scheme (PBS) of Australia, or below the PBS co-payment threshold; or
 - d. Medicare eligible services where the service provider has charged above the Medicare Scheduled Fee for that itemised service (i.e. the difference or "gap" payment, including booking fees, administration fees). Professional or medical services rendered in Australia for which Medicare benefits are or would be payable in accordance with the *Health Insurance Act 1973 (Cth)*, *National Health Act 1953 (Cth)* or the *Private Health Insurance Act 2007 (Cth)* or any succeeding legislation to those Acts, or other claims which would result in **Us** contravening those Acts.
9. Charges for non-medical services including but not limited to telephone, television, newspapers, and the like.
10. A sexually transmitted disease or infection, including but not limited to Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV) infection.
11. Infertility, sterilisation, abortion (unless certified as medically necessary by the attending **Doctor** or **Specialist**).
12. **Bodily Injury** or **Sickness** which is intentionally or deliberately self-inflicted by an **Insured Person**, including suicide or attempted suicide.
13. Any criminal or illegal act committed by an **Insured Person**.
14. As a result of **War**, invasion, act of foreign enemy, rebellion, revolution, insurrection or military or usurped power, in the **Insured Persons Country of Assignment** or **Country of Residence**.
15. An **Insured Person** piloting any aircraft or as a passenger in an unlicensed aircraft.

16. An **Insured Person** participating, training, or taking part in **Professional Sports** of any kind.
17. Any way caused or contributed to by nuclear reaction, nuclear radiation, or radioactive contamination.
18. Any congenital condition or abnormality either recognised at birth or believed to have been present since birth.
19. Routine medical and/or physical examinations not provided for in the **Policy** such as pre-placement vaccinations for visa or work placement purposes and routine health checks.
20. Any benefits for Bodily Injury or Sickness caused by or arising directly or indirectly out of a **Cyber Act** or a **Cyber Incident**.
21. Any loss, damage, cost, claim or expense, whether preventative, remedial or otherwise, that contributes concurrently or in any sequence to the loss, damage, cost, claim or expense directly or indirectly arising out of or relating to:
 - a. the calculation, comparison, differentiation, sequencing, or processing of data involving the date change to the year 2000, or any other date change, including leap year calculations, by any **Computer System**, hardware, program, or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the insured or not; or
 - b. any change, alteration, or modification involving the date change to the year 2000, or any other date change, including leap year calculations, to any such **Computer System**, hardware, program, or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the insured or not.

SECTION 1 – MEDICAL EXPENSES

The cover under this **Policy** applies if the **Insured Person** is:

- a. A temporary resident to Australia; or
- b. An expatriate outside Australia and outside their **Country of Residence**.

We will pay up to the **Benefit** amount set out in the Tables of Insured Events, in tables 1 to 4 below for necessary and reasonable expenses incurred by an **Insured Person** during the **Policy Period**, provided that Section 1 cover is shown on the **Policy Schedule**. Each **Benefit** is subject to the **Annual Aggregate Excess** as shown on the **Policy Schedule**.

Amounts shown for all **Benefits** are the maximum payable per **Insured Person** for any one (1) **Policy Period**.

1. Medical Care & Services

Table of Insured Events - Table 1

| Insured Benefits | Benefit Limit |
|--|-----------------------------------|
| Medical Care Expenses - Inpatient | As per the Policy Schedule |
| Prescribed Medicines - in Hospital | As per the Policy Schedule |
| Medical Care Expenses - Outpatient | As per the Policy Schedule |
| Prescribed Medicines - out of Hospital | As per the Policy Schedule |
| Emergency Medical Transport | As per the Policy Schedule |

2. Pregnancy and Maternity Care Expenses

Table of Insured Events - Table 2

| Insured Benefits | Benefit Limit |
|-------------------------------------|-----------------------------------|
| Maternity Care Expenses - Routine | As per the Policy Schedule |
| Maternity Care Expenses - Emergency | As per the Policy Schedule |
| New Born Child Expenses - Routine | As per the Policy Schedule |

3. Dental Expenses

Table of Insured Events - Table 3

| Insured Benefits | Benefit Limit |
|---------------------------|-----------------------------------|
| Dental Expenses (General) | As per the Policy Schedule |
| Dental Expenses (Special) | As per the Policy Schedule |

4. Ancillary Expenses

Table of Insured Events - Table 4

* Services must be provided by an **Allied Health Provider**

| Insured Benefits | Benefit Limit |
|---------------------------------------|-----------------------------------|
| Acupuncture * | As per the Policy Schedule |
| Blood Glucose/Blood Pressure Monitors | As per the Policy Schedule |
| Chiropractic * | As per the Policy Schedule |
| Dietician * | As per the Policy Schedule |
| Hearing Aids/Artificial Aids* | As per the Policy Schedule |
| Herbal Medicines | As per the Policy Schedule |
| Home Nursing | As per the Policy Schedule |

| | |
|--|-----------------------------------|
| Hypnotherapist * | As per the Policy Schedule |
| Medical Mobility Equipment * | As per the Policy Schedule |
| Naturopathy * | As per the Policy Schedule |
| Optical: examinations, contact lenses and spectacles * | As per the Policy Schedule |
| Osteopathy * | As per the Policy Schedule |
| Physiotherapy * | As per the Policy Schedule |
| Podiatry * | As per the Policy Schedule |
| Prosthesis | As per the Policy Schedule |
| Psychology & Psychiatry * | As per the Policy Schedule |
| Rehabilitation & Occupational Therapy * | As per the Policy Schedule |
| Speech Therapy * | As per the Policy Schedule |

SECTION 2 – EMERGENCY MEDICAL EVACUATION EXPENSES

Provided that Section 2 cover is shown in the **Policy Schedule**, if an **Insured Person** suffers a **Critical Bodily Injury** or **Critical Sickness** requiring specialised treatment outside their **Country of Assignment**, if **Batch Assist** in conjunction with the local treating **Doctor** or **Specialist** agree that any such treatment is not reasonably available in their current location. **We** will require a certificate from the local treating **Doctor** or **Specialist** stating that the **Insured Person** has a **Critical Bodily Injury** or **Critical Sickness**. Each **Benefit** is subject to the **Annual Aggregate Excess** as shown on the **Policy Schedule**.

Where required, **We** will arrange and pay charges for:

Emergency Medical Evacuation

1. The **Insured Person's** transfer under necessary medical supervision by air ambulance, scheduled flight, road ambulance or the like to a more appropriate **Hospital** according to the nature of the **Critical Bodily Injury** or **Critical Sickness**;
2. If there is no option to medically evacuate the **Insured Person** via a scheduled transport service **We** will arrange and pay for a chartered transport transfer including but not limited to an aircraft or air ambulance with the necessary and available medical and/or escort supervision and equipment to the nearest recommended **Hospital**;
3. The return travel costs of any accompanying medical and/or escort personnel provided where we have approved such personnel to travel with the **Insured Person**.
4. The transport charges including economy airfares where possible for one (1) accompanying adult if the **Insured Person** who has undertaken the emergency medical evacuation is a **Dependant Child**.
5. The transport charges including economy airfare where possible of one (1) accompanying adult if the treating **Doctor** or **Specialist** and **Batch Assist** recommend that an accompanying person travel with the **Insured Person**.

Insured Person's return to Country of Assignment

The reasonable return transport charges including economy airfares where possible to return the **Insured Person** to their **Country of Assignment** within ninety (90) days of sustaining the **Critical Bodily Injury** or **Critical Sickness** for the purpose of continuing their work for and on behalf of the **Insured**; however **We** will pay these charges only if the transport charges are in addition to what the **Insured** or **Insured Person** had budgeted for on the original journey to the **Country of Assignment** and return.

Accommodation Benefits

1. Accommodation charges for an **Insured Person** who under the recommendation of the treating **Doctor** or **Specialist** and **Batch Assist** is transported outside their **Country of Assignment** or away from their home and requires such accommodation outside their **Country of Assignment** or away from their home during the prescribed hospital treatment period. The maximum amount payable is \$500 per day for up to 30 days;
2. Accommodation charges of one (1) accompanying adult for the duration of the **Insured Person's Hospital** confinement including their pre-**Hospital** and post-**Hospital** accommodation charges. The maximum amount payable is \$500 per day for up to 30 days, if recommended by the treating **Doctor** or **Specialist** and **Batch Assist**;
3. Accommodation charges for an **Insured Person** when the **Insured Person's** treating **Doctor** or **Specialist** and **Batch Assist** certify as necessary for the **Insured Person** to wait for **Hospital** treatment, convalesce after **Hospital** treatment or wait for medical test results. The maximum amount payable is \$500 per day for up to 30 days.

Repatriation of Belongings

If, **We** have accepted a claim by an **Insured Person** for:

1. Repatriation of Mortal Remains / Funeral Expense Benefit; or
2. Emergency Medical Evacuation Expenses; or
3. Political Risk, Natural Disaster and Personal Safety Evacuation Expenses;

and, as a result the **Insured Person** incurs reasonable and necessary expenses related to the return of their Personal Baggage, Business Property or Electronic Equipment to them or their principal residence or place of business, **We** will pay the reasonable expenses for the return of their Personal Baggage, Business Property or Electronic Equipment to them or their principal residence or place of business.

Section 2 – Conditions

These conditions apply to Section 2 in addition to the General Conditions Applying to all Sections of the **Policy**:

1. **We** reserve the right to evacuate or repatriate an **Insured Person** at **Our** discretion. **Batch Assist** will determine the most appropriate means of transport and destination for evacuation or repatriation based upon medical advice received from the **Insured Person's** treating **Doctor** and **Batch Assist's** medical advisor.
2. The maximum amount **We** will pay is shown in the **Schedule** against Section 2, **Emergency Medical Evacuation**.
3. Accommodation Benefits are not available in the **Insured Person's Country of Residence** unless agreed to by **Us** and are only payable if the **Insured Person** does not have an alternative place to stay (E.g. with a relative).
4. The **Insured** shall reimburse **Us** for all costs incurred in the event of emergency assistance services being provided by **Batch Assist** in good faith to any person not insured for those costs under this **Policy**.

SECTION 3 – POLITICAL RISK, NATURAL DISASTER & PERSONAL SAFETY EVACUATION EXPENSES

Provided that Section 3 cover is shown in the **Policy Schedule**, if during the **Policy Period**, an **Insured Person** is in a country or region outside their **Country of Residence**:

1. that Australian officials or Australian Department of Foreign Affairs and Trade (DFAT) or other international government equivalent recommend certain categories or persons (which include the **Insured Person**) in that country or region should leave:
 - a. because the **Insured Person** is expelled from, or declared *Persona Non Grata* in, that country or region; or
 - b. because of a major natural disaster such as earthquake, volcanic eruption, cyclone, typhoon, tornado, flooding, or extremely severe weather conditions has occurred in the country or region the **Insured Person** is in necessitating the immediate evacuation of the **Insured Person** in order to avoid risk of personal injury or sickness; or
 - c. because of a security threat such as, **War**, civil unrest or political instability; or
 - d. because there is a wholesale seizure, confiscation, or expropriation of **Your** or the **Insured Person's** property, plant, or equipment;
2. where the **Insured Person** is in an emergency situation where their personal safety and security is at risk, and **You** and/or the **Insured Person** subsequently incurs expenses for:
 - a. transportation to the nearest point of safety; and/or
 - b. assistance reasonably required to remove the **Insured Person** from a situation where their personal safety and security is at risk;

We will pay for, or reimburse:

1. the reasonable expenses for transportation of the **Insured Person** to the nearest point of safety; and/or
2. the expenses for the assistance reasonable required to remove the **Insured Person** from the situation where their personal safety is at risk; and/or
3. the reasonable accommodation charges incurred by the **Insured Person** in being relocated to a country which is not their **Country of Residence** up to \$500 per day for 14 days.

The maximum amount **We** will pay is shown in the **Policy Schedule** for 'Political Risk, Natural Disaster and Personal Safety Evacuation Expenses.'

Section 3 - Conditions

1. If evacuation or assistance to leave is required from the country or region the **Insured Person** is in, **Batch Assist** or the **Insurer** must be contacted prior to confirm cover. **Batch Assist** will authorise and where possible, make all travel arrangements and in all cases, it will be **Batch Assist's** decision as to where to send the **Insured Person**.
2. The maximum **We** will pay for accommodation expenses for the **Insured Person** after being relocated to a country which is not their **Country of Residence** is thirty (30) days accommodation of a standard similar to the **Insured Person's** accommodation before being relocated up to the amount in the **Policy Schedule**.
3. **We** retain the right to decline to provide assistance for any **Insured Person** where **Batch Assist** reasonably determines that performing such assistance would subject the appointed personnel to undue risk of physical harm or will subject **Batch Assist** to undue risk.

Exclusions

1. No cover is provided if the **Insured Person** violated the laws or regulations of the country or region in which the **Insured Person** is located.
2. No cover is provided for the **Insured Person** in failing to produce or maintain immigration, work, residence, or similar visas, permits or other similar documentation as required for the **Insured Person** to stay in that country or region.
3. No cover is provided for expense resulting from any debt, insolvency, commercial failure, the repossession of any property by the owner or any other financial cause.
4. No cover is provided for failure by **You** or the **Insured Persons** to honour any contractual obligation or bond or to obey any conditions in a licence.

5. No cover is provided if the **Insured Person** is a national of the country from which he or she is located in.
6. No cover is provided if the Event causing the serious risk to the personal safety and/or security of the **Insured Person** was in existence prior to the **Insured Person** entering the country or region or the Event was foreseeable to a reasonable person before the **Insured Person** entered the country or region.
7. No cover is provided if the **Insured Person** did not follow any warning issued by the Australian Department of Foreign Affairs and Trade (DFAT) or other international government equivalent that recommends travellers do not undertake travel to the country or region at all (i.e. DFAT Travel Advice warning Level 4 – Do Not Travel).
8. No cover is provided if the **Insured Person** remained in the country or region for a period of 14 days or more when advised to leave by Australian officials or Australian Department of Foreign Affairs and Trade (DFAT) or other international government equivalent unless the **Insured Person** is unable to leave due to circumstances beyond their control.

SECTION 4 – ADDITIONAL BENEFITS

We will pay up to the **Benefit** limit for 1-7 below for necessary and reasonable expenses incurred by an **Insured Person** during the **Policy Period**, provided that Section 4 cover is shown in the **Policy Schedule**. Each **Benefit** is subject to the **Annual Aggregate Excess** as shown in the **Policy Schedule**.

1. Additional Travel Expenses

If an **Insured Person** is an Australian resident and a **Close Relative** under the age of eighty (80) who resides in Australia suffers:

- a. an unexpected life-threatening medical condition; or
- b. dies from an unexpected medical condition,

We shall pay the cost of an economy class return ticket for the **Insured Person** to return to their **Country of Residence** up to the amount noted on the **Policy Schedule**. We will only pay once for either a. or b. above arising from the same medical condition, but not for both.

We will also not be liable to pay Additional Travel Expenses if the **Close Relative** is suffering from a medical condition where that person has been:

- a. taking any regular medication; or
- b. has seen a **Doctor** or other specialist in the ninety (90) days prior to the **Insured Person** becoming covered under this **Policy**.

2. Emergency Return to Country of Residence

If, during the **Policy Period**, the **Insured Person's Spouse/ Partner** or **Dependant Child** unexpectedly dies or sustains a **Critical Bodily Injury** or **Critical Sickness** requiring the **Insured Person** to return to their **Country of Residence**, We will pay the reasonable travel and accommodation expenses. **Benefits** payable are subject to **Our** prior written approval.

3. Employee Replacement

If, during the **Policy Period**, the **Insured Person** (excluding **Spouse/Partner** or **Dependant Child(ren)**), suffers a **Critical Bodily Injury** or **Critical Sickness** requiring the return to their **Country of Residence**, as authorised by **Batch Assist**, We will pay reasonable travel and accommodation expenses incurred by the **Insured** for the sending of a qualified replacement employee to complete the urgent unfinished business commitments of the **Insured Person** provided such travel occurs within ninety (90) days. **Benefits** payable are subject to **Our** prior written approval.

4. Home Leave

If, during the **Policy Period**, an **Insured Person** returns to their **Country of Residence**, cover under this **Policy** is extended for the period of **Home Leave**, up to a maximum of 90 days provided always that the payment of such expenses is permissible by laws applicable in that country.

If the **Insured Person** is not an Australian resident, and whilst on **Home Leave** suffers a **Critical Bodily Injury** or **Critical Sickness**, We will reimburse emergency expenses incurred up to a maximum period of 60 days and \$10,000 in all.

5. Non-Emergency Medical Transportation Expenses

If an **Insured Person** sustains a **Bodily Injury** or **Sickness** which necessitates transportation to a **Hospital** to obtain treatment We will pay:

- a. Transportation to the nearest recommended **Hospital** where the **Insured Person** is to be confined for specialized treatment, surgery or post-operative attention from a **Doctor**. Transportation will be provided in the form of a scheduled flight on a registered airline.
- b. Where an **Insured Person** who has not attained the age of sixteen (16) is being transported, We will pay the Airfare Charges for an additional one (1) adult to accompany such **Insured Person**.

Conditions

- a. We will only pay for one (1) non-emergency medical transportation Event per **Insured Person**, per Period of Insurance.
- b. The requirement for the transportation and treatment must be certified by the **Insured Person's** attending **Doctor** and **Batch Assist** as medically necessary.

6. Pregnancy Travel and Accommodation Services

Subject to the **Policy**, and in connection with **Maternity Care Expenses – Routine** or **Maternity Care Expenses – Emergency**, **We** shall pay the following travel and accommodation expenses incurred by the **Spouse/Partner**, and any **Dependant Children** under 18 years of age at the time of the claim, of the **Insured Person**:

- a. Up to \$300 per day for up to seven (7) days in accommodation and meal costs if either or both the **Insured Person** and a newborn child of the **Insured Person** are admitted, due to medical requirements, to an alternate facility which is more than 250 kilometres from their normal place of residence, and up to \$50 per day in ground transportation costs to and from the place of accommodation to the alternate facility for each day of admission, up to seven (7) days, in such alternate facility; and
- b. The cost of economy class airfare, or an agreed alternate mode of transport if either or both the **Insured Person**, and a newborn child of the **Insured Person**, are admitted, due to medical requirements, to an alternate facility which is more than 500 kilometres from their normal place of residence, for the sole purpose of travel to the place where the alternate facility is located.

7. Repatriation of Mortal Remains / Funeral Expenses

If, during the **Policy Period** an **Insured Person** sustains a **Bodily Injury** or **Sickness** resulting in death, **We** will pay reasonable expenses incurred for the cost of returning their mortal remains to their **Country of Residence** or the reasonable local funeral cost in their **Country of Assignment**.