

DUAL Accident & Health

Group

Personal Accident
Insurance



DUAL

DUAL Australia

Public Service Association of NSW

Group Personal Accident Insurance PDS and Policy Wording

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Product Disclosure Statement (PDS)

About DUAL Australia Pty Ltd

This PDS has been prepared by DUAL Australia Pty Ltd ABN 16 107 553 257 (DUAL Australia).

DUAL Australia is an underwriting agency committed to delivering innovative insurance solutions to the accident and health insurance market. DUAL Australia forms part of DUAL International which is headquartered in London, the centre of the world's largest insurance marketplace. DUAL Australia, has been established since April 2004, and DUAL International since 1998.

DUAL International is part of the Howden Group Holdings. For more information about Howden visit www.howdengroupholdings.com.

Who is the Insurer?

This insurance is offered by DUAL Australia who underwrites exclusively on behalf of certain underwriters at Lloyd's of London. Lloyd's is an APRA regulated insurer. The insurer is financially liable for any claims that come within the **policy**. DUAL Australia acts as an agent of Lloyds under a binding authority to issue a **policy to you**.

DUAL Australia holds an Australian financial services licence issued by the Australian Securities and Investment Commission (ASIC) (AFSL number: 280193). DUAL Australia does not provide any advice on the insurance to **you** and when issuing policies or handling insurance claims, it acts as an agent of the insurer.

About Lloyd's

Lloyd's is the world's specialist insurance and reinsurance market, bringing together an outstanding concentration of underwriting expertise and talent. It is often the first to insure emerging, unusual and complex risks.

Around 80 syndicates are underwriting insurance at Lloyd's, covering all classes of business. Together they interact with thousands of brokers daily to create insurance solutions for businesses in over 200 countries and territories around the world.

General Insurance Code of Practice

The Insurance Council of Australia has developed a General Code of Practice (the Code), that sets minimum standards a general insurer must meet in supplying its products and services and includes many standards in relation to:

- buying insurance;
- insurance claims;
- responding to catastrophes and disasters;
- information and education;
- complaints handling procedures;
- hardship and vulnerable customers; and
- code monitoring and enforcement.

In Australia, Lloyd's is proud to be a member of the Insurance Council of Australia and a subscriber to the Code. DUAL Australia is a proud supporter of the Code. **You** and **insured persons** can obtain a copy of the Code from Lloyd's Australia or at: www.codeofpractice.com.au.

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

Lloyd's Australia is committed to assisting customers who may be affected by family violence. Its [Family Violence Policy](#) outlines principles and processes which its employees will follow to assist **insured persons** if they are experiencing family violence. **If you are in immediate danger, please call 000.**

What is a Product Disclosure Statement (PDS)?

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

You should read the **policy wording** section in this document and the **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 Information

Any information contained within this **policy wording**, PDS or accompanying documents is general in nature only. **You** should read the information contained in this PDS carefully before taking out this insurance. For details about the terms and conditions of the insurance, read the **policy wording** at the back of this PDS.

Group Personal Accident and Sickness Insurance

This insurance provides for the payment of **benefits** if an **insured person** dies, becomes disabled or suffers from certain **injury**. Please read the **policy wording** carefully to make sure that **you** understand its provisions. If **you** require any information, please contact DUAL Australia or **your** insurance broker. All cover is subject to the payment of premium and the terms, conditions, exclusions and provisions of the **policy** described in the **policy wording**.

Summary of the Main Features and Benefits of the Policy

The **policy** has a number of **benefits**. Some of the significant **policy benefits** are listed below. For full details of all the **benefits** and limits of the **policy** **you** should read **your policy schedule** carefully. It outlines the sums insured, and the

coverage sections and tables of **insured events** contained within the **policy wording** attached to this PDS.

Some of the significant **benefits** of the **policy** may include:

- a. lump sum death benefits as a result of **accidental death** or **injury**;
- b. lump sum benefits as a result of disablement;
- c. lump sum benefits for **injury to teeth**; and
- d. **fractured bones benefit**.

Please refer to the policy wording for details of benefits and conditions that apply.

In addition to the above main **benefits**, this **policy** also entitles **insured persons** to a number of additional **benefits**, which are described in more detail in the **policy wording**.

Limitations on the Benefits Paid

There are limitations as to how much **we** will pay for claims. The maximum amount **we** will pay for all claims under this **policy** during any one **insurance period** is the **aggregate limit of liability** shown in the **policy schedule**.

There are also **sublimits of liability** that apply and are shown on the **policy schedule** which is the maximum amount **we** pay in relation to claims relating to **non scheduled flights**.

Specific age-related limits also apply to the **policy** as outlined in General Provision 3 (Age Limit). No **benefits** are payable under this **policy** for any **insured person** over the age of 75 years.

Not Everything is Covered

Not everything is covered by the **policy**. Some of the circumstances in which no **benefits** are payable at all include where loss results from self-inflicted injury, illegal acts, the use of alcohol or drugs, **war** or **civil war**, being in an aerial device other than as a fare paying passenger in an aircraft, participating in or training for a professional sport, any motorised racing including time trials and practice for such an event other than on foot, pregnancy or childbirth, nuclear activity, AIDS or HIV, mental illness or a **pre-existing condition**.

There are also limitations on some **benefits**. It is important **you** read the **policy wording** together with the **schedule** so that **you** understand the extent of the cover and its limitations. **You** should specifically read the general conditions and general exclusions in the **policy wording** to make sure the cover **we** provide matches **your** expectations.

Some **insured events** are subject to an **excess period**. This means that **you** and **insured persons** cannot make a claim for **benefits** in relation to **insured events** that occur during the **excess period** stated in the **policy schedule**. Please refer to the **policy wording** and **policy schedule** for more information.

The Cost of the Insurance Policy and Paying your Premium

We will provide the cover described in the **policy wording**, subject to its terms and conditions, for the **insurance period**.

The cover under the **policy** commences from the date and time shown on **your schedule** for the **insurance period**. The cost of the **policy** is the total premium including taxes and charges due as detailed on the **schedule**. It is calculated prior to the commencement of the **insurance 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 the specific risk profile which may include:

- a. the sums insured;
- b. claims history;
- c. any restrictions or extensions to the **policy** cover; and
- d. 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.

Non Payment of Premium

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:

- a. cancel the **policy**; and/or
- b. decline any claim under the **policy**.

Your Duty of Disclosure

This **policy** is a consumer insurance contract.

Before entering into this insurance, **you** have a duty to take reasonable care not to make a misrepresentation to **us**. **You** and other **insured person(s)** must answer questions **we** ask at the time of application with relevant and complete information and **you** must not misrepresent any information that **you** give to **us**.

You have the same duty in relation to anyone else whom **you** want to be covered by the **policy**. **You** also have this same duty before **you** renew, extend, vary or reinstate this **policy**.

If **you** fail to comply with **your** duty, and **we** would not have issued the **policy** for the same premium and on the same terms and conditions, **we** may be entitled to reduce **our** liability under the **policy** in respect of any claim or **we** may cancel the **policy**. If **your** failure to comply with **your** duty is fraudulent, **we** may refuse to pay a claim and treat the **policy** as never having been in existence.

Cancelling Your Policy

This **policy** may be cancelled by **you** at any time by giving **us** notice in writing. Should **you** cancel **your policy**, **we** will retain a pro rata proportion of the premium or **our** usual short term premium whichever is the greater for the time the **policy** has been in force and **we** 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 60 of the *Insurance Contracts Act 1984* (Cth).

Your Cooling-Off Period

You have the right to return the **policy** to **us** within twenty one (21) days from the date the **insurance period** commences (cooling-off period) unless a claim is made under the **policy** within this period.

If **you** return the **policy** during the cooling-off period, **we** will refund the full amount of the premium less any taxes or duties payable to **you** within fifteen (15) business days of receipt of **your** request. If **you** purchased the **policy** through an insurance broker ask **your** broker what arrangements apply. The **policy** will be terminated from the date **we** are notified of a request to return it. To return the **policy**, **we** must be notified in writing within the cooling off period.

This can be done by contacting **us** using the contact details found at the back of this PDS, or **your** insurance broker.

You still have the right to cancel this **policy** after the cooling-off period ends. See the Cancelling Your Policy section above.

Making a Claim

Should an incident occur which may give rise to a claim under this **policy**, please notify **us** via email or post as soon as reasonably practical after the date of the occurrence and within the **insurance period** using the contact details below. **You** should ensure **you** include the **policy** number in this correspondence.

The National Claims Manager

Email: claims@dualaustralia.com.au

DUAL Australia Pty Ltd

Level 29 Angel Place, 123 Pitt Street Sydney NSW 2000

You must at **you** or the **insured person's** expense give **us** such certificates, information and other documentation as **we** may reasonably require to assess the claim. **We** may at **our** own expense have any **insured person**, who is the subject of a claim under this **policy**, medically examined from time to time.

The **insured person** must follow medical advice from a **doctor** as soon as possible after sustaining **injury** and continue to follow the medical advice and medical treatment plan for the duration of the claim.

Privacy Collection Statement

At DUAL Australia, **we** are committed to comply with the *Privacy Act 1988* (Cth) (Privacy Act) and the Australian Privacy Principles. **We** collect and manage **your** personal information to assess the risk of and provide insurance and assess and manage claims. **You** are required to disclose personal information to **us** (**we** refer to **your** duty of disclosure) if **you** wish to proceed with this contract. If **you** do not provide **us** with full information, **we** may not be able to provide insurance or assess a claim. If **you** provide **us** with information about someone else **you** must obtain their consent to do so.

Our legal basis for managing **your** personal information is based on **your** consent and it is necessary to perform **our** service as agreed by **you**. **We** also have legitimate interests in collecting and managing **your** personal information and this includes things such as auditing, managing and improving **our** internal systems and procedures, developing and improving products and services, and managing claims. Personal information may be collected from both the **insured** or **insured persons**.

We provide **your** personal information to the insurer **we** represent when **we** issue and administer **your** insurance. When providing a quotation or insurance terms, **we** will tell **you** if the insurer is overseas and if so, where they are. **We** may also provide **your** information **your** broker and **our** contracted third-party service providers (e.g. claims management companies). **We** are part of the Howden Group and may provide **your** information to UK based Group entities who provide **us** with business support services. If a recipient is not regulated by laws which protect **your** information in a way that is similar to the Privacy Act, **we** will take reasonable steps to ensure that they protect **your** information in the same way **we**

do or seek **your** consent before disclosing **your** information to them.

We keep **your** personal information only for as long as is reasonably necessary for the purpose for which it was collected, and for as long as **we** are required to by law, which is as long as **our** relationship with **you** plus seven (7) years after **you** cease dealing with **us**. **Our** Privacy Policy contains information about how **you** can access the information **we** hold about **you**, ask **us** to correct it, or make a privacy related complaint.

You can obtain a copy of our Privacy Policy from **our** Privacy Officer by telephone (+61 (0)2 9248 6300), email (privacy@dualaustralia.com.au) or by visiting **our** website (dualinsurance.com).

By providing **us** with **your** personal information, **you** consent to its collection and use as outlined above and in **our** Privacy Policy.

Complaints Process

If **you** or an **insured person** have any concerns or wish to make a complaint in relation to this **policy**, **our** services or an insurance claim, please let **us** know and **we** will attempt to resolve the concerns in accordance with **our** Internal Dispute Resolution procedures. Please contact Lloyd's insurance intermediary (**us**) or the administrator handling the claim in the first instance:

[Legal & Governance Team](#)

DUAL Australia Pty Ltd

Level 29 123 Pitt Street,

Sydney NSW 2000

Telephone: 02 9248 6300(within Australia) or +61 2 9248 6300 (from overseas)

Website: dualinsurance.com

Email: complaints@dualaustralia.com.au

Step 1

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

Step 2

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

[Lloyd's Australia Limited](#)

Level 32

225 George Street

Sydney NSW 2000

Telephone: (02) 8298 0783

Email: ldraustralia@lloyds.com

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

Step 3

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

Australian Financial Complaints Authority (AFCA)

GPO Box 3,

Melbourne VIC 3001

Telephone: 1800 931 678

Email: info@afca.org.au

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

How much will this procedure cost you?

This procedure is free of charge to **policyholders** and **insured persons**.

Service of Suit Clause (Australia)

The Underwriters accepting this insurance agree that:

- i. 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;
- ii. any summons notice or process to be served upon the underwriters may be served upon:
[Lloyd's Underwriters' General Representative in Australia](#)
Level 32
225 George Street
Sydney NSW 2000
who has authority to accept service on the underwriters' behalf; and
- iii. 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.

Preparation Date

This PDS was prepared on 25th March 2026.

Updating this PDS

Information in this PDS may need to be updated from time to time. **You** can obtain a paper copy of any updated information without charge by contacting **us** or **your** insurance broker. Should this PDS need to be updated **we** will provide **you** with a new PDS or a Supplementary PDS outlining these changes.

Contact details

DUAL Australia Pty Ltd

ABN 16 107 553 257

AFS Licence 280193

Level 29 Angel Place, 123 Pitt Street

Sydney NSW 2000

Telephone: 1300 769 772 (within Australia) or +61 2 9248 6300 (from overseas)

Website: dualinsurance.com

Email: dualenquiries@dualaustralia.com.au

Policy Wording

General Definitions

In the **policy** and PDS:

accident means:

- a. an external event;
- b. which occurs fortuitously during the **insurance period**;
- c. which could not have been expected from the perspective of the **insured person**; and
- d. which results in any of the **insured events** within twelve (12) calendar months from the date of the **injury**.

accident includes **accidents** arising from:

- i. the use of, or inability to use, any application, software, or programme in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device); or
- ii. a computer virus; or
- iii. a computer related hoax relating to i. and/or ii. above.

accidental death means death occurring as a result of an **injury**.

aggregate limit of liability means the maximum amount **we** will pay for all claims arising from **insured events** which occur during the **insurance period**. The **aggregate limit of liability** is shown in the **schedule**.

benefit(s) means any **benefit** to which an **insured person** is entitled under this **policy**.

benefit period means the maximum period for which a weekly **benefit** payment may be paid to or for the benefit of an **insured person**.

civil war means armed opposition, whether declared or not, between two (2) 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.

doctor means a medical practitioner or medical specialist who is registered and/or licenced and 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 person**, the **insured person's** employer, or the **insured person's employee** or the **insured person's** relative.

dependant child(ren) means an **insured person's** unmarried dependent children who are:

- a. over six (6) months of age and under nineteen (19) years of age; or
 - b. under twenty-five (25) years of age while they are full-time students at an accredited institution of higher learning;
- and at the time of an **insured event** giving rise to a claim are primarily dependent on an **insured person** for maintenance and support. **Dependent child(ren)** includes step or legally adopted children.

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.

excess period is the period stated in the **schedule** during which no **benefits** are payable. The number of days constituting each **excess period** must be served consecutively.

finger, thumb or **toe** mean the digits of a hand or foot.

fracture(d) means a break or crack of a bone.

injury means bodily injury to an **insured person** resulting from an **accident** caused by violent, external and visible means and occurring solely and directly and independently of any other cause. **Injury** does not include:

- a. any consequences of an injury which are ordinarily described as being a disease including but not limited to any congenital condition, heart condition, stroke or any form of cancer;
- b. an aggravation of a pre-existing injury;
- c. any other **pre-existing condition**; or
- d. any degenerative condition.

insurance period means the period stated in the **schedule**. If **you** request that **we** renew the **policy** and **we** agree, then the **insurance period** also includes the period stated in the **schedule** **we** issue to **you** in respect of that renewal.

insured means the named entity or person listed as the **policyholder** in the **schedule**.

insured event(s) means the event(s) described in each Table of **Insured Events** as set out in Sections 1, 2, 3, and 4, and are defined by individual numbers.

insured person means such person or persons as defined in the **schedule** with respect to whom premium has been paid. An **insured person** must be a financial member of the Public Service Association of NSW or that person's **spouse** or **dependent child(ren)**.

limb(s) means the entire limb between the shoulder and the wrist or between the hip and the ankle.

loss means loss of, by physical severance, or total and **permanent** loss of the effective use of the part of the body referred to in the Table of **Insured Events** and which in each case is caused by an **injury**.

manifest(s) means, in respect of **injury**, the date on which the symptoms or consequences of that **injury** first become apparent to the **insured person**, or ought to have become apparent to a reasonable person in their position, whichever comes first. **Manifested** and **manifestation** have corresponding meanings.

non scheduled flight(s) means any flight that is not operating under a regular published flight schedule or timetable.

paraplegia means permanent and entire paralysis of both legs and part of whole of the lower half of the body.

permanent means disablement lasting at least twelve (12) consecutive months from the date the **injury manifests**, which thereafter will, in all probability, continue for life.

policy means the **policy wording**, the PDS and the **schedule** and any additional endorsements which **we** subsequently issue to **you**.

policy wording means this document.

policyholder means the **insured**.

pre-existing condition(s) means in respect of **injury**: a condition with which the **insured person** was aware of or a reasonable person would have been aware of (whether diagnosed or not) or has sought treatment prior to the inception of their **policy**. For the avoidance of doubt, any medical condition that the **insured person** has suffered from or been treated for, irrespective of whether a complete recovery has occurred, is still treated as a **pre-existing condition**.

quadriplegia means the permanent loss of use of both arms and both legs.

schedule means the **schedule** listing the **benefits** and limits which is issued by **us** attached to the **policy wording** or any subsequently substituted **schedule**.

spouse means the **insured person's** husband or wife or any de-facto partner who has continuously lived with the **insured person** for at least three (3) calendar months prior to an **insured event** giving rise to a claim.

sublimit of liability means the maximum amount **we** will pay for all claims for **insured events** arising out of **non scheduled flights** during the **insurance period**. The **sublimit of liability** is shown in the **schedule**.

temporary partial disablement means temporary disablement directly caused by an **injury** that **manifests** during the **insurance period** which prevents an **insured person** from performing a substantial part of their usual employment, occupation, business or daily home activities while they are under the regular care of and acting in accordance with the treatment, instructions or advice of a **doctor**.

temporary total disablement means temporary disablement directly caused by an **injury** that **manifests** during the **insurance period** which totally prevents an **insured person** from performing their usual occupation or employment activities, or any other occupational or employment activities for which **you** have the experience, skills, education or training while you are under the regular care of and acting in accordance with the treatment, instructions or advice of a **doctor**.

tooth/teeth means a sound and natural permanent tooth but does not include first or baby teeth, implants, prostheses or other dental restorations.

total disablement means disablement directly caused by an **injury** that **manifests** during the **insurance period** which totally prevents the **insured person** from performing their usual occupational or employment activities, or from forever engaging in any other business, profession, occupational or employment activities for which the **insured person** has the experience, skills, education or training. If the **insured person** is not employed, it means disablement which prevents the **insured person** from participating in any and every occupation for the remainder of their life.

war means armed conflict between nations including forces acting for any international authority whether war be declared or not, invasion, civil war, armed hostilities, rebellion, revolution, insurrection, or military or usurped power.

we/our/us means DUAL Australia Pty Ltd (ACN 107 553 257) as agent of the Underwriters.

you/your means the insured or policyholder named in the schedule.

Section 1 – Lump Sum Benefits - Injury

We will pay **benefits** as set out in Table 1 of the Table of **Insured Events** for an **injury** of the **insured person** if:

- a. the **injury** resulting in the **insured event** set out in the Table of **Insured Events** **manifests** during the **insurance period** while the person is an **insured person**; and
- b. an amount is showing on the **schedule** for that **insured event** against Section 1; and
- c. any **insured event** occurs within twelve (12) months of the **injury**; and
- d. any **insured event** occurs during the **insurance period**.

Table of Insured Events – Table 1

Insured events	Benefit
	As a percentage of the amount as shown against the schedule on Section 1 – Lump Sum Benefits:
1. Accidental death	100%
2. Permanent paraplegia	100%
3. Permanent quadriplegia	100%
4. Permanent total disablement	50%
5. Permanent total loss of use of both hands or both feet	50%
6. Permanent total loss of sight of both eyes	50%

7. Permanent total loss of hearing	
(a) both ears	38%
(b) one ear	10%
8. Permanent total loss of speech	38%
9. Permanent total loss of use of one hand or one foot	25%
10. Permanent total loss of sight of one eye	25%
11. Permanent total loss of use of a thumb and one finger	8%
12. Permanent total loss of use of a thumb , either hand	5%
13. Permanent total loss of one or more fingers	2.5%

Section 2 – Fractured Bones Benefits - Injury

We will pay **benefits** as set out in Table 2 of the Table of **Insured Events** for an **injury** of the **insured person** if:

- the **injury** resulting in the **insured event** set out in the Table of **Insured Events** manifests during the **insurance period** while the person is an **insured person**; and
- any **insured event** is directly caused by the **injury**; and
- an amount is showing on the **schedule** for that **insured event** against Section 2; and
- any **insured events** occur within twelve (12) months of the **injury**; and
- any **insured events** occur during the **insurance period**.

Table of Insured Events – Table 2

Insured Events	Benefits
Fracture of:	As a percentage of the amount shown against the schedule on Section 2 – Fractured Bones
14.	
(a) Neck, skull or complete fracture of spine	100%
(b) spine (not complete)	50%
15. Hip, pelvis	75%
16. Shoulder blade	50%
17. Collarbone, upper leg	30%
18. Upper arm, kneecap, forearm, elbow	25%
19. Lower leg, jaw, wrist, cheek, ankle, hand, foot, rib	20%

The maximum **benefit** payable for any one (1) **injury** resulting in **fractured** bones shall be the amount shown on the **schedule** against Section 2 – **Fractured Bones Benefits – Injury**.

Section 3 – Dental Benefits – Injury

We will pay **benefits** as set out in Table 3 of the Table of **Insured Events** for a **sickness** the **insured person** suffers if:

- a. the **injury** resulting in the **insured event** set out in the **Table of Insured Events** manifests during the **insurance period** while the person is an **insured person**; and
- b. any **insured event** is directly caused by the **injury**; and
- c. an amount is showing on the **schedule** for that **insured event** against Section 3; and
- d. any **insured events** occur within twelve (12) months of the **injury**; and
- e. any **insured events** occur during the **insurance period**.

Table of Insured Events – Table 3

Insured Events	Benefits
Injury resulting directly in the following dental treatment being carried out within twelve (12) months of the date of the injury :	As a percentage of the amount shown against the schedule on Section 3 – Dental Benefits - Injury subject always to a limit of five hundred (\$500) dollars per tooth :
20. Loss of teeth resulting in prosthetic replacement – per tooth	100%
21. Damage to teeth resulting in prosthetic restoration – per tooth	50%

The maximum **benefit** payable with respect to any one (1) **injury** shall be five hundred (\$500) dollars per **tooth** up to a maximum of one thousand dollars (\$1,000) unless otherwise shown on the **schedule** against Section 3 – Dental **Benefits – Injury**.

Section 4 - Additional Benefits

The following Additional **Benefits** are subject to all the terms and conditions of the **policy**, and shall apply only if they are specifically included in the **schedule**. Applicable limits, **excess periods** and **benefit periods** may apply as specified in the **schedule**.

We will pay **benefits** as set out in Section 4 - Additional Benefits for an **injury** of the **insured person** if:

- a. the **injury** manifests during the **insurance period** while the person is an **insured person**; and
- b. any **insured event** is directly caused by the **injury**; and
- c. an amount is showing on the **schedule** for that **insured event** against Section 4 (part 1-5); and
- d. any **insured events** occur within twelve (12) months of the **injury**; and
- e. any **insured events** occur during the **insurance period**.

1. Workplace Assault Benefit

If, during the **insurance period**, an **insured person** who is a member, suffers an **injury** as a result of an unprovoked assault at their usual place of employment or whilst in the course of their usual duties, and

- a. such assault requires hospitalisation for a minimum period of forty eight (48) hours; and
- b. is reported to the police,

We will pay a lump sum **benefit** of two thousand dollars (\$2,000), limited to one payment per **insured person** per **insurance period**.

We will pay a lump sum **benefit** of two thousand dollars (\$2,000), limited to one payment per **insured person** per **insurance period**.

2. Bed Care Patient

If during the **insurance period**, an **insured person** is confined in a bed under the regular daily attendance and care of a professional carer who is not an **insured person's** family member, directly resulting from a covered **injury** and certified as necessary by a **doctor**, we will pay a **benefit** as shown in the **schedule**. This does not include confinement in any of the following institutions in which the **insured person** resides at the time of the **injury** giving rise to the claim – nursing or convalescent home, a geriatric ward, a mental institution, a rehabilitation or extended care facility for the elderly. The bed confinement must be in excess of twenty four (24) consecutive hours.

The maximum we will pay under this **benefit** is fifty dollars (\$50) per day up to a maximum **benefit period** of one hundred and four (104) weeks.

3. Domestic Home Help

If an **insured person** suffers an **injury** during the **insurance period** and suffers **temporary partial disablement** or **temporary total disablement**, we will pay for the cost of reasonably and necessarily incurred expenses of hiring domestic help and/or childminding provided that such services are certified by the **insured person's doctor** as being necessary for that **insured person's** recovery.

Domestic help and child minding expenses for the purposes of this **benefit** means baby sitter fees, additional food expenses that would not ordinarily have been incurred, additional expenses incurred by non-immediate family members required to care for the **insured person**.

The maximum we will pay under this **benefit** is 80% of the actual expenses incurred up to the amount shown in the **schedule** for a maximum **benefit period** of fifty two (52) weeks.

4. Home Tutorial

If during the **insurance period** an **insured person** suffers an **injury** and is:

- a. registered as a full time student; and
- b. unable to attend scheduled classes due to an **injury**;

we will pay the reasonable expenses for tutorial services during the continuous ongoing restriction from attendance of school by the **insured person**. Provided such services are certified by the **insured person's doctor**.

Tutorial services must be carried out by a suitably qualified teacher holding a current teaching certificate equal to the level of education currently undertaken by the **insured person**, and such suitably qualified teacher is not a member of the **insured person's** family or other relatives or person's permanently living with the **insured person**.

The maximum we will pay under this **benefit** is 80% of the actual expenses incurred up to the amount shown in the **schedule** for a maximum **benefit period** of fifty two (52) weeks.

5. Disappearance

If an **insured person** disappears following the disappearance, sinking or wrecking of a covered conveyance in which the **insured person** was travelling during the **insurance period**, and the **insured person's** body has not been found within twelve (12) months after the date of disappearance, we will pay a **benefit for insured event 1** on the assumption that the **insured person** died as a result of an **injury** at the time of the disappearance, sinking or wrecking of the conveyance.

General Conditions

The following conditions apply under the **policy**:

1. **Benefits** will not be payable for more than one (1) of the **insured events** 1-13 arising out of the same **injury**. In that event, the highest **benefit** applicable will be payable.

2. The cover under this **policy** for any **insured person** will cease on the earliest on the following:
 - a. on the date this **policy** is terminated;
 - b. on the date the **insured** advises us that the **insured person** be deleted as an **insured person**;
 - c. on the date the member, who is the **insured person**, is no longer a financial member of the Public Service Association of NSW. On this occurrence the **insured person's spouse** and **dependent children** will not be covered past this date.
3. Unless an **insured person** otherwise directs, all **benefits** 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.
4. If an **insured person** suffers an **injury** resulting in any one of the **insured events** 2 to 4 we will not be liable under this **policy** for any subsequent **injury** to that person.
5. Compensation is not payable for more than one **insured event** under Section 4, Additional Benefits, **insured events** 2, 3 and 4 for the same period of time.
6. **Benefits** will not be payable under Section 2, **Fractured Bones Benefits, insured event 19 for finger, thumb and/or toe.**
7. No **benefits** are payment under this **policy** unless an **insured person** who is a financial member of the Public Service Association of NSW is regularly performing all the usual duties of his or her occupation and is fit to do so on the date cover under this **policy** would otherwise become effective.

General Exclusions

The following exclusions apply to all Sections of the **policy**.

No **benefits** are payable under this **policy** for any **insured event** resulting in **injury** that has been directly or indirectly caused by, arising out of, or in any way related to or connected directly or indirectly with any of the following:

1. **injury** which is intentionally or deliberately self-inflicted by an **insured person**, including suicide or attempted suicide;
2. a criminal or illegal act committed by an **insured person**;
3. an **insured person** driving any vehicle whilst under the influence of alcohol equal to or above the prescribed legal limit or whilst under the effects of psychoactive, psycho pharmaceutical or psychotropic drug or substance;
4. an **insured person** being under the effects of alcohol, psychoactive, psycho pharmaceutical or psychotropic drug or substance;
5. **war**, invasion or **civil war**;
6. flying or engaging in any other aerial activity except as a fare paying passenger on an airline with scheduled flights;
7. participating, training or taking part in professional sports of any kind;
8. childbirth or pregnancy or any complications of these;
9. nuclear reaction, nuclear radiation or radioactive contamination;
10. sickness, disease or any kind of infection however contracted, even if through **injury**;
11. a sexually transmitted disease or infection, including but not limited to Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV) infection;
12. psychological, nervous, emotional or behavioural conditions, stress, depression, or other mental illness defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (or a subsequent or equivalent publication);
13. any **pre-existing conditions** whether or not a proposal form or application form has been received by us;

14. racing, time trials or practice for such an event of any form other than on foot;
15. the payment of any **benefit** that:
 - a. would be considered to be 'health insurance business' as defined in the Private Health Insurance Act 2007 (Cth) and its regulations; or
 - b. would be illegal or unlawful under any law in any jurisdiction, including under the National Health Act 1953 (Cth) or the Health Insurance Act 1973 (Cth).

General Provisions

The following provisions apply to all Sections of the **policy**:

1. Aggregate Limit of Liability

We shall not be liable to pay any **benefits** under the **policy** in excess of the **aggregate limit of liability**. 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**.

2. Sublimit of liability

We shall not be liable to pay any **benefits** under the **policy** in excess of the **sublimit of liability** applying to **non scheduled flights**. If this amount is not adequate to pay all claims in full we will reduce the **benefit** payable to each **insured person** proportionately, so that the total of all payments does not exceed the **sublimit of liability**.

3. Age Limit

Age limits apply to this **policy**. An **insured person** must be aged sixteen (16) years or over and under seventy six (76) years to take out this **policy**. To be eligible for cover the **insured person's spouse** must be aged over eighteen (18) and under seventy one (71) years. **Dependent children** must be over six (6) months of age and under nineteen (19) years; or under twenty five (25) years while they are a full time student at an accredited institution of higher learning.

4. Currency

All **benefits** paid under the **policy** will be paid in Australian Dollars (AUD) unless otherwise specified on the **schedule**.

5. Governing Law and Jurisdiction

The **policy** is governed by the laws of the Commonwealth of Australia and the State or Territory where the **policy** was issued. Any disputes relating to interpretation shall be submitted to the exclusive jurisdiction of the Courts of Australia.

6. Co-operation

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. Any **insured person** will do all things reasonably practicable to minimise **our** liability in respect of any claim or loss.

7. Subrogation and Our Right of Recovery

We can exercise any right of recovery held by **you** or any **insured person** to the extent of any **benefit** payable under this **policy**. If we pay a **benefit** under the **policy** to an **insured person**, then, to the extent the **insured person** may have a cause of action for loss or damage against any third party in respect of the facts, matters and circumstances which gave rise to the **benefit** being paid under the **policy**, then we have a right of subrogation and repayment including any claim for interest by way of an action which may be brought in the name of **you** and/or any **insured person** against such third party. **You** and/or any **insured person** must not do

anything that reduces such rights, and must provide **us** with all reasonable assistance in pursuing such rights. If **you** and/or any **insured person** have agreed to not seek compensation from another source that is liable to pay compensation in regards to a **benefit** payable under the **policy**, **we** will not cover **you** or any **insured person** under this **policy** for that **loss**, damage or liability.

If **you** and/or any **insured person** brings a claim for loss or damage in **your** or their own name against a third party in respect of the facts, matters and circumstances which gives rise to the **benefit** being paid under the **policy**, then **you** or any **insured person** must include in **your** or their claim any payments which may be recoverable from the third party including a claim for interest (recoverable payments). Should **you** or any **insured person** recover damages against the third party either by way of settlement or judgment then **you** or any **insured person** must repay to **us** out of any such damages the recoverable payments which the **insured** received under this **policy**. **We** will provide reasonable cooperation to **you** or any **insured person** and **your** or their legal advisors in bringing any such action.

8. Other Insurance

In the event of a claim **you** or an **insured person** must inform **us** of any other insurance **you** or the **insured person** may have covering the same risk.

9. Several Liability of Underwriters

The obligations of **our** subscribing underwriters, where there is more than one (1) underwriter subscribing to the **policy**, are several and not joint and are limited solely to the extent of their individual subscriptions. No subscribing underwriter is responsible for the subscription of any co-subscribing underwriter who, for any reason, does not satisfy all or part of its obligations.

10. Territorial Limits

The territorial limit is Australia wide.

11. Cover under more than one policy with us

Where an **insured person** is covered under another insurance policy with **us** in respect of the same **benefits** as provided by this **policy**, **we** shall only pay the **benefit** once and the amount payable shall be the higher of the two (2) policy limits applicable.

12. Alteration of risk

If **your** circumstances change or there are any changes to the business activities **you** advised **us** of when **your policy** commenced or there have been any changes that are reasonably likely to impact **your policy** or the risk of a claim under **your policy**, **you** must tell **us** as soon as **you** become aware of those changes.

13. Sanctions Limitation

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations' resolutions or the trade or economic sanctions, laws or regulations of Australia, the European Union, United Kingdom or United States of America.

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