

INSURANCE POLICY

THIS POLICY SCHEDULE confirms that in return for payment of the Premium, certain Underwriters at Lloyd's have agreed to insure you, in accordance with the wording attached to this Policy Schedule.

This Policy Schedule should be read in conjunction with the relevant Policy Wording and associated endorsements. You should read the entire Policy carefully, including all definitions and, in particular, the exclusions, to ensure that it meets your requirements.

You or your representative can obtain further details of the syndicate numbers and the proportions of this Insurance for which each of the Underwriters at Lloyd's is liable by requesting them from DUAL Australia Pty Ltd. In the event of loss, each Underwriter (and their Executors and Administrators) is only liable for their own share of the loss.

In accepting this Insurance, the Underwriters have relied on the information and statements that you have provided on the Proposal Form (or Declaration). You should read this Policy Schedule carefully and if it is not correct contact DUAL Australia Pty Ltd or your broker. It is an important document and you should keep it in a safe place with all other papers relating to this Insurance.

A handwritten signature in black ink, appearing to read 'D. Coates', with a large, sweeping flourish at the end.

Damien Coates – Chief Executive Officer, DUAL Asia Pacific
DUAL Australia Pty Ltd is an agent underwriting for and on behalf of certain underwriters at Lloyd's.
For detail in relation to Lloyd's Ratings, please visit www.lloyds.com for more information.

DUAL Australia Pty Ltd
dualenquiries@dualaustralia.com.au
www.dualaustralia.com.au
Part of DUAL International Group

Journey Personal Accident

| | |
|---|---|
| POLICY NUMBER: | AU00053425-001 |
| POLICYHOLDER: | Public Service Association of New South Wales |
| INSURANCE PERIOD: | From 4:00pm on 1/01/2024 To 4:00pm on 1/01/2025 Australian local time in the State or Territory where this policy was purchased |
| INSURED PERSON(S): | All financial members of the insured |
| SCOPE OF COVER: | Whilst on a Journey as defined in the policy wording |
| AGGREGATE LIMIT OF LIABILITY: | \$5,000,000 |
| SUBLIMIT OF LIABILITY NON SCHEDULED FLIGHTS: | \$1,000,000 |
| SCHEDULE OF BENEFITS: | |

| BENEFIT | BENEFIT AMOUNT PER INSURED PERSON |
|--|---|
| Section 1 - Lump Sum Benefits | |
| Accidental Death – Insured Event 1 | \$0 |
| Insured Events 2 to 25 | \$0 |
| Section 2 - Weekly Benefits - Injury | |
| Percentage of Salary | 85% |
| Excess Period (days) | 14 |
| Benefit Period (weeks) | 104 |
| Section 3 – Fractured Bones Benefits - Injury | |
| Section 4 – Dental Benefits - Injury | |
| Section 5 – Additional Benefits | |
| 1. Transport to and from Work Benefit | \$25 per day for a maximum of 12 weeks |
| 2. Re-imbursement of Professional or Membership Fees | \$250 per membership for a maximum of two (2) memberships |
| 3. Escalation Benefit | 5% per annum on a compound basis |

| | |
|---|--|
| 4. Return to Work Assistance | \$5,000 |
| 5. Twelve (12) weeks Guaranteed Payment | Included |
| 6. Exposure to the Elements | Included |
| 7. Disappearance | Included |
| 8. Funeral Expenses | \$10,000 |
| 9. Modification Expenses | \$10,000 |
| 10. Bed Care Benefit | \$0 per day up to a maximum of 30 days |

POLICY WORDING: DUAL Australia Journey Personal Accident Insurance PDS and Policy Wording 11.22

ENDORSEMENTS:

JR00611 Client Specific Endorsement

Age Limit Extension

It is hereby noted and agreed that the age limit under this **policy** is extended to seventy six (76) years of age. All cover shall cease for any **insured person** upon attaining the age of seventy six (76).

It is further noted and agreed that with respect to **insured persons** aged seventy one (71) to seventy five (75) the following applies:

- Section 2 – Weekly **Benefits – injury** – the **benefit period** is reduced to twenty six (26) weeks and not as stated in the **policy schedule**.

Except as otherwise provided in this endorsement, the Insuring Clause and all other policy terms and conditions shall have full force and effect.

Reimbursement of Sick Leave

It is hereby noted and agreed that if coverage is provided under this **policy** for event 26. **temporary total disablement** or event 27. **temporary partial disablement** and the **insured person** has taken sick leave more than the **excess period** shown in the **policy schedule**, then **we** will reimburse to the **insured person's** employer the monetary value of the sick leave for the purpose of reinstating the **insured person's** sick leave greater than the **excess period**, provided that:

- a) the **insured person** gains written approval from their employer to accept payment to reinstate the **insured person's** sick leave and provides payment details of the employer; and

b) **we** receive written confirmation from the **insured person's** employer that the sick leave greater than the **excess period** has been reccredited.

We shall not pay any **benefit** under this clause where the **insured person** is unable to secure written agreement from their employer.

Except as otherwise provided in this endorsement, the Insuring Clause and all other policy terms and conditions shall have full force and effect.

INSURER: DUAL Australia Pty Limited for and on behalf of certain underwriters at Lloyd's

**UNIQUE MARKET
REFERENCE:** B0180PA2300509

DATE: 19/12/2023