TRAVEL INSURANCE

for International, Annual & Australian Travel

QBE

Frequent flyer

Qantas Frequent Flyer members can earn one Qantas Frequent Flyer point per dollar spent on eligible QBE Travel Insurance products.

QBE Insurance (Australia) Limited
ABN 78 003 191 035
is the insurer of this policy
Effective 20 May 2012

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COMBINED PRODUCT DISCLOSURE STATEMENT AND POLICY WORDING

Prepared 20 May 2012 and authorised for distribution by QBE Insurance.

WHO ARE YOU DEALING WITH?

You Can Rely On Us

QBE Insurance (Australia) Limited is a member of the QBE Insurance Group (ASX QBE). QBE Insurance Group is Australia's largest international general insurer and reinsurance group, and one of the top 25 insurers and reinsurers worldwide. The company has been operating in Australia since 1886. QBE is a household name in Australian insurance, backed by sizeable assets and well known as a strong and financially secure organisation.

We Offer You A Choice

This travel insurance product gives you a choice of travel insurance options. It is up to you to choose the cover you need. This document contains information which can help you decide. Any advice in this document is of a general nature only and has not considered your objectives, financial situation or needs. You should carefully read and consider the information provided having regard to your personal circumstances to decide if this insurance is right for you. You are of course free to arrange insurance with any other insurer of your choice.

This booklet contains the following sections which provide:

- Part 1 - information about this travel insurance product (Product Disclosure Statement - PDS)
- Part 2 - the detailed terms and conditions (Policy Wording)

This policy is underwritten by QBE Insurance (Australia) Limited AFSL 239545.

About QBE Travel Insurance

QBE Travel Insurance is a division of:

QBE Insurance (Australia) Limited
ABN 78 003 191 035
A.F.S. Licence No. 239545
82 Pitt Street Sydney NSW 2000

Please do not send your application for travel insurance to this address.

Enquiries and Assistance

For any enquiries and assistance please contact 133 723 or email travel.direct@qbe.com

Please note that calls to QBE Travel Insurance will be recorded for training and verification purposes.

PART 1 - PRODUCT DISCLOSURE STATEMENT (PDS)

Some Words Have Special Meanings

Throughout the PDS and Policy Wording words highlighted in both bold and italic have specific meanings. These meanings are set out in the Definitions section of the Policy Wording. For example: ***relative***.

INTERNATIONAL
TRAVEL INSURANCE GUIDELINES

ELIGIBILITY
- Insurance is not available to travellers outside Australia.
- The terms and conditions of the policy are subject to the laws of the Australian state or territory where the Certificate of Insurance is issued. ***You*** agree to submit to the jurisdiction of the courts of that state or territory.
- Premier Plus Extras, A, B or C Travel Plans are available to non ***residents of Australia*** provided ***you*** are in Australia at the time the Certificate of Insurance is to be issued and intend to return to Australia.
- This policy must be issued prior to the commencement of ***your trip***.
- If ***you*** are 70 years of age or over, or ***you*** have an ***existing medical condition*** or ***you*** wish to purchase a New Zealand Cancellation and Additional Expenses Travel Plan ***you*** cannot purchase insurance more than 12 months prior to travel.
- If ***you*** are under 70 years of age and have an ***existing medical condition*** ***you*** must submit a Travellers Medical Appraisal Form with ***your*** Application Form for approval by ***us*** prior to the issue of the Certificate of Insurance.

AGE LIMITS
- This policy is available to ***residents of Australia*** regardless of age however, if ***you*** are aged 70 years or over at the time the Certificate of Insurance is to be issued and ***you*** wish to purchase an International Travel Plan ask ***us*** for a Travellers Medical Appraisal Form. ***You*** must complete Part A of the form and have ***your*** usual medical practitioner complete Part B and submit to ***us*** for approval, before the Certificate of Insurance can be issued. If ***your*** application is approved ***you*** will be advised of any restrictions that may apply and asked to pay an additional ***premium***.
- There is no cover under this policy for non ***residents of Australia*** who are 70 years of age or over at the time the Certificate of Insurance is to be issued.
- Family or Duo Policies are not available to travellers 60 years of age or over.

POLICY DURATIONS
- There is no provision to suspend this policy during the ***period of insurance***.
- This policy ends once ***you*** have returned to ***your*** normal place of residence within Australia, and there is no cover if ***you*** resume ***your trip*** unless the reason for ***your*** return to ***your*** normal place of residence was the hospitalisation or death of a ***relative***, and the conditions of Section 5C of the Policy Wording are satisfied.

EXISTING MEDICAL CONDITIONS
Under 70 Years Of Age
If ***you*** are under 70 years of age at the time the Certificate of Insurance is to be issued and have an ***existing medical condition*** ask ***us*** for a Travellers Medical Appraisal Form, complete the relevant sections and submit together with ***your*** Application Form for approval by QBE Insurance prior to the issue of the Certificate of Insurance. If cover is granted, ***you*** will be notified in writing, asked to pay an additional amount and advised of any special terms imposed. Existing Medical Condition cover not available on New Zealand Cancellation And Additional Expenses Travel Plan.

70 Years Of Age Or Over
Regardless of ***your*** state of health, cover is not automatically provided for travellers 70 years of age or over at the time the Certificate of Insurance is to be issued. If ***you*** are travelling internationally ***you*** must complete the Application Form and the Travellers Medical Appraisal Form and submit the forms to ***us*** for evaluation, before a Certificate of Insurance can be issued. If cover is granted ***you*** will be notified in writing, and if applicable, asked to pay an additional amount and advised of any special terms imposed. Not available to non ***residents of Australia***.

EXCESSES
Standard Excesses
We will not pay the first $100 (the excess) for any one event except in relation to claims under Sections 1D - 1E, 5A - 5G, 6, 7, 8, 9, 10B and 10C on Premier Plus Extras, A, B and C Travel Plans. Travellers under 60 years of age at the time the Certificate of Insurance is to be issued can remove this excess by paying an additional amount of $25. This is not available on New Zealand Cancellation And Additional Expenses Travel Plans, after departure, or on excesses imposed for an ***existing medical condition***.

We will not pay the first $35 (the excess) for any one event on New Zealand Cancellation And Additional Expenses Travel Plans.

Medical Excess*
An additional excess of $200 will apply to any one event where the claim is made under Section 1 (Medical Expenses), Section 2 (Dental Expenses), Section 3 (Medical Evacuation And Repatriation), Section 4 (Cancellation And Additional Expenses), Section 5H (Non Medical Attendant), Section 5I (Emergency Travel And Accommodation Expenses - Relative), Section 11 (Personal Liability) and Section 12 (Legal Expenses) and the claim is as a result of ***your*** illness or ***injury***, and ***you*** were 60 years of age or over at the time the Certificate of Insurance was issued.

Sporting Equipment Excess*
An additional excess of $100 applies to loss of, theft of or damage to sporting equipment.

* The Sporting Equipment Excess and Medical Excess are in addition to any other excesses and cannot be removed.

POLICY EXTENSIONS
*(Not available to travellers 70 years of age or over, to New Zealand Cancellation And Additional Expenses Travel Plans or to non **residents of Australia**.)*

Your policy can be extended as many times as ***you*** like up to a maximum duration of 24 months from departure date. This is only available before the current policy expires. When applying for an extension ***you*** must tell ***us*** if there is a claim made or pending, or ***you*** suffer from an ***existing medical condition***, or ***you*** have seen a medical or dental practitioner, as an extension may not be available or special terms may be imposed. If ***you*** wish to extend ***your*** policy please contact ***us*** on 133 723. The ***premium*** for an extension is calculated at the amount current at the time of the extension. Policy extensions post departure are subject to Service Fees.

ANNUAL MULTI TRIP

TRAVEL INSURANCE GUIDELINES

ELIGIBILITY

- Insurance is not available to travellers outside Australia.
- The terms and conditions of the policy are subject to the laws of the Australian state or territory where the Certificate of Insurance is issued. ***You*** agree to submit to the jurisdiction of the courts of that state or territory.
- This policy is only available to ***residents of Australia*** and must be issued prior to the commencement of ***your trip***.
- ***You*** cannot substitute the nominated insured, whose name appears on the Certificate of Insurance, within the ***period of insurance***. This does not apply to Section 5J Alternative Staff provided the replacement employee submits an application form and if required, a Travellers Medical Appraisal Form and cover is approved by ***us*** prior to departure.
- This policy covers the person named in the Certificate of Insurance. However, ***you*** can upgrade ***your*** policy to cover ***your*** spouse or defacto partner and ***dependant child or children*** whilst they are travelling with ***you*** for an additional ***premium*** of $150. This option is available prior to departure and at any time during the 12 month ***period of insurance.*** A Service Fee will apply if upgrade is purchased after the Certificate of Insurance has been issued. (Not all sections of the policy will cover anyone ***you*** add to ***your*** policy - refer to Section 7A Accidental Death and 7C Funeral Expenses Within Australia.)
- ***You*** cannot purchase this policy more than 12 months prior to travel.

AGE LIMITS

- The Annual Multi Trip Travel Plan is not available to travellers 70 years of age or over at the time the Certificate of Insurance is to be issued.

POLICY DURATIONS AND TRIP DURATION LIMITS

- ***Our*** Annual Multi Trip Travel Plan provides cover for a maximum duration of 60 days for any one ***trip***. For any ***trips*** longer than this duration please refer to section headed Trip Extensions and contact ***us***. There is no limitation on the number of ***trips you*** may take during the 12 month ***period of insurance*** noted in the Certificate of Insurance. However, there is no cover under this policy when ***you*** are between ***trips*** other than any benefits ***you*** may be entitled to under Section 4 Cancellation And Additional Expenses.
- The cover under this policy ends for each ***trip*** once ***you*** have returned to ***your*** normal place of residence or work place within Australia provided ***you*** travel directly to ***your*** work place or normal place of residence within Australia.
- There is no provision to suspend this policy during the ***period of insurance***.

EXISTING MEDICAL CONDITIONS

If ***you*** have an ***existing medical condition*** please complete the Application Form and Part A of the Travellers Medical Appraisal Form and submit to ***us***, for approval. In most cases, if ***you*** answer the questions fully and accurately ***your*** application for travel insurance will be processed on this information. In certain circumstances however, ***we*** may ask ***you*** to have ***your*** usual medical practitioner complete Part B of the Travellers Medical Appraisal Form and/or provide further information before a Certificate of Insurance can be issued. If an ***existing medical condition*** arises within 30 days prior to booking a particular ***trip you*** must complete and submit Part A of the Travellers Medical Appraisal Form prior to departure. If cover is granted, ***you*** will be notified in writing, and if applicable, advised of an additional ***premium*** and of any special terms imposed.

EXCESSES

Standard Excess

We will not pay the first $100 (the excess) for any one event except in relation to claims under Sections 5A, 5E, 5G, 5J, 6, 7, 8, 9 and 10B, 10E - 10F.

Medical Excess*

An additional excess of $200 will apply to any one event where the claim is made under Section 1 (Medical Expenses), Section 2 (Dental Expenses), Section 3 (Medical Evacuation And Repatriation), Section 4 (Cancellation And Additional Expenses), Section 5H (Non Medical Attendant), Section 5I (Emergency Travel And Accommodation Expenses - Relative), Section 11 (Personal Liability) and Section 12 (Legal Expenses) and the claim is as a result of ***your*** illness or ***injury***, and ***you*** were 60 years of age or over at the time the Certificate of Insurance was issued.

Sporting Equipment Excess*

An additional excess of $100 applies to loss of, theft of or damage to sporting equipment.

* The Sporting Equipment Excess and Medical Excess are in addition to any other excesses.

PERIOD OF INSURANCE AND TRIP EXTENSIONS

Period Of Insurance

The Annual Multi Trip Travel Plan will expire 12 months from the nominated "Commencement Date" on ***your*** Certificate of Insurance and it is not a renewable contract. If it is possible that ***your*** policy may expire during ***your trip you*** should reapply for a new policy prior to departure by contacting ***us*** to obtain a new PDS and Policy Wording. If ***you*** wish to reapply ***you*** should complete a new application form and if required, a Travellers Medical Appraisal Form and submit to ***us***. ***You*** cannot reapply for a new Annual Multi Trip Travel Plan after departure.

Trip Extensions

If ***you*** wish to extend ***your trip you*** can only do so before the current policy expires. An extension may not be available if there is a claim made or pending or ***you*** suffer from an ***existing medical condition*** or ***you*** have seen a medical or dental practitioner. If ***you*** wish to extend ***your trip*** please contact ***us***. ***Trip*** extensions post departure are subject to Service Fees.

AUSTRALIAN
TRAVEL INSURANCE GUIDELINES

ELIGIBILITY
- Insurance is not available to travellers outside Australia.
- The terms and conditions of the policy are subject to the laws of the Australian state or territory where the Certificate of Insurance is issued. ***You*** agree to submit to the jurisdiction of the courts of that state or territory.
- The Australian Plus and the Australian Basics Travel Plans are available to non ***residents of Australia.***
- This policy must be issued prior to the commencement of ***your trip***.
- If ***you*** have an ***existing medical condition*** or ***you*** wish to purchase an Australian Cancellation And Additional Expenses Travel Plans ***you*** cannot purchase insurance more than 12 months prior to travel.

AGE LIMITS
- All Australian Travel Plans are available to ***residents of Australia*** regardless of age.
- There is no cover under this policy for non ***residents of Australia*** 70 years of age or over at the time the Certificate of Insurance is to be issued.

POLICY DURATIONS
- There is no provision to suspend this policy during the ***period of insurance***.
- This policy ends once ***you*** have returned to ***your*** normal place of residence within Australia.

EXISTING MEDICAL CONDITIONS
If ***you*** require cover for an ***existing medical condition*** please complete the Application Form and Part A of the Travellers Medical Appraisal Form and submit to ***us*** for approval. In most cases, if ***you*** answer the questions fully and accurately ***your*** application for travel insurance will be processed on this information. In certain circumstances however, we may ask ***you*** to have ***your*** usual medical practitioner complete Part B of the Medical Appraisal Form and/or provide further information before a Certificate of Insurance can be issued. If cover is granted, ***you*** will be notified in writing, advised of any additional ***premium*** and of any special terms imposed. Existing Medical Condition cover is not available to Australian Cancellation And Additional Expenses Travel Plans.

EXCESSES
Standard Excess
We will not pay the first $25 (the excess) for any one event except in relation to claims under Sections 5A, 5D, 5F, 6, 7, 8, 9 and 10B.

Sporting Equipment Excess
An additional excess of $100 applies to loss of, theft of or damage to sporting equipment. This excess is in addition to any other excesses imposed.

POLICY EXTENSIONS
*(No extensions are available on policies issued to non **residents of Australia** or to Australian Cancellation And Additional Expenses Travel Plans)*

Your policy can be extended as many times as ***you*** like up to a maximum duration of 12 months from departure. This is only available before the current policy expires. When applying for an extension ***you*** must tell ***us*** if there is a claim made or pending, or ***you*** suffer from an ***existing medical condition***, or ***you*** have seen a medical or dental practitioner as an extension may not be available or special terms may be imposed. If ***you*** wish to extend ***your*** policy please contact ***us*** on 133 723. Policy extensions post departure are subject to Service Fees.

TRAVEL INSURANCE

Qantas Frequent Flyer points
One Qantas Frequent Flyer point can be earnt for every dollar spent on a Premier Plus Extras, Australian Plus, Australian Cruising and Annual Multi Trip Travel Plans. You will be eligible for these points upon departure. Points will be credited to your Qantas Frequent Flyer account within 6 weeks of departure. You must be a member of the Qantas Frequent Flyer program to earn and redeem points. Membership and points are subject to the terms and conditions of the Qantas Frequent Flyer program. A joining fee applies. For further information on the Qantas Frequent Flyer program visit qantas.com/frequentflyer

ADDITIONAL BENEFITS YOU CAN PURCHASE
(Benefits not available on Australian Cancellation And Additional Expenses or New Zealand Cancellation And Additional Expenses Travel Plans)

Everyone has different needs. That's why there are a range of travel plans and additional benefits available to choose a policy to suit ***your*** needs and travel arrangements. For an additional amount these benefits are available.

Excess Buy Out
On Premier Plus Extras, A, B and C Travel Plans ***you*** can remove the excess payable in respect of claims by paying an additional amount per policy. Excess Buy Out is not available to travellers 60 years of age or over at the time the Certificate of Insurance is to be issued, after departure, or to excesses imposed due to loss, theft or damage to sporting equipment or an ***existing medical condition***.

Additional Rental Vehicle Insurance Excess Cover
If ***you*** are renting a car, campervan, motorcycle or boat ***you*** may have to pay an insurance excess for an accident or theft. ***We*** have included cover for ***rental vehicle*** insurance excess however ***you*** may wish to increase this cover. ***You*** can increase ***your rental vehicle*** insurance excess cover by multiples of $500, up to an extra $5,000, for an additional amount of $20 for each $500 increase in the ***rental vehicle*** insurance excess cover.

Snow Sports Cover

On the International and Annual Multi Trip Travel Plans ***you*** are not automatically covered for ***snow sports***. Cover can be purchased for an additional amount.

Existing Medical Condition Of A Non Travelling Relative Or Business Partner

*(Not available after the Certificate of Insurance has been issued, to Annual Multi Trip Travel Plans or to non **residents of Australia**.)*

Provided ***your*** non travelling ***relative*** or business partner is under 80 years of age at the time the Certificate of Insurance is to be issued ***you*** can apply to cover their ***existing medical condition*** if their state of health could disrupt ***your*** travel plans even though they are not travelling with ***you***.

Complete ***your*** application form and ask ***us*** for a Non Travelling Relative or Business Partner Travellers Medical Appraisal Form, complete and submit to ***us*** for approval. If cover is approved ***you*** will be advised of any additional ***premium*** and of any special terms imposed.

If ***you*** do not select this additional benefit there will be no cover if ***your trip*** is cancelled, cut short or disrupted as a result of ***your*** non travelling ***relative's*** or business partner's ***existing medical condition***.

Accompanying Spouse, Defacto or Children

(Only available on Annual Multi Trip Travel Plans)

For an additional amount ***your*** spouse, defacto partner and ***dependant child or children*** who are travelling with ***you*** can be covered, provided they comply with the requirements of this policy, including the terms and conditions relating to an ***existing medical condition***. ***You*** can upgrade this policy prior to departure for any ***trip*** during the 12 month ***period of insurance***. If ***you*** upgrade ***your*** policy cover will commence from the time of upgrade until the ***period of insurance*** ends. Service Fees apply if policy is upgraded after the Certificate of Insurance has been issued.

Specified Item Cover

Limits apply to cover provided for personal items. ***You*** can cover items worth more than the item limits for the selected travel plan on payment of an additional amount. Items separately insured under Specified Item Cover are covered up to the amount specified even if this amount exceeds the total luggage limit set out in the Schedule of Benefits. On Premier Plus Extras, Annual Multi Trip and Australian Plus Travel Plans ***you*** can specify each item up to a maximum of $6,000, with the total of all items being no greater than $15,000. On the International A, B, C, Australian Basics and Australian Cruising Travel Plans ***you*** can specify a ***personal computer*** up to $6,000 and all other items up to a maximum of $4,000 with a total of no more than $10,000.

To calculate the additional amount to specify a necklace valued at $4,000.

$4,000 x 4% = $160

You must insure the total value per item. Please ensure ***you*** have proof of value (not more than 12 months old) of any item ***you*** specify. This will be required should ***you*** make a claim. Depreciation is not applied to specified items in the event of a claim. Specified Item Cover is subject to the terms and conditions as detailed under Section 10A Luggage And Personal Effects in the Policy Wording.

Applying For Travel Insurance

To apply for insurance please complete the relevant forms (refer to the table below) and submit for approval by ***us***. If ***your*** application is approved ***we*** will issue ***your*** policy and provide ***you*** with a Certificate of Insurance. ***Your*** Certificate of Insurance confirms the cover that ***you*** have chosen including any additional benefits, the total amount paid by ***you*** and information about the terms of ***your*** policy.

What Forms Do I Need To Complete?	APPLICATION FORM on this PDS	TRAVELLERS MEDICAL APPRAISAL FORM	
		PART A	PART B
INTERNATIONAL TRAVEL PLANS			
0 - 69 YEARS WITH NO EXISTING MEDICAL CONDITION	✓	✗	✗
0 - 69 YEARS WITH AN EXISTING MEDICAL CONDITION	✓	✓ In some cases also Part B to be completed	✗
RESIDENTS OF AUSTRALIA 70 YEARS OR OVER REGARDLESS OF HEALTH	✓	✓	✓
NON RESIDENTS OF AUSTRALIA 70 YEARS OR OVER REGARDLESS OF HEALTH	N/A	N/A	N/A
NEW ZEALAND CANCELLATION AND ADDITIONAL EXPENSES TRAVEL PLANS			
RESIDENTS OF AUSTRALIA UNDER 70 YEARS OF AGE	✓	N/A	N/A
RESIDENTS OF AUSTRALIA 70 YEARS OF AGE OR OVER OR NON RESIDENTS OF AUSTRALIA	N/A	N/A	N/A
ANNUAL MULTI TRIP TRAVEL PLAN			
0 - 69 YEARS WITH NO EXISTING MEDICAL CONDITION	✓	✗	✗
0 - 69 YEARS WITH AN EXISTING MEDICAL CONDITION	✓	✓ In some cases also Part B to be completed	✗
70 YEARS OF OVER REGARDLESS OF HEALTH	N/A	N/A	N/A
AUSTRALIAN TRAVEL PLANS			
NO EXISTING MEDICAL CONDITION(S) REGARDLESS OF AGE	✓	✗	✗
REQUIRING COVER FOR AN EXISTING MEDICAL CONDITION REGARDLESS OF AGE	✓	✓ In some cases also Part B to be completed	✗
AUSTRALIAN CANCELLATION AND ADDITIONAL EXPENSES TRAVEL PLANS			
RESIDENTS OF AUSTRALIA REGARDLESS OF AGE	✓	N/A	N/A
NON RESIDENTS OF AUSTRALIA REGARDLESS OF AGE	N/A	N/A	N/A

Sporting Activities

Most amateur sports are covered at no additional charge. Some activities are excluded under the policy. Here is a list of just some of the activities ***you*** may wish to do during ***your trip***.

✓ means cover applies and ✗ means no cover.

Snow Sports Though excluded on International and Annual Multi Trip Travel Plans cover can be purchased for an additional amount. Not applicable to Australian Travel Plans. ✗		
Scuba Diving ✓	**Professional Sporting Activities** ✗	**White Water Rafting** ✓
Parachuting ✓	**Motorcycling without a valid licence** ✗	**Hot Air Ballooning** ✓
Water Skiing ✓	**Racing** (except on foot) ✗	**Cycling** ✓
Sailboarding ✓	**Running With The Bulls** ✗	**Canoeing** ✓
Horse Riding ✓	**Mountaineering Or Rock Climbing Using Support Ropes** ✗	**Surfing** ✓
Bungee Jumping ✓	**Basejumping** ✗	**Paragliding** ✓

SIGNIFICANT RISKS

This Policy May Not Match Your Expectations

This policy may not match ***your*** expectations (for example, because an exclusion applies). ***You*** should therefore read this PDS and Policy Wording carefully. Please ask ***us*** if ***you*** are unsure about any aspect of the policy.

Are You Sure You Have The Right Level Of Cover?

You need to make sure the limits of cover are appropriate for ***your*** needs. Otherwise ***you*** may be under insured and have to bear part of any loss that exceeds the limits ***yourself***. Please refer to the ***applicable limits*** as set out in the Schedule of Benefits.

A Claim May Be Refused

We may refuse to pay or reduce the amount ***we*** pay under a claim if ***you*** do not comply with the policy conditions, if ***you*** do not comply with ***your*** Duty of Disclosure or make a misrepresentation, or if ***you*** make a fraudulent claim.

Unattended Luggage And Personal Effects

There is no cover under this policy for luggage and personal effects that are left ***unattended***. Please refer to the definition of ***unattended*** in the Policy Wording and Losses We Do Not Cover Under Section 10.

Medical And Ancillary Costs

There is no cover for any medical or ancillary costs incurred within Australia except under Australian Cruising Travel Plans where cover is provided for emergency medical treatment required onboard a cruise ship within Australian waters. Refer Section 1B Medical Expenses Incurred Onboard A Cruise Ship in the Policy Wording.

EXISTING MEDICAL CONDITION

If ***you*** are applying for an International or Annual Multi Trip Travel Plan ***you*** must tell ***us*** if ***you*** or anyone in ***your travelling party*** has an ***existing medical condition***. If ***you*** are applying for an Australian Plus, Australian Basics or Australian Cruising Travel Plan ***you*** must tell ***us*** if ***you*** or anyone in ***your travelling party*** requires cover for an ***existing medical condition***.

If ***you*** do not tell ***us*** about an ***existing medical condition*** for ***you*** or anyone in ***your travelling party*** there is no cover for any ***existing medical condition***, and claims under other sections of the policy may be reduced to nil. To apply for cover ask ***us*** for a Travellers Medical Appraisal Form which must be completed and submitted to ***us*** with ***your*** application form, for approval, before the Certificate of Insurance can be issued. If ***your*** application is approved ***you*** will be advised of any restrictions that may apply and asked to pay an additional ***premium*** and excess.

An ***existing medical condition*** is:

a. any chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease of which ***you*** were aware or should reasonably have been aware, and which is medically documented or under investigation prior to the issue of the Certificate of Insurance; or

b. any physical, ***mental illness*** or medical condition (including pregnancy), defect, illness or disease of which ***you*** were aware or should reasonably have been aware, and for which treatment, medication, preventative medication, advice, preventative advice or investigation have been received or prescribed by a medical or dental adviser in the 60 days prior to the issue of the Certificate of Insurance and in the case of the Annual Multi Trip Travel Plan also within 30 days of booking a particular ***trip***.

Note:

- Where any condition is the subject of an investigation, that condition falls within this definition, regardless of whether or not a diagnosis of the condition has been made.
- This definition applies to ***you***, ***your travelling party***, ***your*** relatives, ***your*** business colleague, or any other person ***you*** have a relationship with whose state of health could impact on ***your*** travel plans.

Provided the following ***existing medical conditions*** are stable and ***you*** or anyone else to be covered are not waiting for treatment, on a hospital waiting list or awaiting results of medical tests or investigations in relation to any of these conditions, cover is provided without application.

- Acne
- Allergies - such as allergic rhinitis, chronic rhinitis, hayfever, sinusitis, anaphylaxis, dermatitis, eczema, psoriasis, urticaria, food intolerance, latex allergy
- Anaemia - including iron deficiency anaemia, B12 deficiency, folate deficiency, pernicious anaemia
- Asthma - not requiring cortisone medication or hospitalisation for the past 12 months including as an outpatient
- Bell's palsy
- Benign breast or renal cysts
- Bunions
- Carpal Tunnel syndrome
- Cataracts, dry eye syndrome, glaucoma, macular degeneration
- Coeliac disease
- Colonic polyps
- Congenital blindness/deafness
- Diabetes Mellitus Types 1 and 2 - where ***you*** have no known cardiovascular, hypertensive, vascular disease, no related kidney, eye or neuropathy complications
- Epilepsy - ***you*** have been seizure free for the past 12 months and do not require more than 1 anti-seizure medication

- Goitre, hypothyroidism, Hashimoto's disease, Graves' disease
- Gout
- Hiatus hernia/Gastro-oesophageal reflux disease, Peptic ulcer disease
- High Cholesterol (Hypercholesterolaemia)
- High Lipids (Hyperlipidaemia)
- Insulin resistance, impaired glucose tolerance
- Incontinence
- Meniere's disease, Tinnitus
- Menopause
- Migraines except where ***you*** have been hospitalised in the past 12 months
- Nocturnal cramps
- Osteoporosis - where there have been no fractures and ***you*** do not require more than 1 medication
- Plantar fasciitis
- Raynaud's Disease
- Sleep apnoea
- Stable High Blood Pressure (Hypertension)
- Trigeminal neuralgia
- Trigger finger
- Routine screening tests where no underlying disease has been detected

THE COST OF THIS INSURANCE

What You Have To Pay

When calculating the cost of ***your*** policy, ***we*** take a range of factors into account, including in the case of International or Australian Travel Plans:

- The length of ***your trip***;
- The travel plan selected;
- Whether it is a ***Single, Family or Duo*** Policy;
- Any additional amounts determined by QBE Insurance to cover an ***existing medical condition***; or
- Cover for any of the additional benefits ***you*** choose.

And in the case of the Annual Multi Trip Travel Plan it also includes:

- Whether ***you*** upgrade the policies to cover ***your*** accompanying spouse, defacto partner or ***dependant child or children***; or
- Cover for any of the additional benefits ***you*** choose.

The ***premium*** paid by ***you*** for the travel plan selected and any additional benefits ***you*** choose, will be shown on ***your*** Certificate of Insurance, including compulsory government charges (including Stamp Duty and GST where applicable).

This policy is only valid when ***you*** pay the ***premium*** and ***we*** issue a Certificate of Insurance to ***you***.

Service Fees

We may charge a fee for additional services provided to ***you*** after ***you*** have been issued with a Certificate of Insurance. This may include but is not limited to alterations and other changes ***you*** ask ***us*** to make to ***your*** policy. The amount of the service fee will be shown on the Certificate of Insurance and ***we*** will notify ***you*** of any fee at the time you make a request for additional services.

Amendment Of Travel Details

If ***you*** wish to change ***your*** personal details or travel dates after ***your*** Certificate of Insurance has been issued please contact ***us***. ***We*** will either amend the policy over the telephone or in certain circumstances ***we*** may ask ***you*** to complete and submit to ***us*** a Policy Amendment Form which needs to be assessed and approved prior to any amendment to ***your*** policy. Also refer to section headed "When Does The Cover Begin And End?", paragraph 4 in the Policy Wording.

HOW TO MAKE A CLAIM

Claims can be lodged 24 hours a day, 7 days a week from overseas or when ***you*** return home to Australia. To obtain a claim form contact ***us***.

You can help ***us*** to speed up the processing of ***your*** claim by following the instructions on the claim form, which will advise ***you*** of what documentation ***you*** need to provide to support ***your*** claim. The completed claim form should be sent to:

QBE Travel Insurance
PO Box 12090
Melbourne VIC 8006
Claims Enquiries: 1300 555 018
Email: travel.claims@qbe.com

Claims Service Standard

Our claims service standard is to settle ***your*** claims within 10 working days upon the receipt of a completed claim form and all necessary supporting information. If more information is required ***we*** will contact ***you*** within 10 working days.

MATTERS YOU NEED TO KNOW ABOUT

Your Policy

Your policy is a contract between QBE Insurance (Australia) Limited and ***you***. ***Your*** agreement with ***us*** is set out in:

- the Policy Wording;
- the Schedule of Benefits;
- ***your*** Certificate of Insurance; and
- any written endorsements ***we*** provide to ***you***.

These documents make up ***your*** policy and should be carefully read together. It is important that they are kept in a safe place, together with evidence as to the value of any insured items.

Taxation Implications - Goods And Services Tax

Australian travel insurance includes a GST component.

International travel insurance is GST exempt, including the cancellation cover and any domestic flights required to connect with ***your*** international flights.

You must tell ***us*** if ***you*** were entitled to claim an input tax credit on the ***premium*** at the time of making a claim under the policy. If ***you*** do not provide ***us*** with this information ***we*** may deduct up to 1/11th of the amount otherwise payable in settlement of ***your*** claim. In any event, if ***you*** suffer a loss and replace the lost item or are provided with goods or services in respect of the loss after ***you*** return to ***your*** normal place of residence within Australia, ***we*** will only reimburse ***you*** the amount of ***your*** loss in accordance with this policy, less any entitlement ***you*** have to an Input Tax Credit on the amount.

Cooling Off Period

If, having purchased the policy, ***you*** want to return it, ***you*** can do so within 14 days of receiving the Certificate of Insurance and obtain a full refund, provided no right or power has been exercised under it by ***you*** (eg no claim has been made) and ***your trip*** has not commenced. ***We*** will arrange for a refund of the ***premium*** within 15 business days of ***you*** cancelling ***your*** policy.

The Cooling Off Period does not apply to policy or trip extensions.

Confirming Transactions

A Certificate of Insurance must be issued once ***you*** have completed ***your*** application form and ***you*** paid the appropriate ***premium***. If ***you*** want to confirm a transaction, for example whether the Certificate of Insurance has been issued, ***you*** may contact ***us*** in writing or by phone.

Cancellation

By You

You may only cancel this policy during the 14 day Cooling Off Period. See the Cooling Off Period section for further details.

By Us

We can cancel ***your*** insurance in any way permitted by law, including if ***you*** have:

- failed to comply with ***your*** Duty of Disclosure; or
- made a misrepresentation to ***us*** before the policy was entered in to; or
- failed to comply with a provision of a policy, including failure to pay the ***premium***; or
- made a fraudulent claim under this policy or any other current policy; or
- failed to notify ***us*** of a specific act or omission as required by the policy.

If ***we*** cancel ***your*** policy, ***we*** will do so by giving ***you*** written notice. ***We*** will deduct from the ***premium***, an amount to cover the shortened period for which ***you*** have been insured by ***us*** and refund to ***you*** what is left.

Updating This PDS

We will update the information in this PDS when necessary. A paper copy of any updated information is available to ***you*** at no cost by calling ***us***. ***We*** will issue ***you*** with a new PDS or a supplementary PDS, where the update is to correct a misleading or deceptive statement or an omission, which is materially adverse from the point of view of a reasonable person deciding whether to obtain this insurance.

IMPORTANT NOTICES

Duty Of Disclosure - What You Must Tell Us

You have a Duty of Disclosure under the Insurance Contracts Act 1984 (Cth) that requires ***you*** to tell ***us*** certain things. Before ***you*** enter into a policy with ***us***, ***we*** will ask ***you*** a series of questions. ***You*** must tell ***us*** everything ***you*** know or which a reasonable person in the circumstances would be expected to know in answer to the questions in the application form. Before ***you*** extend or vary a policy, ***you*** must tell ***us*** everything ***you*** know or which a reasonable person in the circumstances would be expected to know, for ***us*** to decide:

- whether ***we*** will insure ***you***;
- the ***premium we*** will charge ***you***; and
- whether any special conditions will apply to ***your*** policy.

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

- that diminishes the risk;
- that is of common knowledge;
- that ***we*** know or should know in the ordinary course of ***our*** business as an insurer; or
- which ***we*** indicate ***we*** do not want to know.

Everyone who is insured under the policy must comply with the Duty. If ***you*** provide information about another insured, ***you*** do this on their behalf. If ***you*** (or they) don't comply with the Duty of Disclosure, ***we*** may reduce the amount of any claim and/or cancel ***your*** insurance. If fraud is involved, ***we*** may treat ***your*** insurance as void from the beginning.

Our Privacy Policy

The Privacy Act 1988 (Cth) (the Act) regulates the way organisations such as QBE collect, use, protect and disclose personal information. We are committed to safeguarding ***your*** privacy and the confidentiality of ***your*** personal information.

QBE collects only that personal information necessary for it to assess and manage ***your*** insurance application or policy, including any claim that may be made under the policy. ***We*** will only use and disclose ***your*** personal information for a purpose ***you*** would reasonably expect. ***We*** will request ***your*** consent to any other purpose. If ***you*** do not provide QBE with this personal information ***we*** may not be able to process ***your*** application for insurance cover or process ***your*** claim.

We or ***our*** authorised agent may disclose ***your*** personal information to:

- any person authorised by ***you***;
- a financial services provider or our agent who is arranging ***your*** insurance (for the purpose of confirming ***your*** personal and insurance details);
- another person named as a co-insured on ***your*** policy (for the purpose of confirming if full disclosure has been made to ***us***);
- another insurer (for the purpose of seeking recovery from them or to assess insurance risks or to assist with an investigation);
- an organisation that provides ***you*** with banking facilities (for the purpose of arranging direct debit or other payment transaction or confirming payments made by ***you*** to ***us***);
- an airline, medical practitioner, doctor or emergency assistance provider (to establish ***your*** medical status and fitness to travel);
- a dispute resolution organisation such as the Financial Ombudsman Service (for the purpose of resolving disputes between QBE and ***you*** or between QBE and a third party);
- a family member in the event of a medical or other emergency;
- ***our*** reinsurers that may be located overseas;
- a related company that may provide computer hosting and support services that may be located overseas;
- a mailing house, records management company or technology service provider (for printing and/or delivery of mail, including secure storage and management of ***our*** records);
- a company to conduct surveys on ***our*** behalf for the purpose of improved customer services; and
- an insurance reference bureau (to record any claims ***you*** may make upon ***us***).

In addition to the above, in the event of a claim, QBE or ***our*** authorised agent may disclose ***your*** personal information:

- to a repairer or supplier (for the purpose of repairing or replacing ***your*** insured items);
- to an investigator, assessor, state or federal authority, medical practitioners, hospitals or other professional advisers (for the purpose of investigating or assessing ***your*** claim);
- a lawyer or recovery agent (for the purpose of defending an action by a third party against ***you*** or recovering ***our*** costs including ***your*** excess);
- to a witness to a claim (for the purpose of obtaining a witness statement);
- to another party in a claim (for the purpose of obtaining a statement from them or seeking recovery from them or to defend an action by a third party).

Personal information (about ***you***) may also be obtained from the above people or organisations.

In addition ***we*** will:

- give ***you*** the opportunity to find out what personal information ***we*** hold about ***you*** and, when necessary, correct any errors in this information. Generally ***we*** will do this without restriction or charge.
- provide ***our*** dispute resolution procedures to ***you***, should ***you*** wish to complain about how ***we*** handle ***your*** personal information.

Our aim is to always have accurate and up-to-date information. When ***you*** receive a Certificate of Insurance or other documents from ***us***, ***you*** should contact ***us*** if the information is not correct. Where reasonably possible ***we*** will correct the information on ***our*** systems or held on file. If ***you*** have a complaint or want more information about how QBE is managing ***your*** personal information, please contact the Compliance Manager using the contact details provided below. For security reasons, any request for details of personal information held by ***us*** should be made in writing.

The Compliance Manager
QBE Insurance (Australia) Limited
GPO Box 82
Sydney NSW 2001
Email: compliance.manager@qbe.com

Our Dispute Resolution Process

If a complaint arises during ***your*** dealings with ***us*** or ***our*** representatives, ***you*** should first discuss the matter with the person with whom ***you*** have been dealing. Where ***your*** complaint is not resolved to ***your*** satisfaction ***you*** should request that the matter be dealt with by ***our*** Internal Complaints Handling Process. ***We*** can assist ***you*** to lodge ***your*** complaint. Call 133 723 and ***we*** can take the details for ***you***. ***You*** will be provided with a copy of ***our*** brochure detailing ***our*** complaints handling process. ***Your*** complaint will be handled by a person with authority to resolve the matter. ***Your*** complaint should be dealt with within 15 business days unless ***we*** notify ***you*** of the reasons why it cannot be dealt with within that time.

If the complaint remains unresolved to ***your*** satisfaction, ***you*** can request that it be reviewed by the Financial Ombudsman Service (FOS). FOS resolves certain insurance disputes between consumers and insurers and will provide an independent review at no cost to ***you***. QBE Insurance is bound by the determination of the FOS but the determination is not binding on ***you***.

The General Insurance Code Of Practice

QBE Insurance is a signatory to the General Insurance Code of Practice.

The Code aims to:

(a) promote better, more informed relations between insurers and their customers;

(b) improve consumer confidence in the general insurance industry;

(c) provide better mechanisms for the resolution of complaints and disputes between insurers and their customers; and

(d) commit insurers and the professionals they rely upon to higher standards of customer service.

To obtain a copy of the General Insurance Code of Practice go to www.codeofpractice.com.au

When disaster strikes and the unthinkable happens, it's reassuring to know someone back home is ready to take your call and assist. Our dedicated QBE Assist team are on call 24 hours a day, 7 days a week to provide you with assistance when you need it most.

QBE's inhouse emergency assistance service QBE Assist has been providing help to travellers since 1992.

Whether it be in Vietnam or Canada, one call connects you to someone back home. It's comforting to know the person you are speaking to is part of the QBE Travel team, trained medical and insurance specialists, who can make decisions regarding your situation and provide assistance when you need it the most.

We can assist you with:

- Paying hospital and medical bills,
- Repatriation to Australia after an accident or illness,
- Rescheduling of disrupted travel plans,
- Replacement of lost tickets, passports or travel documents,
- Arrangement of emergency transfer of funds,
- Urgent messages to your family or travel agent,
- Interpreters in non English speaking overseas hospitals.

Where relevant all services are subject to a claim being accepted under the policy.

EMERGENCY CALLS

When you call QBE Assist they will need to know:

- Your Insurance Certificate Number
- Telephone numbers to contact you

For travel advice, visit smartraveller.gov.au
It's a must see destination.

CALL US ANYTIME FROM ANYWHERE!

If you're overseas – these numbers are toll free from a landline. Calls from mobiles will be at your cost.

Country	Telephone	Country	Telephone
Austria	0800 291 702	**Italy**	800 875 100
Brazil	0800 891 8401	**Japan**	00531 616 441
Canada	1800 665 3870	**Malaysia**	1800 800 428
China North	10800 611 0133	**Netherlands**	08000 226 742
China South	10800 361 0151	**New Zealand**	0800 441 678
Fiji	00800 2149	**Philippines**	1800 1611 0045
France	0800 90 5097	**Singapore**	800 6161 051
Germany	0800 181 7694	**South Africa**	0800 99 3514
Greece	00800 6112 6195	**Spain**	900 996 167
Hong Kong	800 933 877	**Sweden**	0200 214 612
India	000800610119	**Switzerland**	0800 838 533
Indonesia	001 803 61 683	**Thailand**	001 800 611 2885
Ireland	1800 552 636	**United Kingdom**	0800 899 813
Israel	180 945 6589	**United States**	1800 765 8631

If you cannot use the toll free numbers above, please contact our Emergency Assistance team using the contact details below

Phone: + 61 3 8523 2800 Fax: + 61 3 8523 2815
Within Australia: 1300 555 019 or 03 8523 2800
Email: qbeassist@qbe.com

LOST YOUR CREDIT CARDS/TRAVELLERS CHEQUES?

Due to privacy legislation you will need to call the Credit Card/ Travellers Cheque company directly in order to cancel the card/ cheques and arrange replacements.
Obtain the correct number by visiting your card provider's website.

ANNUAL MULTI TRIP SCHEDULE OF BENEFITS	
This list is a summary of some of the benefits covered by this policy and the ***applicable limits***. Please refer to the relevant sections in the Policy Wording for full details of cover. Other ***applicable limits*** may apply. Qantas Frequent Flyer points available on this travel plan.	***APPLICABLE LIMITS***
Overseas Medical Expenses - Section 1	UNLIMITED
Overseas Dental Expenses - Section 2	
Emergency Dental Expenses - Section 2A	UNLIMITED
Medical Evacuation And Repatriation - Section 3	UNLIMITED
Cancellation And Additional Expenses - Section 4	
Cancellation Or Holiday Deferment Costs - Section 4A	UNLIMITED
Emergency Travel Arrangements And Accommodation Expenses - Section 4D	UNLIMITED
Extra Travel Cover - Section 5	
Travel Delay - Section 5A	$1,200
Hijacking - Section 5B	UNLIMITED
Alternative Staff - Section 5J	$5,000
Rental Vehicle Expenses - Section 6	
Rental Vehicle Insurance Excess - Section 6A	$4,000
Return Of Rental Vehicle - Section 6B	$750
Death Expenses - Section 7	
Accidental Death - Section 7A	$100,000
Repatriation Of Remains - Section 7B	$12,000
Funeral Expenses In Australia - Section 7C	$5,000
Luggage - Section 10	
Luggage And Personal Effects - Section 10A	$15,000
Personal Computer Item Limit	$6,000
Video, Camera Item Limit	$4,000
Set of Golf Clubs Item Limit	$3,000
Other Item Limit	$1,000
Emergency Luggage - Section 10B	$500
Replacement Passports And Travel Documents - Section 10D	$1,000
Business Documents - Section 10E	$2,000
Replacement Business Equipment - Section 10F	$1,000
Personal Liability - Section 11	$2,500,000
Legal Expenses - Section 12	$15,000

NEW ZEALAND CANCELLATION AND ADDITIONAL EXPENSES TRAVEL PLANS

*(Cover not available to **residents of Australia** who are 70 years of age or over or to non **residents of Australia**)*

POLICY CODE	NC	ND	NE
APPLICABLE LIMITS Per fare paying passenger	$1,000	$2,000	$3,000

This policy will cover ***you***, if ***you*** are travelling to New Zealand and ***you*** only want cover for:

1. The non-refundable part of pre-paid travel arrangements; or
2. Additional travel, accommodation and meals.

NOTE: THIS POLICY DOES NOT COVER:

1. claims relating to an ***existing medical condition***;
2. luggage; or
3. a ***trip*** in excess of 12 months.

AUSTRALIAN CANCELLATION AND ADDITIONAL EXPENSES TRAVEL PLANS

(Not available to non ***residents of Australia***)

POLICY CODE	**E1**	**E2**	**E3**
APPLICABLE LIMITS Per fare paying passenger	$1,000	$2,000	$3,000

This policy will cover ***you***, if ***you*** are travelling within Australia and ***you*** only want cover for:

1. The non-refundable part of pre-paid travel arrangements; or
2. Additional travel, accommodation and meals.

NOTE: THIS POLICY DOES NOT COVER:

1. claims relating to an ***existing medical condition***;
2. luggage; or
3. a ***trip*** in excess of 12 months.

INTERNATIONAL TRAVEL PLANS SELECTION

The ***premium*** payable for ***your*** travel insurance depends of a range of factors including ***your*** destination. ***You*** must select a travel plan based on ***your*** destination as follows:

Premier Plus Extras Travel Plan
Cover for USA, Canada and Antarctica.

A Travel Plan
Cover for Continental Europe, South and Central America, Middle East, Japan and Africa. Not available if more than 72 hours is spent in Premier Plus Extras Travel Plan destinations.

B Travel Plan
Cover for UK, Asia and Tahiti. Not available if more than 72 hours is spent in Premier Plus Extras Travel Plan destinations or the majority of ***your trip*** is spent in A Travel Plan destinations.

C Travel Plan
Cover for Pacific Region and Indonesia. Not available to Premier Plus Extras, A and B Travel Plan destinations.

INTERNATIONAL SCHEDULE OF BENEFITS

This list is a summary of some of the benefits covered by this policy and the *applicable limits*. Please refer to the relevant sections in the Policy Wording for full details of cover. Other *applicable limits* may apply. *Family or Duo* Policies are not available to travellers 60 years of age or over.

	PREMIER PLUS EXTRAS TRAVEL PLAN Minimum cover for the USA, Canada and Antarctica. Available for all other destinations. Qantas Frequent Flyer points available on this travel plan.		**A TRAVEL PLAN** Minimum cover for Continental Europe, South and Central America, Middle East, Japan and Africa. Also available to B and C Travel Plan destinations. Not available if more than 72 hours of the ***trip*** is spent in the USA, Canada or Antarctica.		**B TRAVEL PLAN** Minimum cover for UK, Asia and Tahiti. Also available to C Travel Plan destinations. Not available if more than 72 hours of the ***trip*** is spent in the USA, Canada or Antarctica or the majority of the ***trip*** is spent in A Travel Plan destinations.		**C TRAVEL PLAN** Minimum cover for the Pacific Region and Indonesia. Not available if any of the ***trip*** is spent in Premier Plus Extras, A or B Travel Plan destinations.	
	SINGLE	FAMILY/DUO	SINGLE	FAMILY/DUO	SINGLE	FAMILY/DUO	SINGLE	FAMILY/DUO
	APPLICABLE LIMITS		***APPLICABLE LIMITS***		***APPLICABLE LIMITS***		***APPLICABLE LIMITS***	
Medical Expenses - Section 1								
Medical Expenses Incurred Outside Australia - Section 1A	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**
Permanent Disability - Section 1C	$12,000	$24,000	N/A	N/A	N/A	N/A	N/A	N/A
Cash In Hospital - Section 1D	$8,000	$16,000	$6,000	$12,000	$5,000	$10,000	$2,000	$4,000
Post Hospitalisation Accommodation - Section 1E	$500	$1,000	N/A	N/A	N/A	N/A	N/A	N/A
Medical Evacuation And Repatriation - Section 3	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**
Dental Expenses – Section 2								
Emergency Dental Expenses - Section 2A	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Luggage - Section 10								
Luggage And Personal Effects - Section 10A	**$15,000**	**$30,000**	**$15,000**	**$30,000**	**$15,000**	**$30,000**	**$15,000**	**$30,000**
Personal Computer Item Limit	$6,000	$6,000	$3,000	$3,000	$2,000	$2,000	$1,000	$1,000
Camera & Video Item Limit	$4,000	$4,000	$3,000	$3,000	$2,000	$2,000	$1,000	$1,000
Watches & Jewellery Item Limit	$600	$600	$500	$500	$500	$500	$500	$500
Other Item Limit	$700	$700	$600	$600	$500	$500	$400	$400
Emergency Luggage - Section 10B	$500	$1,000	$300	$600	$300	$600	$300	$600
Cash - Section 10C	$200	$200	N/A	N/A	N/A	N/A	N/A	N/A
Replacement Passports And Travel Documents - Section 10D	$3,000	$3,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000
Cancellation And Additional Expenses - Section 4								
Cancellation or Holiday Deferment Costs - Section 4A	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**
Emergency Travel Arrangements And Accommodation Expenses - Section 4D	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**
Extra Travel Cover - Section 5								
Travel Delay - Section 5A	$1,500	$3,000	$1,200	$2,400	$800	$1,600	$400	$800
Resumption Of Trip - Section 5C	$2,500	$5,000	$2,000	$4,000	$1,250	$2,500	$1,000	$2,000
Missed Connection - Special Events - Section 5D	$2,500	$5,000	$2,000	$4,000	$1,500	$3,000	$1,000	$2,000
Internet Use And Telephone Calls - Section 5E	$250	$250	$250	$250	$250	$250	$250	$250
Hijacking - Section 5G	Unlimited	Unlimited	$15,000	$30,000	$10,000	$20,000	$5,000	$10,000
Emergency Travel And Accommodation Expenses - Relative - Section 5I	$20,000	$40,000	$15,000	$30,000	$10,000	$20,000	$5,000	$10,000
Rental Vehicle Expenses - Section 6								
Rental Vehicle Insurance Excess - Section 6A	$5,000	$5,000	$4,000	$4,000	$3,000	$3,000	$2,000	$2,000
Return Of Rental Vehicle - Section 6B	$750	$750	$500	$500	$500	$500	$500	$500
Death Expenses - Section 7								
Accidental Death - Section 7A	**$25,000**	**$50,000**	**$25,000**	**$50,000**	**$18,000**	**$36,000**	**$10,000**	**$20,000**
Repatriation Of Remains To Australia Or Funeral Expenses Overseas - Section 7B	$25,000	$50,000	$15,000	$30,000	$15,000	$30,000	$15,000	$30,000
Funeral Expenses Within Australia - Section 7C	$10,000 Limit $5,000 Per Person	$20,000 Limit $5,000 Per Person	N/A	N/A	N/A	N/A	N/A	N/A
Personal Liability - Section 11	**$3,000,000**	**$3,000,000**	**$2,500,000**	**$2,500,000**	**$1,000,000**	**$1,000,000**	**$250,000**	**$250,000**
Legal Expenses - Section 12	**$15,000**	**$30,000**	**$10,000**	**$20,000**	**$6,000**	**$12,000**	**$2,500**	**$5,000**

AUSTRALIAN SCHEDULE OF BENEFITS **This list is a summary of some of the benefits covered by this policy and the *applicable limits*. Please refer to the relevant sections in the Policy Wording for full details of cover. Other *applicable limits* may apply.**	AUSTRALIAN PLUS TRAVEL PLAN Cover for travel within Australia. Qantas Frequent Flyer points available on this travel plan.		AUSTRALIAN BASICS TRAVEL PLAN Minimum cover for travel within Australia.		AUSTRALIAN CRUISING TRAVEL PLAN (Not available to non ***residents of Australia***) Provides cover for cruising within Australian waters. Qantas Frequent Flyer points available on this travel plan.	
	SINGLE	FAMILY/DUO	SINGLE	FAMILY/DUO	SINGLE	FAMILY/DUO
	APPLICABLE LIMITS		***APPLICABLE LIMITS***		***APPLICABLE LIMITS***	
Medical Expenses - Section 1						
Medical Expenses Incurred Onboard A Cruise Ship - Section 1B	**Not available**	**Not available**	**Not available**	**Not available**	**$125,000**	**$250,000**
Evacuation And Repatriation - Section 3	$5,000	$10,000	$3,000	$6,000	$10,000	$20,000
Cancellation And Additional Expenses - Section 4						
Cancellation Or Holiday Deferment Costs - Section 4A	$10,000	$20,000	$7,500	$15,000	$10,000	$20,000
Agents Cancellation Fees - Section 4B	$1,500	$3,000	$1,500	$3,000	$1,500	$3,000
Emergency Travel Arrangements And Accommodation Expenses - Section 4D	$10,000	$20,000	$7,500	$15,000	$10,000	$20,000
Extra Travel Cover - Section 5						
Travel Delay - Section 5A	$500	$1,000	$250	$500	$500	$1,000
Missed Connection - Special Events - Section 5B	$2,000	$4,000	$1,000	$2,000	$1,000	$2,000
Withdrawal Of Services - Section 5C	$250	$500	$200	$400	N/A	N/A
Rental Vehicle Expenses - Section 6						
Rental Vehicle Insurance Excess - Section 6A	$3,000	$3,000	$1,500	$1,500	$2,000	$2,000
Return Of Rental Vehicle - Section 6B	$750	$750	$500	$500	N/A	N/A
Death Expenses - Section 7						
Accidental Death - Section 7A	$10,000	$20,000	$5,000	$10,000	$10,000	$20,000
Repatriation Of Remains - Section 7B	$5,000	$10,000	$3,000	$6,000	$5,000	$10,000
Sports And Entertainment Package - Section 8						
Golf Green Fees And Ski Lift Passes - Section 8A	$300	$600	$200	$400	N/A	N/A
Ski Run Closure - Section 8B	$500	$1,000	$500	$1,000	N/A	N/A
Hire Replacement, Snow Ski, Golf And Surf Equipment - Section 8C	$300	$600	$200	$400	N/A	N/A
Pre-paid Theme Park And Event Tickets - Section 8D	$500	$1,000	$300	$600	N/A	N/A
Benefits Back Home - Section 9						
Home And Contents Insurance Excess - Section 9A	$200	$200	$200	$200	$200	$200
Home Services - Section 9B	$750	$750	$500	$500	$500	$500
Luggage - Section 10						
Luggage And Personal Effects - Section 10A	$4,000	$8,000	$1,500	$3,000	$3,000	$6,000
Personal Computer Item Limit	$1,000	$1,000	$750	$750	$1,000	$1,000
Video And Camera Item Limit	$750	$750	$500	$500	$750	$750
Other Item Limit	$500	$500	$300	$300	$500	$500
Emergency Luggage - Section 10B	$500	$1,000	$300	$600	$300	$600
Replacement Passports And Travel Documents - Section 10D	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000
Personal Liability - Section 11	$300,000	$600,000	$250,000	$500,000	$300,000	$600,000

PART 2 - POLICY WORDING

TERMS AND CONDITIONS

This section provides the terms and conditions of the contract between ***you*** and QBE Insurance. It is important that ***you*** read this very carefully. If ***you*** have any questions regarding ***our*** policy, please telephone ***our*** Customer Service Centre on 133 723.

DEFINITIONS

Applicable limit(s) means the sum insured specified in the Schedule of Benefits or Policy Wording for the travel plan selected as shown on the Certificate of Insurance.

Carrier(s) means the scheduled airline, vessel, train, or motor coach transport in which ***you*** are to travel to or from ***your*** intended destination.

Dependant child or children means children who are related to ***you*** who are under 21 years of age at the time the Certificate of Insurance is to be issued and who are financially dependant.

Existing medical condition(s) means:

a. any chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease of which ***you*** were aware or should reasonably have been aware, and which is medically documented or under investigation prior to the issue of the Certificate of Insurance; or

b. any physical, ***mental illness*** or medical condition (including pregnancy), defect, illness or disease of which ***you*** were aware or should reasonably have been aware, and for which treatment, medication, preventative medication, advice, preventative advice or investigation has been received or prescribed by a medical or dental adviser in the 60 days prior to the issue of the Certificate of Insurance and in the case of the Annual Multi Trip Plan also within 30 days prior to booking a particular ***trip***.

Note:

- Where any condition is the subject of an investigation, that condition falls within this definition, regardless of whether or not a diagnosis of the condition has been made.
- This definition applies to ***you***, ***your travelling party***, ***your*** relatives, ***your*** business colleague, or any other person ***you*** have a relationship with whose state of health could impact ***your*** travel plans.

Family or Duo means ***you*** and ***your*** travel partner named in the Certificate of Insurance and accompanying ***dependant child or children***, provided, in the case of an International or Australian Travel Plan, ***you*** and ***your*** travel partner are under 60 years of age at the time the Certificate of Insurance is to be issued.

Injury means a bodily injury that is caused solely and directly by external and visible means as a result of an accident and which does not result from an illness or disease.

Mental illness means a condition characterised by the presence of symptoms such as delusions, hallucinations, disorder of thought form, disturbance of mood, or sustained or repeated irrational behaviour, which impairs, either temporarily or permanently, the mental functioning of a person.

Period of Insurance means the period of cover specified in the Certificate of Insurance.

Permanently disabled means ***you*** have totally lost either, all of the sight in one or both eyes, or the use of a hand or foot at or above the wrist or ankle and the loss is for at least 12 months and, in ***our*** opinion after consultation with an appropriate medical specialist, will continue indefinitely.

Personal computer means laptops, personal digital assistants including a blackberry and other hand-held wireless devices and notebooks.

Point of arrival means an airport, port, station or bus terminal to where ***your*** pre-paid scheduled public transport finally arrives.

Point of departure means an airport, port, station or bus terminal to where ***your*** pre-paid scheduled public transport finally departs.

Premium means the total premium paid for the insurance. It includes stamp duty and GST if applicable.

Professional sporting activity means an activity for which ***you*** receive financial reward, or benefits from participating in that sporting activity, regardless of whether or not ***you*** are a professional sports person.

Relative(s) is limited to a relative of ***yours***, or of a member of the ***travelling party***, who is resident in Australia or New Zealand. It means a spouse, defacto partner, parent, parent in-law, daughter, son, daughter-in-law, son-in-law, brother, sister, brother-in-law, sister-in-law, grandchildren, grandparent, step-parent, step-children, fiance or fiancee, or guardian.

Rental vehicle means any car, campervan, motorcycle or boat ***you*** rent from a licenced rental vehicle company and have a signed contract with that company.

Residents of Australia means someone who currently resides in Australia and is eligible for an Australian Medicare Card.

Single means a single person travelling alone or accompanied by a ***dependant child or children***.

Snow sports mean skiing, snow boarding and ski biking.

Travelling party means ***you*** and any travelling companion who has made arrangements to accompany ***you*** for at least 50% of the ***trip***.

Trip(s) in the case of the International and Australian Travel Plans means the period of travel stated in the Certificate of Insurance. The period begins on the date of departure, as stated in the Certificate of Insurance, from ***your*** normal place of residence in Australia and ends when ***you*** return to ***your*** normal place of residence in Australia, or when the period of the trip set out in the Certificate of Insurance ends, whichever happens first. In the case of the Annual Travel Plan ***trip*** means a period of travel undertaken by ***you*** during the ***period of insurance***, that includes pre-paid scheduled public transport for travel for a minimum of 200 km:

(a) commencing when ***you*** leave ***your*** normal place of residence or workplace in Australia, provided ***you*** travel from there directly to ***your point of departure***, or if ***you*** do not travel directly to ***your point of departure*** then when ***you*** arrive at ***your point of departure***; and

(b) ceasing at the earlier of;

  (i) when ***you*** arrive at ***your*** normal place of residence or workplace in Australia, provided ***you*** travelled there directly from ***your point of arrival***, or if ***you*** do not travel directly to ***your*** normal place of residence or workplace then when ***you*** arrive at ***your point of arrival***;

  (ii) 60 days after the commencement of the relevant trip; or

  (iii) the expiry of the ***period of insurance***.

The period of travel cannot be altered without ***our*** consent.

Unattended means leaving ***your*** luggage either, with a person ***you*** have not previously met or, in a public place where it can be taken without ***your*** knowledge or at a distance from which ***you*** cannot prevent it from being taken.

We, ***our***, ***us***, refers to QBE Insurance (Australia) Limited ABN 78 003 191 035.

You, ***your***, ***yours***, ***yourself*** means the person or people named in the Certificate of Insurance and in the case of the International and Australian Travel Plans their accompanying ***dependant child or children***. In the case of an Annual Multi Trip Travel Plan if ***you*** have paid the additional ***premium*** paid to upgrade ***your*** policy, ***your*** accompanying spouse or defacto partner and ***dependant child or children***.

WHEN DOES THE COVER BEGIN AND END?

1. This insurance is only valid when ***you*** pay the ***premium*** and ***we*** issue a Certificate of Insurance to ***you***.
2. The International and Australian Travel Plans cover under all applicable sections except Section 4A (Cancellation Or Holiday Deferment Costs), Section 4B (Agents Cancellation Fees) and Section 4C (Loss Of Reward Points) covers ***you*** for the period of the ***trip***. Sections 4A, 4B and 4C cover ***you*** from the time ***you*** pay the ***premium***, until the period of the ***trip*** ends. Under the Annual Multi Trip Travel Plan the policy is issued for 12 months and cover under all applicable sections except Section 4A (Cancellation Or Holiday Deferment Costs), Section 4B (Agents Cancellation Fees) and Section 4C (Loss Of Reward Points) is only provided for any ***trip*** undertaken during the 12 month ***period of insurance***. Cover ***under*** Sections 4A, 4B and 4C is provided from the nominated "Commencement Date" of the policy.
3. If the scheduled transport in which ***you*** are to travel is delayed, or the delay is caused by an event that entitles ***you*** to make a claim under this policy, the insurance is automatically extended beyond the period of the ***trip***. The extension lasts until ***you*** are capable of travelling to ***your*** final destination, including the journey there, or for a period of 6 months, whichever happens first.
4. This insurance is only valid for the period of the ***trip***. That period cannot be changed without ***our*** consent. If ***you*** wish to defer or alter the period of travel, ***we*** may require ***you*** to submit a Policy Amendment Form and ***our*** decision whether or not to agree to alter the period of the ***trip*** will depend upon ***our*** assessment of that form. If ***we*** do not agree, a refund of the ***premium*** will be made to ***you***.
5. Under the Annual Multi Trip Travel Plan ***you*** are only covered for each ***trip*** while ***you*** are on ***your trip*** (other than benefits ***you*** may be entitled to under Section 4 - Cancellation And Additional Expenses).

LOSSES WE DO NOT COVER AT ALL

1. ***We*** **will not pay** the first $100 (the excess) for any one event except in relation to a claim under Sections 1D - 1E, 5A - 5G, 6, 7, 8, 9, 10B and 10C on Premier Plus Extras, A, B, and C Travel Plans. This excess does not apply if ***you*** have paid the additional amount to remove it. Removal of the excess is not available to travellers 60 years of age or over or excesses imposed due to an ***existing medical condition*** or after departure.
2. ***We*** **will not pay** the first $35 (the excess) for any one event on New Zealand Cancellation And Additional Expenses Travel Plans. Removal of the excess is not available.
3. Under an Australian Travel Plan ***we*** **will not pay** the first $25 (the excess) for any one event except in relation to a claim under Sections 5A, 5D, 5F, 6 7, 8, 9 and 10B. Removal of the excess is not available.
4. Under an Annual Multi Trip Travel Plan ***we*** **will not pay** the first $100 (the excess) for any one event except in relation to a claim under Sections 5A, 5E, 5G, 5J, 6, 7, 8, 9, 10B and 10E - 10F. Removal of the excess is not available.

5. Under the Premier Plus Extras, A, B, C and Annual Multi Trip Travel Plans ***we* will not pay** the additional $200 (the excess) for any one event where the claim is made under Section 1 (Medical Expenses), Section 2 (Dental Expenses Incurred Outside Of Australia), Section 3 (Medical Evacuation And Repatriation), Section 4 (Cancellation And Additional Expenses), Section 5H (Non Medical Attendant), Section 5I (Emergency Travel And Accommodation Expenses - Relative), Section 11 (Personal Liability) and Section 12 (Legal Expenses) and the claim is as a result of ***your*** illness or ***injury*** and ***you*** were 60 years of age or over at the time the Certificate of Insurance was issued. This excess is in addition to any other excess and removal of this excess is unavailable.
6. Under all travel plans ***we* will not pay** the first $100 (the excess) for the loss of, theft of, or damage to sporting equipment. This excess is in addition to any other excess and removal of the excess is unavailable.
7. In all sections of this policy, ***we* will pay** only up to the ***applicable limit*** of the travel plan selected unless a sub-limit is specified in the relevant section.
8. There are General Exclusions, which apply to all types of cover. Particular Exclusions apply to specific sections of cover under this policy and are listed following the relevant types of cover. Please read them carefully.
9. Under the Annual Multi Trip Travel Plan cover does not apply to that part of any ***trip*** that exceeds 60 days, unless ***you*** have applied for a ***trip*** extension and it has been approved by **us**.

GENERAL EXCLUSIONS

These are the general exclusions which apply to all sections of this policy. ***You*** should read them, together with the cover and the specific exclusions referred to under each section of cover.

There is no cover under any section of this policy for any claim arising directly or indirectly because of any of the following:

1. ***you*** travel:
   (a) even though ***you*** know ***you*** are unfit to travel; or
   (b) against medical advice; or
   (c) when ***you*** know ***you*** will have to consult a medical practitioner; or
   (d) for the purpose of obtaining medical advice or treatment.
2. ***you*** maintain a course of treatment ***you*** were on at the time ***your trip*** commenced, except where this is covered under Section 10A "Luggage and Personal Effects".
3. the illness, ***injury*** or death, is caused or exacerbated by, or consequential upon, an ***existing medical condition*** of ***you***, a member of the ***travelling party*** or a non-travelling ***relative*** or business partner. This exclusion will not apply if ***you*** have applied to cover the ***existing medical condition***, cover has been granted by ***us*** in writing and ***you*** have paid ***us*** any additional amount ***we*** asked for.
4. the illness, ***injury*** or death of ***you***, a member of the ***travelling party*** or a non-travelling ***relative*** or business partner is caused or exacerbated by or consequential upon, any condition which has been the subject of a medical investigation within the period of 12 months prior to the issue of the Certificate of Insurance, in respect of which no diagnosis has been made.
5. the birth of a child, whatever the proximate cause is. (Unless otherwise excluded by this policy and provided a Travellers Medical Appraisal Form has been submitted and approved by ***us***, ***we*** will cover pregnancy related illnesses of the mother, but not any expenses associated with or consequent upon the birth of a child).
6. any cover if you are 70 years of age or over at the time the Certificate of Insurance is issued unless ***you*** have applied for cover, cover has been granted by ***us*** in writing and ***you*** paid ***us*** any additional ***premium*** asked for.
7. the illness, ***injury*** or death of a person who is not a member of ***your travelling party*** and is 80 years of age or over at the time the Certificate of Insurance is issued.
8. any cover under the Annual Multi Trip Travel Plan where ***you*** are 70 years of age or over at the time the Certificate of Insurance is issued.
9. a member of the ***travelling party*** decides to alter their plans or not to continue with the ***trip***.
10. illness, ***injury*** or death where a metastatic condition and/or terminal prognosis was made, in relation to any medical condition, prior to the issue of the Certificate of Insurance or 30 days prior to booking any ***trip*** under the Annual Multi Trip Travel Plan.
11. a loss which is recoverable under some other scheme. For example, Medicare, a private health fund, workers compensation scheme, travel compensation fund or accident compensation scheme.
12. consequential loss of any nature.
13. a loss caused by, arising directly or indirectly from or in any way connected with a criminal or dishonest act by ***you*** or by a person with whom ***you*** are in collusion.
14. a loss caused by, arising directly or indirectly from or in any way connected with war, invasion, act of a foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, or popular uprising.
15. a loss caused by, arising directly or indirectly from or in any way connected with the use, existence or escape of nuclear weapons material, or ionising radiation from, or contamination by, radioactivity from any nuclear fuel, or nuclear waste from the combustion of nuclear fuel.
16. a loss caused by, arising directly or indirectly from or in any way connected with any Government intervention, prohibition, or regulation.
17. ongoing payments under Section 1A Medical Expenses Incurred Outside Of Australia or Section 1B Medical Expenses Incurred Onboard A Cruise Ship, if ***we*** decide on the advice of a doctor appointed by ***us*** that ***you*** are capable of being repatriated to or within Australia. If ***you*** do not agree to return to ***your*** normal place of residence in Australia ***we*** may limit the amount ***we* will pay** for medical expenses and associated costs as determined by ***us*** had ***you*** returned.
18. a loss caused by, arising directly or indirectly from or in any way connected with an act or threat of terrorism. This exclusion does not apply to Section 1A Medical Expenses Incurred Outside of Australia, Section 1B Medical Expenses Incurred Onboard A Cruise Ship, 2A Emergency Dental Expenses, Section 5G Hijacking, Section 7B Repatriation Of Remains To Or Within Australia Or Funeral Expenses Overseas, Section 10 Luggage or under Section 3 Medical Evacuation And Repatriation for the cost of repatriation to or within Australia, if the carrier requires ***you*** to be brought back with a medical escort.
19. a loss caused by, arising directly or indirectly from or in any way connected with the cancellation of travel arrangements due to mechanical breakdown of transportation.
20. any claim arising directly or indirectly as a result of a member of the ***travelling party***:
    (a) deliberately injures themself; or
    (b) being under the influence of, or is addicted to, intoxicating liquor or a drug, except a drug taken in accordance with the advice of a registered medical practitioner; or
    (c) suffers any ***mental illness*** including dementia, depression, anxiety, stress, bipolar, mania, schizophrenia or other nervous disorder; or
    (d) suffers HIV with AIDS related infection or illness.

GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

1. ***You*** must:
   (a) give ***us*** written notice as soon as possible of an event that may result in a claim under this policy.
   (b) give ***us your*** Certificate of Insurance and any other documents, medical certificates, original receipts or information that ***we*** reasonably ask for.
   (c) not make any promise or offer of payment, or admit fault to anyone, or become involved in any litigation, in respect of an event that may result in a claim under this policy, without ***our*** consent.
   (d) in the event of a claim caused by a physical, mental or medical condition, obtain evidence from the treating doctor immediately that ***you*** are aware of signs or symptoms of the condition.
2. ***We*** may, at ***our*** expense, take proceedings in ***your*** name to recover compensation or enforce an indemnity against someone else in respect of a loss covered by this insurance in accordance with the law. Anything ***we*** recover belongs to ***us***.
3. Claims will be paid to ***you*** or ***your*** personal representative in Australian dollars on the basis of the exchange rate that applied at the time of the event that gave rise to the claim. ***We* will not pay** more than ***your*** actual loss.
4. Once the Certificate of Insurance has been issued ***you*** are not entitled to a refund of any part of the ***premium*** except as provided for in the section headed "Cooling Off Period".
5. ***You*** must tell ***us*** if ***you*** were entitled to claim an input tax credit on the ***premium*** at the time of making a claim under the policy. If ***you*** do not provide ***us*** with this information ***we*** may deduct up to 1/11th of the amount otherwise payable in settlement of ***your*** claim.
6. If ***we*** agree to pay a claim under ***your*** policy, this policy covers GST inclusive costs (up to the relevant policy limit). However, ***we*** will reduce any claim payment by any input tax credit ***you*** are or would be entitled to for the repair or replacement of insured property or for other things covered by the policy.
7. ***You*** must tell ***us*** if ***your*** entitlement to an input tax credit disclosed to ***us***:
   (i) is incorrect; or
   (ii) changes from what ***you*** have told ***us***, when ***you*** extend or vary ***your*** policy.
8. In the event that ***you*** make a claim under the Annual Multi Trip Travel Plan ***we*** will automatically reinstate the sum insured, up to the ***applicable limit***, for each ***trip*** undertaken during the ***period of insurance***.

SECTION 1: MEDICAL EXPENSES

(Cover not available on Australian Travel Plans or New Zealand Cancellation And Additional Expenses Travel Plans or within Australia on all other travel plans.)

*The most **we** will pay for all claims under this section is the **applicable limit** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.*

Section 1A: MEDICAL EXPENSES INCURRED OUTSIDE OF AUSTRALIA

We* will pay** the usual and customary cost of medical, hospital, ambulance or other medically justified treatment ***you actually received outside Australia during the ***trip*** if ***you*** suffer an ***injury***, or an illness the signs or symptoms of which ***you*** first become aware of, during the ***trip***. However, the treatment must be given or prescribed by a registered medical practitioner or paramedic. If treatment is due to a claimable event under this section the first 6 visits for treatment by a chiropractor or physiotherapist will be covered, however for any further treatment ***you*** must have ***our*** consent.

If ***we*** pay any medical expenses on ***your*** behalf or reimburse ***you*** for any medical expenses then ***we*** have the right to:

- seek reimbursement from ***you*** if ***you*** receive any payment from any other source for these expenses;
- take action in ***your*** name to recover these payments.

SECTION 1B: MEDICAL EXPENSES INCURRED ONBOARD A CRUISE SHIP

(Cover only available on Australian Cruising Travel Plans)

We* will pay** the usual and customary cost of medical treatment ***you actually and necessarily received onboard a cruise ship within Australian waters during the ***trip*** if ***you*** suffer an ***injury***, or an illness the signs or symptoms of which ***you*** first become aware of, during the ***trip***. However, the treatment must be given or prescribed by a registered medical practitioner or paramedic.

If ***we*** pay any medical expenses on ***your*** behalf or reimburse ***you*** for any medical expenses then ***we*** have the right to;

- seek reimbursement from ***you*** if ***you*** receive any payment from any other source for those expenses;
- take action in ***your*** name to recover these payments.

Section 1C: PERMANENT DISABILITY

(Cover only available on Premier Plus Extras Travel Plan)

We* will pay** if during ***your trip you suffer an ***injury*** and as a result of that ***injury you*** become ***permanently disabled*** within 12 months of sustaining the ***injury***. The amount payable for each person named on the Certificate of Insurance will be limited to the ***applicable limit*** in the ***Single*** Policy, not exceeding in total the limit of the ***Family or Duo*** Policy.

Section 1D: CASH IN HOSPITAL

(Cover only available on Premier Plus Extras, A, B and C Travel Plans)
(No Excess Applies)

We* will pay *you $75 for each completed 24 hour period that ***you*** are confined to hospital outside Australia, as a result of ***injury*** or illness occurring during ***your trip*** and resulting in a total period of confinement exceeding 48 hours for any one event.

Section 1E: POST HOSPITALISATION ACCOMMODATION

(Cover only available on Premier Plus Extras Travel Plan)
(No Excess Applies)

If ***you*** have been hospitalised overseas for a minimum of 48 hours ***we* will pay** up to $100 ***Single*** Policy or $200 ***Family or Duo*** Policy per day, up to the ***applicable limit*** towards ***your*** accommodation after ***you*** leave hospital whilst ***you*** are recuperating up to a maximum of 5 days. ***We* will not pay** for additional accommodation expenses when a claim is made for cancelled accommodation expenses covering the same period of time.

SECTION 2: DENTAL EXPENSES INCURRED OUTSIDE OF AUSTRALIA

(Cover not available on Australian Travel Plans or New Zealand Cancellation And Additional Expenses Travel Plans or within Australia on all other travel plans.)

*The most **we** will pay for all claims under this section is the **applicable limit** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.*

Section 2A: EMERGENCY DENTAL EXPENSES

We* will pay** the cost of emergency dental treatment received outside of Australia during the ***trip to ***you***, if ***you*** suffer an ***injury*** to healthy natural teeth during the ***trip***. This does not cover damage to dentures or dental prostheses (which is covered under point 2, Section 10A). If treatment is due to a claimable event under this section the first 6 visits will be covered however, for any further treatment ***you*** must have ***our*** consent.

Section 2B: DENTAL EXPENSES DUE TO SUDDEN AND ACUTE PAIN

We* will pay** $2,000 ***Single Policy or $4,000 ***Family or Duo*** Policy limited to $2,000 per person for Premier Plus Extras Travel Plan and $1,000 ***Single*** or Annual Multi Trip Policies or $2,000 ***Family or Duo*** Policy limited to $1,000 per person for A, B and C Travel Plans for dental costs incurred outside of Australia, during the ***trip***, which the treating dentist certifies in writing is for the relief of sudden and acute pain.

If ***we*** pay any dental expenses on ***your*** behalf under Section 2 or reimburse ***you*** for any dental expenses then ***we*** have the right to:

- seek reimbursement from ***you*** if ***you*** receive any payment from any other source for these expenses;
- take action in ***your*** name to recover these payments.

SECTION 3: MEDICAL EVACUATION AND REPATRIATION

(Cover not available on Australian Cancellation or Additional Expenses Travel Plans or New Zealand Cancellation And Additional Expenses Travel Plans.)

*The most **we** will pay for all claims under this section is the **applicable limit** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.*

We* will pay *you if ***you*** have to interrupt ***your trip*** after it has begun, for necessary medical evacuation or repatriation that ***you*** undertake with ***our*** consent. Travel expenses for ***your*** evacuation or repatriation are only covered if the attending physician advises ***us*** in writing that ***you*** are unfit to continue the ***trip***. The following conditions apply:

(a) ***We* will not pay** for expenses incurred to resume the ***trip*** after ***you*** have returned to Australia under International and Annual Multi Trip Travel Plans or **your** normal place of residence under Australian Travel Plans.

(b) For repatriation, ***we* will not pay** more than the cost of repatriation to Australia under International and Annual Multi Trip Travel Plans or ***your*** normal place of residence under Australian Travel Plans.

(c) Additional travel must be at the fare class that ***you*** originally chose, except where ***we*** agree otherwise on the basis of a written recommendation by ***your*** attending physician.

(d) If ***you*** do not have a return ticket at the time of the event that causes a claim under this section, ***we*** will deduct the cost of an economy class airfare at the ***carrier's*** regular published rates for the return journey.

CANCELLATION AND ADDITIONAL EXPENSES - EVENTS WE COVER UNDER SECTION 4

We will cover ***you*** for Cancellation And Additional Expenses (Section 4), in respect of ***your*** planned ***trip***, that result directly from one of the following events occurring after the Certificate of Insurance was issued (subject to the exclusions detailed in "Losses We Do Not Cover Under Sections 1, 2, 3, 4, 5, 6, 7, 8 and 9" on page 43):

1. ***You*** being unable to start or finish the ***trip*** because of the death, sudden serious illness or serious ***injury*** arising before or during the ***trip*** of:
   - a member of ***your travelling party***; or
   - of a ***relative*** or business partner or person in the same employ as ***you***, who is a resident in Australia or New Zealand.
     The following conditions apply:
     - the illness or ***injury*** requires hospitalisation or confinement;
     - in the case of a business partner or person in the same employ as ***you***, the person's absence made the cancellation or ending of the ***trip*** necessary, and ***you*** have written confirmation of that fact from a senior partner or director.
2. Cancellation or restriction of pre-paid scheduled public transport services caused by severe weather, natural disaster, riot, strike or civil commotion. ***You*** must have done everything reasonable to avoid the expenses. ***You*** must also get the ***carrier's*** written confirmation of ***your*** claim.
3. ***Your*** pre-paid accommodation being destroyed or uninhabitable due to severe weather or natural disaster and no alternative equivalent accommodation is available in the vicinity. ***You*** must have done everything reasonable to obtain alternative accommodation. ***You*** must also have written confirmation of ***your*** claim from an official of the hotel or government body where the incident took place.
4. A member of the ***travelling party*** being required to do jury service or being confined in compulsory quarantine.
5. ***You*** being involved in a motor vehicle, railway, air or marine accident. ***You*** must have written confirmation of the accident from an official body in the country where the accident happened.
6. Loss (excluding Government confiscation) of ***your*** passport, travel documents or credit cards.
7. A member of ***your travelling party*** who is a full time student being required to sit supplementary examinations.
8. A member of ***your travelling party*** being made redundant from full time usual employment in Australia.
9. The cancellation of pre-arranged leave for full time employees of the police, fire, ambulance or emergency services.
10. ***Your*** normal place of residence in Australia being destroyed or rendered insecure due to a natural disaster.
11. The cancellation of a wedding, conference, pre-paid concert, course, tuition or sporting event and the sole purpose of the ***trip*** is to attend that wedding, conference, concert, course, tuition or sporting event.
12. A member of ***your travelling party*** being effected by any form of insolvency, administration or bankruptcy of their employer.
13. A tour operator or wholesaler cancelling a tour because there are not enough people to begin or complete the tour. Cover is limited to the pre-paid cost of the airline tickets purchased to reach the departure point of the tour.
14. The insolvency or financial default of scheduled service airlines, hotel and resort operators, car and campervan hire companies, cruise lines, railways operators and theme park operators excluding travel agents. Cover is limited to $10,000 ***Single*** Policy and Annual Multi Trip Travel Plans and $20,000 ***Family and Duo*** Policy on Premier Plus Extras, A, B and C and $5,000 ***Single*** Policy and $10,000 ***Family or Duo*** Policy on Australian Plus, Australian Basics and Australian Cruising Travel Plans. Cover not available on Australian Cancellation And Additional Expenses or New Zealand Cancellation And Additional Expenses Travel Plans.

SECTION 4: CANCELLATION AND ADDITIONAL EXPENSES

Cover under this section is only provided for an event listed in Cancellation And Additional Expenses - Events We Cover Under Section 4.

*The most **we** will pay for all claims under this section is the **applicable limit** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.*

Section 4A: CANCELLATION OR HOLIDAY DEFERMENT COSTS

We* will pay** the value of unused pre-paid travel arrangements, less any refunds due to ***you, if ***you*** have to cancel these arrangements, or; the reasonable cost of rearranging ***your trip***, provided that this cost is not greater than the cancellation fees or lost deposits which would have been incurred had the ***trip*** been cancelled. ***We* will not pay** for the value of unused pre-paid transport costs where ***we*** have repatriated ***you*** a distance equivalent to, or greater than, the total distance remaining on ***your*** itinerary at the point of repatriation. Where the total distance of the repatriation is less than the unused travel arrangements ***we*** will calculate ***your*** entitlement on a pro-rata basis, taking into account the cost of ***your*** original ticket.

Section 4B: AGENTS CANCELLATION FEES

We* will pay** agent's cancellation fees up to $1,500 ***Single or Annual Multi Trip Policies or $3,000 ***Family or Duo*** Policy or up to the ***applicable limit*** on Australian Cancellation And Additional Expenses and New Zealand Cancellation And Additional Expenses Travel Plans, when full monies have been paid. If only a deposit has been paid at the time of cancellation, ***we* will pay** the agent's cancellation fees up to the maximum of the deposit. In any event, ***we* will not pay** more than the level of commission and or service fees normally earned by the agent, had the ***trip*** not been cancelled.

Section 4C: LOSS OF REWARD POINTS

(Cover not available on Australian Cancellation And Additional Expenses or New Zealand Cancellation And Additional Expenses Travel Plans.)

We* will pay** for frequent flyer or similar flight reward points lost due to the cancellation of ***your airline ticket. The amount ***we* will pay** is calculated as follows:

(a) the cost of the equivalent class airline ticket, based on the best available advance purchase airfare at the time of cancellation, less ***your*** financial contribution towards the airline ticket
multiplied by

(b) the total amount of points lost
divided by

(c) the total amount of points redeemed to obtain the airline ticket.

We will not provide cover if the loss of such points or their value can be recovered from any other source.

Section 4D: EMERGENCY TRAVEL ARRANGEMENTS AND ACCOMMODATION EXPENSES

We* will pay *you if ***you*** have to interrupt ***your trip*** after it has begun, for necessary additional travel, accommodation and meals that ***you*** undertake with ***our*** consent. Travel expenses for ***your*** return home are only covered if the attending physician advises ***us*** in writing that ***you*** are unfit to continue the ***trip***. The following conditions apply:

(a) ***We* will not pay** for expenses incurred to resume the ***trip*** after ***you*** have returned to ***your*** normal place of residence in Australia.

(b) Additional travel must be at the fare class that ***you*** originally chose, except where ***we*** agree otherwise on the basis of a written recommendation by ***your*** attending physician.

(c) If ***you*** do not have a return ticket at the time of the event that causes the cancellation, ***we*** will deduct the cost of an economy class airfare at the carrier's regular published rates for the return journey.

(d) ***We* will not pay** for additional transport or accommodation expenses when a claim is made for cancelled transport or accommodation expenses covering the same period of time.

(e) ***We* will not pay** for accommodation expenses for periods where ***you*** have not forfeited pre-paid accommodation arrangements except under Section 1E.

(f) ***We* will pay *you*** for necessary additional meals up to a maximum of $50 ***Single*** or Annual Multi Trip Policies and $100 ***Family or Duo*** Policy for each 24 hour period up to $500 ***Single*** or Annual Multi Trip Policies, $1,000 ***Family or Duo*** Policy or the ***applicable limit*** on the Australian Cancellation And Additional Expenses and New Zealand Cancellation And Additional Expenses Travel Plans.

(g) ***You*** must give ***us your*** receipts and written advice that ***you*** are unfit to continue the ***trip***.

SECTION 5: EXTRA TRAVEL COVER

(Cover not available on Australian Cancellation And Additional Expenses or New Zealand Cancellation And Additional Expenses Travel Plans.)

*The most **we** will pay for all claims under this section is the **applicable limit** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.*

Section 5A: TRAVEL DELAY

(No Excess Applies)

We* will pay *you

(a) up to a maximum per day of $375 ***Single*** Policy or $750 ***Family or Duo*** Policy for Premier Plus Extras Travel Plan, $300 ***Single*** Policy or $600 ***Family or Duo*** Policy for A Travel Plan, $200 ***Single*** Policy or $400 ***Family or Duo*** Policy for B Travel Plan, $100 ***Single*** Policy or $200 ***Family or Duo*** Policy for C Travel Plan $200 Annual Multi Trip Travel Plan, $75 ***Single*** Policy or $150 ***Family or Duo*** Policy for Australian Plus and Australian Cruising Travel Plans, $50 ***Single*** Policy or $100 ***Family or Duo*** Policy for Australian Basics Travel Plans for the cost of reasonable additional accommodation and $50 ***Single*** or Annual Multi Trip Policies and $100 ***Family or Duo*** Policy for meals; or

(b) up to the ***applicable limit*** for the reasonable cost of rearranging ***your*** travel arrangements, including additional accommodation and travel arrangements to resume ***your*** pre-paid arrangements;

if ***your*** scheduled transport from or within Australia or overseas in respect of ***your*** planned ***trip***, is delayed for at least 6 hours, for a reason outside ***your*** control and for each subsequent 12 hours (or part of that time) of delay. ***You*** must give ***us your*** receipts, and written confirmation of the delay from the carrier. The ***applicable limit*** is a combined total for additional meals, accommodation and rearrangement costs.

Section 5B: AIRFARE COMPENSATION

(Cover available to Premier Plus Extras, A, B and C Travel Plans only)

(No Excess Applies)

We* will pay *you the cost of ***your*** original air ticket (less any refund that is due to ***you***) up to a maximum $6,000 ***Single*** Policy or $12,000 ***Family or Duo*** Policy for Premier Plus Extras Travel Plan, $5,000 ***Single*** Policy or $10,000 ***Family or Duo*** Policy for A Travel Plan, $2,000 ***Single*** Policy or $4,000 ***Family or Duo*** Policy for B Travel Plan and $1,000 ***Single*** Policy or $2,000 ***Family or Duo*** Policy for C Travel Plan if, because of an ***injury***, occurring during the ***trip***, that happens after ***your*** departure from Australia, the ***carrier*** requires ***you*** to be brought back to Australia with a medical escort. However, ***we*** will only do so if either:

- there are more than 5 days of the ***trip***, or 25% of its length, whichever is the greater, remaining; or
- ***you*** have been confined to hospital overseas for more than 25% of the ***trip***.

Section 5C: RESUMPTION OF TRIP

(Cover available to Premier Plus Extras, A, B and C Travel Plans only)

(No Excess Applies)

We* will pay *you if ***you*** have to return to Australia with more than 25% of ***your trip*** remaining because of the hospitalisation or death of a ***relative*** during the ***trip*** as a direct result of sudden serious illness or serious ***injury***, for the transport costs paid to resume ***your*** original ***trip***, so ***you*** can use any travel, accommodation or tours, that were paid for before the departure date on the Certificate of Insurance. ***We* will not pay** more than the cancellation costs that would have been incurred on those pre-paid arrangements had ***you*** not resumed ***your*** journey. This benefit is in place of, and not in addition to, any benefit payable under Section 4A. ***We*** will extend this policy to cover the remainder of ***your trip*** where a claim is accepted by ***us*** under this Section. In no other circumstances will the resumption of ***your trip*** be covered under this policy unless ***you*** have obtained ***our*** consent.

Section 5D: MISSED CONNECTION - SPECIAL EVENTS

(Cover available to Premier Plus Extras, A, B, C, Australian Plus, Australian Cruising and Australian Basics Travel Plans only)

(No Excess Applies)

If ***your trip*** is interrupted by any unforeseen circumstances outside of ***your*** control and ***you*** are unable to arrive at ***your*** destination by the time originally scheduled for the purpose of attending a wedding, funeral, conference, 25th or 50th Wedding Anniversary or sporting event which cannot be delayed as a consequence of ***your*** late arrival, ***we* will pay** for the reasonable additional cost of using alternative public transport to arrive at the destination on time.

Section 5E: INTERNET USE AND TELEPHONE CALLS

(Cover available to Premier Plus Extras, A, B, C and Annual Multi Trip Travel Plans only) (No Excess Applies)

We* will pay** for ***your necessary internet use or telephone calls from overseas to Australia where they arise directly out of a claimable event covered by any section of this policy. ***Your*** first point of contact for assistance is QBE Assist - refer QBE Assist page for contact information.

Section 5F: WITHDRAWAL OF SERVICES

(Cover available to Premier Plus Extras, A, B, C, Australian Plus and Australian Basics Travel Plans only)

(No Excess Applies)

We* will pay** up to $50 for each completed 24 hour period up to a maximum $500 ***Single Policy and $1,000 ***Family or Duo*** Policy for Premier Plus Extras and A Travel Plans, $300 ***Single*** Policy or $600 ***Family or Duo*** Policy for B Travel Plan, $250 ***Single*** Policy and $500 ***Family or Duo*** Policy on Australian Plus and Australian Cruising Travel Plans and $200 ***Single*** Policy and $400 ***Family or Duo*** Policy for C and Australian Basics Travel Plans, if all electrical and water facilities in ***your*** room; or waiter service at meals; or kitchen services where no food is served; or all chambermaid services are withdrawn due to unforeseeable circumstances at the pre-paid accommodation that ***you*** are staying at during ***your trip***. These services must be withdrawn for 48 hours continuously and ***you*** must have written confirmation of ***your*** claim from the accommodation manager.

Section 5G: HIJACKING

(Cover available to Premier Plus Extras, A, B, C, and Annual Multi Trip Travel Plans only)

(No Excess Applies)

If ***you*** want to cancel ***your trip*** and return to ***your*** normal place of residence in Australia after the scheduled transport service on which ***you*** are travelling is hijacked during ***your trip***, ***we* will pay *you your*** pre-paid travel arrangements that ***you*** do not use, less any refunds due to ***you***.

Section 5H: NON MEDICAL ATTENDANT

We* will pay** an economy class airfare and necessary accommodation, for a relative or friend to travel to, remain with or escort ***you, in place of a medical attendant, if ***you*** are hospitalised as an in-patient as a result of suffering an ***injury*** or an illness, the symptoms of which ***you*** first became aware during the ***trip***. However, ***you*** must have written advice from the attending physician and ***you*** must also have ***our*** consent. Premier Plus Extras and Annual Multi Trip Travel Plan provides unlimited cover however the maximum amount ***we* will pay** is $1,000,000 ***Single*** Policy or $2,000,000 ***Family or Duo*** Policy for A Travel Plan, $500,000 ***Single*** Policy or $1,000,000 ***Family or Duo*** Policy for B Travel Plan, $125,000 ***Single*** Policy or $250,000 ***Family or Duo*** Policy for C Travel Plan , $10,000 ***Single*** Policy or $20,000 ***Family or Duo*** Policy for Australian Plus and Australian Cruising Travel Plans, $7,500 ***Single*** Policy or $15,000 ***Family or Duo*** Policy for Australian Basic Travel Plan.

Section 5I: EMERGENCY TRAVEL AND ACCOMMODATION EXPENSES – RELATIVE

(Cover available to Premier Plus Extras, A, B and C Travel Plans only)

We* will pay** an economy class airfare and necessary accommodation, for a ***relative to travel directly to ***you*** if ***you*** are hospitalised as a direct result of a critical ***injury*** or sudden critical illness during ***your trip*** provided that ***you*** have a written recommendation from ***your*** treating doctor and ***our*** consent.

Section 5J:
ALTERNATIVE STAFF

(Cover available to Annual Multi Trip Travel Plans only)

(No Excess Applies)

We* will pay** the reasonable additional travel and accommodation costs for a replacement employee to complete the assignment for which ***you were originally sent, if, as a result of illness or ***injury***, for which a claim is admitted under Section 1A Medical Expenses Incurred Outside Of Australia or Section 4A Cancellation Or Holiday Deferment Costs of this policy, the attending medical practitioner deems it necessary that ***you*** return to ***your*** normal place of residence in Australia. ***We*** will only cover a replacement employee after they complete an application and Travellers Medical Appraisal Form and cover is approved by ***us*** prior to departure. If approved the replacement employee will be covered under the policy as if the replacement employee was the person named in the Certificate of Insurance.

SECTION 6:
RENTAL VEHICLE EXPENSES

(Cover not available on Australian Cancellation And Additional Expenses or New Zealand Cancellation And Additional Expenses Travel Plans.)

(No Excess Applies)

*The most **we** will pay for all claims under this section is the **applicable limit** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.*

Section 6A:
RENTAL VEHICLE INSURANCE EXCESS

We* will pay *you for the ***rental vehicle*** insurance excess, or the cost of repairing the vehicle, whichever is lower, if ***you*** rent a vehicle from a rental company and it is involved in an accident and ***you*** are the driver or it is stolen during the ***trip***. ***You*** must provide a copy of the repair account and/or quote. This cover is not in place of ***rental vehicle*** insurance and only provides cover for the excess component up to the ***applicable limit***.

Section 6B:
RETURN OF RENTAL VEHICLE

We* will pay** towards the cost of returning ***your rental vehicle to the nearest depot, including airport concession charges, if due to a claimable event covered by any section of this policy ***you*** are unable to do so during ***your trip***.

SECTION 7:
DEATH EXPENSES

(Cover not available on Australian Cancellation And Additional Expenses or New Zealand Cancellation And Additional Expenses Travel Plans.)

*The most **we** will pay for all claims under this section is the **applicable limit** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.*

(No Excess Applies)

Section 7A:
ACCIDENTAL DEATH

We* will pay *your Estate, if ***you*** are 18 years of age or over and during ***your trip you*** suffer an ***injury*** which results in ***your*** death within 12 months of the ***injury*** being sustained. If ***you*** select a ***Family or Duo*** Policy, the amount payable for each person named on the Certificate of Insurance will be limited to the ***applicable limit*** in the ***Single*** Policy, not exceeding in total the limit of the ***Family or Duo*** Policy selected. Cover for each accompanying ***dependant child or children*** is limited to a total amount of $1,000. In the case of the Annual Multi Trip Travel Plan there is no cover for any accompanying spouse or defacto partner.

Section 7B:
REPATRIATION OF REMAINS OR FUNERAL EXPENSES OVERSEAS

We* will pay** for ***your burial or cremation overseas, or the transporting of ***your*** remains to Australia on the International and Annual Multi Trip Travel Plans or ***your*** burial or cremation within Australia, or the transporting of ***your*** remains within Australia on the Australian Travel Plans, if ***you*** die during the ***trip***.

Section 7C:
FUNERAL EXPENSES WITHIN AUSTRALIA

(Cover only available on Premier Plus Extras and Annual Multi Trip Travel Plans)

We* will pay** for funeral expenses incurred within Australia if during ***your trip you suffer an ***injury*** which results in ***your*** death. The amount payable for each person will be limited to the sublimit per person listed in the Schedule of Benefits, not exceeding in total the ***applicable limit*** on the policy selected. In the case of the Annual Multi Trip Travel Plan there is no cover for any accompanying ***dependant child or children***, spouse or defacto partner.

SECTION 8:
SPORTS AND ENTERTAINMENT PACKAGE

(Cover not available on Australian Cruising, Australian Cancellation And Additional Expenses or New Zealand Cancellation And Additional Expenses Travel Plans.)
(No Excess Applies)

*The most **we** will pay for all claims under this section is the **applicable limit** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.*

Section 8A:
GOLF GREEN FEES AND SKI LIFT PASSES

We* will pay *you a maximum of $300 ***Single*** and Annual Multi Trip Policies and $600 ***Family or Duo*** Policy on Premier Plus Extras, A, B, C and Australian Plus Travel Plans and $200 ***Single*** Policy and $400 ***Family or Duo*** Policy on Australian Basics Travel Plans for non-refundable pre-paid golf green fees or ski lift passes, golf or ski equipment hire or tuition fees that cannot be used due to ***your injury*** or illness sustained during ***your trip***.

Section 8B:
SKI RUN CLOSURE

We* will pay *you if ***you*** are prevented from skiing at a pre-booked ski resort for more than 24 continuous hours during ***your trip***, because insufficient snow or too much snow causes a total closure of the lift system. ***We* will pay** a daily benefit of $100 ***Single*** and Annual Multi Trip Policies and $200 ***Family or Duo*** Policy, up to a maximum of $500 ***Single*** and Annual Multi Trip Policies or $1,000 ***Family or Duo*** Policy.

However:

(a) ***We* will not pay** for claims in respect of ski resorts that do not have skiing facilities at least 1,000 metres above sea level.

(b) ***We* will not pay** for claims that arise due to insufficient snow in Northern Hemisphere ski resorts outside the period 15 December to 31 March, or, in Southern Hemisphere ski resorts outside the period 1 July to 30 September.

Section 8C: HIRING REPLACEMENT SNOW SKI, GOLF AND SURF EQUIPMENT

If ***your*** snow skiing, golf or surf equipment is lost, delayed or damaged during the ***trip we* will pay *you*** the necessary cost of hiring replacement equipment up to $200 ***Single*** and Annual Multi Trip Policies and $400 ***Family or Duo*** Policy. Any claim made must be supported by receipts.

Section 8D: PRE-PAID THEME PARK AND EVENT TICKETS

We* will pay** up to $500 ***Single Policy and $1,000 ***Family or Duo*** Policy towards the cost of any pre-paid theme park or event tickets less any refunds due to ***you***, if ***you*** have to cancel these arrangements due to ***your injury*** or serious illness which occurs during ***your trip***.

SECTION 9: BENEFITS BACK HOME

(Cover not available on Australian Cancellation And Additional Expenses or New Zealand Cancellation And Additional Expenses Travel Plans.) (No Excess Applies)

*The most **we** will pay for all claims under this section is the **applicable limit** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.*

Section 9A: HOME AND CONTENTS INSURANCE EXCESS

We* will pay *you up to $200 for the home and contents insurance excess if ***your*** normal place of residence in Australia is damaged or burgled during ***your trip*** and ***you*** make a claim against ***your*** home and contents insurance. ***You*** must provide a copy of ***your*** police report or insurance claim or both.

Section 9B: LOSS OF INCOME

(Cover only available on Premier Plus Extras, A, B, C and Annual Multi Trip Travel Plans)

We* will pay *you up to $2,000 for Premier Plus Extras Travel Plan, $1,666 for A and Annual Multi Trip Travel Plans, $833 for B Travel Plan and $416 for C Travel Plan per month per person for ***your*** monthly net of income tax wage if due to an ***injury you*** suffer during ***your trip***, ***you*** are unable to attend ***your*** usual work in Australia. ***We* will not pay *you*** in respect of the first 30 days after ***you*** originally planned to resume ***your*** work in Australia. This benefit is only payable if ***your*** disability occurs within 30 days of the ***injury***. Cover is limited to a period of 6 months from the first day in respect of which compensation is paid.

Cover is also limited to a maximum of $12,000 ***Single*** Policy or $24,000 ***Family or Duo*** Policy for Premier Plus Extras Travel Plan, $10,000 ***Single*** and Annual Multi Trip Policies or $20,000 ***Family or Duo*** Policy for A Travel Plan, $5,000 ***Single*** Policy or $10,000 ***Family or Duo*** Policy for B Travel Plan, $2,500 ***Single*** Policy or $5,000 ***Family or Duo*** Policy for C Travel Plan.

Section 9C: HOME SERVICES

(Cover only available on Premier Plus Extras, A, B, C, Australian Plus, Australian Basics and Australian Cruising Travel Plans)

We* will pay *you for necessary home services provided by a registered home services business, up to a maximum of $750 for Premier Plus Extras and Australian Plus Travel Plans and $500 for A, B, C, Australian Basics and Australian Cruising Travel Plans if ***you*** have been repatriated to Australia by ***us*** during ***your trip*** and ***your injury*** or illness restricts ***your*** ability to perform these duties. ***You*** must have ***our*** consent.

Section 9D: DOMESTIC PETS

(Cover only available on Premier Plus Extras, A, B and C Travel Plans)

We* will pay *you up to $15 for each full 24 hour period, up to a maximum of $500 for additional kennel or cattery boarding fees for domestic cats and dogs owned by ***you*** if ***you*** are delayed beyond ***your*** original return date due to an event covered by this policy. However, ***you*** must give ***us*** a statement confirming the additional fees.

Section 9E: CHILD CARE COSTS

(Cover only available on Premier Plus Extras, A, B and C Travel Plans)

We* will pay *you up to $75 for each full 24 hour period, up to a maximum of $750 for the additional cost of child care provided by a registered or appropriately qualified child care worker for a child or children who are related to ***you***, financially dependant, under the age of 18 years at the time the Certificate of Insurance is issued and who are in ***your*** full time care, if ***you*** are delayed beyond ***your*** original return date due to an event covered by this policy. However, ***you*** must give ***us*** a statement from the registered or appropriately qualified child care worker confirming the additional fees.

LOSSES WE DO NOT COVER UNDER SECTIONS 1, 2, 3, 4, 5, 6, 7, 8 AND 9

***We* will not pay** a claim that arises directly or indirectly because of any of the following:

1. A member of the ***travelling party***:
   (a) takes part in a riot or civil commotion;
   (b) acts maliciously;
   (c) races (except on foot); mountaineers or rock climbs using support ropes; or participates in basejumping, or running with the bulls; or takes part in a ***professional sporting activity***;
   (d) rides a motor cycle in excess of 100 cc (except as a pillion passenger) without a licence that is valid in ***your*** country of residence;
   (e) participates in a ***snow sports*** activity without payment of the additional ***premium***. *(Not applicable to Australian Travel Plans)*
2. ***You*** fail to take reasonable precautions to avoid a financial loss after a public warning of a strike, riot, civil commotion, or natural disaster.
3. ***You*** operate a ***rental vehicle*** in violation of the rental agreement.
4. Any kennel or cattery fees incurred outside Australia or as a result of quarantine regulations.
5. Any child care costs incurred outside Australia.
6. ***You*** incur medical, ambulance and ancillary expenses within Australia except for medical expenses incurred onboard a cruise ship under Australian Cruising Travel Plan.

7. The insolvency or financial default of a travel agent, scheduled serviced airlines, hotel and resort operators, car and campervan hire companies, cruise lines, railway operators and theme park operators to the extent that ***your*** loss is covered by a scheme or fund (not a contract of insurance), or would be but for this insurance.
8. The insolvency, bankruptcy, provisional liquidation, financial collapse, appointment of receivers or any other form of insolvency administration of any person, company, organisation involved in ***your*** travel arrangements at the time the Certificate of Insurance was issued.

SECTION 10: LUGGAGE

(Cover not available on Australian Cancellation And Additional Expenses or New Zealand Cancellation And Additional Expenses Travel Plans.)

*The most **we** will pay for all claims under this section is the **applicable limit** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.*

Section 10A: LUGGAGE AND PERSONAL EFFECTS

We* will pay *you for each of the following:

1. Accidental loss, theft of, or damage to, ***your*** luggage or personal effects including things ***you*** buy during the ***trip***, whilst they are accompanying ***you*** during ***your trip***. The way ***we* will pay** the claim will depend on the type of cover ***you*** have chosen. If ***you*** do not have Specified Item Cover, ***we*** will, after allowing for wear, tear, and depreciation, choose between repairing or replacing the property, or paying ***you*** its value in cash. Sub limits apply to each item of luggage and personal effects, to ***personal computers***, videos and cameras and for watches and jewellery unless ***you*** have separately insured an item under Specified Item Cover. A pair or related set of items - for example, a camera, lenses (attached or not), tripod and accessories or a chain and pendant - are only one item for this purpose unless each individual item has been separately insured under Specified Item Cover.

   Specified Item Cover - If ***you*** have separately insured an item under Specified Item Cover and ***you*** have a receipt or valuation less than 12 months old for any item ***you*** specify, depreciation does not apply. Items separately insured under Specified Item Cover are covered up to the amount specified even if this amount exceeds the ***applicable limit(s)*** set out in the Schedule of Benefits.
2. Loss of, or damage to, dentures or dental prostheses during ***your trip***, up to $800.
3. Automatic reinstatement - In the event that a claimable loss, theft, or damage to ***your*** luggage and personal effects is incurred, ***we*** will allow ***you*** one automatic reinstatement of the sum insured.

When ***we* will not pay**

We will only accept liability if ***you***:

(a) within 24 hours of becoming aware of the loss, notify the police or the responsible officer, in the aircraft, vessel, train, or motor coach ***you*** are travelling in, or in the hotel in which ***you*** are staying and give ***us*** their written report of the incident when ***you*** make the claim.

(b) keep receipts for goods ***you*** buy separate from the goods themselves.

(c) keep any relevant ticket and luggage check and give them to ***us***.

(d) provide evidence of the value and ***your*** ownership of the goods.

(e) if a ***carrier*** loses or damages ***your*** accompanying luggage, report it in writing to the ***carrier*** within 3 days and send to ***us*** written confirmation of the report along with details of any settlement that they make in relation to the loss or damage.

Section 10B: EMERGENCY LUGGAGE

(No Excess Applies)

We* will pay** towards the cost of purchasing essential articles such as clothing, toiletries and personal requisites if ***your total accompanied luggage is delayed, misdirected or temporarily misplaced by the ***carrier*** for a period in excess of 12 hours during ***your trip***. If after 72 hours ***your*** delayed luggage is still missing, the limits under this extension are doubled. If ***your*** luggage is not recovered, the amount paid by ***us*** for its loss will be reduced by the total of any amounts paid for under this section. ***You*** must give ***us*** the relevant receipts and written confirmation of ***your*** claim from the appropriate authority. This benefit does not apply on the leg of ***your trip*** that brings ***you*** to ***your*** normal place of residence in Australia.

Section 10C: CASH

(Cover only available on Premier Plus Extras Travel Plans)
(No Excess Applies)

We* will pay** for the loss of money that was either carried on ***your person at the time of loss or secured in a locked safe, provided that ***you*** reported the loss to the police within 12 hours of becoming aware of the loss and obtained a written police report.

Section 10D: REPLACEMENT PASSPORTS AND TRAVEL DOCUMENTS

We* will pay** for the cost of reissuing or replacing ***your travel documents, travellers cheques, passport, or credit cards, after they have been accidentally lost or have been stolen during ***your trip***. ***You*** must comply with any conditions of the issuing body.

Section 10E: BUSINESS DOCUMENTS

(Cover available to Annual Multi Trip Travel Plan only)
(No Excess Applies)

We* will pay** for the reasonable cost of replacing documents, samples or storage media, for electronic data which may have been accidentally damaged, or destroyed, or lost whilst in ***your control or possession. ***We* will pay** the value of any document, as stationery combined with legal and labour expenses incurred in replacing them and not the commercial value to ***you***, up to $1,000.

Section 10F: REPLACEMENT BUSINESS EQUIPMENT

(Cover available to Annual Multi Trip Travel Plan only)
(No Excess Applies)

If ***your*** business equipment is stolen, lost, damaged or delayed for more than 24 hours during the ***trip we* will pay *you*** the necessary cost of hiring replacement equipment up to $1,000. Any claim made must be supported by receipts.

LOSSES WE DO NOT COVER UNDER SECTION 10

***We* will not pay** for any of the following:

1. Loss, theft of, or damage to:
   (a) cash (excluding Premier Plus Extras Travel Plan), bank or currency notes, cheques or negotiable instruments.
   (b) watercraft of any type (excluding surfboards).
   (c) fragile or brittle items (eg. glass or china), except loss or damage caused by fire, or by accident to the transport carrying them.
   (d) damage to computer screens at any time.
   (e) unaccompanied luggage or personal effects.
   (f) property that ***you*** leave ***unattended*** or that occurs because ***you*** do not take reasonable care to protect it.
   (g) luggage or personal effects for which ***you*** are entitled to compensation from the ***carrier***.
   (h) ***personal computer***, or communication, or photographic, or electronic equipment, or jewellery, or watches left ***unattended*** by ***you*** in a motor vehicle for any length of time, even if in the boot of the motor vehicle.
   (i) luggage or personal effects left ***unattended*** by ***you*** overnight in a motor vehicle for any length of time.
   (j) ***personal computer***, or communication, or photographic, or electronic equipment, or jewellery, or watches checked in as luggage.
2. Wear and tear or depreciation of property or damage by the action of insects or vermin, mildew, rust or corrosion.
3. Mechanical or electrical breakdown, or malfunction repair costs.

SECTION 11: PERSONAL LIABILITY

(Cover not available on Australian Cancellation And Additional Expenses or New Zealand Cancellation And Additional Expenses Travel Plans.)

*The most **we** will pay for all claims under this section is the **applicable limit** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.*

We* will pay *you for ***your*** legal liability to pay damages or compensation because ***your*** negligence during the ***trip*** causes ***injury*** to a person who is not a member of ***your*** family or ***travelling party***, or loss or damage to property that is not owned by ***you*** or a member of ***your*** family or ***travelling party***, or is not in ***your*** or their custody or control. Provided ***our*** consent is obtained ***we*** will also pay ***your*** legal costs in relation to that liability. The ***applicable limit*** is a combined total for ***your*** liability and ***your*** costs.

LOSSES WE DO NOT COVER UNDER SECTION 11

***We* will not pay** for a liability:

(a) arising out of ***your*** trade, business or profession;

(b) for ***injury*** to an employee arising out of, or in the course of, their employment by ***you***;

(c) arising out of an unlawful, wilful or malicious act by ***you***;

(d) arising out of ***your*** ownership, possession or use (including as a passenger) of a mechanically propelled vehicle, or any aircraft or watercraft; or

(e) arising out of ***you*** passing on an illness or disease to another person.

SECTION 12: LEGAL EXPENSES

(Cover not available on Australian or New Zealand Cancellation And Additional Expenses Travel Plans.)

*The most **we** will pay for all claims under this section is the **applicable limit** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.*

We* will pay *you for legal costs and expenses incurred in pursuit of compensation and/or damages arising from, or out of, personal ***injury***, or ***your*** death occurring during the ***trip***, provided that all such legal costs and expenses are incurred with ***our*** express consent in writing and that ***we*** have complete control over the selection and appointment of ***your*** lawyers and the conduct of the proceedings.

LOSSES WE DO NOT COVER UNDER SECTION 12

***We* will not pay** for:

(a) any claims against a travel agent, tour operator, accommodation provider or carrier involved in the arrangement or provision of ***your*** travel or accommodation.

(b) any legal expenses incurred without ***our*** written consent.

(c) any claims reported in excess of 180 days after the commencement of the incident giving rise to such a claim.

(d) any claim in which ***we*** consider that no benefit would be achieved in pursuing such claim.

(e) any claim against any insurance company.

Contact Details

Customer Service	Phone: 1300 555 017 (within Australia) Phone: 61 3 8523 2777 (outside of Australia) Fax (03) 8523 2977 Email travel.service@qbe.com
Claims	Phone: 1300 555 017 (within Australia) Phone: 61 3 8523 2777 (outside of Australia) Fax (03) 8523 2723 Email travel.claims@qbe.com
Medical Services	Phone: 1300 555 017 (within Australia) Phone: 61 3 8523 2777 (outside of Australia) Fax (03) 8523 2961
QBE Assist	Phone: 1300 555 019 (within Australia) Phone: 61 3 8523 2800 (outside of Australia) Fax (03) 8523 2815 **If overseas please refer to page 18.** Email qbeassist@qbe.com

Certificate of Insurance Number

POLICY
WD 26
COMPREHENSIVE
CODE

QM1763 - 200512

TRAVEL INSURANCE APPLICATION FORM

First Insured

Title | First Name

Surname | D.O.B / /

Are ***you*** a ***resident of Australia***? Yes ☐ No ☐

Frequent Flyer No.

If applicable, Qantas Frequent Flyer points will be earned by the first insured only. Ensure the Qantas Frequent Flyer No. is in their name. *(Only available to Premier Plus Extras, Australian Plus, Australian Cruising and Annual Multi Trip Travel Plans)*

Address

Postcode

Telephone ( ) | Fax ( )

Email

Travel Partner (*family or duo* or Annual Multi Trip only if travelling)

Title | First Name

Surname | D.O.B / /

Are ***you*** a ***resident of Australia***? Yes ☐ No ☐

No. of Accompanying Dependant Children Under 21 Years

Child 1: Full Name | D.O.B / /

Child 2: Full Name | D.O.B / /

International and Australian Travel Plans

Departure Date / / | Return Date / /

Period of ***trip*** (Please include departure and return dates.)

Months | Days

INTERNATIONAL TRAVEL PLANS ONLY

Premier Plus Extras ☐ A ☐ B ☐ C ☐

Age

Under 60 ☐ 60-64 ☐ 65-69 ☐ 70-74 ☐ 75-79 ☐ 80+ ☐

Policy Type

Single ☐ Family ☐ Duo ☐

(***Family or Duo*** *Policies not available to travellers 60 years or over)*

NZ Cancellation And Additional Expenses *(Not available to travellers 70 years or over)*

NC ☐ ND ☐ NE ☐ No. of Fare Paying Passengers

Are ***you*** spending more than 72 hours in USA, Canada or Antarctica? Yes ☐ No ☐

(If Yes, ***you*** must purchase Premier Plus Extras Travel Plan.)

Destination/s

AUSTRALIAN TRAVEL PLANS ONLY

Australian Plus ☐ Australian Cruising ☐ Australian Basics ☐

Age

Under 70 ☐ 70+ ☐

Policy Type

Single ☐ Family ☐ Duo ☐

(***Family or Duo*** *Policies not available to travellers 70 years or over)*

Australian Cancellation And Additional Expenses

E1 ☐ E2 ☐ E3 ☐ No. of Fare Paying Passengers

ANNUAL MULTI TRIP TRAVEL PLAN ONLY

*(Not available to travellers 70 Years or over or non **residents of Australia**)*

Company Name (if applicable)

ABN (if applicable)

Input Tax Credit Yes ☐ No ☐ Entitlement for GST ***premium*** is %

Period of Insurance is one year from the nominated "Commencement Date"

Commencement Date / / | Departure Date / /

2. Existing Medical Condition(s) And Age Limits

(Not available on the Australian Cancellation And Additional Expenses or New Zealand Cancellation And Additional Expenses Travel Plans)

Are ***you*** applying for an International or Annual Multi Trip Travel Plan and have an ***existing medical condition***? Yes ☐ No ☐

Refer to Existing Medical Condition on page 11.

Are ***you*** travelling internationally and ***you*** are aged 70 years or over? Yes ☐ No ☐

Refer to Age Limits on page 2.

Are ***you*** travelling within Australia and require cover for an ***existing medical condition***? Yes ☐ No ☐

Refer to Existing Medical Condition on page 11.

ADDITIONAL BENEFITS YOU CAN PURCHASE

(Not available on Australian and New Zealand Cancellation And Additional Expenses Travel Plans)

For an additional amount cover can be purchased prior to departure for the following additional benefits.

3. Do ***you*** require ***Excess Buy Out***? (Available to International Travel Plans for travellers under 60 years of age only) Yes ☐ No ☐

4. Do you wish to increase ***your Rental Vehicle Insurance Excess*** cover? Yes ☐ No ☐

5. Do ***you*** require cover for ***Snow Sports***? (Not applicable to Australian Travel Plans) Yes ☐ No ☐

6. Do ***you*** require cover for a loss arising from an ***existing medical condition*** of a non-travelling ***relative*** or business partner? If ***you*** do not select this additional benefit there will be no cover if ***your trip*** is cancelled, cut short or disrupted as a result of ***your*** non-travelling ***relative's*** or business partner's ***existing medical condition***. Please refer to the PDS and page 30 of the Policy Wording for details. (Not available to non ***residents of Australia*** or on Annual Multi Trip Travel Plan) Yes ☐ No ☐

7. Do ***you*** wish to upgrade ***your*** travel plan to cover ***your*** accompanying spouse, defacto or children? (Available Annual Multi Trip Travel Plan only) Yes ☐ No ☐

APPLICATION FORM CONTINUED OVERLEAF

POLICY CODE WD26 200512 QM1763

8. Specified Item Cover

Limits apply to cover provided for personal items. ***You*** can cover items worth more than the item limits for the selected travel plan. Items separately insured under Specified Item Cover are covered up to the amount specified even if this amount exceeds the total luggage limit set out in the Schedule of Benefits. On Premier Plus Extras, Annual Multi Trip and Australian Plus Travel Plans ***you*** can specify each item up to a maximum of $6,000, with the total of all items being no greater than $15,000. On the International A, B, C, Australian Basics and Australian Cruising Travel Plans ***you*** can specify a ***personal computer*** up to $6,000 and all other items up to a maximum of $4,000 with a total of no more than $10,000. ***You*** must insure the total value per item.

Please ensure ***you*** have proof of value (not more than 12 months old) of any item ***you*** specify. This will be required should ***you*** make a claim. Attach a separate sheet if ***you*** have more than 4 items.

1.	$
2.	$
3.	$
4.	$
Total sum insured $ x 4%	Amount $

PREMIUM SUMMARY

1. PREMIUM	**$**
2. Existing Medical Condition/Age Limits	$
Additional Benefits You Can Purchase	
3. Excess Buy Out	$
4. Additional Rental Vehicle Insurance Excess	$
5. Snow Sports	$
6. Non Travelling Relative Existing Medical Condition	$
7. Accompanying Spouse, Defacto or Children Upgrade	$
8. Specified Item Cover	$
TOTAL PREMIUM (1+2+3+4+5+6+7+8=) $	

PLEASE READ, COMPLETE, SIGN AND RETURN TO ***US***.
TO BE KEPT SECURE BY ***US***.

Have ***you*** or any other person with an interest in this insurance:

1) been refused travel insurance or had any special terms imposed? Yes ☐ No ☐

2) Are ***you*** undergoing or have ***you*** within the past 12 months undergone or been referred for any tests or investigations into any undiagnosed or suspected medical condition? Yes ☐ No ☐

If Yes to question 2 please complete the relevant section of the Travellers Medical Appraisal Form and submit to ***us*** with this application form. If Yes to question 1, please provide full details below. These responses must be individually authorised by QBE Insurance prior to the issue of the Certificate of Insurance. Attach a separate sheet if required.

I/we are not travelling to obtain medical or surgical advice and/or treatment. I/we understand that there is no cover under this policy for an ***existing medical condition*** unless I/we have applied for cover and acceptance was given in writing. The insured person(s) authorise QBE Insurance or its authorised agent to give or obtain from other insurers, an insurance reference bureau or medical provider, any information relating to any insurance held or claim made. In the case of a group application for travel insurance I understand that all of the information I have supplied will be confirmed on a schedule that may be issued to all members of the group I am travelling with (limited to acknowledgement only in the case of any accepted ***existing medical condition***). I/we have received a copy of the combined PDS and Policy Wording before being offered insurance. I/we have read those documents carefully. I/we have read our Duty of Disclosure, as set out in the PDS. I/we agree to abide by the terms and conditions of the policy and all the above information is correct.

YOUR APPLICATION FOR INSURANCE REQUIRES YOUR SIGNATURE HERE

Signature _____ Date / /

(The signatory must be 18 years of age or over and is authorised to sign on behalf of all named persons.)

PAYMENT OPTIONS - ☐ Cash ☐ Cheque

☐ American Express ☐ MasterCard ☐ Visa ☐ Diners Club

(Please ask ***us*** for details of credit card availability and fees.)

Card number

Expiry date / Amount ($)

Name on credit card

Signature _____ Date / /

(PLEASE ENSURE YOU HAVE ALSO SIGNED YOUR APPLICATION FOR INSURANCE ABOVE.)

TRAVEL INSURANCE DECLARATION

I/we acknowledge that I/we have been advised that travel insurance is available to cover medical and dental expenses incurred overseas or whilst onboard a cruise ship, medical evacuation and repatriation, luggage and personal effects that have been lost, damaged or stolen during the trip, cancellation and additional expenses and other events depending on the travel plan selected and subject to the terms and conditions of the policies available.

I/we decline to accept the insurance offered because:

- Alternate insurance arrangements have been made. ☐
- I/we choose not to insure. ☐
- I/we have been offered insurance for an ***existing medical condition*** but have declined to accept it. ☐

Complete and sign ONLY IF INSURANCE IS NOT REQUIRED

Signed _____ Date / /

Signed _____ Date / /

Witness _____ Date / /

Client File No _____