

ABN: 26 053 335 952
AFS Licence No: 238261
Email: ahi@ahiinsurance.com.au
Website: www.ahiinsurance.com.au
Freecall: 1800 618 700
Freefax: 1800 618 755



POLICY SCHEDULE

Policy Type: Group Personal Accident and Sickness
Policy Number: 5557823
Insured: JLT (CSI Member Benefits) Discretionary Trust
Insured Persons: Gold Plus Cover - As per the schedule of Insured Persons
Gold Cover - As per the schedule of Insured Persons
Silver Cover - As per the schedule of Insured Persons
Bronze Cover - As per the schedule of Insured Persons
Period of Insurance: Inception Date: 31/05/2021 at 4:00 pm (local standard time)
Expiry Date: 31/05/2022 at 4:00 pm (local standard time)
Arrangement Date: 31/05/2021
Broker: Marsh Open Market - Sydney
Policy Wording: GPAS 23092019
Scope of Cover: Gold Plus Cover, Gold Cover
The coverage afforded by this Policy provides 24 hour 365 day protection.
Silver Cover, Bronze Cover
The coverage afforded by this Policy shall only apply whilst an Insured Person is undertaking activities other than their usual occupation or any occupation where the Insured Person is in receipt of a salary and excludes direct travel to and from such activities.
Territorial Limits: Worldwide

PREMIUM

Base Premium:	\$0.00
GST:	\$0.00
Stamp Duty:	\$0.00
Policy Fee:	\$0.00
Policy Fee GST:	\$0.00
Total:	\$0.00

Sydney

Melbourne

Brisbane

Perth

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SCHEDULE OF BENEFITS

Aggregate Limit of Liability	\$10,000,000
Aggregate Limit of Liability per Event for Charter Flights / Non-Scheduled Flights	\$1,000,000
Minimum Age Limit (sub-limits may apply)	15
Maximum Age Limit (sub-limits may apply)	70
Policy Currency	AUD

Benefits	Sum Insured
Death and Capital Benefits	\$1
Weekly Injury Benefit - Gold Plus Cover	\$2,500
Income Limitation	85%
Income Limitation (Workers Compensation Top-Up)	100%
Deferral Period	28 Days
Benefit Period	104 Weeks
Weekly Injury Benefit - Gold Cover	\$2,000
Income Limitation	85%
Income Limitation (Workers Compensation Top-Up)	100%
Deferral Period	28 Days
Benefit Period	104 Weeks
Weekly Injury Benefit - Silver Cover	\$1,000
Income Limitation	100%
Deferral Period	28 Days
Benefit Period	104 Weeks
Weekly Injury Benefit - Bronze Cover	\$700
Income Limitation	100%
Deferral Period	28 Days
Benefit Period	104 Weeks
Weekly Sickness Benefit - Gold Plus Cover	\$2,500
Income Limitation	85%
Income Limitation (Workers Compensation Top-Up)	100%
Deferral Period	28 Days
Benefit Period	104 Weeks
Weekly Sickness Benefit - Gold Cover	\$2,000
Income Limitation	85%
Income Limitation (Workers Compensation Top-Up)	100%
Deferral Period	28 Days
Benefit Period	104 Weeks

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Weekly Sickness Benefit - Silver Cover	\$1,000
Income Limitation	100%
Deferral Period	28 Days
Benefit Period	104 Weeks
Weekly Sickness Benefit - Bronze Cover	\$700
Income Limitation	100%
Deferral Period	28 Days
Benefit Period	104 Weeks
Broken / Fractured Bones Benefits	\$5,000
Accidental HIV Infection Lump Sum Benefit	\$0
Bed Care Benefit	\$0
Childcare Benefit	\$0
Coma Benefit	\$0
Corporate Image Protection Benefit	\$0
Dependent Child Supplement Benefit	\$15,000
Maximum payable per Dependent Child	\$5,000
Driver Services Benefit	\$0
Education Fund Benefit	\$0
Family Accommodation and Transport Expenses Benefit	\$2,400
Financial Advice Benefit	\$0
Home and Vehicle Modification Benefit	\$10,000
Orphaned Benefit	\$0
Partner Employment Training Benefit	\$0
Retraining and Rehabilitation Expenses Benefit	\$25,000
Unexpired Membership Benefit	\$1,000
Workplace Assault Benefit	\$0
Workplace Trauma Benefit	\$0
Domestic Help Benefit	\$250
Benefit Period	52 Weeks
Emergency Transport Benefit	\$5,000
Funeral Expenses Benefit	\$10,000
Return to Work Assistance Benefit	\$25,000

If there is no amount shown against any one or more of the above Sections, no cover is provided in respect of them.

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ENDORSEMENTS TO POLICY WORDING / SCHEDULE

Domestic Help Benefit

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person who does not generate or earn an Income, sustains an Injury which results in the following:

- Temporary Total Disablement

and as a result incurs reasonable expenses for domestic help, covering at home childcare, routine household cleaning and garden maintenance activities, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will pay for or reimburse the above expenses. The maximum amount We will pay is 1/7th of the amount shown in the Policy Schedule against "Domestic Help Benefit", per day of continued disablement.

Conditions

1. The Insured Event must occur within three hundred and sixty-five (365) consecutive days of the date of the Injury.
2. The Insured Person must as soon as possible after the happening of any Injury giving rise to a claim, procure and follow proper medical advice from a Medical Practitioner.
3. All Compensation shall be paid monthly in arrears.
4. Domestic help must be certified as necessary by a Medical Practitioner.
5. Domestic help must not be performed by a person who is a Relative of the Insured Person.

Exclusions

1. No cover is provided for any Injury that is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for any Pre-Existing Condition.
3. No cover is provided for Insured Persons who have attained:
 - a. the age of seventy-five (75) or over or;
 - b. the age stated in the Policy Schedule against "Maximum Age Limit (sub limits may apply)".

whichever is the lesser.

Emergency Transport Benefit

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person suffers a life-threatening serious Injury or a serious Sickness that requires immediate emergency medical care, and as a result

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incurs expenses for emergency transportation to a Hospital, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Emergency Transport Benefit".
The Compensation is subject to any Benefit Limits applicable to this Benefit.

Conditions

1. The attending Medical Practitioner must certify the condition was a life-threatening serious Injury or a serious Sickness that required immediate emergency medical care.
2. Emergency transportation is to the nearest Hospital.

Exclusions

1. No cover is provided where the payment of the Benefit would constitute the carrying on of a "Health Insurance Business" as defined under the Private Health Insurance Act 2007 (Cth) or any succeeding legislation to that Act or would result in a breach of the provisions of the Health Insurance Act 1973 (Cth) or any similar legislation.

Funeral Expenses Benefit

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover an Insured Person suffers an Injury resulting in the Insured Person's Death and subsequently the deceased Insured Person's estate incurs reasonable Funeral Expenses, being;

- a) all reasonable funeral, burial or cremation and associated expenses; or
- b) all reasonable expenses incurred in transporting the Insured Person's body, mortal remains or ashes to a place nominated by the deceased Insured Person's estate;

which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Funeral Expenses Benefit".

Conditions

No specific conditions apply to this Benefit, only the General Conditions and Limitations.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Return to Work Assistance Benefit

Extent of Cover

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If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in a claim that We accept against this Policy for one of the following Insured Events under Weekly Injury Benefit:

- Temporary Total Disablement

and as a result the Insured Person incurs expenses for special equipment for and/or modifications to their usual workplace which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Return to Work Assistance Benefit".

Conditions

1. Medical evidence must be supplied by the Insured Person's treating Medical Practitioner that the described expenses are directly related to the Injury and are absolutely medically necessary to assist them in returning to their usual occupation.
2. Our written agreement must be obtained prior to the commencement of the special equipment for and/or modifications to the Insured Person's usual workplace.

Exclusions

No specific exclusions apply to this Benefit, only the General Exclusions.

Changes to Benefit Conditions

The following condition is included in addition to the Conditions in the Policy Wording against Weekly Injury Benefit.

13. If an Insured Person sustains an Injury for which Benefits are payable, We will immediately pay thirteen (13) weeks Benefit, provided medical evidence from a Medical Practitioner is supplied certifying that the total period of Temporary Total Disablement will be a minimum of twenty-six (26) weeks.

The following condition is included in addition to the Conditions in the Policy Wording against Weekly Sickness Benefit.

13. If an Insured Person sustains a Sickness for which Benefits are payable, We will immediately pay thirteen (13) weeks Benefit, provided medical evidence from a Medical Practitioner is supplied certifying that the total period of Temporary Total Disablement will be a minimum of twenty-six (26) weeks.

Changes to General Exclusions

The following exclusion is deleted from the General Exclusions in the Policy Wording.

7. No cover is provided for racing and/or time trials of any form, other than on foot.

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The following exclusion is included in addition to the General Exclusions in the Policy Wording.

17. No cover is provided for stress related conditions, psychological conditions, and/or physical fatigue conditions caused by stress related or psychological conditions, including but not limited to depression, neurosis, psychosis, mental or emotional stress or anxiety conditions, or chronic fatigue syndrome, or mental disease and associated disorders unless diagnosed and treated by a qualified psychologist and/or psychiatrist.

Changes to AHI Standard Definitions

The definition of Pre-Existing Condition shall read as follows and not as stated in the Policy Wording.

PRE-EXISTING CONDITION means any medical condition, side-effect or symptoms of a condition which the Insured Person was aware of and for which the Insured Person has received medical attention, sought or received treatment, undergone tests or taken prescribed medication for in the six (6) months prior to that Insured Person's Effective Date of Cover under this Policy.

Pre-Existing Conditions also include any chronic, congenital or degenerative conditions diagnosed and known to the Insured Person at the Effective Date of Cover under this Insurance, whether currently being treated or not.

In the case of medical conditions contributed to or aggravated by such Pre-Existing Conditions, the Weekly Benefit amount and/or the period of disablement will be decreased by the same proportion which in the view of an independent qualified Medical Practitioner the Pre-existing Condition contributed to or aggravated the new condition.

Premium Adjustment

The policy is adjustable at monthly by applying the following agreed rates (plus GST):

Bronze - \$1.53 per Insured Person per week
Silver - \$1.70 per Insured Person per week
Gold - \$2.86 per Insured Person per week
Gold Plus - \$3.92 per Insured Person per week

Client Specific Endorsements

DISCRETIONARY TRUST DEDUCTIBLE

\$100,000 any one Event
\$526,500 in the Trust Aggregate (based on 1,098 Members for 2021-2022).

In the event that either the Any One Event Limit is reached or the Trust Aggregate is eroded, this Policy shall be liable for all losses, subject to the Policy Limits, Conditions and Exclusions. Losses in excess of the Aggregate Limit are subject to the excess (as described in Individual Members' Excess). No further excess shall be applied.

It is hereby declared and agreed that this Policy is an excess of loss policy to a Jardine Discretionary Trust.