



INTERNSHIPS DOWN UNDER

BENEFIT TABLE POLICY G900350

BENEFIT	SUM INSURED (AUD\$)	EXCESS APPLICABLE
Medical Assistance		
MEDICAL EXPENSES Maximum In case of illness or accident	\$40,000,000	N/A
DENTAL TREATMENT -	\$350 per tooth, up to \$1,000 maximum \$600 Dental expenses due to sudden and acute pain	N/A
EMERGENCY MEDICAL EVACUATION or repatriation home (must be pre-approved)	Up to \$250,000	N/A
REPATRIATION of REMAINS or BURIAL	Up to \$25,000	N/A
EMERGENCY REUNION - Personal support and accompaniment	Up to \$10,000 per person when You are hospitalized for more than 7 days, includes round trip economy airfare and hotel expenses for close relative (Benefit allows up to 2 people)	N/A
RETURN TRIP home due to a family emergency (serious illness/accident, death of a close family member)	Up to \$1,500	N/A
Luggage Assistance		
LOSS of CHECKED BAGGAGE	Up to \$250	\$100
LUGGAGE DELAY	Up to \$300 (\$100 per 24 hours up to 3 days)	N/A
LOST DOCUMENTS	Up to \$1,000	N/A
TRAVEL DELAY	Up to \$1,000 (\$300 per day)	N/A
CATASTROPHE COVERAGE	100% of customary costs up to \$1,000	N/A
LOSS of PERSONAL BELONGINGS – including theft and loss or damage by fire or natural disaster	Up to \$2,000. Sub limited to \$750 single article limit; PC \$2,000; Camera \$2,000;	\$100
Accidental Death & Disablement & Personal (3rd Party) Liability		

PERSONAL ACCIDENT Accidental Death, loss of sight, loss of limb(s), permanent total disablement	\$50,000	N/A
PERMANENT TOTAL DISABLEMENT, Loss of Sight, Loss of Limb(s)	\$50,000	N/A
SEARCH AND RESCUE	100% of customary costs up to \$25,000	N/A
PERSONAL LIABILITY Physical injury and property damage	\$2,000,000	\$100
LEGAL EXPENSES	Up to \$25,000	N/A

This policy provides cover for unforeseen medical events only. No Pre-existing Medical Conditions are covered. You are not covered for any claims that you make that relates to a Pre-existing Medical Condition as defined herein.

GENERAL EXCLUSIONS APPLICABLE TO THE POLICY AS A WHOLE

Each Section of the Policy contains Exceptions. They must be read in conjunction with the following Exceptions which apply to all Sections unless otherwise stated.

We will not pay any expenses resulting indirectly or directly from:

- a. Your claim for any losses that are not directly covered by the terms and conditions of this Policy.
- b. Your claim which is recoverable under some other scheme that provides coverage for any medical treatment. For example, Medicare, a private health fund, national reciprocal health fund or scheme, workers' compensation scheme, travel compensation fund or accident compensation scheme.
- c. Your claim for additional expense(s) or fee(s) arising from errors or omissions in your booking arrangements or your failure to obtain relevant visa or passport documents.
- d. Your claim occurring because You act illegally or break any government prohibition, travel warning or regulation including visa requirements.
- e. Your claim occurring if You fail to be in compliance with all conditions and provisions of this insurance
- f. Your claim occurring from You being in control of or a motor cycle or vehicle with an engine capacity greater than 250cc without a current motorcycle or vehicle license valid for the country you are travelling in and without wearing a helmet.
- g. Your claim arising because You did not follow advice of Your Home Country government or Appropriate Authorities or other official body's warning against travel to a particular country or parts of a country unless this has been accepted by Us and the appropriate additional premium has been paid by You.
- h. Your claim arising from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military, any nuclear reaction or contamination from nuclear weapons or radioactivity, biological and or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear or as a result of your service in the military, naval or air service of any country or Acts of Terrorism (other than for Personal Accident, Medical Expenses, Emergency Medical Evacuation, Repatriations, Repatriation of Remains and Burial and Emergency Reunion, Trip Interruption and Cancellation of Trip where You have no direct or indirect involvement in the Act of Terrorism).
- i. Your claim arising from Your participation in any Sporting or Athletic Activity on a professional, semi-professional or intercollegiate basis.
- j. Your claim arising from Your participation in any activity or sport not engaged in solely for leisure, recreation, entertainment or fitness purposes.
- k. Your claim arising from any of the following:

- I. You intentionally and recklessly placing yourself in circumstances, or undertaking activities, which pose a risk to Your personal safety (except in an attempt to save a human life)
 - II. Your participation in the following sport or activities: hunting, polo, racing (except on foot), mountaineering, rock climbing, abseiling, base jumping, running with bulls, or pot holing
 - III. Travelling in international waters in a private sail vessel or privately registered sail vessel
 - IV. Your participation in, or training for, a professional sporting activity
 - V. Riding a 4 wheel motor cycle, even as a pillion passenger
- l. Your claim arising because You dive underwater using an artificial breathing apparatus, unless you are PADI or NAUI certified or hold an open water diving license issued in the Australia or you were diving under licensed instruction.
 - m. Your claim arising from Your use of drugs, narcotic agents or Substance Abuse, other than for drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of drug, narcotic agents or Substance Abuse. This exclusion does not apply in respect of Benefit 35 as detailed in the Benefits Table, provided cover has been accepted by Us and the appropriate additional premium has been paid by You.
 - n. Your claim arising whilst You are under the influence of alcohol as defined by the motor vehicle laws at Your Trip destination.
 - o. Your claim arising as a result of or in connection with intentionally self-inflicted Injury or Illness, suicide or attempted suicide.
 - p. Your claim occurring out of You flying other than as a passenger in a licensed passenger carrying aircraft or charter company.
 - q. Your claim if You had attained the age of 41.
 - r. Your claims arising from Your failure to comply with the current safety rules and regulations in place for the sport or activity You are undertaking.
 - s. Your claim arising from Your engaging in any form of Physical Manual Labour.
 - t. Any expenses incurred within Your Home Country.

The following Exclusions apply to Medical Expenses, Emergency Medical Evacuation, Repatriation of Remains or Burial and Emergency Reunion. Please also refer to the Policy Exclusions at the front of the Policy Document.

We will not be liable for any expense arising directly or indirectly from:

- a. Charges resulting directly or indirectly from any Pre-existing Medical Condition.
- b. Pregnancy other than Complications of Pregnancy up to a maximum of \$25,000
- c. Treatment for or related to any congenital condition or Mental Health Disorders, as defined herein, in excess of \$20,000
- d. Surgeries, treatments, services or supplies which are Investigational, Experimental or for Research purposes.
- e. Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass Surgery, modifications of the physical body in order to improve Your psychological, mental or emotional well-being such as sex-change Surgery, Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.
- f. Treatment for HIV+, AIDS or ARC and conditions or procedure that either promotes or prevents conception or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
- g. Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the Emergency relief of Acute Onset of Pain.
- h. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations for eye surgery, such as radial keratotomy, when the primary purpose is to correct near-sightedness, farsightedness or astigmatism, Immunizations and Routine Physical Exams.

- i. Any services or supplies performed or provided by a Close Relative of Yours or any other family member of Yours or any person who ordinarily resides with You
- j. The supply of medications commonly available without prescription.

PRE-AUTHORIZATION REQUIREMENTS FOR TREATMENTS, COSTS CHARGES OR EXPENSES.

All Inpatient Hospital treatments or care, Surgery or Surgical Procedure, computerized tomography (CAT Scan) and Magnetic Resonance Imaging (MRI), Emergency Medical Evacuations and Repatriations, Repatriation of Remains and Burial, Emergency Reunions and Trip Interruption must be pre-authorized by Our Assistance Company. If You do not comply with this pre-authorization requirement We will be unable to pay for Your treatments or costs, charges or expenses that You incur.

To comply with the pre-authorization requirements, You or a third party must:

1. Contact the Assistance Company at the telephone number contained in Your Certificate as soon as possible before the expense is to be incurred; and
2. Comply with the reasonable instructions of the Assistance Company and submit any information or documents they may reasonably require; and
3. Take reasonable steps to notify your treating Physicians, Hospitals and other providers that this Policy contains pre-authorization requirements and ask them to fully cooperate with Our Assistance Company.

If in an emergency it is not reasonably possible for You to obtain pre-authorization from Our Assistance Company for Inpatient Hospital treatments or care, Surgery or Surgical Procedure or Emergency Medical Evacuations and Repatriations, You or a third party must notify them as soon as reasonably practicable of admission as an In-patient in which case all Your charges will be paid by Us subject to the terms and conditions, benefit limits, restrictions and exclusions contained in this Policy.

Who to contact in the event of an Emergency Medical Claim

Emergency Medical Assistance is provided by our Assistance Company, Intana Global:

Intana Global:

Email: HDIGSAssist@intana-global.com

Phone: +44 (0) 1444 442 349

Who to contact in the event of a Non-Emergency Claim

For all non-emergency medical claims, Accidental Death, Loss of Sight, Loss of Limb or Permanent Total Disablement, Personal Liability, Legal Advice, Loss of Personal Belongings, Search and Rescue or Catastrophe Cover claims to be notified to the Third Party Administration and Claims Management Company:

Gallagher Bassett

Services Pty Ltd at GPO

Box 14, Brisbane,

Queensland 4001

Phone (AUS): +61 730 051 981

This is only a summary. Please refer to the policy document for a complete list of definitions, exclusions, provisions, and covered expenses.