



# Lifestyle Plus<sup>™</sup> Volunteer

Policy Wording  
and  
Product Disclosure Statement (PDS)

## Table of Contents

HOW TO CONTACT US.....	2
SECTION 1: PRODUCT DISCLOSURE STATEMENT (PDS) .....	3
SECTION 2: POLICY WORDING .....	9
ADDITIONAL FEATURES .....	9
SECTION 3: GENERAL DEFINITIONS .....	10
SECTION 4: LIFESTYLE PLUS BENEFITS .....	13
MAINTENANCE COSTS .....	13
PREPAID EXPENSES .....	14
RECURRING EXPENSES .....	15
DAMAGED ITEMS .....	15
MISCELLANEOUS EXPENSES .....	17
PARTNER PEACE OF MIND .....	18
OVERSEAS EXPENSES .....	18
SECTION 5: PROTECTION PLANS .....	19
SECTION 6: GENERAL CONDITIONS AND PROVISIONS .....	20
SECTION 7: GENERAL EXCLUSIONS .....	22

## HOW TO CONTACT US

Please visit our website [www.figilife.com.au](http://www.figilife.com.au) for the numerous ways we can be contacted, including request a call back by completing the contact form on our 'Contact Us' page.

FOR ENQUIRIES RELATING TO	PLEASE CONTACT
General enquiries	<a href="mailto:info@figilife.com.au">info@figilife.com.au</a>
Cancelling your policy	<a href="mailto:info@figilife.com.au">info@figilife.com.au</a>
Making a claim and/or claims enquiries	<a href="mailto:claims@figilife.com.au">claims@figilife.com.au</a>
Making a complaint relating to our website	<a href="mailto:complaints@figilife.com.au">complaints@figilife.com.au</a>
All other complaints	<a href="mailto:complaints@agileunderwriting.com">complaints@agileunderwriting.com</a>
Family/Domestic Violence Support for customers experiencing family/domestic violence - for further details please visit:  <a href="https://www.agileunderwriting.com/claims-and-help/family-domestic-violence-policy/">https://www.agileunderwriting.com/claims-and-help/family-domestic-violence-policy/</a>	1300 705 031 <a href="mailto:family@agileunderwriting.com">family@agileunderwriting.com</a> In an emergency or <b>you</b> are not feeling safe, call <b>000</b>
Support for customers experiencing vulnerability or financial hardship  support for customers experiencing vulnerability or financial hardship – for further details please visit:  <a href="https://www.agileunderwriting.com/claims-and-help/supporting-customers-experiencing-vulnerability-policy/">https://www.agileunderwriting.com/claims-and-help/supporting-customers-experiencing-vulnerability-policy/</a>  <a href="https://www.agileunderwriting.com/claims-and-help/financial-hardship/">https://www.agileunderwriting.com/claims-and-help/financial-hardship/</a>	1300 705 031 <a href="mailto:hardship@agileundwriting.com">hardship@agileundwriting.com</a>

## SECTION 1: PRODUCT DISCLOSURE STATEMENT (PDS)

This Product Disclosure Statement (PDS) contains information about the **policy** including benefits and the terms and conditions, **your** rights as a client and other things **you** need to know to assist **you** to make an informed decision when choosing **your** insurance.

### IMPORTANT INFORMATION ABOUT THIS POLICY WORDING AND PDS

This document is a PDS and is also **our** insurance policy wording.

This document contains important information required under the Corporations Act 2001 (Cth) (the Act) and has been prepared to assist **you** in understanding **your policy** and making an informed choice about **your** insurance requirements. It is up to **you** to choose the protection **you** need.

It is important that **you** carefully read and understand this document before making a decision. Other documents may form part of **our** policy wording and PDS and if they do, **we** will tell **you** in the relevant document.

In return for **you** paying **us** a **premium**, **we** insure **you** for the events described in the policy wording and PDS, subject to the terms, conditions and exclusions of **your policy**. Please keep this document, **your policy schedule** and any other documents that **we** tell **you** form part of **your policy** in a safe place in case **you** need to refer to them in the future. Please check these documents to make sure all the information in them is correct. Please let **us** know straight away if any alterations are needed or if **you** change **your** address or payment details. For certain types of protection under the **policy**, **we** will require **you** to provide receipts and other documentary evidence to **us** before **we** pay a claim.

In this PDS:

- **insurer, we, our** or **us** means Agile Underwriting Services Pty Ltd on behalf of Certain Underwriters at Lloyds;
- **you** or **your** means the **insured person** and/or **policyholder** who will be named in the **policy schedule**; and
- **insured person** means the person nominated by **you** from time to time for the insurance protection selected by **you** and for which the **premium** has been paid. The **insured person** and the type of protection chosen will be set out on the **policy schedule**.

### MEANING OF CERTAIN WORDS

Certain words appear in bold. These words have special meaning and are included in the general definitions in the policy wording and in the definitions appearing throughout this PDS. Please refer to the definitions in the policy wording.

### FUTURE INSURANCE GROUP INTERNATIONAL PTY LTD (FIGI LIFE)

Future Insurance Group International Pty Ltd (FiGi Life) (ABN 68 619 183 149, AFSL 506558) is an underwriting agency formed in 2017.

### AGILE UNDERWRITING SERVICES PTY LTD

This insurance is issued by Agile Underwriting Services Pty Ltd (ABN 48 607 908 243, AFS Licence No. 483374) (Agile). Agile arranges policies for and on behalf of certain Underwriters at Lloyd's (the **insurer**).

In all aspects of this **policy**, Agile acts as agent for the **insurer** and not for the **policyholder**. **Our** contact details are:

Head Office: Level 5, 63 York St, SYDNEY, NSW 2000

Postal Address: Level 5, 63 York St, SYDNEY, NSW 2000

Telephone: 1300 705 031

Website: [www.agileunderwriting.com](http://www.agileunderwriting.com)

## THE INSURER

Lloyd's is the world's specialist insurance and reinsurance market. With expertise earned over centuries. Led by expert underwriters and brokers who cover more than 200 territories, the Lloyd's market develops the essential, complex and critical insurance needed to underwrite human progress.

Backed by diverse global capital and excellent financial ratings, Lloyd's works with a global network to grow the insured world, building resilience for businesses and local communities and strengthening economic growth around the world.

## WHEN YOU'RE PROTECTED

**You** are covered during the **period of insurance** and within the **scope of cover**, subject to the terms and conditions of **your policy**. If **premiums** payable under the **policy** are paid, **your policy** will continue, if **premium** payments are not made **your policy** will cease to operate. Before **you** buy this insurance, please read this PDS carefully. Any information contained in this PDS has been prepared by FiGi Life without taking into account **your** particular objectives, financial situation or needs. So, before making a decision to purchase insurance, **you** should consider the appropriateness of the information in regard to **your** own circumstances.

## DETAILS OF PROTECTION AND BENEFITS

When **you** apply for a Lifestyle Plus insurance **policy**, **you** choose the protection **you** believe best suits **your** needs at the time of application and the level of protection **you** think **you** need.

	BRONZE	SILVER	GOLD	PLATINUM
Lifestyle Plus 24/7 Volunteer	Up to \$500 per benefit	Up to \$750 per benefit	Up to \$1,000 per benefit	Up to \$1,250 per benefit
Maximum annual aggregate limit of liability per person	\$10,000	\$15,000	\$20,000	\$25,000

Payment of a benefit is subject to **our** acceptance of **your** claim (please refer to 'How to Make a Claim'). The most **we** will pay under this insurance **policy** is the sum insured per benefit for each **insured person** up to the maximum annual aggregate limit of liability.

## WHO CAN APPLY?

To apply for a Lifestyle Plus insurance **policy** **you** must:

- be aged between eighteen (18) and ninety (90) years (inclusive);
- have received this PDS in Australia; and
- be an Australian citizen, New Zealand citizen or permanent resident, residing in Australia at the time of applying.

Once **you** have provided **us** with correct payment and **we** have accepted **your** application, **you** will be covered for the benefits which are stated on **your policy schedule**.

## OUR AGREEMENT WITH YOU

This **policy** is a legal contract between **you** and **us**. **You** pay **us** the **premium**, and **we** provide **you** with the cover **you** have chosen as set out in the **policy schedule**, occurring during the **period of insurance** shown on **your policy schedule** or any renewal period.

## CHECK YOUR DOCUMENTS

It's important that **you** check all the details on the documents **we** send **you**. If **you** notice an error or if **you** have a question, please contact **us** at [info@figilife.com.au](mailto:info@figilife.com.au). If **you** find **you** need to change **your** protection for whatever reason, get in contact with **us**.

## UPDATING OUR PDS

**We** may need to update the information contained in **our** PDS from time to time (where allowed or required by law). **We** will issue **you** with a new PDS or a Supplementary PDS when this happens.

## PREMIUM

All protection is subject to payment of **premium**. The **premium** is calculated taking into account certain factors including but not limited to:

- the cost of claims **we** have paid and claims **we** expect to pay in the future;
- new and updated data **we** use to calculate **your premium**;
- changes in government taxes and any state or territory duties or levies;
- **our** expenses of doing business; and
- other commercial factors.

The **premium** can vary depending on the information **you** give **us** in relation to the risks to be covered by **us**, including the product and level of protection that **you** select. **We** decide the amount of **premium** on the basis of **our** experience and the factors that increase **our** risk.

The **premium** may also include the FiGi Life fee and amounts payable in respect to any relevant compulsory government charges, taxes or levies (e.g. stamp duty, GST) in relation to **your policy**. These amounts will be set out separately in the **policy schedule** as part of the total **premium** payable.

## POLICY SCHEDULE

**Your policy schedule** contains important details about **your policy** such as the **period of insurance**, **your premium**, what cover options and **excess periods** will apply, and any changes to the policy wording.

## CANCELLING YOUR POLICY BEFORE THE EXPIRY DATE

The **policyholder** may cancel this **policy** at any time by completing the cancellation request form located on our website [www.figilife.com.au](http://www.figilife.com.au). **You** can also notify **us** in writing by emailing [info@figilife.com.au](mailto:info@figilife.com.au). The cancellation will take effect immediately on the day **we** receive the **policyholder's** written notice of cancellation or such time as maybe otherwise agreed. **We** may cancel the **policy** in accordance with the Insurance Contracts Act 1984 (Cth). If the **policy** is cancelled by either the **policyholder** or **us**, **we** will refund the **premium** for the **policy** less a pro-rata proportion of the **premium** to cover the **period** for which insurance applied. However, **we** will not refund any **premium** if **we** have paid a claim or benefit to **you** under the **policy**.

**We** can cancel **your policy** by giving **you** written notice to the address on file and in accordance with the Insurance Contracts Act 1984 (Cth), including where **you** have:

1. breached the Duty of Disclosure;
2. breached a provision of **your policy** (including one requiring payment of **premium**);
3. made a fraudulent claim under any **policy** of insurance. If **we** cancel, **we** will refund the **premium** for **your policy** less an amount to cover the period for which **you** were insured; or
4. engaged in deception, fraud and illegal use, **we** may be entitled to void this **policy** or withdraw from it in the event of intentional deception or misrepresentation, as well as in the event that the equipment is wholly or partly used in the course of, or to facilitate a criminal activity. If a fraudulent claim is made, entitlements and benefits will be forfeited, and information may be forwarded to the police and the prosecuting authorities.

## DUTY OF DISCLOSURE

What you must tell us

**We** will ask **you** various questions when **you** apply for cover. When **you** answer those questions, **you** must take reasonable care not to make a misrepresentation to **us**. **We** will use the answers in deciding whether to insure **you**, and anyone else to be insured under the **policy**, and on what terms. **You** have this same duty to disclose those matters to **us** before **you** renew, vary or reinstate **your policy**.

If you do not tell us

If **you** do not answer **our** questions in this way, **we** may reduce **our** liability under contract in respect of a claim or refuse to pay a claim or cancel the **policy**. If **you** answer **our** questions fraudulently, **we** may refuse to pay a claim and treat the **policy** as never having commenced.



## PRIVACY STATEMENT

We are committed to protecting **your** privacy in accordance with *the Privacy Act 1988 (Cth)*. We use **your** personal information to assess the risk and provide insurance and other insurance services to service the **policy**. We may use **your** contact details to send **you** information and offers about products and services that may be of interest to **you**. If **you** do not provide **us** with full information, **we** may not be able to provide **you** with insurance or to respond to any claim, complaint or dispute.

If **you** provide **us** with information about someone else, **you** must obtain their consent to do so.

We provide **your** information to the **insurer we** represent when **we** issue and administer the **policy**. We are part of the Agent Zero Group and may provide **your** information to the entity that provides **us** with business support services.

We may also provide **your** information to the broker (if applicable) and contracted third party service providers (e.g. loss adjuster companies) but will take all reasonable steps to ensure they comply with the Privacy Act. Our Privacy Policy contains information about how **you** can access the information **we** hold about **you**, ask **us** to correct it, or make a privacy related complaint. **You** can obtain a copy from **our** Privacy Officer by telephone 1300 705 031 email [privacy@agileunderwriting.com](mailto:privacy@agileunderwriting.com) or by visiting **our** Website [www.agileunderwriting.com](http://www.agileunderwriting.com). By providing **us** with **your** personal information, **you** consent to its collection and use as outlined above and in **our** Privacy Policy.

## THE GENERAL INSURANCE CODE OF PRACTICE

The General Insurance Code of Practice (the Code) outlines certain minimum standards of service that **you** should expect from insurers that have adopted it. FiGi Life and Agile Underwriting proudly support and embrace its objectives of raising the standards of practice and service in the insurance industry. Go to [www.codeofpractice.com.au](http://www.codeofpractice.com.au) to obtain a copy of the Code.

## HOW TO MAKE A CLAIM

To make a claim, access our website [www.figilife.com.au](http://www.figilife.com.au) and select the option 'Make a Claim' in the menu bar and follow the steps provided (including uploading any supporting documentation e.g. medical certificates, proof of payment, receipts, invoices). **You** can also submit **your** claim by email to [claims@figilife.com.au](mailto:claims@figilife.com.au). In accordance with the code, **we** will keep **you** informed about the progress of **your** claim at least every ten (10) business days and respond to routine requests made by **you** about **your** claim within five (5) business days.

## PROVIDING PROOFS

**You** should keep documents **you** will need in case of a claim. For example, documents to substantiate any services **you** have received including but not be limited to receipts, invoices, statements and any medical certificates or injury reports that relate to **your** claim.

## REFUSAL OF A CLAIM

We may refuse to pay or reduce the amount **we** pay under a claim if **you**:

- make a fraudulent claim;
- do not comply with the **policy** conditions; or
- do not comply with **your** duty of disclosure.

## COMMENCEMENT AND PERIOD OF YOUR POLICY

**Your** **policy** begins and ends on the dates shown in the **policy schedule** unless it is cancelled before the end date.

## RENEWAL OF YOUR POLICY

This insurance may be renewed for further consecutive yearly periods upon payment of the **premium**. Payment of **your** **premium** is deemed to be acceptance of an offer of renewal for a further yearly period. If **you** continue to pay **your** **premium**, then unless **your** **policy** is cancelled or **we** advise **you** prior to the renewal date that **we** will be updating **your** **policy** or not be renewing, a **policy** on the same terms and conditions automatically comes into existence for one (1) year from the renewal date.

## EXPIRY OF YOUR POLICY

**Your** **policy** expires at the end of the **period of insurance**. We may decide not to renew **your** **policy**. If **we** decide not to renew **your** **policy**, **we** will send **you** an expiry notice at least fourteen (14) days before the expiry of **your** **policy**. If **your** **policy** is cancelled or otherwise terminated, the **period of insurance** will be from the commencement date or renewal date, whichever is the later, up to and including the date of cancellation or termination.

## AUSTRALIAN LAW

This **policy** is subject to the laws of Australia. Any dispute relating to the **policy** shall be submitted to the exclusive jurisdiction of a court within the state or territory of Australia in which the **policy** was issued.

## CURRENCY

All amounts shown are in Australian dollars. If expenses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount to be paid will be the rate of exchange published in the Australian Financial Review on the date the expense is incurred, or loss is sustained. All claims will be paid in Australian dollars.

## COOLING OFF PERIOD

**You** have twenty-one (21) days from the date **we** confirmed, electronically or in writing, that **you** are covered under **your policy** to decide if the **policy** meets **your** needs. Within those twenty-one (21) days **you** may cancel **your policy** by completing the cancellation form located on our website. If **you** do this, **we** will refund any **premiums you** have paid during this period. These cooling off rights do not apply if **you** have made or **you** are entitled to make a claim during this period.

## COMPLAINT RESOLUTION

This Insurance is subject to the provisions of the Insurance Council of Australia's General Insurance Code of Practice. For more information see [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

If **you** have any concerns or wish to make a complaint in relation to this **policy**, **our** services or **your** insurance claim, please let **us** know and **we** will attempt to resolve **your** concerns in accordance with **our** Internal Dispute Resolution procedure. Please contact Agile in the first instance:

Postal address: The Complaints Officer  
Agile Underwriting Services Pty Ltd  
Level 5, 63 York St, Sydney NSW 2001

Telephone: 1300 705 031

Email: [complaints@agileunderwriting.com](mailto:complaints@agileunderwriting.com)

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

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

Lloyd's Australia Limited

Email: [ldraustralia@lloyds.com](mailto:ldraustralia@lloyds.com)

Telephone: (02) 8298 0783

Post: Suite 1603 Level 16, 1 Macquarie Place, Sydney NSW 2000

A final decision will be provided to **you** within thirty (30) calendar days of the date on which **you** first made the complaint.

**You** may refer **your** complaint to the Australian Financial Complaints Authority (AFCA) at any time, and if **your** complaint is not resolved to **your** satisfaction within thirty (30) calendar days of the date on which **you** first made the complaint:

AFCA can be contacted as follows:

Telephone: 1800 931 678

Email: [info@afca.org.au](mailto:info@afca.org.au)

Post: GPO Box 3 Melbourne VIC 3001

**Your** complaint must be referred to AFCA within two (2) years of the final decision. If **your** complaint is not eligible for consideration by AFCA, **you** may be referred to the Financial Ombudsman Service (UK) or provided with other options.

The Underwriters accepting this Insurance agree that:

- (i) if a dispute arises under this Insurance, this Insurance will be subject to Australian law and practice and the Underwriters will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;
- (ii) any summons notice or process to be served upon the Underwriters may be served upon:

Lloyd's Underwriters' General Representative in Australia



Suite 1603  
Level 16  
1 Macquarie Place  
Sydney NSW 2000

who has authority to accept service on the Underwriters' behalf;

- (iii) if a suit is instituted against any of the Underwriters, all Underwriters participating in this Insurance will abide by the final decision of such Court or any competent Appellate Court.

In the event of a claim arising under this Insurance, NOTICE should be given as soon as possible to:

Email: [claims@figilife.com.au](mailto:claims@figilife.com.au)

#### SEVERAL LIABILITY NOTICE

The subscribing insurers obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

## SECTION 2: POLICY WORDING

# Lifestyle Plus<sup>™</sup> Volunteer

### YOUR PROTECTION

We will cover **you** and/or the **policyholder** during the **period of insurance**, for the insurable list of Lifestyle Plus benefits as described in this **policy**, if occurring within the **scope of cover**, **you** suffer an **accident** directly resulting in **bodily injury** or **you** suffer a **sickness**, and **your** treating **doctor** or **specialist** certifies **you** as incapacitated for a period greater than seven (7) days.

Subject to:

1. **you** and/or the **policyholder** has paid or agreed to pay the **premium** required for this insurance; and
2. the type of protection is specified in the **policy schedule** as applying to **you** and/or **policyholder**.

### HOW LIFESTYLE PLUS PROTECTION WORKS

If, occurring within the **scope of cover**, **you** suffer an **accident** directly resulting in **bodily injury** or **you** suffer a **sickness**, and **your** treating **doctor** or **specialist** certifies **you** as incapacitated for a period greater than seven (7) days, **you** are eligible to claim against all relevant Lifestyle Plus benefits under this **policy**, effective from the 8<sup>th</sup> day of **your** incapacitation. The benefits and protection provided by this **policy** are designed to help maintain **your** lifestyle and reimburse **you** for the out-of-pocket expenses connected to **your** **bodily injury** or **sickness**. To view all Lifestyle Plus benefits, [click here](#).

## ADDITIONAL FEATURES

### BUNDLE

Cover can be tailored by reallocating the dollar value from one (1) benefit to another benefit. A maximum of four (4) bundles can be reallocated into any one (1) benefit. The first two (2) bundles are free and a small additional cost applies to any additional bundles.

### WORLDWIDE PROTECTION

Cover extends to include protection whilst **you** are travelling outside Australia. The following additional three (3) benefits apply:

- Travel Insurance Excess
- Room Service Expenses
- Extra Leg Room

## SECTION 3: GENERAL DEFINITIONS

Because words can be interpreted in various ways, the following definitions are what **we** mean when **we** say certain words in this combined PDS and policy wording and shown in 'bold' and singular can be plural and vice versa.

### ACCIDENT

**Accident** means a single physical event that occurs during the **period of insurance** and which:

1. is caused by sudden, external and visible means; and
2. results solely, directly and independently of any other cause in a **bodily injury** that is both unforeseen and unsolicited by **you**.

### ACCIDENTAL DEATH

**Accidental death** means **your** death as a result of an **accident**.

### BODILY INJURY

**Bodily injury** means an injury resulting from an **accident** that occurs during the **period of insurance** and within the **scope of cover**.

**Injury** includes:

1. **Sickness** directly resulting from medical or surgical treatment rendered necessary by the **accident**.

**Injury** does not include:

1. Any consequences of an **Injury** which are ordinarily described as being a **sickness**, illness or disease.
2. An aggravation of a pre-existing injury;
3. Any **pre-existing condition**; or
4. Any degenerative condition or congenital condition or other condition, which does not result solely or directly from an **accident**.

### CIVIL WAR

**Civil war** means a state of armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups, including armed rebellion, revolution, sedition, insurrection, civil unrest, coup d'état and the consequences of martial law.

### CLOSE RELATIVE

**Close relative** means **your spouse** or **partner**, fiancé(e), child, step-child, daughter-in-law, son-in-law, parent, step-parent, parent-in-law, grandparent, brother, half-brother, sister, half-sister, aunt, uncle, niece or nephew.

### COMPUTER SYSTEM

**Computer system** means any computer, information technology, communications system, hardware, software and/or electronic device, including any similar system or any configuration of the aforementioned and including any associated input, output or data storage device, networking equipment or back up facility.

### CYBER ACT

**Cyber Act** means an unauthorised or malicious act or series of related unauthorised or malicious acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any **computer system** or any data by any person or group(s) of persons.

### DENIAL OF SERVICE

**Denial of service** means any actions or instructions constructed or generated with the ability to damage, interfere with or otherwise affect the availability of networks, network services, network connectivity or information systems. **Denial of service** includes, but is not limited to, the generation of excess traffic into network addresses, the exploitation of system or network weaknesses and the generation of excess or non-genuine traffic between and amongst networks.

## DOCTOR

**Doctor** means a **doctor** or **specialist** who is registered or licensed to practice medicine under the laws of the country in which they practice, other than:

1. the **policyholder**;
2. an **insured person**;
3. **your close relative**; or
4. an employee or director of the **policyholder**.

## EFFECTIVE DATE OF PROTECTION

**Effective date of protection** means the date during the **period of insurance** on which **you** first meet the criteria set out for an **insured person** in the **policy schedule**.

## EXCESS PERIOD

**Excess period** means the period of time following a **bodily injury** or **sickness** as certified by a **doctor** or **specialist** giving rise to a claim during and for which no benefits are payable for a period of seven (7) days or as specified in the **policy schedule**.

## INSURED PERSON

**Insured person** means any person shown in the **policy schedule** as an **insured person** and/or as nominated by the **policyholder** and agreed to by **us** for eligibility under this **policy** with respect to whom **premium** has been paid or agreed to be paid.

## INSURER / WE / OUR / US

**Insurer / we / our / us** means Agile Underwriting Services Pty Ltd on behalf of Certain Underwriters at Lloyds.

## NUCLEAR, BIOLOGICAL OR CHEMICAL TERRORISM

**Nuclear, biological or chemical terrorism** means **terrorism** involving the use of fusion, fission, radiation, **biological** or **chemical** weapons.

## PERIOD OF INSURANCE

**Period of insurance** means the period stated in the **policy schedule**, or such shorter time if the **policy** is cancelled.

## PERMANENT

**Permanent** means having lasted twelve (12) consecutive months and at the expiry of that time being without hope of improvement.

## PERMANENT TOTAL DISABLEMENT

**Permanent total disablement** means total disablement as a result of an **accident** which continues for twelve (12) consecutive months and at that time is certified by a **doctor** or **specialist** as being beyond hope of improvement and entirely preventing **you** forever from engaging in any business, profession, occupation or employment.

## PERTAINED

**Pertained** means concern to, relate to, be related to, be connected with, be relevant to, have relevance to, apply to, be pertinent to, have reference to, refer to, have a bearing on, involve, have to do with.

## POLICY

**Policy** means this policy wording, the current **policy schedule** and any other documents **we** may issue to **you** that **we** advise will form part of the **policy** (e.g. endorsements).

## POLICY SCHEDULE

**Policy schedule** means the relevant **policy schedule** issued by **us** to the **policyholder**.

## POLICYHOLDER

**Policyholder** means the named organisation or person listed as the **policyholder** in the **policy schedule**.

## PRE-EXISTING CONDITION

**Pre-existing condition** means any **sickness**, illness, disease, syndrome, disability or other condition occurring, arising or manifesting in the twelve (12) months prior to **you** being covered under this **policy**, including any symptoms:

1. of which **you** are aware or a reasonable person in the circumstance would be expected to have been aware; or
2. for which **you** have sought or received medical attention, undergone tests or taken prescribed medication.

## PREMIUM(S)

**Premium(s)** means the **premium(s)** as shown in the **policy schedule** that is payable in respect of the **policy** by the **policyholder**.

## PROFESSIONAL SPORT

**Professional sport** means any sport for which **you** receive a fee, allowance, sponsorship or monetary reward as a result of their participation.

## SCOPE OF COVER

**Scope of cover** means the operative time within the **period of insurance** that the cover under this **policy** applies as shown in the **policy schedule**.

## SICKNESS

**Sickness** means any illness, disease or syndrome suffered by **you** whilst within the **period of insurance** but does not include a terminal condition suffered by **you** diagnosed prior to the **effective date of protection**.

## SPECIALIST

**Specialist** means a **doctor** recognised for their experience, qualifications and training in a particular branch of medicine or surgery or in the treatment of a specific **bodily injury** or **sickness**, to whom **you** have been referred by another **doctor**.

## SPOUSE / PARTNER

**Spouse/partner** means **your** husband or wife and includes a de-facto and/or life partner with whom **you** have continuously cohabited for a period of three (3) months or more at the time of loss.

## WAR OR RELATED RISKS

**War or related risks** means **war**, invasion, act of foreign enemies, hostilities (whether **war** be declared or not), **civil war**, rebellion, revolution, insurrection, military or usurped power.

## WORLDWIDE EXCESS PERIOD

**Worldwide excess period** means the period of time following a **bodily injury** or **sickness** as certified by a **doctor** or **specialist** giving rise to a claim during and for which no benefits are payable for a period of three (3) days or as specified in the **policy schedule**.

## YOU / YOUR

**You** or **your** is the **insured person** and/or **policyholder** named in the **policy schedule**.

## SECTION 4: LIFESTYLE PLUS BENEFITS

The Lifestyle Plus benefits apply to **insured persons** between the ages eighteen (18) and seventy-five (75) inclusive for **bodily injury** and eighteen (18) to sixty-five (65) inclusive for **sickness** and are designed to help maintain **your** lifestyle and cover the unexpected out-of-pocket expenses connected to **your bodily injury** or **sickness**.

### MAINTENANCE COSTS

Taking away the stress and worry!

#### SWIMMING POOL MAINTENANCE

If, during the **period of insurance** and occurring within the **scope of cover**, **you** suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing **you** from carrying out the activity as **pertained** to this benefit and **you** have served the **excess period**, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for a professional pool cleaning service.

#### GARDEN MAINTENANCE

If, during the **period of insurance** and occurring within the **scope of cover**, **you** suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing **you** from carrying out the activity as **pertained** to this benefit and **you** have served the **excess period**, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for a professional garden maintenance service.

#### HOUSE CLEANING

If, during the **period of insurance** and occurring within the **scope of cover**, **you** suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing **you** from carrying out the activity as **pertained** to this benefit and **you** have served the **excess period**, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for a professional domestic house cleaning service.

#### WASHING AND/OR IRONING

If, during the **period of insurance** and occurring within the **scope of cover**, **you** suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing **you** from carrying out the activity as **pertained** to this benefit and **you** have served the **excess period**, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for a professional washing and/or ironing service.

#### MEAL DELIVERY

If, during the **period of insurance** and occurring within the **scope of cover**, **you** suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing **you** from cooking or preparing meals and **you** have served the **excess period**, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for a professional food service provider.

#### PET CARE

If, during the **period of insurance** and occurring within the **scope of cover**, **you** suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing **you** from carrying out the activity as **pertained** to this benefit and **you** have served the **excess period**, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for a professional pet care service.

#### PET CARE

If, during the **period of insurance** and occurring within the **scope of cover**, **you** suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist** as preventing **you** from carrying out the activity as **pertained** to this benefit and **you** have served the **excess**



**period, we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for a professional nanny and/or child care service.

## PREPAID EXPENSES

Just because you've prepaid, shouldn't mean you lose out!

### EVENT TICKET(S)

If, during the **period of insurance** and occurring within the **scope of cover, you** suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing **you** from attending a prepaid event(s) (including but not limited to a show, concert, cinema, sporting event) and **you** have served the **excess period, we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or any non-refundable amount for which **you** have prepaid (whichever is the lesser).

### ACCOMMODATION

If, during the **period of insurance** and occurring within the **scope of cover, you** suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing **you** from staying at accommodation **you** have booked and **you** have served the **excess period, we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or any non-refundable amount for which **you** have prepaid (whichever is the lesser).

### EXPERIENCE(S)

If, during the **period of insurance** and occurring within the **scope of cover, you** suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing **you** from attending or participating in a prepaid experience(s) (including but not limited to skydiving, spa day, boat ride) and **you** have served the **excess period, we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or any non-refundable amount for which **you** have prepaid (whichever is the lesser).

### ENDURANCE EVENT(S)

If, during the **period of insurance** and occurring within the **scope of cover, you** suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing **you** from attending or participating in a prepaid endurance event (including but not limited to ironman competition, marathon, charity fun run) and **you** have served the **excess period, we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or any non-refundable amount for which **you** have prepaid (whichever is the lesser).

### LESSON(S)

If, during the **period of insurance** and occurring within the **scope of cover, you** suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing **you** from attending or participating in a prepaid lesson(s) (including but not limited to karate lesson, music lesson, golf lesson) and **you** have served the **excess period, we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or any non-refundable amount for which **you** have prepaid (whichever is the lesser).

### COURSE(S)

If, during the **period of insurance** and occurring within the **scope of cover, you** suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing **you** from attending or participating in a prepaid course(s) (including but not limited to language course, IT course, cooking course) and **you** have served the **excess period, we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or any non-refundable amount for which **you** have prepaid (whichever is the lesser).

## RECURRING EXPENSES

Helping to keep on top of those ongoing payments!

### GYM MEMBERSHIP

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing you from continuing your participation in gym activities for which you pay a recurring membership fee, and you have served the **excess period**, we will reimburse you up to the amount specified in your **policy schedule** against this benefit, or the amount for which you have paid (whichever is the lesser).

### SPORTS CLUB MEMBERSHIP

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing you from continuing your participation in club activities for which you pay a recurring membership fee, and you have served the **excess period**, we will reimburse you up to the amount specified in your **policy schedule** against this benefit, or the amount for which you have paid (whichever is the lesser).

### MOBILE PHONE PLAN

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury**, as certified by a **doctor** or **specialist** and you have served the **excess period**, we will reimburse you up to the amount specified in your **policy schedule** against this benefit, or the amount for which you have paid (whichever is the lesser) for your mobile phone plan whilst your mobile phone is being repaired and/or replaced (pro rata for the period your mobile phone is unavailable) due to the **accident** that caused your **bodily injury**.

### LESSON(S)

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing you from attending or participating in a lesson(s) (including but not limited to karate lesson, music lesson, golf lesson) for which you pay a recurring fee, and you have served the **excess period**, we will reimburse you up to the amount specified in your **policy schedule** against this benefit, or any non-refundable amount for which you have paid (whichever is the lesser).

### COURSE(S)

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing you from attending or participating in a course(s) (including but not limited to language course, IT course, cooking course) for which you pay a recurring fee, and you have served the **excess period**, we will reimburse you up to the amount specified in your **policy schedule** against this benefit, or any non-refundable amount for which you have paid (whichever is the lesser).

## DAMAGED ITEMS

Covering items you damage in an accident!

### JEWELLERY

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury**, as certified by a **doctor** or **specialist** and you have served the **excess period**, we will reimburse you up to the amount specified in your **policy schedule** against this benefit, or the amount for which you have paid (whichever is the lesser), for the cost to repair and/or replace your jewellery damaged in an **accident** which caused your **bodily injury**.

### CLOTHING

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury**, as certified by a **doctor** or **specialist** and you have served the **excess period**, we will reimburse you up to the amount specified in your **policy schedule** against

this benefit, or the amount for which **you** have paid (whichever is the lesser), for the cost to repair and/or replace **your** clothing damaged/stained in an **accident** that caused the **bodily injury**.

## EYEWEAR

If, during the **period of insurance** and occurring within the **scope of cover**, **you** suffer a **bodily injury**, as certified by a **doctor** or **specialist** and **you** have served the **excess period**, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for the cost to repair and/or replace **your** eyewear (sunglasses or spectacles) damaged in an **accident** which caused **your bodily injury**.

## HEAD / EARPHONES

If, during the **period of insurance** and occurring within the **scope of cover**, **you** suffer a **bodily injury**, as certified by a **doctor** or **specialist** and **you** have served the **excess period**, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for the cost to repair and/or replace **your** headphones/earphones damaged in an **accident** which caused **your bodily injury**.

## CAMERA

If, during the **period of insurance** and occurring within the **scope of cover**, **you** suffer a **bodily injury**, as certified by a **doctor** or **specialist** and **you** have served the **excess period**, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for the cost to repair and/or replace **your** camera damaged in an **accident** which caused **your bodily injury**.

## LAPTOP/TABLET

If, during the **period of insurance** and occurring within the **scope of cover**, **you** suffer a **bodily injury**, as certified by a **doctor** or **specialist** and **you** have served the **excess period**, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for the cost to repair and/or replace **your** laptop/tablet damaged in an **accident** which caused **your bodily injury**.

## PERSONAL TRANSPORT DEVICE

If, during the **period of insurance** and occurring within the **scope of cover**, **you** suffer a **bodily injury**, as certified by a **doctor** or **specialist** and **you** have served the **excess period**, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for the cost to repair and/or replace **your** personal transport device (e-scooter, e-bike and/or bicycle) in an **accident** which caused **your bodily injury**.

## MOBILE PHONE

If, during the **period of insurance** and occurring within the **scope of cover**, **you** suffer a **bodily injury**, as certified by a **doctor** or **specialist** and **you** have served the **excess period**, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for the cost to repair and/or replace **your** mobile phone damaged in an **accident** which caused **your bodily injury**.

## SPORTS EQUIPMENT

If, during the **period of insurance** and occurring within the **scope of cover**, **you** suffer a **bodily injury**, as certified by a **doctor** or **specialist** and **you** have served the **excess period**, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for the cost to repair and/or replace **your** sports equipment damaged in an **accident** which caused **your bodily injury**.

## MOBILITY AID

If, during the **period of insurance** and occurring within the **scope of cover**, **you** suffer a **bodily injury**, as certified by a **doctor** or **specialist** and **you** have served the **excess period**, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for the cost to repair and/or replace **your** mobility aid (including but not limited to wheel chair, walking stick, crutches) damaged in an **accident** which caused **your bodily injury**.

## HEARING AID

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury**, as certified by a **doctor** or **specialist** and you have served the **excess period**, we will reimburse you up to the amount specified in **your policy schedule** against this benefit, or the amount for which you have paid (whichever is the lesser), for the cost to repair and/or replace your hearing aid damaged in an **accident** which caused your **bodily injury**.

## DENTURES

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury**, as certified by a **doctor** or **specialist** and you have served the **excess period**, we will reimburse you up to the amount specified in **your policy schedule** against this benefit, or the amount for which you have paid (whichever is the lesser), for the cost to repair and/or replace your dentures damaged in an **accident** which caused your **bodily injury**.

## MISCELLANEOUS EXPENSES

Covering the costs you didn't see coming!

### TAXI / RIDESHARE CHARGES

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury** or **sickness** and it is certified by a **doctor** or **specialist**, as preventing you from driving or riding a motorised vehicle and you have served the **excess period**, we will reimburse you up to the amount specified in **your policy schedule** against this benefit, or the amount for which you have paid (whichever is the lesser), for a professional hire car and/or taxi service (including ride-shares).

### PERSONAL TRAINER

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury** as certified by a **doctor** or **specialist** and you have served the **excess period**, we will reimburse you up to the amount specified in **your policy schedule** against this benefit, or the amount for which you have paid (whichever is the lesser), for a personal trainer, used to aid in your recovery.

### MOTOR VEHICLE EXCESS

If, during the **period of insurance** and occurring within the **scope of cover**, you are involved in an at fault motor vehicle **accident** and suffer a **bodily injury**, as certified by a **doctor** or **specialist** and you have served the **excess period**, we will reimburse you up to the amount specified in **your policy schedule** against this benefit, or the amount for which you have paid (whichever is the lesser), for the cost of your motor vehicle excess.

### REPLACEMENT KEYS/LOCKS

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury**, as certified by a **doctor** or **specialist** and you have served the **excess period**, we will reimburse you up to the amount specified in **your policy schedule** against this benefit, or the amount for which you have paid (whichever is the lesser), for the cost to replace your keys (including but not limited to house key, work key, motor vehicle key) lost or damaged in an **accident** which caused your **bodily injury**, including installing new locks due to the loss or damage of your keys.

### REPLACEMENT CARDS/IDENTIFICATION

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury**, as certified by a **doctor** or **specialist** and you have served the **excess period**, we will reimburse you up to the amount specified in **your policy schedule** against this benefit, or the amount for which you have paid (whichever is the lesser), for the cost to replace your cards and/or identification (including but not limited to credit card, work pass, passport, drivers licence) lost or damaged in an **accident** which caused your **bodily injury**.

### HOSPITAL EXPENSES

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury** or **sickness**, as certified by a **doctor** or **specialist**, and are hospitalised for a minimum of two (2) days, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for Wi-Fi, television, telephone and/or entertainment usage, as charged by the hospital.

## PARTNER PEACE OF MIND

Peace of mind when you need it!

### ACCIDENTAL DEATH

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury** which results in **your accidental death**, as certified by a **doctor** or **specialist**, **your spouse/partner** can claim against **your** policy for any relevant benefits as specified in **your policy schedule**, or the amount for which **your spouse/partner** has paid (whichever is the lesser).

### PERMANENT DISABILITY

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury** which results in **your permanent total disablement**, as certified by a **doctor** or **specialist**, **your spouse/partner** can claim against **your** policy for any relevant benefits as specified in **your policy schedule**, or the amount for which **your spouse/partner** has paid (whichever is the lesser).

### COMA

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury** or **sickness**, which directly results in **you** being in a state of continuous unconsciousness for a minimum period of seven (7) days and **your spouse/partner** or **your** legal representative presents **us** with a written opinion of a **doctor** or **specialist** which verifies that the direct cause of the continuous unconsciousness was the **bodily injury** or **sickness**, **your spouse/partner** can claim against **your** policy for any relevant benefits as specified in **your policy schedule**, or the amount for which **your spouse/partner** has paid (whichever is the lesser).

## OVERSEAS EXPENSES

Because lifestyles are wherever you go!

### TRAVEL INSURANCE EXCESS

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury** or **sickness**, as certified by a **doctor** or **specialist** and **you** are outside **your** country of residence and **you** have served the **worldwide excess period**, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for the cost of **your** travel insurance excess associated with **your bodily injury** or **sickness**. Cover extends to include any trip cancellation excess whilst in **your** country of residence (and **you** have served the **excess period**), provided the trip has been cancelled due to a **bodily injury** or **sickness**.

### ROOM SERVICE

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury** or **sickness**, as certified by a **doctor** or **specialist** and **you** are outside **your** country of residence and **you** have served the **worldwide excess period**, **we** will reimburse **you** up to the amount specified in **your policy schedule** against this benefit, or the amount for which **you** have paid (whichever is the lesser), for the cost of room service if **you** are incapable of leaving **your** room as a direct result of **your bodily injury** or **sickness**.

### EXTRA LEG ROOM

If, during the **period of insurance** and occurring within the **scope of cover**, you suffer a **bodily injury** or **sickness**, as certified by a **doctor** or **specialist** and you are outside your country of residence and you have served the **worldwide excess period**, we will reimburse you up to the amount specified in your **policy schedule** against this benefit, or the amount for which you have paid (whichever is the lesser), for the additional cost of extra leg room and/or seat upgrade on your return flight home as a direct result of your **bodily injury**.

## SECTION 5: PROTECTION PLANS

BRONZE	
(All benefits are per insured person)	
Benefit Limits	Up to a maximum of \$500 per benefit
Aggregate limit of liability per person	\$10,000
SILVER	
(All benefits are per insured person)	
Benefit Limits	Up to a maximum of \$750 per benefit,
Aggregate limit of liability per person	\$15,000
GOLD	
(All benefits are per insured person)	
Benefit Limits	Up to a maximum of \$1,000 per benefit
Aggregate limit of liability per person	\$20,000
PLATINUM	
(All benefits are per insured person)	
Benefit Limits	Up to a maximum of \$1,250 per benefit
Aggregate limit of liability per person	\$25,000



## SECTION 6: GENERAL CONDITIONS AND PROVISIONS

### AGGREGATE LIMIT OF LIABILITY

Our aggregate limit of liability per **insured person** under the **policy** during the **period of insurance** shall not exceed the amount stated in the **policy schedule**.

### AUSTRALIAN LAW

This **policy** is subject to the laws of Australia. Any dispute relating to the **policy** shall be submitted to the exclusive jurisdiction of a court within the state or territory of Australia in which the **policy** was issued.

### CANCELLATION BEFORE EXPIRY

The **policyholder** may cancel this **policy** at any time by completing the cancellation request form located on our website [www.figilife.com.au](http://www.figilife.com.au). You can also notify **us** in writing by emailing [info@figilife.com.au](mailto:info@figilife.com.au). The cancellation will take effect immediately on the day **we** receive the **policyholder's** written notice of cancellation or such time as maybe otherwise agreed. **We** may cancel the **policy** in accordance with the Insurance Contracts Act 1984 (Cth). If the **policy** is cancelled by either the **policyholder** or **us**, **we** will refund the **premium** for the **policy** less a pro-rata proportion of the **premium** to cover the **period** for which insurance applied. However, **we** will not refund any **premium** if **we** have paid a claim or benefit to **you** under the **policy**.

**We** can cancel **your policy** by giving **you** written notice to the address on file and in accordance with the Insurance Contracts Act 1984 (Cth), including where **you** have:

1. breached the Duty of Disclosure;
2. breached a provision of **your policy** (including one requiring payment of **premium**);
3. made a fraudulent claim under any **policy** of insurance. If **we** cancel, **we** will refund the **premium** for **your policy** less an amount to cover the period for which **you** were insured; or
4. engaged in deception, fraud and illegal use, **we** may be entitled to void this **policy** or withdraw from it in the event of intentional deception or misrepresentation, as well as in the event that the equipment is wholly or partly used in the course of, or to facilitate a criminal activity. If a fraudulent claim is made, entitlements and benefits will be forfeited, and information may be forwarded to the police and the prosecuting authorities.

### CURRENCY

All amounts shown are in Australian dollars. If expenses are incurred in a foreign currency, then the rate of currency exchange used to calculate the amount to be paid will be the rate of exchange published in the Australian Financial Review on the date the expense is incurred, or loss is sustained. All claims will be paid in Australian dollars.

### EXISTING SERVICES

If **you** make a claim under this **policy** against any benefit where immediately prior to **your bodily injury** or **sickness** **you** were already using the services of a company as **pertained** to that benefit (including but not limited to house cleaning service, garden maintenance, swimming pool maintenance), the expenses would not be considered unexpected and associated as a direct result of **your bodily injury** or **sickness** and any claim against that benefit will not be paid.

### FALSE AND FRAUDULENT CLAIM(S)

If **you** make a claim under this **policy** that is found to be false or fraudulent in any way, the **policy** is void and any claim will not be paid.

### MEDICAL EXAMINATION

At **our** expense, **we** will be entitled to have any **insured person** medically examined. **We** will give **you** or **your** legal representative fair and reasonable notice of the medical examination.

### MISREPRESENTATION OR CONCEALMENT

In the event that any misrepresentation or concealment is made by **you** or on **your** behalf in obtaining this insurance or in support of any claim under this insurance the **policy** is void and no refund of **premium** will be given.

#### OTHER INSURANCE(S)

In the event of a claim, **you** and/or the **policyholder** must advise **us** as to any other insurance policies that may be available to pay or partially pay that claim.

#### PERMANENT RESIDENT OR CITIZEN

This insurance is only valid if **you** are an Australian citizen, New Zealand citizen or permanent resident, residing in Australia at the time of applying.

#### PRECAUTION(S)

**You** must take all reasonable care to prevent or minimise damage, **bodily injury**, liability, **accident** or **sickness**, including complying with any law, by-law, ordinance or regulation that concerns the safety of persons or property.

#### PROVIDING PROOFS

**You** should keep documents **you** will need in case of a claim. For example, documents to substantiate any services **you** have received including but not be limited to receipts, invoices, statements and any medical certificates or injury reports that relate to **your** claim.

#### RE-OCCURRING CLAIM

If a claim occurs as a result of **bodily injury** or **sickness** and whilst during the **period of insurance you** suffer from the same or an associated disablement, the subsequent period of disablement will be deemed a continuation of the prior period including all benefits paid.

#### SANCTIONS CLAUSE – COMPLIANCE WITH LAWS AND REGULATIONS

**We** shall not provide cover and **we** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **us** to any sanction, prohibition or restriction. under United States resolutions or the trade or economic sanctions, laws or regulations of Australia, the European Union, United Kingdom or United States of America.

#### SUBROGATION

If **we** make any payment under this **policy**, then to the extent of that payment, **we** may exercise any rights of recovery held by **you** or the **policyholder**. **You** and the **policyholder** must not do anything which reduces any such rights and must provide reasonable assistance to **us** in pursuing any such rights.

#### THIRD PARTY

**We** have the right to approach any third party in relation to **your** claim.

## SECTION 7: GENERAL EXCLUSIONS

We will not pay for claims arising directly or indirectly from:

1. Sexually transmitted or transmissible disease or any infection or virus derived from a sexually transmitted or transmissible disease.
2. Any **insured person** who has attained the age of ninety (90) for **bodily injury** and sixty-five (65) years for **sickness**. This will not prejudice any entitlement to claim benefits which have arisen or occurred on or before an **insured person** attaining the age limit.
3. **You** are engaging in or taking part in training for or participating in **professional sport** of any kind.
4. Intentional self-inflicted **bodily injury**, suicide or any illegal or criminal act committed by **you** or the **policyholder**.
5. **You** or the **policyholder** being under the influence of alcohol or an illegal drug or substance or a prescribed drug not taken in accordance with the dosage prescribed by a **doctor** and/or **specialist**.
6. Claim that would result in **us** contravening any workers compensation legislation and or transport **accident** legislation.
7. Amounts recoverable by **you** and/or the **policyholder** from any other source (with the exception of other insurance).
8. Costs or expenses incurred outside the **period of insurance**.
9. Any **pre-existing medical condition**.
10. Any benefit that if paid, would result in **us** contravening the Health Insurance Act 1973 (Cth) or the Private Health Insurance Act 2007 (Cth) or any succeeding legislation to those Acts.
11. **War, civil war**, rebellion, revolution, insurrection or military or usurped power, or confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any government or public or local authority in the **policyholder's** or **insured persons** country of domicile or country of expatriation, or the **insured person** taking part in a riot or civil commotion or **terrorism**.
12. Losses arising from **nuclear, biological or chemical terrorism**.
13. Any claim(s) (regardless of any other contributory cause(s)) in any way caused or contributed to by an act of **terrorism** involving the use or release or the threat thereof of any **nuclear** weapon or device or **chemical** or **biological** agent. For the purpose of this exclusion an act of **terrorism** means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear. If **we** conclude that by reason of this exclusion any claim is not covered by this **policy** the burden of proving the contrary shall be upon **you** and/or the **insured person**.
14. This insurance does not cover claims in any way caused or contributed to by a **cyber act** or **denial of service**.
15. Notwithstanding exclusion 14 where this exclusion is endorsed on policies covering risks of **war**, whether **war** be declared or not, hostilities or any act of **war** or **civil war** then it shall not operate to exclude claims (which would otherwise be covered) arising from the use of any **computer system** or any other electronic system in the launch and/or guidance system and/or firing mechanism of any weapon or missile.

# FiGi Life<sup>®</sup>

Protecting Your Lifestyle<sup>™</sup>

