

Key Benefits of StudentCover

Please refer to the Product Disclosure Statement and Policy wording for complete details of the cover and benefits. You can obtain these documents by visiting www.studentcover.com.au or calling us on 1300 783 878.

Section A - Capital Benefits

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| 1. | Permanent Quadriplegia | \$500,000 |
| 2. | Permanent Paraplegia | \$500,000 |
| 3. | Permanent Total Loss of entire sight of one eye and loss of one limb | \$100,000 |
| 4. | Death | \$20,000 |
| 5. | Permanent and incurable loss of mental powers resulting in total inability to work except in a sheltered workshop or in occupations reserved for mentally handicapped persons | \$100,000 |
| 6. | Permanent Total Loss of entire sight of both eyes | \$100,000 |
| 7. | Permanent Total Loss of entire sight of one eye | \$100,000 |
| 8. | Permanent Total Loss of use of two limbs | \$100,000 |
| 9. | Permanent Total Loss of use of two feet | \$100,000 |
| 10. | Permanent Total Loss of use of both hands | \$100,000 |
| 11. | Permanent Total Loss of use of one limb | \$50,000 |
| 12. | Permanent Total Loss of use of one hand | \$50,000 |
| 13. | Permanent Total Loss of use of one foot | \$50,000 |
| 14. | Permanent Total Loss of hearing in both ears | \$50,000 |
| 15. | Permanent Total Loss of hearing in one ear | \$25,000 |
| 16. | Permanent Total Loss of use of one thumb of either hand | |
| 16.1 | Both joints | \$20,000 |
| 16.2 | One joint | \$10,000 |
| 17. | Permanent Total Loss of use of fingers of either hand | |
| 17.1 | Three joints | \$20,000 |
| 17.2 | Two joints | \$10,000 |
| 17.3 | One joint | \$5,000 |
| 18. | Permanent Total Loss of use of toes on either foot | |
| 18.1 | All of one foot | \$20,000 |
| 18.2 | Great, both joints | \$15,000 |
| 18.3 | Great, one joint | \$10,000 |
| 18.4 | Other than great, each toe | \$5,000 |
| 19. | Third degree burns and/or resultant disfigurement due to Fire or chemical burns, which extends to more than 40% of the entire body | \$250,000 |

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Section B - Additional Benefits

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| 20. | Bed Care Patient Benefit for a period of more than 24 hours as a result of Injury Aggregate period for this Benefit is up to fifty-two (52) weeks | \$200 per week |
| 21. | Injury Assistance Benefit - we will reimburse 100% of domestic help and/or child minding services and/or extra public transport expenses per week certified as necessary by the Insured Person's legally qualified and registered medical practitioner. Elimination period is seven (7) days per injury Aggregate Period for this Benefit is up to fifty-two (52) weeks | Up to \$200 per week |
| 22. | Broken and/or fractured bones: | |
| a) | Finger or toe | \$50 |
| b) | Hand or foot | \$100 |
| c) | Arm, elbow, wrist, leg, ankle or knee; | |
| i) | Simple fractures | \$250 |
| ii) | Compound or complicated fractures | \$500 |
| d) | Collarbone | \$250 |
| e) | Breastbone | \$250 |
| f) | Rib (one or more) | \$250 total |
| g) | Shoulder, cheekbone or nose | \$250 |
| h) | Hip or Jaw | \$750 |
| i) | Skull, pelvis, vertebrae of the neck or spine | \$1,500 |
| | - Maximum amount payable any one injury | \$2,000 |
| 23. | Dislocation Benefit | |
| a) | Hip | \$500 |
| b) | Knee | \$250 |
| c) | Shoulder Blade | \$250 |
| d) | Collarbone or Jaw | \$250 |
| e) | Ankle, Elbow or Wrist | \$100 |
| 24. | Dental Cash Benefit Lump sum payment, provided The Event occurs within twelve (12) calendar months from the date of Injury to permanent or second teeth (No cover is provided for milk or first teeth, dentures or fillings) Loss of teeth or crowning of damaged teeth with cast metal or porcelain or similar restorations. The maximum amount payable for any one injury is: | \$300 per tooth \$2,000 max. |
| 25. | Student Tutoring Expenses incurred as a result of Total Disablement and certified necessary by the Insured Person's legally qualified and registered medical practitioner. Elimination period is seven (7) days per Injury Aggregate period for this Benefit is up to fifty-two (52) weeks | Up to \$200 per week |
| 26. | Fee Relief - Following the death by Injury of the Insured Person's parent or guardian, We will pay the annual school tuition fees up to \$3,000 for each of the remaining school terms of the current school year. | \$7,500 maximum in all |

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Section B - Additional Benefits contd.

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| 27. | Overseas Medical Expenses - Reimbursement of medical expenses as a result of Injury provided such expenses are incurred within ninety (90) consecutive days following an Insured Person's departure from Australia. Excess each and every loss is \$20 | \$5,000 |
| 28. | Emergency Transport - Reimbursement of expenses actually incurred. | \$4,000 max per Injury |
| 29. | Non-Medicare expenses - School Activities Only e.g. Physiotherapy and/or Chiropractic expenses as certified necessary by the attending legally qualified and registered medical practitioner - Excess each and every loss is \$20 | \$3,500 |
| 30. | Rehabilitation Expenses - We will pay after the happening of an Event 20 to 29 of this Policy, expenses incurred for tuition, advice and/or treatment from a licensed vocational school or occupational rehabilitation institution, provided such tuition, advice and/or treatment is undertaken with Our prior written agreement and the agreement of an Insured Person's attending legally qualified and registered medical practitioner. Elimination Period is seven (7) days per Injury Aggregate Period for this Benefit is up to fifty-two (52) weeks | Up to \$200 per week |

Exclusions

This policy shall not apply to any event directly or indirectly arising out of:

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| 1.a) | War, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power |
| b) | The intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act |
| c) | Any loss arising out of any Terrorist Act |
| 2. | Any consequence of an Insured Person engaging in: |
| a) | Naval, military or air force operations |
| b) | Racing in or on any motor propelled conveyance (whether as a driver, rider or passenger) |
| c) | Any aerial activity, except as a passenger and not as a pilot or crewmember in any aircraft licensed to carry passengers |
| d) | Hang gliding, sky diving or parachuting |
| 3. | Intentional self-injury, suicide, or criminal or illegal act of the Insured Person who is the subject of the claim |
| 4. | A consequence of any kind of sickness or disease |
| 5. | Pregnancy, childbirth or miscarriage |
| 6. | Sexually transmitted disease, or Acquired Immune Deficiency Syndrome (A.I.D.S.) disease or Human Immunodeficiency Virus (H.I.V.) Infection |
| 7. | Radioactive contamination or radioactivity in any form whatsoever, whether occurring naturally or otherwise |