Suncorp Accidental Injury Plan — Policy Document
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1.0 Important Information

When reading this policy document, please refer to the Glossary on pages 14-16 which shows the meaning of various terms italicised throughout.

For details on How to contact us, please refer to page 13.

This policy document, together with the schedule, constitutes your insurance policy and is evidence of your insurance with us. You should read this document in conjunction with the schedule because together they contain important information relating to your policy. Please keep this policy document and your schedule in a safe place. We have issued this policy to you based on the information provided by you, to us on your application for insurance.

This policy document and your schedule are issued by Suncorp Life & Superannuation Limited ABN 87 073 979 530, AFSL 229880 (Suncorp).

Suncorp Accidental Injury Plan is not a savings plan. The primary purpose is to provide a benefit under the terms and conditions of the policy in the event of a claimable event.

Throughout this policy document there are some examples that show how benefits and premiums work under this policy. They are not intended to cover all possible scenarios which may apply as they are for illustrative purposes only.

You are the sole policy owner and insured person listed on the schedule. You are covered for the insured events under your policy 24 hours a day, 365 days a year. If premiums payable under this policy are paid (please refer to Your premium on page 10), your policy will continue every year until your 90th birthday, unless your policy stops earlier (please refer to When does cover start and stop? on page 4).

From time to time we may also make improvements to your policy with no resulting increase to your premium. If we make a change to your policy which, in your opinion was adverse to you, we will, if you make a claim, assess your claim on the terms of the policy in existence before the change took place.

Please note: we will only cover you under one Accidental Injury Plan issued by us, at any one point in time. Therefore you should not hold, or apply for, more than one Accidental Injury Plan issued by us, at the same time.
2.0 Cooling off period

You have 30 days from the policy commencement date to check that this insurance meets your needs. This is the cooling off period.

If you wish, you can cancel your policy during this cooling off period by notifying us in writing or verbally. If you notify us verbally, you will need to answer certain questions to confirm your identity. Provided you have not made a claim, you will receive a refund in full of any money you have paid.

3.0 When does cover start and stop?

Your policy will start on the policy commencement date shown on your schedule, subject to us having received correct payment details.

Your cover will stop on your 90th birthday. It will also stop on the earliest of the following events:

– you ask us to cancel your policy;
– the date the policy is cancelled due to non-payment of outstanding premiums;
– you being paid a specified benefit for suffering loss of limbs or sight; or
– the date you die.

We will not consider any claim, unless the accident giving rise to the claim occurred while your policy was still in force. We may also cancel this policy on any grounds permitted under relevant law by telling you in writing.
4.0 Benefits under this policy

This section outlines the benefits payable under your Suncorp Accidental Injury Plan. You are entitled to all the benefits under Suncorp Accidental Injury Plan.

Payment of a benefit is subject to our acceptance of your claim (please refer to Claims on page 11).

There are circumstances when we will not pay a benefit under your policy. Please refer to When we won’t pay on page 9 for detailed information.

Any specified benefit payable under the Injury Benefit will be paid to the policy owner. Any benefit payable on your death will be paid to your nominated beneficiary (if applicable), otherwise to your legal personal representative.

4.1 Injury Benefit

If you have an accident resulting in any of the specified injuries listed in the table below, we will pay you the specified benefit for that injury, depending on the package you have chosen, unless in our opinion, one or more of the exclusions apply (please refer to When we won’t pay on page 9).

<table>
<thead>
<tr>
<th>Specified Injury</th>
<th>Specified Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard Package</td>
</tr>
<tr>
<td>loss of limbs or sight</td>
<td>$50,000</td>
</tr>
<tr>
<td>single loss of limb or eye</td>
<td>$25,000</td>
</tr>
<tr>
<td>Fractures</td>
<td></td>
</tr>
<tr>
<td>hip</td>
<td>$10,000</td>
</tr>
<tr>
<td>pelvis (excluding sacrum)</td>
<td></td>
</tr>
<tr>
<td>thigh shaft</td>
<td></td>
</tr>
<tr>
<td>skull (excluding bones of the face or nose)</td>
<td>$7,500</td>
</tr>
<tr>
<td>lower leg (excluding foot), kneecap or ankle</td>
<td>$5,000</td>
</tr>
<tr>
<td>vertebrae</td>
<td></td>
</tr>
<tr>
<td>Specified Injury</td>
<td>Specified Benefit</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Specified Injury</td>
<td>Standard Package</td>
</tr>
<tr>
<td><strong>Fractures</strong></td>
<td></td>
</tr>
<tr>
<td>arm (including elbow, excluding wrist)</td>
<td>$4,000</td>
</tr>
<tr>
<td>sternum</td>
<td></td>
</tr>
<tr>
<td>collar bone</td>
<td></td>
</tr>
<tr>
<td>foot (including heel, excluding toes)</td>
<td>$1,500</td>
</tr>
<tr>
<td>hand (excluding thumb and fingers)</td>
<td></td>
</tr>
<tr>
<td>jaw (excluding cheekbone)</td>
<td></td>
</tr>
<tr>
<td>shoulder blade</td>
<td></td>
</tr>
<tr>
<td>wrist</td>
<td></td>
</tr>
<tr>
<td>cheekbone</td>
<td>$500</td>
</tr>
<tr>
<td>coccyx</td>
<td></td>
</tr>
<tr>
<td>eye socket</td>
<td></td>
</tr>
<tr>
<td>nose</td>
<td></td>
</tr>
<tr>
<td>rib or ribs</td>
<td></td>
</tr>
<tr>
<td>sacrum</td>
<td></td>
</tr>
<tr>
<td><strong>Dislocations</strong></td>
<td></td>
</tr>
<tr>
<td>hip</td>
<td>$7,500</td>
</tr>
<tr>
<td>knee, ankle, wrist, elbow</td>
<td>$1,500</td>
</tr>
<tr>
<td>shoulder</td>
<td>$500</td>
</tr>
<tr>
<td><strong>Burns</strong></td>
<td></td>
</tr>
<tr>
<td>severe burns to more than 20% of body surface or 50% of face</td>
<td>$12,500</td>
</tr>
<tr>
<td>severe burns to at least 4% but less than 20% of body surface</td>
<td>$7,500</td>
</tr>
<tr>
<td>severe burns of hands to at least 50% of either hand surface</td>
<td>$4,000</td>
</tr>
</tbody>
</table>
If you suffer more than one specified injury at the same time, we will only pay for the injury with the greater specified benefit.

For example, if you were to suffer a dislocated knee and a fractured rib as a result of the same accident, we will only pay for the injury with the highest specified benefit, in this case the dislocated knee.

The specified benefit for dislocations of the same body part will only be paid once.

For example, if you were to dislocate your left shoulder and a specified benefit is paid, we will not pay any subsequent claims for a left shoulder dislocation.

If you are diagnosed with osteoporosis before or after your policy commencence date, the maximum number of claims that can be made for specified fractures following that diagnosis is 2, including (if applicable) the claim we paid which led to the diagnosis.

The specified benefits payable under the Injury Benefit will reduce from the policy anniversary after your 80th birthday. The following table shows the percentage reduction that will be applied to the specified benefits payable at age 80.

<table>
<thead>
<tr>
<th>Age at policy anniversary</th>
<th>Percentage reduction to specified benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>10%</td>
</tr>
<tr>
<td>81</td>
<td>20%</td>
</tr>
<tr>
<td>82</td>
<td>30%</td>
</tr>
<tr>
<td>83</td>
<td>40%</td>
</tr>
<tr>
<td>84 - 89</td>
<td>50%</td>
</tr>
</tbody>
</table>

For example, if at your 80th birthday the specified benefit payable for a fractured wrist is $3,500 (including indexation), after the policy anniversary at age 82 the specified benefit payable for the same injury would be $2,450 (that is, the specified benefit of $3,500 less 30%).

The Injury Benefit stops on your 90th birthday, unless cover stops earlier (please refer to When does cover start and stop? on page 4).
4.2 Automatic Indexation Benefit

We will automatically increase the specified benefits payable under the Injury Benefit each year on your policy anniversary by the indexation factor to a maximum of 10%. We will recalculate your premium each year to reflect the increase in the specified benefits in line with the indexation factor (and your age) and we will advise you of your new premium prior to your policy anniversary each year.

You can ask us not to apply the indexation factor to the specified benefits. If you request this, the specified benefits payable under the Injury Benefit will not change.

The Automatic Indexation Benefit does not apply to the Accidental Death Benefit.

The Automatic Indexation Benefit stops on your 80th birthday, unless cover stops earlier (please refer to When does cover start and stop? on page 4).

4.3 Accidental Death Benefit

If you die as a result of an accident and your death occurs within 365 days of that accident, we will pay the Accidental Death Benefit as a lump sum to your nominated beneficiary (if applicable), otherwise to your legal personal representative, unless in our opinion, one or more of the exclusions apply (please refer to When we won’t pay on page 9). Depending on the package chosen by you, the Accidental Death Benefit payable is as follows:

<table>
<thead>
<tr>
<th>Standard Package</th>
<th>Plus Package</th>
</tr>
</thead>
<tbody>
<tr>
<td>$15,000</td>
<td>$30,000</td>
</tr>
</tbody>
</table>

The Accidental Death Benefit stops on your 90th birthday, unless cover stops earlier (please refer to When does cover start and stop? on page 4).
4.4 10% Cash Back Benefit

If you have continuously held your policy and you have not received any claim payments within 3 years of the policy commencement date, we will refund 10% of the premiums you have paid during that period. We will do this every 3 years provided there have been no claims paid within that 3 year period – this means on the 3rd, 6th, 9th etc anniversary after your policy commencement date you can receive 10% of the premiums back that you have paid in the previous 3 years.

For example, if we accept a claim in the 2nd year following your policy commencement date, you will not be eligible for 10% cash back on your 3rd anniversary. If you pay $1,000 in premiums during the next 3 years and you make no subsequent claims, we will refund $100 after the 6th anniversary of your policy commencement date.

5.0 When we won’t pay

We will not pay any benefit or refund any premiums if the accident giving rise to the claim, directly or indirectly, is a result of:

— your intentional self inflicted act;
— you working in an occupation:
  — at heights above 15 metres;
  — underground in the mining industry;
  — while carrying a firearm;
  — with explosives;
  — offshore in the oil, gas or petroleum industry; or
  — overseas as part of your service in the armed forces.
— you attempting to engage in or engaging in:
  — aviation or aerial pursuit activities other than as a fare paying passenger on a commercial airline on regular scheduled flights;
  — riding on or driving in any self-propelled vehicle engaged in any race, speed or reliability trial on any waterway, racing course, speedway or racing track;
  — mountaineering, rock climbing, abseiling or canyoning; or
— diving to a depth of 45 metres or more, pot holing, wreck diving or diving in a cave.
— you being under the influence of alcohol or drugs, other than those prescribed by a registered doctor and taken as directed.

6.0 Your premium

Your premium pays for your cover, government fees and charges and administration costs.

Your premium is based on your age and the package you have chosen. A 10% family discount may apply if an immediate family member also purchases a Suncorp Accidental Injury Plan. The premium stated in the schedule applies during the first 12 months after your policy commencement date.

Your premium is guaranteed not to change for 12 months from your policy commencement date. After this period, your premium may increase each year with age and with increases to the specified benefits as a result of the Automatic Indexation Benefit (explained on page 8). We will send you a notice prior to each policy anniversary confirming your premium. We can also change the premium rate for all policies of the same kind at any time. In the event we apply an increase to policies of the same kind, we will provide you with at least 30 days’ notice and you will be charged the new premium from your next policy anniversary.

Premiums received are paid into our No. 1 statutory fund. A policy issued in relation to Suncorp Accidental Injury Plan is not eligible to participate in any surplus arising in our statutory fund.

6.1 Paying your premium

Your premiums are payable from the financial institution account or credit card you nominate. Your premium and the frequency (fortnightly, monthly or annually) you have chosen to pay your premium are detailed on your schedule.

You have up to 14 days (or 30 days if you pay monthly) from the date each premium is due to pay your premiums. This period is called the days of grace. If you are entitled to claim within the days of grace, we will pay the benefit.
if otherwise payable on the terms explained in this policy document, less the amount of any unpaid premium.

If your premium remains unpaid during the days of grace, we will send a notice to you specifying the date we will cancel the policy without any refund of premium. If the premium remains unpaid, we will also provide written notice of cancellation to you at the address last advised to us. We will not be liable for any claims after the date of cancellation.

If we cancel your policy due to non-payment of premiums, you can complete an Application for Reinstatement and return it to us for consideration within 3 months of the policy’s cancellation date. In order for us to process your Application for Reinstatement, all outstanding premiums must be paid by you.

7.0 Claims

If entitled to make a claim, you, your nominated beneficiary or legal personal representative can contact us on 1800 044 607 and we will then send a claim pack that needs to be completed to our satisfaction and returned to us.

To make a claim under the Injury Benefit, you are required to contact us as soon as reasonably possible after your accident. The following information will be required:

— if the claim is as a result of a fracture, we will require a claim form completed by you and a registered doctor; or

— if the claim is as a result of a dislocation, we will require a certified medical certificate from either a registered doctor, or an attending nurse or ambulance officer; or

— if the claim is as a result of single loss of limb or eye, loss of limbs or sight or severe burns, a claim form completed by you and a registered doctor; and

— certified proof of identity (birth certificate, drivers licence or passport).

To make a claim under the Accidental Death Benefit, your nominated beneficiary or legal personal representative is required to contact us as soon as reasonably possible after your death. The following information will be required:

— the claim form completed by your nominated beneficiary or legal personal representative;

— a certified copy of the death certificate or other evidence satisfactory to us; and
— certified proof of identity (birth certificate, drivers licence or passport).

If you have made a valid nomination of beneficiary, which we will confirm with you in writing, we will pay any benefit payable under the Accidental Death Benefit in accordance with your nomination, subject to any relevant terms and conditions which may apply as explained on your Nomination of Beneficiary form.

We can ask for information we might reasonably need and obtain medical and other records to ensure that the terms and conditions of the policy as set out in this policy document are satisfied.

Payment of a benefit under this policy will be subject to relevant legislative requirements being adhered to and depending upon individual circumstances, additional information may be required by us.

You, your nominated beneficiary or legal personal representative will be required to pay for the cost of satisfying these claim requirements, unless we notify you otherwise.

To assess your claim promptly, we need to ensure the information provided to us at the time of application is correct, for example your age. If we have received any false information, we may refuse the claim, adjust the premiums paid by you or the benefit payable by us.

We may refuse the claim if we are disadvantaged by any delay in notifying us of a claim.

All payments are made as a lump sum in Australian currency.

We will not consider any claim, unless the accident giving rise to the claim occurred while your policy was still in force.
8.0 How to contact us

8.1 Administration queries and changes

If you have any queries about your policy or you would like to make any changes to your policy, including a change to your address or to your payment type, please contact us (please refer to the back page for contact details). A change to this policy will only apply if we confirm the change in writing. You can apply to alter the chosen package on an existing policy by contacting us.

During the life of the policy, you cannot assign ownership of this policy to any other person or party.

8.2 Complaints

If you have a complaint about this product or our services, you can contact us (please refer to the back page for contact details).

If you are dissatisfied with our decision or the way we handled your complaint, you can also contact the Financial Ombudsman Service (FOS) Australia (ABN 67 131 124 448). FOS is an external dispute resolution scheme that provides free services to customers, and is a totally independent and impartial body who will deal with your complaint directly, or follow up the matter on your behalf in accordance with its terms of reference.

You can contact FOS by:

— phoning 1800 367 287 or (03) 9613 7366
— faxing (03) 9613 6399
— emailing info@fos.org.au
— writing to Financial Ombudsman Service Limited
  GPO Box 3
  MELBOURNE VIC 3001
— visiting www.fos.org.au
9.0 Glossary

Where any words appear in this policy document, whether the first letter is in upper or lower case, their meanings are listed below.

Where applicable, with respect to the definitions, singular includes the plural and vice versa.

accident: means an event that occurs during the life of this policy which solely and directly causes injury as a result of violent, external and visible means.

dislocation: means damage to a joint where one or more bones are completely out of place. It excludes partial dislocations, for example where the bone ends are out of place but still touching.

expiry date: means the date your policy ends as stated on the schedule.

fracture: means the disruption in the continuity of the bone, with or without displacement, confirmed by radiographic or scanning technique. Stress fractures are excluded.

immediate family members: means your partner, parents, siblings or children.

indexation factor: means the percentage change in the consumer price index (CPI) which is the weighted average of the 8 Australian capital cities combined as published by the Australian Bureau of Statistics or any body which succeeds it and in respect of the 12 month period finishing on 30 September. The indexation factor will be applied from 1 March the following year. If the CPI is not published by this date, the indexation factor will be calculated upon a retail price index which we consider most nearly replaces it.

injury: means physical damage to your body which occurs while cover for the applicable benefit was in force under this policy.

insured person: means the person who has been accepted by us and is listed on the schedule as the insured person under the policy.

legal personal representative: means the executor or administrator of your estate, or any other person(s) who is authorised by law to administer and distribute your estate.
loss of limbs or sight: means the total and permanent loss of use of:

— both feet;
— both hands;
— the sight in both eyes (to the extent of 6/60 or less); or
— any combination of at least two of: a hand, a foot or sight in an eye (to the extent of 6/60 or less).

nominated beneficiary: means the person you nominate using the Nomination of Beneficiary form to receive the Accidental Death Benefit under your policy.

package: means the package chosen (Standard or Plus) under the policy as stated on the policy schedule.

partner: means your spouse or a person living with you as your spouse on a domestic basis in good faith. He or she can be the same sex as you.

policy: means your Suncorp Accidental Injury Plan, which consists of the policy document, schedule and information provided in your application.

policy anniversary: means the anniversary of your policy commencement date.

policy commencement date: means the date we accept your application for cover as shown on the schedule.

policy owner: means the person listed on the schedule as the owner of this policy.

premium: means the amount you pay us for the insurance.

registered doctor: means a doctor who is legally qualified and properly registered. The doctor cannot be you or a member of your family. If practising outside Australia, the doctor must have qualifications equivalent to Australian Standards.

schedule: means a document issued by us which shows important information about your policy, including your policy number, premiums, and policy commencement date.

severe burns: means accidental burns that involve damage or destruction of the skin to its full depth through to the underlying tissue.
single loss of limb or eye: means the total and permanent loss of use of:

— one foot;
— one hand; or
— sight in one eye (to the extent of 6/60 or less).

specified benefit: means the amount payable, as stated in this policy document, relating to the specified injury under the policy.

specified injury: means an injury for which a specified benefit may be paid under this policy.

we, us and our: means Suncorp Life & Superannuation Limited ABN 87 073 979 530 AFSL 229880.

Suncorp Group: means Suncorp Group Ltd ABN 66 145 290 124 and its subsidiaries, including Suncorp.

you and your: means the policy owner who is also the insured person(s) who has been accepted by us and is shown on the schedule.
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Contact us

Call **1800 044 607**

Insurance Fraud Hotline
**1300 881 725**

Online

Local store

Write to Suncorp Life Customer Service
GPO Box 3950 Sydney NSW 2001