

## Schedule of Insurance

<b>Class of Policy:</b> P&C STUDENT INJURY COVER	<b>Policy No:</b> 0005365
<b>The Insured:</b> Merimbula Public School P&C Association	<b>Invoice No:</b> 11274
	<b>Our Ref:</b> PC MERIMB

### Student Injury Insurance Summary Only - Details of policy, refer to the PDS

<b>Insured</b>	Federation of Parents' and Citizens Associations of NSW
<b>Policy Type:</b>	Student Injury
<b>Policy Number:</b>	0005365
<b>Insured Persons:</b>	Students - All students of the schools nominated by the Insured during School Activities Parents - All parents of Insured Students During School Activities Teachers - All Teachers of the schools nominated by the Insured, During School Activities Students - Outside School Activities - All students of the schools nominated by the Insured not including School Activities
<b>Insurer:</b>	Accident & Health International Underwriting Pty Ltd
<b>Exclusions:</b>	Medicare Medical Expenses (Health insurance Act)
<b>Policy Wording: Scope of Cover:</b>	Students, Parents, Teachers, Students - Outside School Activities Custom
<b>Territorial Limits:</b>	Worldwide
<b>Aggregate Limit of Liability</b>	\$15,000,000

## SCHEDULE OF BENEFITS

	Cover 1 (School Activities)	Cover 2 (Outside School Activities)
Maximum Benefits Payable Each Insured Person		
<b>Death</b>	\$25,000	\$25,000
<b>Broken / Fractured Bones Benefits</b>	\$7,500	\$ 5,000
<b>Neck or spine (Full-Break)</b>	\$ 7,500	\$ 5,000
<b>Neck or spine (not being a Full-Break)</b>	\$ 3,750	\$ 2,500
<b>Pelvis girdle (Hip bone)</b>	\$ 1,875	\$ 1,250
<b>Skull, shoulder blade</b>	\$ 750	\$ 500
<b>Collar bone, upper leg</b>	\$ 750	\$ 500
<b>Upper arm, kneecap, forearm, elbow</b>	\$ 562	\$ 375
<b>Lower leg, jaw, wrist, cheek, ankle, Hand,foot</b>	\$ 375	\$ 250
<b>Ribs</b>	\$ 375	\$ 250

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<b>Finger, thumb, toe</b>	\$ 187	\$ 125
<b>Non-Medicare Medical Expenses</b> (exclusions: Teachers)	\$4,250	\$ 2,125
<b>Loss of Teeth or Dental Procedures</b> (exclusions: Teachers)	\$10,000	\$ 2,500
<b>Student Tutorial Benefit</b>	\$ 300 per week (limit 26 weeks)	Not insured
<b>Out of Pocket Expenses Benefit</b>	\$ 300	\$ 300
<b>Bed Care Benefit</b>	15,600 (dailey benefit 42.86)	Not insured
<b>Emergency Transport Benefit</b>	\$1,000	\$1,000
<b>Cash Benefit (exclusions: Teachers)</b>	\$100 per day (limit \$1,500)	Not Insured
<b>Education Fund Benefit</b>	\$1,000	\$1,000 (Cover 2 Excludes Teachers)
<b>Permanent Total Disablement</b>	\$ 250,000	\$ 100,000
<b>Paraplegia/Quadriplegia</b>	\$ 250,000	\$ 100,000
<b>Permanent and incurable paralysis of all limbs</b>	\$ 250,000	\$ 100,000
<b>Permanent and incurable insanity</b>	\$ 250,000	\$ 100,000
Permanent total loss of sight in:		
a. Both eyes	\$ 250,000	\$ 100,000
b. One (1) eye	\$ 250,000	\$ 100,000
Permanent total Loss of Use of:		
a. Two (2) limbs	\$ 250,000	\$ 100,000
b. One (1) limb	\$ 250,000	\$ 100,000
Permanent total Loss of Use of:		
a. The lens in both eyes	\$ 250,000	\$ 100,000
b. Hearing in both ears	\$ 250,000	\$ 100,000
Permanent total Loss of Use four fingers and thumb of either hand	\$ 200,000	\$ 80,000
Permanent total Loss of Use of four fingers of either hand	\$ 125,000	\$ 50,000
Permanent total Loss of Use of:		
a. The lens in one (1) eye	\$ 150,000	\$ 60,000
b. Hearing in one (1) ear	\$ 50,000	\$ 20,000
Burns:		
a. Third degree burns and/or resultant disfigurement which covers more than 40% of the entire external body	\$ 125,000	\$ 50,000
b. Second degree burns and/or resultant disfigurement which covers more than 40% of the entire external body	\$ 62,500	\$ 25,000
Permanent total Loss of Use of one thumb of either hand:		

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a. both joints	\$ 75,000	\$ 30,000
b. one (1) joint	\$ 37,500	\$ 15,000
Permanent total Loss of Use of fingers of either hand:		
a. three (3) joints	\$ 25,000	\$ 10,000
b. two (2) Joints	\$ 20,000	\$ 8,000
c. one (1) joint	\$ 12,500	\$ 5,000
Permanent total Loss of Use of toes of either foot:		
a. all – one (1) foot	\$ 37,500	\$ 15,000
b. great - both joints	\$ 12,500	\$ 5,000
c. great – one (1) joint	\$ 7,500	\$ 3,000
d. other than great, each toe	\$ 2,500	\$ 1,000
Fractured leg or patella with established non-union	\$ 25,000	\$ 10,000
Shortening of leg by at least 5cm	\$ 18,750	\$ 7,500

## ENDORSEMENTS TO POLICY WORDING / SCHEDULE

### Client Specific Endorsements

The premium for this Policy is adjustable annually by applying the agreed premium rates based on the number of students enrolled at each school

### Loss of Teeth or Dental Procedures

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in any of the following Insured Events which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Insured Events Percentage of Benefit Payable

Loss of Teeth or full capping of Teeth: 100%

Partial capping of Teeth: 50%

### Compensation

We will pay the Percentage of Benefit Payable stated for the Insured Event, of the amount shown in the Policy Schedule against "Loss of Teeth or Dental Procedures".

### Conditions

1. The maximum amount We will pay for any one Tooth is shown in the Policy Schedule against "Maximum per Tooth".

2. The maximum Compensation payable for any one Injury is the amount shown in the Policy Schedule against "Loss of Teeth or Dental Procedures".

### Exclusions

1. No cover is provided for any Pre-Existing Condition.

### Out of Pocket Expenses Benefit

#### Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury and as a direct result incurs otherwise unforeseeable, reasonable expenses for:

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Page 6 of 7

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1. Medical Mobility Equipment; and/or
2. local transportation (other than in an ambulance) for the purpose of seeking medical treatment; and/or
3. replacement of items damaged as a result of the Injury,

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

### Compensation

We will reimburse the above expenses. The maximum amount We will pay is shown in the Policy Schedule against "Out of Pocket Expenses".

### Conditions

1. Payment under this Benefits is made, provided:
  - a. that those costs are not insured elsewhere under this Policy; or
  - b. the payment of the Benefit does not constitute the carrying on of a "Health Insurance Business" as defined under the Private Health Insurance Act 2007 (Cth) or any succeeding legislation to that Act or would result in a breach of the provisions of the Health Insurance Act 1973 (Cth).
2. The requirement for Medical Mobility Equipment must be certified by a Medical Practitioner.

### Exclusions

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

### Bed Care Benefit

#### Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury and as a result is unable to perform the 'activities of daily living' such as washing, cooking, bathing, dressing and movement around the Insured Person's principal residence and the Insured Person is confined to bed (other than in a Hospital or other medical facility), which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

### Compensation

We will pay the amount shown in the Policy Schedule against "Daily Benefit" for each completed twenty-four (24) hours of continued bed confinement.

The maximum We will pay is the amount shown in the Policy Schedule against "Bed Care Benefit".

### Conditions

1. A Medical Practitioner must certify that the Insured Person is unable to perform the 'activities of daily living' and therefore necessitated the confinement to bed.

### Exclusions

1. No cover is provided for bed confinement which lasts less than a period of forty-eight (48) consecutive hours.

### Client Specific Endorsements

#### Cash Benefit

#### Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury, We will pay the Compensation as shown in the Policy Schedule, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

#### Compensation

We will pay the daily Benefit amount as shown in the Policy Schedule against "Cash Benefit" for up to a maximum fifteen (15) consecutive days if the Insured Person is unable to attend school as a result of an Injury.

### Conditions

1. The Insured Person must be unable to attend school for a minimum of two (2) days before this Benefit becomes payable.
2. A Medical Practitioner must certify that the Insured Person is unable to attend school as a result of the Injury.

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3. The inability of the Insured Person to attend school must occur within three hundred and sixty-five (365) consecutive days from the date of the Insured Person's Injury.

### Exclusions

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

### Education Fund Benefit

#### Extent of Cover

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

- Death
- Disappearance

and their Dependent Children subsequently incurs expenses for school, university or institute of higher learning fees which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

### Compensation

We will pay for or reimburse the above expenses for each Dependent Child of the Insured Person. The maximum amount We will pay is shown in the Policy Schedule against "Education Fund Benefit".

### Conditions

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

### Exclusions

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

### Client Specific Endorsements

#### Emergency Transport Benefit

##### Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person suffers a lifethreatening serious Injury or a serious Sickness that requires immediate emergency medical care, which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

### Compensation

We will pay up to the maximum amount shown in the Policy Schedule against "Emergency Transport Benefit".

### Conditions

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

### Exclusions

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