## Policy Schedule



Group Personal Accident Journey





**Policy Number:** 2200103276

Named Insured: AUSTRALIAN MANUFACTURING WORKERS UNION

**Policy Period:** From: 15 Dec 2024 (at 4.00pm. Local Standard Time)

**To:** 15 Dec 2025 (at 4.00pm. Local Standard Time)

**Broker:** COVERFORCE INSURANCE BROKING PTY LTD

Brokerage: 15.00% Broker Ref:

Territorial Limit: WorldWide

## **EMPLOYEE JOURNEY**

Insured Person(s): All Union Executives, Employees & Eligible Financial Members of the Insured, including applicable

QLD members. Excluding members covered by WageGuard Income Protection Insurance

## **Period of Individual Cover:**

We will only provide the Compensation set out in The Schedule when any Event shall happen to You whilst You are actually engaged in "Direct travel" to or from Your "normal place of residence" and to or from Your place of employment, including whilst engaged in travel to or from your place of employment on authorised meal/lunch breaks during an insured persons work day and including deviation to attend an educational institution.

Where "normal place of residence" is deemed to include any domestic residence within a 20km radius of your normal place of residence, providing you have spent the night or are travelling there to spend the night.

"Direct travel" is defined as your normal route to or from your normal place of residence and your place of employment, including any minor deviation which in no way increases the risk of an accident had the Insured person travelled directly to their destination.

**Age Limitation:** Between the ages of 16 and 75

**Aggregate Limit of Liability:** (Special Provisions - Number 7)

Any Policy period except non schedule flights (a) \$1,000,000

Any Policy period relating to non schedule flights (b) NIL

The compensation applicable under each section for each insured person:

**Temporary Partial Disablement, Event 20** 

Section A: DEATH & CAPITAL BENEFITS, Events 1-18 NIL

Section B: WEEKLY INJURY BENEFITS, Event 19

85.00% of Salary up to \$1,500

25% of Event 19

Aggregate Period 104 Weeks Elimination Period 14 Days



Section C: **AIG CARE PLUS BENEFITS** 

> 1 Broken Bones Maximum of \$7,500

> 2 Guaranteed Payment Benefit (conditions apply) 12 weeks advance 3 Loss of Teeth Benefit Maximum of \$2,000

> 4 Accommodation and Transport Expense Benefit Up to \$10,000

> 5 Coma Benefit \$50 per day to a maximum of \$5,000

> 6 Domestic Help Benefit (maximum 52 weeks) 80% of the cost of Domestic Help up to a maximum

of \$500 per week

\$5,000

7 Education fund Benefit

8 Funeral Expense Benefit Up to \$10,000

9 Independent Financial Advice Benefit Up to \$7,500 10 Home/Vehicle Modification Benefit 80% of the cost of renovations to a maximum of \$10,000

11 Premature Birth/Miscarriage Benefit \$5,000

12 Spouse/Partner Employment Training Benefit Up to \$15,000

13 Student Tutorial Benefit (maximum 26 weeks) 85.00% of the cost of Student Tutorial Expenses

up to a maximum of \$500 per week

14 Unexpired Membership Benefit \$3,000

15 Chauffer Benefit \$100 per day to a maximum of \$2,500

16 Childcare Benefit (maximum 26 weeks) \$500 per week 17 Corporate Image Protection Up to \$15,000

18 Replacement Staff/Recruitment Costs Maximum of \$20,000 Up to \$500 per month 19 Rehabilitation Costs (maximum of 6 months)

20 Escalation of Claim 5% compound p.a. 21 a. Spouse \$5,000

b. Dependant Children \$5,000 per child, maximum of \$15,000

22 Accidental HIV Infection

\$25,000

If no amount is inserted against any one or more of the above Sections, this Policy does not provide cover under that Section or Sections.

Note: Weekly Benefits are reduced by Workers Compensation

**Policy Wording:** Group Personal Accident Journey Cover AH670.8 PDS JM09/01176.7

## **Endorsements:**

Endorsement 1 - Aggregate Period Applicable (Attached)

Endorsement 2 - Definition of Income (Attached)

Endorsement 3 - Reimbursement of Sick Leave (Attached)

Endorsement 4 - Section 3 Exclusion (Attached)

**Additional Exclusions: NIL** 

**Comments:** NIL

The terms as advised above are based on the information provided. Should there be any material changes to the proposed risk (including claims experience), or if any particulars are incorrect, please advise us immediately. We reserve our right to revise terms.





**Authorised Signatory** 

Name: Daniel Su Date: 08 Dec 2023 11:40

Phone: +61 0403 263 599 Quote Ref: GPA253112-SYD-2312081140
Mobile: +61 0403 263 599

Fax:

Email: daniel.su@aig.com



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Head Office
NEW SOUTH WALES

Level 19, 2 Park Street Sydney, NSW 2000, Australia

General customer service Tel: +61 2 9240 1711



