

# INSURANCE COVER SUMMARY FOR HEALTH SERVICES UNION - NSW, ACT & QLD MEMBERS GROUP PERSONAL ACCIDENT

February 2021



### **About Marsh**

[Marsh](#) is the world's leading insurance broker and risk adviser. With over 35,000 colleagues operating in more than 130 countries, Marsh serves commercial and individual clients with data driven risk solutions and advisory services. Marsh is a business of [Marsh & McLennan Companies](#) (NYSE: MMC), the leading global professional services firm in the areas of risk, strategy and people. With annual revenue approaching US\$17 billion and 76,000 colleagues worldwide, MMC helps clients navigate an increasingly dynamic and complex environment through four market-leading businesses: [Marsh](#), [Guy Carpenter](#), [Mercer](#), and [Oliver Wyman](#). Follow Marsh on Twitter [@MarshGlobal](#); [LinkedIn](#); [Facebook](#); and [YouTube](#), or subscribe to [BRINK](#).



## Table of Contents

|   |    |
|---|----|
| 1 INTRODUCTION.....                                 | 3  |
| 2 CONFIDENTIALITY.....                              | 4  |
| 3 SUMMARY OF COVER.....                             | 5  |
| 4 ENDORSEMENTS TO POLICY WORDING / SCHEDULE.....    | 6  |
| 6 FRAUDULENT CLAIMS OR MISLEADING INFORMATION ..... | 11 |
| 7 DATA PROTECTION.....                              | 12 |



## 1 INTRODUCTION

This benefits summary document outlines the insurance cover for all members in Australia of the Health Services Union (NSW/ACT/QLD).

This cover is provided to you free of charge, funded by the Health Services Union (NSW/ACT/QLD). If you have an accident and you are injured, this policy provides certain benefits. In order to provide you with this cover, Health Services Union (NSW/ACT/QLD) has taken out an insurance policy with the AHI Insurance for personal accident and income protection. You, subject to the terms and conditions, are the beneficiary of this policy.

Your cover will end automatically if you cease to be a member of Health Services Union (NSW/ACT/QLD). As a beneficiary you do not have the right to cancel the insurance contract between Health Services Union (NSW/ACT/QLD) and its Insurer which is subject to the contract terms between them.

**This document is a summary only. Please refer to the Insurer Policy Schedule & Policy Wording for full terms & conditions.**



## 2 CONFIDENTIALITY

This benefits summary document contains information which is confidential to the interested parties; Health Services Union (NSW/ACT/QLD), its members and Marsh Advantage Insurance and may not be reproduced in any form or communicated to any other person, firm or company without the prior approval of Marsh Advantage Insurance.

### 3 SUMMARY OF COVER

|                             |   |
|-----------------------------|---|
| <b>Policy Type:</b>         | Group Personal Accident and Sickness  |
| <b>Insured:</b>             | Health Services Union - NSW/ACT/QLD   |
| <b>Insured Persons:</b>     | Members of the Health Services Union (NSW/ACT/QLD)  |
| <b>Period of Insurance:</b> | Inception Date: 31/12/2020 at 4:00 pm (local standard time)<br>Expiry Date: 1/1/2022 at 4:00 pm (local standard time) |
| <b>Policy Wording:</b>      | GPAS 23092019   |
| <b>Scope of Cover:</b>      | The coverage afforded by this Policy provides 24 hour<br>365 day protection.  |
| <b>Territorial Limits:</b>  | Australia Wide  |

### SCHEDULE OF BENEFITS

|   |                |
|---|----------------|
| Minimum Age Limit (sub-limits may apply)                                  | 15             |
| Maximum Age Limit (sub-limits may apply)                                  | 90             |
| <b>Benefits Sum Insured</b>   |                |
| Broken / Fractured Bones Benefits   | up to \$2,500  |
| Accidental HIV Infection Lump Sum Benefit                                 | \$10,000       |
| Bed Care Benefit  | up to \$700    |
| Daily Benefit   | \$50           |
| Benefit Period  | 14 Days        |
| Coma Benefit  | up to \$18,000 |
| Daily Benefit   | \$100          |
| Benefit Period  | 180 Days       |
| Family Accommodation and<br>Transport Expenses Benefit                    | up to \$2,000  |
| Workplace Assault Benefit   | up to \$5,000  |
| Premature Birth/Miscarriage Benefit                                       | \$5,000        |
| Homemaker Assistance Benefit  | up to \$2,000  |
| Daily Benefit   | \$100          |
| Loss of Teeth or Dental Procedures  | up to \$5,000  |
| Maximum payable per Tooth   | \$500          |
| Multiple Birth Benefit  | \$5,000        |
| Accidental HIV Infection, Hepatitis B<br>and Hepatitis C Lump Sum Benefit | \$5,000        |
| Emergency Accommodation Expenses  | up to \$2,000  |

## 4 ENDORSEMENTS TO POLICY WORDING / SCHEDULE

### Broken / Fractured Bones Benefits

#### *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*

- Neck or spine (Full-Break) 100%
- Neck or spine (not being a Full-Break) 50%
- Pelvis girdle (Hip bone) 25%
- Skull, shoulder blade 10%
- Collar bone, upper leg 10%
- Upper arm, kneecap, forearm, elbow 7.5%
- Lower leg, jaw, wrist, cheek, ankle, hand, foot 5%
- Ribs 5%
- Finger, thumb, toe 2.5%

#### *Compensation*

We will pay the Percentage of Benefit Payable stated for the Insured Event of the amount shown in the Policy Schedule against "Broken / Fractured Bones Benefits".

#### *Conditions*

1. The maximum Compensation payable for any one Injury is the amount shown in the Policy Schedule against "Broken / Fractured Bones Benefits".

#### *Exclusions*

1. No cover is provided for any Injury wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).

### Accidental HIV Infection Lump Sum Benefit

#### *Extent of Cover*

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person contracts the Human Immunodeficiency Virus (HIV) as a result of:

1. Injury caused by a violent physical bodily assault by another person; or
2. Medical treatment of an Injury of the Insured Person provided by a Medical Practitioner or legally qualified and registered nurse,

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

Any general exclusions which apply to HIV infection do not apply to this benefit.

#### *Compensation*

We will pay the amount shown in the Policy Schedule against "Accidental HIV Infection Lump Sum Benefit".

#### *Conditions*

1. There must be a positive diagnosis of HIV infection within one hundred and eighty (180) consecutive days of the Event occurring.
2. The Event leading to the HIV infection must be reported to Us, and medical tests must be carried out by a Medical Practitioner, no more than forty-eight (48) consecutive hours from the date and time of the Event giving rise to the HIV infection.
3. A recognised laboratory must carry out the testing and prove that the Insured Person was not HIV positive at the time of the Event giving rise to the HIV infection.

#### *Exclusions*

1. No cover is provided if it is proven the Insured Person already had HIV prior to the Event giving rise to the HIV infection.
2. No cover is provided for any Injury wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).

### 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 is confined to bed for the period claimed.

#### *Exclusions*

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

### Coma 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 them being in a state of continued total unconsciousness, 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 total unconsciousness.

The maximum We will pay for any one Event is the amount shown in the Policy Schedule against "Coma Benefit".

#### *Conditions*

1. The Insured Person or their legal representative must provide Us with a medical certificate from a Medical Practitioner verifying that the Injury directly caused the continuous total unconsciousness.

#### *Exclusions*

1. No cover is provided for any Injury wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).

### Family Accommodation and Transport Expenses 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 them being admitted as an in-patient to a Hospital and the Insured Person's Family incurs expenses to travel to and remain with the Insured Person for the duration of their stay as an in-patient, 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 reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Family Accommodation and Transport Expenses Benefit".

#### *Conditions*

1. The Hospital must be located in Australia.

2. The Hospital must be located outside a radius of 100km from the Insured Person's normal place of residence.

#### *Exclusions*

1. No cover is provided for any Injury wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).

### Workplace Assault Benefit

#### **Changes to Benefit Conditions**

The following conditions are included in addition to the Conditions in the Policy Wording against Workplace Assault Benefit.

1. The maximum amount payable when the Workplace Assault results in an overnight hospitalisation is one hundred (100%) percent of the Compensation stated unless otherwise specified.

2. The maximum amount payable when the Workplace Assault results in a police report being filed is fifty (50%) percent of the Compensation stated unless otherwise specified.

### Premature Birth/Miscarriage Benefit

#### *Extent of Cover*

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury, which as a direct result causes premature childbirth (prior to twenty-six (26) weeks gestation) or miscarriage, 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 "Premature Birth/Miscarriage Benefit".

#### *Conditions*

1. A Medical Practitioner must certify that the premature birth or miscarriage was caused by the Injury.

#### *Exclusions*

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

### Homemaker Assistance Benefit

#### *Extent of Cover*

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person's Partner who does not generate or earn an income, sustains an Injury which results in them being unable to complete their usual domestic duties and as a result the Insured Person or Insured Person's Partner



incurs expenses for domestic help, covering at home childcare, routine household cleaning and garden maintenance activities 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 reasonable expenses as described in the Extent of Cover up to a maximum of the amount shown in the Policy Schedule against “Daily Benefit” for each completed twenty-four (24) hours that the Insured Person’s Partner is unable to complete their usual domestic duties. The maximum We will pay is the amount shown in the Policy Schedule against “Homemaker Assistance Benefit”.

*Conditions*

1. The domestic help expenses must be incurred within three hundred and sixty-five (365) consecutive days of the date of the Injury.
2. The Insured Person’s Partner must as soon as possible after the happening of any Injury giving rise to a claim, procure and follow proper medical advice from a Medical Practitioner.
3. All Compensation shall be paid monthly in arrears.
4. The domestic help provided must be certified as necessary by a Medical Practitioner.

*Exclusions*

1. No cover is provided for any Injury that is wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).
2. No cover is provided for Insured Persons who have attained:
  - a. the age of seventy-five (75) or over; or
  - b. the age shown in the Policy Schedule against “Maximum Age Limit (sub limits may apply)”, whichever is the lesser.
3. No cover is provided for domestic help provided by a Relative of the Insured Person or a Relative of the Insured Person’s Partner.

## 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.

## Multiple Birth Benefit

*Extent of Cover*

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person gives multiple birth, We will pay the Compensation in accordance with the terms set out in this Benefit.

*Compensation*

We will pay for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against “Multiple Birth Benefit”.

The Compensation is subject to any Benefit Limits applicable to this 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.

specified.

## Accidental HIV Infection, Hepatitis B and Hepatitis C Lump Sum Benefit

### *Extent of Cover*

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person contracts Human Immunodeficiency Virus (HIV) or Hepatitis B or Hepatitis C as a result of:

Accidental Injury by a sharp medical instrument which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

Any general exclusions which apply to HIV infection do not apply to this benefit.

### *Compensation*

We will pay the amount shown in the Policy Schedule against “Accidental HIV Infection, Hepatitis B and Hepatitis C Lump Sum Benefit”.

### *Conditions*

1. There must be a positive diagnosis within one hundred and eighty (180) consecutive days of the Event occurring.
2. The Event leading to the infection must be reported to Us, and medical tests must be carried out by a Medical Practitioner, no more than forty-eight (48) consecutive hours from the date and time of the Event giving rise to the infection.

### *Exclusions*

1. No cover is provided if it is proven the Insured Person already had HIV or Hepatitis B or Hepatitis C prior to the Event giving rise to the infection.
2. No cover is provided for any Injury wholly or partly attributable to childbirth or pregnancy or the complications of these (except for unexpected medical complications of emergencies arising from an Injury).

## Emergency Accommodation Expenses

### *Extent of Cover*

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person is in an emergency situation where their personal safety is at risk as a result of Domestic Violence which results in them having to temporarily seek emergency accommodation, 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 for or reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against “Emergency Accommodation Expenses”.

### *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.

### **Changes to AHI Standard Definitions**

The following definition is included in addition to the AHI Standard Definitions in the Policy Wording. Domestic Violence means physical violence, sexual assault, emotional or verbal abuse, psychological abuse or controlling behaviour, stalking and financial abuse.

**Please refer to the Policy Wording for a list of full General Exclusions applicable to the policy.**

Should you require a copy please contact HSU NSW/ACT/QLD

## 5 IMPORTANT NOTE

You must comply with the following conditions. If you fail to do so and this affects the ability of the claims administrator to fully assess the claim, it may affect your rights under the policy and any payment could be reduced.

1. A doctor must be consulted as soon as possible after an accident.
2. All claims must be reported to the claims administrator as soon as possible, but in any event within 30 days of an accident unless there is a valid reason for the delay.
3. You must complete the incident report form (in full) and provide any information and assistance which the claims administrator may require in establishing the amount of any payment due under the insurance policy.
4. The claims administrator must be allowed to access to your medical reports.
5. You must attend a medical examination if this is requested by the claims administrator.
6. For any claim for temporary total incapacity, you must provide evidence of your incapacity for the duration of the claim and provide a medical report from a doctor. We may request for further information depending on the claim.
7. For assault cover you will need to provide a copy of the Police Report and report number.



## 6 FRAUDULENT CLAIMS OR MISLEADING INFORMATION

We take a robust approach to fraud prevention. If any claim made by you, or anyone acting on your behalf is fraudulent, deliberately exaggerated or intended to mislead, the insurer may:

- a. not pay that claim; and
- b. recover (from you) any payments made in respect of that claim; and
- c. terminate your cover from the time of the fraudulent act; and
- d. inform the police of the fraudulent act. If your cover is terminated from the time of the fraudulent act, we will not pay any claim for any incident which happens after that time

## 7 DATA PROTECTION

This privacy notice is relevant to anyone who uses our services, including policyholders, prospective policyholders, and any other individuals covered under a policy. We refer to these individuals as "you/your" in this notice. We are dedicated to being transparent about what we do with the information that we collect about you. We process your personal data in accordance with the relevant data protection legislation.

### Why do we process your data?

The provision of your personal data is necessary for us to administer your cover and meet our contractual requirements. You do not have to provide us with your personal data, but we may not be able to proceed appropriately or handle any claims if you decide not to do so.

### What information do we collect about you?

Where you make a claim under this cover, you will be aware of the information you gave to the claims administrator. The claims administrator may pass this information to the insurer, and in some circumstances other third parties, in order for us and those parties to administer your cover and/or the claim. This information may also be used in the event that you make a complaint, for the sole purposes of trying to resolve that complaint. In certain circumstances we may process some special categories of your personal data, such as information about your health. We have a legitimate interest to collect this data as we are required to use this information to administer your cover and process any relevant claims. We may also process the data where it is necessary for a legal obligation, or as part of the establishment or defense of a legal claim.