

# GIO ACCIDENTAL INJURY PLAN

POLICY DOCUMENT

Prepared on: 1 March 2019



This product and policy document is issued by Asteron Life & Superannuation Limited ABN 87 073 979 530, AFSL 229880 (Asteron). Asteron is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). Asteron is authorised to use the GIO brand.

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# 1. Important Information

When reading this policy document, please refer to the Glossary on pages 13-15 which shows the meaning of various terms in bold throughout.

For details on How to contact us, please refer to page 12.

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 Asteron Life & Superannuation Limited ABN 87 073 979 530 AFSL 229880 (Asteron). AAI Limited ABN 48 005 297 807, AFSL 230859 trading as GIO does not provide any financial product advice in relation to GIO Accidental Injury Plan. GIO does not issue, guarantee or underwrite, GIO Accidental Injury Plan or any **policy** issued in relation to it.

**Asteron** is related to TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL Life) and to the distributor TAL Direct Pty Limited ABN 39 084 666 017, AFSL 243260 (TAL Direct). **Asteron**, TAL Life and TAL Direct are part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL).

GIO 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 9), **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. 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. 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 the **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. Benefits under this policy

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

Payment of a benefit is subject to **our** acceptance of **your** claim (please refer to Claims on page 10).

There are circumstances when **we** will not pay a benefit under **your policy**. Please refer to When we won't pay on page 10 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 8).

Specified Injury	Specified Benefit	
	Standard Package	Plus Package
<b>loss of limbs or sight</b>	\$50,000	\$100,000
<b>single loss of limb or eye</b>	\$25,000	\$50,000
<b>Fractures</b>		
hip, pelvis (excluding sacrum) thigh shaft	\$10,000	\$20,000
skull (excluding bones of the face or nose)	\$7,500	\$15,000
lower leg (excluding foot), kneecap, ankle, vertebrae	\$5,000	\$10,000
arm (including elbow, excluding wrist), sternum	\$4,000	\$8,000
collar bone, foot (including heel, excluding toes), hand (excluding thumbs and fingers), jaw (excluding cheekbone), shoulder blade, wrist	\$1,500	\$3,000

Specified Injury	Specified Benefit	
	Standard Package	Plus Package
cheekbone, coccyx, eye socket, nose, rib or ribs, sacrum	\$500	\$1,000
<b>Dislocations</b>		
hip	\$7,500	\$15,000
knee, ankle, wrist, elbow	\$1,500	\$3,000
shoulder	\$500	\$1,000
<b>Burns</b>		
<b>severe burns</b> to more than 20% of body surface or 50% of face	\$12,500	\$25,000
<b>severe burns</b> to at least 4% but less than 20% of body surface	\$7,500	\$15,000
<b>severe burns</b> of hands to at least 50% of either hand surface	\$4,000	\$8,000

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 commencement 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.

Age at policy anniversary	Percentage reduction to specified benefit
80	10%
81	20%
82	30%
83	40%
84 - 89	50%

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 8). Depending on the **package** chosen by **you**, the Accidental Death Benefit payable is as follows:

Standard Package	Plus Package
\$15,000	\$30,000

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. 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. 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 GIO 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 7). **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 GIO 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. Claims

If entitled to make a claim, **you, your nominated beneficiary** or **legal personal representative** can contact **us** on 1800 116 336 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. 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 this **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, we have established a complaints resolution process and are committed to working with you to resolve your concerns. You can call us on 1800 116 336 or contact the Customer Relations team at [lifecustomerrelations@suncorp.com.au](mailto:lifecustomerrelations@suncorp.com.au).

If an issue has not been resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers.

You can contact AFCA via the following:

- Website: [www.afca.org.au](http://www.afca.org.au)
- Email: [info@afca.org.au](mailto:info@afca.org.au)
- Telephone: 1800 931 678 (free call)
- In writing to: Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001.

## 9. Glossary

Where any of the following words appear in this policy document **bolded**, 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.

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

**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 this **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** GIO Accidental Injury Plan insurance, which consists of this policy document, the **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**.

**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**.

## KNOW NOW



Call us on 1800 116 336

Email us on [giolife@gio.com.au](mailto:giolife@gio.com.au)

Find us on the web at [gio.com.au/accidentalinjury](http://gio.com.au/accidentalinjury)

Write to us at

GIO Life Customer Service

GPO Box 3950

Sydney, NSW, 2001

