

ABN: 26 053 335 952
AFS Licence No: 238261
Email: ahi@ahiinsurance.com.au
Website: www.ahiinsurance.com.au
Freecall: 1800 618 700
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POLICY SCHEDULE

Policy Type: Group Personal Accident and Sickness
Policy Number: 5558859
Insured: JLT ReddiFund Discretionary Trust Members
Insured Persons: Gold I - All Employees of the Insured earning up to \$1,500 per week
Gold II - All Employees of the Insured earning up to \$1,500 per week
Platinum I - All Employees of the Insured earning up to \$2,000 per week
Platinum II - All Employees of the Insured earning up to \$2,000 per week

Period of Insurance: Inception Date: 01/07/2021 at 4:00 pm (local standard time)
Expiry Date: 01/07/2022 at 4:00 pm (local standard time)

Arrangement Date: 01/07/2021
Broker: Marsh Open Market - Sydney
Policy Wording: GPAS 23092019
Scope of Cover: Gold I
The coverage afforded by this policy shall only apply whilst an Insured Person is engaged in his/her usual occupation including direct uninterrupted travel to and from such occupation.

Gold II, Platinum II
The coverage afforded by this Policy shall only apply whilst an Insured Person is undertaking activities other than their usual occupation or any occupation where the Insured Person is in receipt of a salary and excludes direct travel to and from such activities.

Platinum I
The coverage afforded by this Policy shall only apply whilst an Insured Person is engaged in his/her usual occupation including direct uninterrupted travel to and from such occupation.

Territorial Limits: Worldwide

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PREMIUM

| | |
|-----------------|--------|
| Base Premium: | \$0.00 |
| GST: | \$0.00 |
| Stamp Duty: | \$0.00 |
| Policy Fee: | \$0.00 |
| Policy Fee GST: | \$0.00 |
| Total: | \$0.00 |

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SCHEDULE OF BENEFITS

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|--|-------------|
| Aggregate Limit of Liability | \$2,000,000 |
| Aggregate Limit of Liability per Event for Charter Flights / Non-Scheduled Flights | \$1,000,000 |
| Minimum Age Limit (sub-limits may apply) | 15 |
| Maximum Age Limit (sub-limits may apply) | 70 |
| Policy Currency | AUD |

| Benefits | Sum Insured |
|---|-------------|
| Death and Capital Benefits - Gold I, Platinum I | \$300,000 |
| Death and Capital Benefits - Gold II, Platinum II | \$0 |
| Weekly Injury Benefit - Gold I | \$1,500 |
| Income Limitation | 85% |
| Income Limitation (Workers Compensation Top-Up) | 100% |
| Deferral Period | 21 Days |
| Benefit Period | 104 Weeks |
| Weekly Injury Benefit - Gold II | \$1,500 |
| Income Limitation | 85% |
| Deferral Period | 21 Days |
| Benefit Period | 104 Weeks |
| Weekly Injury Benefit - Platinum I | \$2,000 |
| Income Limitation | 85% |
| Income Limitation (Workers Compensation Top-Up) | 100% |
| Deferral Period | 21 Days |
| Benefit Period | 104 Weeks |
| Weekly Injury Benefit - Platinum II | \$2,000 |
| Income Limitation | 85% |
| Deferral Period | 21 Days |
| Benefit Period | 104 Weeks |
| Weekly Sickness Benefit - Gold I | \$1,500 |
| Income Limitation | 85% |
| Income Limitation (Workers Compensation Top-Up) | 100% |
| Deferral Period | 21 Days |
| Benefit Period | 104 Weeks |
| Benefit Period (Mental Health Condition) | 26 Weeks |
| Weekly Sickness Benefit - Gold II | \$1,500 |
| Income Limitation | 85% |
| Deferral Period | 21 Days |
| Benefit Period | 104 Weeks |
| Benefit Period (Mental Health Condition) | 26 Weeks |

Sydney

Melbourne

Brisbane

Perth

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|--|-----------|
| Weekly Sickness Benefit - Platinum I | \$2,000 |
| Income Limitation | 85% |
| Income Limitation (Workers Compensation Top-Up) | 100% |
| Deferral Period | 21 Days |
| Benefit Period | 104 Weeks |
| Benefit Period (Mental Health Condition) | 26 Weeks |
| Weekly Sickness Benefit - Platinum II | \$2,000 |
| Income Limitation | 85% |
| Deferral Period | 21 Days |
| Benefit Period | 104 Weeks |
| Benefit Period (Mental Health Condition) | 26 Weeks |
| Broken / Fractured Bones Benefits | \$5,000 |
| Accidental HIV Infection Lump Sum Benefit | \$10,000 |
| Bed Care Benefit | \$700 |
| Daily Benefit | \$50 |
| Benefit Period | 14 Days |
| Childcare Benefit - Gold I, Platinum I | \$5,000 |
| Childcare Benefit - Gold II, Platinum II | \$0 |
| Coma Benefit | \$18,000 |
| Daily Benefit | \$100 |
| Benefit Period | 180 Days |
| Corporate Image Protection Benefit - Gold I, Platinum I | \$15,000 |
| Corporate Image Protection Benefit - Gold II, Platinum II | \$0 |
| Dependent Child Supplement Benefit - Gold I, Platinum I | \$30,000 |
| Maximum payable per Dependent Child | \$10,000 |
| Dependent Child Supplement Benefit - Gold II, Platinum II | \$0 |
| Driver Services Benefit - Gold I, Platinum I | \$0 |
| Driver Services Benefit - Gold II, Platinum II | \$5,000 |
| Education Fund Benefit - Gold I, Platinum I | \$15,000 |
| Maximum payable per Dependent Child | \$5,000 |
| Education Fund Benefit - Gold II, Platinum II | \$0 |
| Family Accommodation and Transport Expenses Benefit | \$2,000 |
| Financial Advice Benefit - Gold I, Platinum I | \$5,000 |
| Financial Advice Benefit - Gold II, Platinum II | \$0 |
| Home and Vehicle Modification Benefit - Gold I, Platinum I | \$10,000 |
| Home and Vehicle Modification Benefit - Gold II, Platinum II | \$0 |
| Orphaned Benefit - Gold I, Platinum I | \$30,000 |
| Maximum payable per Dependent Child | \$10,000 |
| Orphaned Benefit - Gold II, Platinum II | \$0 |
| Partner Employment Training Benefit - Gold I, Platinum I | \$10,000 |
| Partner Employment Training Benefit - Gold II, Platinum II | \$0 |

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| Retraining and Rehabilitation Expenses Benefit | \$5,000 |
| Unexpired Membership Benefit | \$1,000 |
| Workplace Assault Benefit | \$2,500 |
| Workplace Trauma Benefit | \$2,500 |
| Domestic Help Benefit | \$250 |
| Expense Limitation | 100% |
| Deferral Period | 21 Days |
| Benefit Period | 52 Weeks |

If there is no amount shown against any one or more of the above Sections, no cover is provided in respect of them.

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ENDORSEMENTS TO POLICY WORDING / SCHEDULE

Domestic Help Benefit

Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person who does not generate or earn an Income, sustains an Injury which results in the following:

- Temporary Total Disablement

and as a result incurs reasonable 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 above expenses. The maximum amount We will pay is 1/7th of the amount shown in the Policy Schedule against "Domestic Help Benefit", per day of continued disablement.

Conditions

1. The Insured Event must occur within three hundred and sixty-five (365) consecutive days of the date of the Injury.
2. The Insured Person 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. Domestic help must be certified as necessary by a Medical Practitioner.
5. Domestic help must not be performed by a person who is a Relative of the Insured Person.

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 any Pre-Existing Condition.
3. No cover is provided for Insured Persons who have attained:
 - a. the age of seventy-five (75) or over or;
 - b. the age stated in the Policy Schedule against "Maximum Age Limit (sub limits may apply)".

whichever is the lesser.

Changes to Benefit Conditions

The following condition is included in addition to the conditions in the Policy Wording against both Weekly Accident Benefit and Weekly Sickness Benefit.

13. If an Insured Person sustains an Injury or suffers a Sickness for which compensation is payable for a Weekly

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Accident Benefit or Weekly Sickness Benefit, We will immediately pay thirteen (13) weeks compensation provided that the proper medical evidence is produced by a legally qualified Medical Practitioner certifying that the total period of Temporary Total Disablement will be a minimum of twenty six (26) weeks.

Changes to General Exclusions

The following exclusions are included in addition to the General Exclusions in the Policy Wording.

17. No cover is provided for an Insured Person engaging in or taking part in sky diving, parasailing, white water rafting, abseiling and rock climbing.

18. No cover is provided for stress related conditions, psychological conditions; and/or physical fatigue conditions caused by stress related or psychological conditions, including without limitation depression, neurosis, psychosis, mental or emotional stress or anxiety conditions, or chronic fatigue syndrome, or mental disease and associated disorders unless diagnosed and treated by qualified Psychologist and/or Psychiatrist.

Changes to General Conditions

The following Condition of the General Conditions and Limitations shall read as follows and not as stated in the Policy Wording:

Payments

Unless otherwise stated, all Compensation shall be paid to the Employer.

Client Specific Endorsements

Superannuation Contribution

In respect to Insured Persons covered under this Policy, and in addition to the Compensation against Weekly Injury Benefit and Weekly Sickness Benefit, We will also pay 9.5% of the Insured Person's Income to the Insured Persons Superannuation Fund.

Client Specific Endorsements

DISCRETIONARY TRUST DEDUCTIBLE

\$100,000 Any One Event

\$358,820 in the Trust Aggregate (based on 400 Members for 2020-2021). Contribution is adjusted based on monthly membership declaration. The Aggregate Limit of Liability is calculated using an adjustable rate multiplied by the wages declared for each level of cover.

In the event that either the Any One Event Limit is reached or the Trust Aggregate is eroded, this Policy shall be liable for all losses, subject to the Policy Limits, Conditions and Exclusions. Losses in excess of the Aggregate Limit are subject to the excess (as described in Individual Members' Excess). No further excess shall be applied.

It is hereby declared and agreed that this Policy is an excess of loss policy to a Jardine Discretionary Trust.

Premium Adjustment

The premium for this Policy is adjustable monthly by applying the agreed premium rate \$3.58 for Gold and \$4.26 for Gold Plus (exclusive of charges) per Insured Person per week to the declared number of Insured Persons.

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Monthly closings and Schedule of Insured Persons are due on the 15th of each month.