

GROUP PERSONAL ACCIDENT AND SICKNESS INSURANCE

CERTIFICATE OF INSURANCE

effected through Arch Underwriting at Lloyd's (Australia) Pty Ltd
("Service Company Coverholder")

THIS CERTIFICATE OF INSURANCE confirms that in return for payment of the Premium shown in the Schedule, Certain Underwriters at Lloyd's have agreed to insure you, in accordance with the policy wording attached to this Certificate.

You or your representative can obtain further details of the syndicate numbers and the proportions of this Insurance for which each of the Underwriters at Lloyd's is liable by requesting them from the Service Company Coverholder shown above. In the event of loss, each Underwriter (and their Executors and Administrators) is only liable for their own share of the loss.

In accepting this Insurance, the Underwriters have relied on the information and statements that you have provided on the Proposal Form (the date of which is stated below). You should read this Certificate carefully and if it is not correct contact the Service Company Coverholder or your broker. It is an important document and you should keep it in a safe place with all other papers relating to this Insurance.

SCHEDULE

POLICY NUMBER:	P0092903AH2024AU0
DATE OF PROPOSAL FORM:	07 August 2024
POLICY HOLDER:	ReddiFund Ltd, ReddiFund Income Protection Plus Discretionary Trust (HDT) and the members of the HDT. Members of the HDT and other bodies/persons affiliated and admitted to the scheme and employees declared. The Policy Holder is the full legal name of the entity(ies) in whose name the policy will be issued, as well as any business or trading names.
ADDRESS OF THE POLICY HOLDER:	Perth, Western Australia
TYPE OF INSURANCE:	Group Personal Accident and Sickness Insurance
POLICY WORDING:	Group Personal Accident and Sickness Policy Wording and Product Disclosure Statement (PDS) - ARCHGPAPDS2023V2
INSURANCE PERIOD:	01 September 2024 4.00pm to 01 September 2025 4.00pm local time at the address of the POLICY HOLDER
COVERED PERSONS:	Gold 1: All declared members of the POLICY HOLDER Gold 2: All declared members of the POLICY HOLDER Platinum 1: All declared members of the POLICY HOLDER Platinum 2: All declared members of the POLICY HOLDER
OPERATIVE PERIOD OF COVER:	Gold 1: Cover is provided during working hours only Gold 2: Cover is provided outside working hours only Platinum 1: Cover is provided during working hours only Platinum 2: Cover is provided outside working hours only
MINIMUM AGE LIMIT:	Gold 1: 15 Gold 2: 15 Platinum 1: 15 Platinum 2: 15

MAXIMUM AGE LIMIT:

Gold 1: 70
Gold 2: 70
Platinum 1: 70
Platinum 2: 70

Limit(s) of Liability

EVENT LIMIT OF LIABILITY:	All POLICY Sections	\$ 5,000,000
NON SCHEDULED FLIGHTS LIMIT OF LIABILITY:	All POLICY Sections	\$ 1,000,000
POLICY AGGREGATE LIMIT OF LIABILITY:	All POLICY Sections	\$ 10,000,000

Sections of Cover

GOLD 1

SECTION 1	PERSONAL ACCIDENT LUMP SUM BENEFITS	SUM INSURED
COVERED EVENT 1	ACCIDENTAL DEATH	\$ 300,000
COVERED EVENTS 2 - 26	As per Table of Benefits 1	\$ 300,000
COVERED EVENTS 27 - 31	SURGICAL BENEFITS AS A RESULT OF BODILY INJURY	Not Covered
COVERED EVENTS 32 - 35	SURGICAL BENEFITS AS A RESULT OF SICKNESS	Not Covered
COVERED EVENTS 36 - 42	BODILY INJURY resulting in FRACTURED Bones	\$ 5,000
COVERED EVENTS 43 - 44	BODILY INJURY resulting in LOSS of TEETH or dental procedures	Not Covered
SECTION 2	LOSS OF INCOME BENEFITS	SUM INSURED
COVERED EVENTS 45	TEMPORARY TOTAL DISABLEMENT as a result of BODILY INJURY	\$ 1,500 per week
	Maximum Percentage of SALARY	85 %
	Maximum Percentage of SALARY Workers Compensation Top Up	100 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	21 days
COVERED EVENTS 46	TEMPORARY PARTIAL DISABLEMENT as a result of BODILY INJURY	\$ 1,500 per week
	Maximum Percentage of SALARY	85 %
	Maximum Percentage of SALARY Workers Compensation Top Up	100 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	21 days
COVERED EVENTS 47	TEMPORARY TOTAL DISABLEMENT as a result of SICKNESS	\$ 1,500 per week
	Maximum Percentage of SALARY	85 %
	Maximum Percentage of SALARY Workers Compensation Top Up	100 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	21 days
COVERED EVENTS 48	TEMPORARY PARTIAL DISABLEMENT as a result of SICKNESS	\$ 1,500 per week
	Maximum Percentage of SALARY	85 %
	Maximum Percentage of SALARY Workers Compensation Top Up	100 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	21 days
SECTION 3	ADDITIONAL BENEFITS	SUM INSURED
3.1	Accidental HIV Infection BENEFIT	\$10,000
3.2	Air or Road Rage BENEFIT	Not Covered
3.3	Bed Care BENEFIT	\$700 per week BENEFIT PERIOD 2 weeks EXCESS PERIOD 48 hours
3.4	Cancer BENEFIT	Not Covered
3.5	Carjacking Assault BENEFIT	Not Covered
3.6	Carjacking Excess and Vehicle Hire BENEFIT	Not Covered
3.7	Chauffeur BENEFIT	Not Covered BENEFIT PERIOD
3.8	Childcare BENEFIT	\$5,000
3.9	Coma BENEFIT	\$700 per week BENEFIT PERIOD 26 weeks EXCESS PERIOD 7 days
3.10	Corporate Image Protection BENEFIT	\$15,000
3.11	Dependent Child Assistance BENEFIT	\$10,000 per DEPENDENT CHILD up to a maximum of \$30,000
3.12	Domestic Assistance Expenses BENEFIT	\$250 per week

		BENEFIT PERIOD 52 weeks
		EXCESS PERIOD 21 days
3.13	Education Fund BENEFIT	\$5,000 per DEPENDENT CHILD up to a maximum of \$15,000
3.14	Family Accommodation and Transport Expenses	\$2,000
3.15	Funeral Expenses BENEFIT	Not Covered
3.16	Home and/or Motor Vehicle Modification BENEFIT	\$10,000
3.17	Identity Theft BENEFIT	Not Covered
3.18	Independent Financial Advice BENEFIT	\$5,000
3.19	Miscarriage or Premature Birth BENEFIT	Not Covered
3.20	Orphaned BENEFIT	\$10,000 per DEPENDENT CHILD up to a maximum of \$30,000
		\$10,000 per DEPENDENT CHILD up to a maximum of \$30,000
3.21	Out of Pocket Expenses BENEFIT	Not Covered
3.22	Partner or Spouse Retraining BENEFIT	BENEFIT PERIOD \$10,000
3.23	Reconstructive or Cosmetic Surgery BENEFIT	Not Covered
3.24	Rehabilitation BENEFIT	\$5,000
3.25	Replacement Staff/Recruitment Costs BENEFIT	Not Covered
3.26	Return to Work BENEFIT	Not Covered
3.27	Student Tutorial BENEFIT	Not Covered
3.28	Surviving Partner / Spouse BENEFIT	BENEFIT PERIOD Not Covered
3.29	Terrorism Injury BENEFIT	Not Covered
3.30	Tuition or Advice Expenses BENEFIT	Not Covered
3.31	Unexpired Membership BENEFIT	\$1,000
3.32	Work Experience BENEFIT	Not Covered
3.33	Workplace Assault BENEFIT	\$2,500
3.34	Workplace Trauma BENEFIT	\$2,500

GOLD 2

SECTION 1	PERSONAL ACCIDENT LUMP SUM BENEFITS	SUM INSURED
COVERED EVENT 1	ACCIDENTAL DEATH	Not Covered
COVERED EVENTS 2 - 26	As per Table of Benefits 1	Not Covered
COVERED EVENTS 27 - 31	SURGICAL BENEFITS AS A RESULT OF BODILY INJURY	Not Covered
COVERED EVENTS 32 - 35	SURGICAL BENEFITS AS A RESULT OF SICKNESS	Not Covered
COVERED EVENTS 36 - 42	BODILY INJURY resulting in FRACTURED Bones	\$ 5,000
COVERED EVENTS 43 - 44	BODILY INJURY resulting in LOSS of TEETH or dental procedures	Not Covered
SECTION 2	LOSS OF INCOME BENEFITS	SUM INSURED
COVERED EVENTS 45	TEMPORARY TOTAL DISABLEMENT as a result of BODILY INJURY	\$ 1,500 per week
	Maximum Percentage of SALARY	85 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	21 days
COVERED EVENTS 46	TEMPORARY PARTIAL DISABLEMENT as a result of BODILY INJURY	\$ 1,500 per week
	Maximum Percentage of SALARY	85 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	21 days
COVERED EVENTS 47	TEMPORARY TOTAL DISABLEMENT as a result of SICKNESS	\$ 1,500 per week
	Maximum Percentage of SALARY	85 %
	Maximum BENEFIT PERIOD	104 weeks

	EXCESS PERIOD	21 days
COVERED EVENTS 48	TEMPORARY PARTIAL DISABLEMENT as a result of SICKNESS	\$ 1,500 per week
	Maximum Percentage of SALARY	85 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	21 days

SECTION 3	ADDITIONAL BENEFITS	SUM INSURED
3.1	Accidental HIV Infection BENEFIT	\$10,000
3.2	Air or Road Rage BENEFIT	Not Covered
3.3	Bed Care BENEFIT	\$700 per week BENEFIT PERIOD 2 weeks EXCESS PERIOD 48 hours
3.4	Cancer BENEFIT	Not Covered
3.5	Carjacking Assault BENEFIT	Not Covered
3.6	Carjacking Excess and Vehicle Hire BENEFIT	Not Covered
3.7	Chauffeur BENEFIT	\$250 per week BENEFIT PERIOD 26
3.8	Childcare BENEFIT	Not Covered
3.9	Coma BENEFIT	\$700 per week BENEFIT PERIOD 26 weeks EXCESS PERIOD 7 days
3.10	Corporate Image Protection BENEFIT	Not Covered
3.11	Dependent Child Assistance BENEFIT	Not Covered
3.12	Domestic Assistance Expenses BENEFIT	\$250 per week BENEFIT PERIOD 52 weeks EXCESS PERIOD 21 days
3.13	Education Fund BENEFIT	Not Covered
3.14	Family Accommodation and Transport Expenses	\$2,000
3.15	Funeral Expenses BENEFIT	Not Covered
3.16	Home and/or Motor Vehicle Modification BENEFIT	Not Covered
3.17	Identity Theft BENEFIT	Not Covered
3.18	Independent Financial Advice BENEFIT	Not Covered
3.19	Miscarriage or Premature Birth BENEFIT	Not Covered
3.20	Orphaned BENEFIT	Not Covered
3.21	Out of Pocket Expenses BENEFIT	Not Covered BENEFIT PERIOD
3.22	Partner or Spouse Retraining BENEFIT	Not Covered
3.23	Reconstructive or Cosmetic Surgery BENEFIT	Not Covered
3.24	Rehabilitation BENEFIT	\$5,000
3.25	Replacement Staff/Recruitment Costs BENEFIT	Not Covered
3.26	Return to Work BENEFIT	Not Covered
3.27	Student Tutorial BENEFIT	Not Covered BENEFIT PERIOD
3.28	Surviving Partner / Spouse BENEFIT	Not Covered
3.29	Terrorism Injury BENEFIT	Not Covered
3.30	Tuition or Advice Expenses BENEFIT	Not Covered
3.31	Unexpired Membership BENEFIT	\$1,000
3.32	Work Experience BENEFIT	Not Covered
3.33	Workplace Assault BENEFIT	\$2,500

PLATINUM 1

SECTION 1	PERSONAL ACCIDENT LUMP SUM BENEFITS	SUM INSURED
COVERED EVENT 1	ACCIDENTAL DEATH	\$ 300,000
COVERED EVENTS 2 - 26	As per Table of Benefits 1	\$ 300,000
COVERED EVENTS 27 - 31	SURGICAL BENEFITS AS A RESULT OF BODILY INJURY	Not Covered
COVERED EVENTS 32 - 35	SURGICAL BENEFITS AS A RESULT OF SICKNESS	Not Covered
COVERED EVENTS 36 - 42	BODILY INJURY resulting in FRACTURED Bones	\$ 5,000
COVERED EVENTS 43 - 44	BODILY INJURY resulting in LOSS of TEETH or dental procedures	Not Covered
SECTION 2	LOSS OF INCOME BENEFITS	SUM INSURED
COVERED EVENTS 45	TEMPORARY TOTAL DISABLEMENT as a result of BODILY INJURY	\$ 2,000 per week
	Maximum Percentage of SALARY	85 %
	Maximum Percentage of SALARY Workers Compensation Top Up	100 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	21 days
COVERED EVENTS 46	TEMPORARY PARTIAL DISABLEMENT as a result of BODILY INJURY	\$ 2,000 per week
	Maximum Percentage of SALARY	85 %
	Maximum Percentage of SALARY Workers Compensation Top Up	100 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	21 days
COVERED EVENTS 47	TEMPORARY TOTAL DISABLEMENT as a result of SICKNESS	\$ 2,000 per week
	Maximum Percentage of SALARY	85 %
	Maximum Percentage of SALARY Workers Compensation Top Up	100 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	21 days
COVERED EVENTS 48	TEMPORARY PARTIAL DISABLEMENT as a result of SICKNESS	\$ 2,000 per week
	Maximum Percentage of SALARY	85 %
	Maximum Percentage of SALARY Workers Compensation Top Up	100 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	21 days
SECTION 3	ADDITIONAL BENEFITS	SUM INSURED
3.1	Accidental HIV Infection BENEFIT	\$10,000
3.2	Air or Road Rage BENEFIT	Not Covered
3.3	Bed Care BENEFIT	\$700 per week
		BENEFIT PERIOD 2 weeks EXCESS PERIOD 48 hours
3.4	Cancer BENEFIT	Not Covered
3.5	Carjacking Assault BENEFIT	Not Covered
3.6	Carjacking Excess and Vehicle Hire BENEFIT	Not Covered
3.7	Chauffeur BENEFIT	Not Covered
		BENEFIT PERIOD
3.8	Childcare BENEFIT	\$5,000
		\$700 per week
3.9	Coma BENEFIT	BENEFIT PERIOD 26 weeks
		EXCESS PERIOD 7 days
3.10	Corporate Image Protection BENEFIT	\$15,000
3.11	Dependent Child Assistance BENEFIT	\$10,000 per DEPENDENT CHILD up to a maximum of \$30,000
3.12	Domestic Assistance Expenses BENEFIT	\$250 per week
		BENEFIT PERIOD 52 weeks

EXCESS PERIOD 21 days		
3.13	Education Fund BENEFIT	\$5,000 per DEPENDENT CHILD up to a maximum of \$15,000
3.14	Family Accommodation and Transport Expenses	\$2,000
3.15	Funeral Expenses BENEFIT	Not Covered
3.16	Home and/or Motor Vehicle Modification BENEFIT	\$10,000
3.17	Identity Theft BENEFIT	Not Covered
3.18	Independent Financial Advice BENEFIT	\$5,000
3.19	Miscarriage or Premature Birth BENEFIT	Not Covered
3.20	Orphaned BENEFIT	\$10,000 per DEPENDENT CHILD up to a maximum of \$30,000
		\$10,000 per DEPENDENT CHILD up to a maximum of \$30,000
3.21	Out of Pocket Expenses BENEFIT	Not Covered
BENEFIT PERIOD		
3.22	Partner or Spouse Retraining BENEFIT	\$10,000
3.23	Reconstructive or Cosmetic Surgery BENEFIT	Not Covered
3.24	Rehabilitation BENEFIT	\$5,000
3.25	Replacement Staff/Recruitment Costs BENEFIT	Not Covered
3.26	Return to Work BENEFIT	Not Covered
3.27	Student Tutorial BENEFIT	Not Covered
BENEFIT PERIOD		
3.28	Surviving Partner / Spouse BENEFIT	Not Covered
3.29	Terrorism Injury BENEFIT	Not Covered
3.30	Tuition or Advice Expenses BENEFIT	Not Covered
3.31	Unexpired Membership BENEFIT	\$1,000
3.32	Work Experience BENEFIT	Not Covered
3.33	Workplace Assault BENEFIT	\$2,500
3.34	Workplace Trauma BENEFIT	\$2,500

PLATINUM 2

SECTION 1	PERSONAL ACCIDENT LUMP SUM BENEFITS	SUM INSURED
COVERED EVENT 1	ACCIDENTAL DEATH	Not Covered
COVERED EVENTS 2 - 26	As per Table of Benefits 1	Not Covered
COVERED EVENTS 27 - 31	SURGICAL BENEFITS AS A RESULT OF BODILY INJURY	Not Covered
COVERED EVENTS 32 - 35	SURGICAL BENEFITS AS A RESULT OF SICKNESS	Not Covered
COVERED EVENTS 36 - 42	BODILY INJURY resulting in FRACTURED Bones	\$ 5,000
COVERED EVENTS 43 - 44	BODILY INJURY resulting in LOSS of TEETH or dental procedures	Not Covered
SECTION 2	LOSS OF INCOME BENEFITS	SUM INSURED
COVERED EVENTS 45	TEMPORARY TOTAL DISABLEMENT as a result of BODILY INJURY Maximum Percentage of SALARY Maximum BENEFIT PERIOD EXCESS PERIOD	\$ 2,000 per week 85 % 104 weeks 21 days
COVERED EVENTS 46	TEMPORARY PARTIAL DISABLEMENT as a result of BODILY INJURY Maximum Percentage of SALARY Maximum BENEFIT PERIOD EXCESS PERIOD	\$ 2,000 per week 85 % 104 weeks 21 days
COVERED EVENTS 47	TEMPORARY TOTAL DISABLEMENT as a result of SICKNESS Maximum Percentage of SALARY Maximum BENEFIT PERIOD EXCESS PERIOD	\$ 2,000 per week 85 % 104 weeks 21 days

COVERED EVENTS 48

TEMPORARY PARTIAL DISABLEMENT as a result of SICKNESS	\$ 2,000 per week
Maximum Percentage of SALARY	85 %
Maximum BENEFIT PERIOD	104 weeks
EXCESS PERIOD	21 days

SECTION 3	ADDITIONAL BENEFITS	SUM INSURED
3.1	Accidental HIV Infection BENEFIT	\$10,000
3.2	Air or Road Rage BENEFIT	Not Covered
3.3	Bed Care BENEFIT	\$700 per week BENEFIT PERIOD 2 weeks EXCESS PERIOD 48 hours
3.4	Cancer BENEFIT	Not Covered
3.5	Carjacking Assault BENEFIT	Not Covered
3.6	Carjacking Excess and Vehicle Hire BENEFIT	Not Covered
3.7	Chauffeur BENEFIT	\$250 per week BENEFIT PERIOD 26
3.8	Childcare BENEFIT	Not Covered
3.9	Coma BENEFIT	\$700 per week BENEFIT PERIOD 26 weeks EXCESS PERIOD 7 days
3.10	Corporate Image Protection BENEFIT	Not Covered
3.11	Dependent Child Assistance BENEFIT	Not Covered
3.12	Domestic Assistance Expenses BENEFIT	\$250 per week BENEFIT PERIOD 52 weeks EXCESS PERIOD 21 days
3.13	Education Fund BENEFIT	Not Covered
3.14	Family Accommodation and Transport Expenses	\$2,000
3.15	Funeral Expenses BENEFIT	Not Covered
3.16	Home and/or Motor Vehicle Modification BENEFIT	Not Covered
3.17	Identity Theft BENEFIT	Not Covered
3.18	Independent Financial Advice BENEFIT	Not Covered
3.19	Miscarriage or Premature Birth BENEFIT	Not Covered
3.20	Orphaned BENEFIT	Not Covered
3.21	Out of Pocket Expenses BENEFIT	Not Covered BENEFIT PERIOD
3.22	Partner or Spouse Retraining BENEFIT	Not Covered
3.23	Reconstructive or Cosmetic Surgery BENEFIT	Not Covered
3.24	Rehabilitation BENEFIT	\$5,000
3.25	Replacement Staff/Recruitment Costs BENEFIT	Not Covered
3.26	Return to Work BENEFIT	Not Covered
3.27	Student Tutorial BENEFIT	Not Covered BENEFIT PERIOD
3.28	Surviving Partner / Spouse BENEFIT	Not Covered
3.29	Terrorism Injury BENEFIT	Not Covered
3.30	Tuition or Advice Expenses BENEFIT	Not Covered
3.31	Unexpired Membership BENEFIT	\$1,000
3.32	Work Experience BENEFIT	Not Covered
3.33	Workplace Assault BENEFIT	\$2,500
3.34	Workplace Trauma BENEFIT	\$2,500

Note: The **EVENT LIMIT OF LIABILITY**, **NON-SCHEDULED FLIGHT LIMIT OF LIABILITY** and **BENEFITS** payable apply in excess of any applicable **EXCESS PERIOD**.

ENDORSEMENTS

Discretionary Trust Condition

This endorsement modifies the **POLICY** and shall be read as if incorporated within it.

Notwithstanding anything to the contrary in the **POLICY**, it is understood and agreed that:

1. This **POLICY** operates as excess of loss insurance to a Discretionary Trust Scheme, namely The ReddiFund Mutual Benefit Fund Discretionary Trust (HDT) and the Members of the HDT; and
2. The following Discretionary Trust Deductibles apply to this **POLICY**:
 - (a) **SINGLE EVENT LIMIT** which applies on a per **COVERED PERSON** basis, to all claims arising out of any one **ACCIDENT**. The **SINGLE EVENT LIMIT** will be paid for by the **POLICY HOLDER**, subject to the **TRUST AGGREGATE**; and
 - (b) The **TRUST AGGREGATE** which is the aggregate amount of coverage provided under the Discretionary Trust.
3. **OUR** liability under this **POLICY** will attach only in the event that:
 - (a) the **SINGLE EVENT LIMIT** is exceeded; and/or
 - (b) the **TRUST AGGREGATE** is eroded, upon which this **POLICY** will provide cover for all eligible claims, subject to its terms, conditions and limits.
4. For the purposes of this endorsement, the following definitions apply:
 - (a) **SINGLE EVENT LIMIT** means the amount specified below.
 - (b) **TRUST AGGREGATE** means the amount specified below.

DISCRETIONARY TRUST DEDUCTIBLES:

SINGLE EVENT LIMIT: \$150,000

TRUST AGGREGATE: As per the monthly Trust Statement provided by the **POLICY HOLDER'S** broker.

Superannuation Contribution:

This endorsement modifies the coverage provided under this **POLICY** and shall be read as if incorporated within it.

Notwithstanding anything to the contrary in the **POLICY**, it is understood and agreed that:

- (a) if a **COVERED PERSON** is in receipt of a payment for an eligible claim under "Section 2 – Loss of Income Benefits" of the **POLICY**, a superannuation contribution will be paid in addition to the relevant weekly **BENEFIT amount specified in the SCHEDULE**; and
- (b) The superannuation contribution referred to in (a) above will equal the minimum level of superannuation contributions as required by relevant Commonwealth superannuation legislation (including but not limited to the *Superannuation Guarantee (Administration) Act 1992 (Cth)* and any relevant regulations).

Except as otherwise provided in this endorsement, all other terms and conditions of the **POLICY** are unchanged.

Mental Illness Exclusion Endorsement

This endorsement modifies the coverage provided under this **POLICY** and shall be read as if incorporated within it.

Notwithstanding anything to the contrary in the **POLICY**, it is hereby noted and agreed that the Weekly **BENEFIT** period for Loss Of Income **BENEFITS** is limited to twenty six (26) weeks cover under the **POLICY** for any claim(s) arising out of a **COVERED PERSON** suffering from any mental illness.

Except as otherwise provided in this endorsement, all other terms and conditions of the **POLICY** are unchanged.

Hazardous Activities Endorsement

This endorsement modifies the coverage provided under this **POLICY** and shall be read as if incorporated within it.

It is hereby noted and agreed that there is no cover under any section this **POLICY** for any claim arising from or in any way attributable to:

- a) Sky Diving; or
- b) Parasailing; or
- c) White water rafting; or
- d) Abseiling; or
- e) Rock climbing

Except as otherwise provided in this endorsement, all other terms and conditions of the **POLICY** are unchanged.

Advance Payment Endorsement

This endorsement modifies the coverage provided under this **POLICY** and shall be read as if incorporated within it.

It is hereby noted and agreed that Advance Payment shall read as per below and not as stated in the **POLICY** wording:

Should a **COVERED PERSON** have a valid claim under the **POLICY** for **COVERED EVENTS** 45 or 47, **WE** will immediately pay thirteen (13) weeks **BENEFIT** provided that a **DOCTOR** provides written confirmation that the period of **TEMPORARY TOTAL DISABLEMENT** will last for a minimum duration of twenty-six (26) weeks. The 13 weeks for which the **BENEFITS** were advanced count as part of the maximum **BENEFIT PERIOD** and **BENEFITS** for this period will not be paid again.

Except as otherwise provided in this endorsement, all other terms and conditions of the **POLICY** are unchanged.

Premiums

Base Premium	As Agreed
GST	As Agreed
Stamp Duty	As Agreed
Total Amount Payable by the POLICY HOLDER	As Agreed
Brokerage	As Agreed
GST on Brokerage	As Agreed
Net Amount Payable	As Agreed

Insurer:	Proportion:
Arch Underwriting at Lloyd's (Australia) Pty Ltd ABN 27 139 250 605 For and on behalf of Certain Underwriters at Lloyd's	100%
UNIQUE MARKET REFERENCE:	B6060500000012024
AGREEMENT NUMBER	500000012024

This QUOTATION SCHEDULE is issued by the Service Company Coverholder shown above in accordance with the authority granted to them by Certain Underwriters at Lloyd's under the Agreement referred to herein.



Arch Underwriting at Lloyd's (Australia) Pty Ltd
For and on behalf of Certain Underwriters at Lloyd's
Signed at Melbourne
13 August 2024