

frequently asked questions

Who is Aussietravelcover?	3	How do I know if I am covered for a particular sport or leisure activity?.....	11
Who is Tokio Marine?.....	3	Do I need to do anything special if I am participating in winter sports or snow activities?.....	12
Mistakes.....	4	What if I am cruising?	13
Whoops, I made a mistake – what do I do?.....	4	Can I add on a snow or motorcycle pack after a policy is purchased, but before I depart?	13
Emergency Assistance.....	4	Can I cancel a policy?	13
Who can I call if I need assistance while travelling? 4		How do I extend a policy?.....	14
What should I do if I need to go to a hospital?.....	4	What conditions apply to trip extensions?.....	14
I am sick and want to come home early, what should I do?.....	4	Free automatic extensions	14
Claims.....	5	Can I increase the cover for items of luggage or personal effects?	15
How I submit a claim?.....	5	Are there any specific conditions on luggage left in a motor vehicle?	16
How long will it take to hear back with the claims outcome?	5	Are there any specific conditions on luggage left unattended in a public place?	16
I am not happy with the claim outcome, what is the next step?.....	5	Can I purchase a policy if I have already departed Australia?	16
Pre-existing Medical Conditions.....	6	Can the Multi-Journey policy cover more than 45 days away from home per journey?	17
What is a pre-existing medical condition?.....	6	How much extra is the Cruise Pack?.....	17
Does Aussietravelcover have any pre-existing medical conditions which are covered under the policy without needing to perform a medical assessment?.....	7	Is there an excess on the policy?	17
How can I have my pre-existing medical condition/s assessed?	8	What if I have had a change to my medical situation after purchasing a policy, but prior to departing? ..	17
Are medical assessments compulsory?	8	Is there cover if I need to cancel my journey or return home early due to a close relative’s pre-existing medical condition?	18
Can I seek cover for my pre-existing mental health condition?	8	What does close relative mean?	18
Is pregnancy covered?	9	What if I am travelling overseas to a wedding and my flight is delayed, is there cover to arrange alternative transport so I will get there on time?..	18
I travel regularly and did an assessment a couple of months ago. Do I have to do another one for this new trip?	9	Does the policy cover dental treatment?	18
COVID-19	10	Can I take a policy for only part of my trip?	18
Is there cover for claims related to or associated with COVID-19 on all policies?	10	I have hearing aids, are they covered?	19
What is excluded for COVID-19.....	10	Am I covered for medical evacuations on a domestic policy during my journey?.....	19
Am I covered for my overseas COVID-19 medical expenses?.....	10	Are adopted or foster children considered to be dependents?	19
PDS.....	11		
Why are some of the words in bold in the PDS? ...	11		

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frequently asked questions

How many children are allowed to travel on a policy?	19	plans (bought after you have departed Australia)?	21
Who can buy a single journey Top Plus International, Basic International or Domestic plan (before departing Australia)?.....	20	When does cover start and end on the on the Multi Trip plan?	21
Who can buy a Multi-Journey plan?	20	What am I covered for if I am travelling to a “do not travel” destination?	22
When does cover start and end on the Top Plus International, Basic International and Domestic plans (bought before the your journey has commenced)?	21	Can I increase the Rental vehicle insurance excess?	22
When does cover start and end on the Top Plus International, Basic International and Domestic		Is there cover for financial collapse?	22
		What are the conditions in the policy relating to alcohol and drugs?.....	23
		Am I covered for natural disasters?.....	23

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Aussietravelcover Pty Ltd ABN 32 002 517 740 AR# 269305 is an authorised representative of Tokio Marine & Nichido Fire Insurance Co., Ltd ABN 80 000 438 291 AFSL 246 548. If you purchase a policy, the authorised representative will receive a commission which is a percentage of your premium - ask us for more details before we provide you with any services on this product. Any advice provided is general in nature and may not be right for you. It does not take into account your individual circumstances such as your objectives, financial situation or needs. Terms, conditions, limits, sublimits and exclusions apply. Before making a decision please review the Combined Financial Services Guide and Product Disclosure Statement and TMD.

Who is Aussietravelcover?

Aussietravelcover was established in 1982 by Neville Gereaux, and to this day it is still a family-run, Australian owned company. Aussietravelcover prides itself on outstanding service for our agents and their customers. With the majority of our team working together for 10+ years, we care about you and your customers.

Who is Tokio Marine?

Founded in 1879, Tokio Marine & Fire Insurance Co., Ltd merged with Nichido Fire & Marine Insurance Co., Ltd on October 1, 2004 and is Japan's oldest and largest property, casualty and marine insurer. We are recognised as a world wide leader in commercial insurance, with a long history of financial stability and solid security ratings.

Our aim is to provide our clients with tailored insurance cover combined with preventative risk control strategies, which provide security at a competitive cost. We specialise in insuring property damage, business interruption, legal liabilities and marine cargo and now travel insurance.

Our Vision

To Be a Good Company

Working to be a Good Company brings us together as a united global insurance group. As the Tokio Marine Group we are committed always to operating 'for the benefit of customers, business partners and society'. It is this very dedication that will ensure that customers will continue to choose our services and allow us to continue to grow in the next 50 or 100 years. This is only possible through the efforts of all employees to build a Good Company.

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frequently asked questions

Mistakes

Whoops, I made a mistake – what do I do?

Mistakes happen, we are all human!

If you make a mistake, please let us know as soon as possible and we will work together to ensure the best outcome.

You can contact our Sales and General Enquiries team on 1800 888 448 or 02 9979 8888.

Emergency Assistance

Who can I call if I need assistance while travelling?

Please contact the 24 hour emergency assistance team:

Phone +61 2 8055 1609 (reverse charges accepted from the overseas operator).

What should I do if I need to go to a hospital?

You should first seek the necessary emergency medical assistance. Then contact our emergency assistance team as soon as reasonably possible, or have someone else contact us on their behalf, if you are admitted to hospital, need surgery or need outpatient treatment likely to cost more than \$2,000 AUD.

I am sick and want to come home early, what should I do?

Costs incurred must be on the written advice of a medical adviser and any claim submitted will be assessed by us. For emergency medical assistance, please contact our emergency assistance team on +61 2 8055 1609.



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frequently asked questions

Claims

How I submit a claim?

Please visit our website to submit a claim online:
<https://atc-onlineclaim.tmnfatravelinsurance.com.au>

How long will it take to hear back with the claims outcome?

If you have provided all the documents we need, we'll be in touch with you about the claim outcome within 10 business days. If we need additional information from you, we'll contact you within 10 business days to request this information.

I am not happy with the claim outcome, what is the next step?

If you are not satisfied with a claim outcome, you can ask for your complaint to be escalated for an Internal Dispute Resolution (IDR) review by a Dispute Resolution Specialist.

Postal address: Aussietravelcover Travel Insurance, c/o TMNFA
GPO Box 4616, Sydney NSW 2001
Email: atcclaims@tmnfatravelinsurance.com.au
Phone: 1300 932 861

The Dispute Resolution Specialist will provide in writing our final decision within 30 business days of your customer's complaint being received, unless they've requested an extension from you, and you have agreed to give us more time.

If you are still not happy with the final decision, or if we've taken more than 30 days to respond to from the date you first made your complaint, you may contact the Australian Financial Complaints Authority (AFCA) at:

Phone: 1800 931 678
Postal address: GPO Box 3, Melbourne VIC 3001
Website: afca.org.au
Email: info@afca.org.au

The AFCA service is provided free of charge. A decision by AFCA is binding on us but is not binding on the you. You have the right to seek further legal assistance.

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Pre-existing Medical Conditions

What is a pre-existing medical condition?

A **Pre-existing medical condition** means any medical or physical condition, disorder, disease, disability or illness, including any **mental illness**, which at the **relevant time**, **you** were aware of, or a reasonable person in the circumstances could be expected to have been aware of, and at the **relevant time**:

1. is chronic, ongoing, terminal, or has affected or involved one or more of the following:
 - a. heart, circulatory system, lungs or respiratory system, brain, kidneys, liver, or cancer;
 - b. surgery involving the back, neck, joints, or abdomen; or
2. in the last 24 months had:
 - a. presented symptoms which would have caused an ordinarily prudent person to seek medical opinion or treatment;
 - b. become exacerbated or complicated; or
 - c. been diagnosed, treated or treatment was recommended by a **medical advisor**.

This definition applies to **you** and anyone else listed on **your certificate of insurance**, **your travelling companion**, **your close relatives** or anyone one else who **you**, or a reasonable person in **your** position, would consider as having cover under the policy. If **you** are unsure whether **you** or anyone else who has cover under the policy has a **Pre-existing medical condition**, please call our Medical Assessment team on:
1800 888 448 or +61 2 9979 8888.

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frequently asked questions

Does Aussietravelcover have any pre-existing medical conditions which are covered under the policy without needing to perform a medical assessment?

We cover the pre-existing medical conditions listed in the table as long as you, at the relevant time:

- a) have not required hospitalisation or treatment by any **medical advisor** within the last 12 months (unless a different time-period is specifically listed in the list below) for the **Pre-existing medical conditions**;
- b) are not awaiting the outcome of any investigation, tests, surgery or other treatment for the **Pre-existing medical conditions**; and
- c) meet any additional criteria set out in the **Pre-existing medical conditions** we cover listed below.

If the criteria above are satisfied, cover is automatically included for the following **Pre-existing medical conditions**:

Important note:

All listed time periods in the additional criteria column below are measured according to the relevant time unless otherwise specified.

Medical Condition	Additional criteria
1. Acne	No additional criteria.
2. Allergy	<ul style="list-style-type: none"> • You have no known respiratory conditions e.g., asthma; and • You haven't required treatment by a medical practitioner in the last 6 months
3. Asthma	<p>You are under 60 years of age;</p> <ul style="list-style-type: none"> • In the last 12 months, you haven't had an asthma exacerbation requiring treatment by a medical practitioner; and • You don't have a chronic lung condition or disease.
4. Bell's palsy	No additional criteria.
5. Bunions	No additional criteria.
6. Carpal tunnel syndrome	No additional criteria.
7. Cataracts	In the last 90 days, you haven't had an operation for this condition.
8. Coeliac disease	In the last 6 months, you haven't been treated by a medical practitioner for this condition.
9. Congenital blindness	No additional criteria.
10. Congenital deafness	No additional criteria.
11. Ear grommets	You haven't had an ear infection in the last 3 months
12. Epilepsy	<ul style="list-style-type: none"> • You haven't required hospitalisation for epilepsy, including as an outpatient in the last 2 years; • You haven't changed your medication regime for epilepsy in the last 12 months; and • You don't have an underlying medical condition e.g., previous head trauma, brain tumor or stroke.
13. Gastric reflux	Your gastric reflux doesn't relate to an underlying diagnosis e.g., hernia or gastric ulcer.
14. Glaucoma	You have no ongoing complications for this condition.
15. Goiter	No additional criteria.
16. Gout	No additional criteria.
17. Graves' disease	No additional criteria.
18. Hiatus hernia	No additional criteria.
19. Hip replacement, knee replacement	The procedure was performed more than 6 months ago and less than 10 years ago.
20. Hip resurfacing	The procedure was performed more than 6 months ago and less than 10 years ago and you haven't had any post-operative complications relating to the surgery.
21. Hypercholesterolemia	You don't have a known heart or cardiovascular condition.

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frequently asked questions

(high cholesterol)	
22. Hypertension (high blood pressure)	You don't have a known heart or cardiovascular condition; <ul style="list-style-type: none"> • You don't have Type 1 diabetes or Type 2 diabetes; and • In the last 12 months your blood pressure medication has not changed; and • You aren't suffering symptoms of hypertension.
23. Menopause	You don't have osteoporosis.
24. Migraine	No additional criteria.
25. Peptic ulcer/gastric ulcer	In the last 12 months, the peptic / gastric ulcer has been stable.
26. Plantar fasciitis	No additional criteria.
27. Raynaud's disease	No additional criteria
28. Skin cancer	<ul style="list-style-type: none"> • Your skin cancer is not a melanoma; • You haven't had chemotherapy or radiotherapy for this condition; and • Your skin cancer does not require any follow-up treatment.
29. Trigger finger	No additional criteria.
30. Urinary incontinence	No additional criteria.
31. Underactive thyroid/overactive thyroid	The cause of your underactive/overactive thyroid wasn't a tumor.

How can I have my pre-existing medical condition/s assessed?

Once you have a quote, please call the Aussietravelcover Medical Assessment team to arrange an assessment.
Phone 1800 888 448 or 02 9979 8888

Are medical assessments compulsory?

If you have responded "yes" to the pre-existing medical declaration, you need to contact our Medical Assessment team. A policy cannot be purchased without first contacting us.

The medical assessment team will complete a short set of generic screening questions, at which point you can opt to continue to have your specific pre-existing medical conditions assessed. When completing the pre-existing medical assessment, you must declare all pre-existing medical conditions (including those listed as automatically covered).

Once a medical assessment is completed, the results are returned to you, your issuing agent ready for you to discuss and review. Then you can decide if you want to accept the cover – you can always decide to Opt-out, which means there will be no additional loading, and you will not have any cover for any claims relating to or associated with your pre-existing medical condition/s.

You can choose not to do a medical assessment however you must understand that there will be no cover for any claims relating to, arising from or associated with your pre-existing medical condition/s.

Can I seek cover for my pre-existing mental health condition?

Yes, mental health conditions can be screened during the medical assessment process. The cover is subject to passing the medical assessment process and whether you agree to pay an additional premium (if required) or not. If they choose not to pay any additional premium required, there will be no cover for any claims relating to, arising from or associated with their pre-existing medical condition/s.

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frequently asked questions

Is pregnancy covered?

Our policy only provides cover for pregnancy in limited circumstances. There is no cover under any circumstances for childbirth at any stage of the pregnancy or for costs relating to the health or care of a newborn child unless childbirth which was accelerated by accidental injury in limited circumstances.. For more information on the Pregnancy cover and the conditions and limitations see the Aussietravelcover PDS.

When do you need to call us to cover your pregnancy?

You must call us before purchasing the policy if:

- there have been complications with this pregnancy or a previous pregnancy;
- you have a multiple pregnancy (for example, twins or triplets);
- you have any other pre-existing medical condition which could have an impact on your pregnancy; or
-

You must contact your medical adviser and get written confirmation that you are fit to travel if after purchasing the policy and before starting the trip:

- you were not pregnant at the time you purchased the policy and now have a pregnancy-related complication to declare; or
- you were pregnant at the time you purchased the policy and have since suffered an onset of complications that were not previously declared.

If you are unsure whether you or anyone else listed on your certificate of insurance has a pregnancy which needs to be assessed, please call our Medical Assessment team on 1800 888 448 or +61 2 9979 8888.

I travel regularly and did an assessment a couple of months ago. Do I have to do another one for this new trip?

Yes, for each single trip policy purchased, you must complete a new medical assessment.

If you are a frequent traveller, you may want to consider the Multi Journey plan. On the Multi Journey plan, you do not need to complete a new assessment for each separate trip. If your pre-existing medical condition changes or, you develop a new medical condition, you must contact your medical adviser and get written confirmation that you are fit to travel. Please refer to FAQ "What if I have a change to my medical situation after purchasing the policy, but prior to departing?" for more details on the process.

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COVID-19

Is there cover for claims related to or associated with COVID-19 on all policies?

No, when travelling internationally the Top Plus International plan must be purchased to have cover for Sections 18, 19, 20 and 21.

When travelling the Domestic policy is purchased there is cover for Sections 19, 20 and 21.

There is no cover for any claims related to or associated with COVID-19 on the Basic International or Multi-journey plans.

What is excluded for COVID-19

Only the circumstances related to COVID-19 described in Section 18, 19, 20 and 21 of the PDS are covered. All other circumstances are excluded.

Am I covered for my overseas COVID-19 medical expenses?

Top Plus International plan purchased:

Your client must purchase the Top Plus International policy to be covered for Overseas Medical and Hospital expenses that are incurred following a diagnosis of COVID-19. Any diagnosis of COVID-19 must be made by your clients medical advisor.

Basic International:

There is no cover for any claims related to or associated with COVID-19 on the Basic International policy.

There is no cover for any medical expenses incurred in Australia.

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frequently asked questions

PDS

Why are some of the words in **bold** in the PDS?

When you see a word in bold, this word has a special meaning which may be different from your understanding. You can check the definition of that word under “Words With Special Meanings” so you know exactly what we mean when we use certain words.

How do I know if I am covered for a particular sport or leisure activity?

You are covered for most sport and leisure activities as long as:

- you act in a reasonable way to protect yourself. This means enjoying the activities with a properly licensed outdoor pursuits or sports organisation, following their instructions, and complying with any rules and guidelines for the sport or activity.
- you aren’t taking part in and/or competing in any race or timed activity (other an activity involving only walking and/or running for a distance less than 43kms);; and
- They aren’t taking part in or training for a sport in their capacity as a professional player of that sport.

The following sports and leisure activities are not covered under the policy:

- Winter sports unless you have purchased the Snow pack cover option and the conditions of cover are met.
- Any of the following winter or snow-related activities even if you have purchased the Snow pack cover option: ski/snowboard racing (including training), ski/snowboard acrobatics, freestyle skiing/snowboarding, ski/snowboard fun parks, ski/ snowboard jumping or stunting, off-piste skiing/ snowboarding without a professional snow sports instructor/guide, cross-country skiing outside of a designated cross-country ski route, bobsleighbing and parascending (over snow).
- Contact sports, including but not limited to rugby and martial arts.
- Driving or being driven in a recreational all-terrain vehicle overseas unless the insured is under the direct supervision of an operator licensed in the country the insured is riding in, the insured obeys all relevant safety requirements, and you wear a helmet.
- Hunting.
- Mountaineering or rock-climbing using ropes or climbing equipment (other than for hiking).
- Trekking or hiking on or above 3,000 metres in height.
- Open water voyages.
- Parachuting (including BASE jumping), hang-gliding or paragliding.
- Polo.
- Scuba diving using an artificial breathing apparatus unless you hold an open water diving license recognised in Australia or you are diving under licensed instruction, and you are diving at no greater depth than 30 metres.
- Taking part in, or training for, a professional sport of any kind.
- Taking part in a competition where there are financial rewards or cash prizes.
- Taking part in and/or competing in any race or timed activity (other than an activity involving only walking and/or running for a distance less than 43kms);
- Travel by air or sea, unless you are a passenger with a paid ticket on a:
 - scheduled transport service; or
 - licensed charter flight; or
 - hot air balloon with a commercial operator licensed in the country you are in; or
 - licensed sightseeing air tour from one location back to that location; or
 - licensed charter vessel where the crew are included, operating within coastal waters.

It is important also to read ‘General Exclusions’ on pages 25 - 28 for other exclusions that may apply.

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frequently asked questions

Do I need to do anything special if I am participating in winter sports or snow activities?

Cover for your participation in winter sports is not automatically included in your policy.

You will only have this cover if you pay the additional premium and 'Snow' pack is noted on your certificate of insurance.

If the you are participating in winter sports activities and have not selected 'Snow' pack, there will be no cover under any section of the policy.

There's cover under each benefit section limit and sub-limit of the policy if you select 'Snow' cover and are participating in any of the following winter sports:

- a. On piste Recreational skiing and snowboarding;
- b. Bigfoot skiing and snowboarding (only on a guided tour that is available to the general public and provided by a licensed tour operator);
- c. Cat skiing and snowboarding (only on a guided tour that is available to the general public and provided by a licensed tour operator);
- d. Cross-country skiing and snowboarding (along a designated cross-country ski route only);
- e. Glacier skiing and snowboarding (only on a guided tour that is available to the general public and provided by a licensed tour operator);
- f. Heli-skiing and snowboarding (only on a guided tour that is available to the general public and provided by a licensed tour operator);
- g. Ice hockey (not competitive);
- h. Ice skating;
- i. Lugeing on ice (provided by a licensed tour operator and available to the general public only);
- j. Mono skiing and snowboarding;
- k. Off-piste skiing and snowboarding with a professional snow sports instructor/guide;
- l. Snowmobiling; and
- m. Tobogganing.

Conditions and limitations applying to cover:

You must have selected 'Snow' cover at the time you took out your policy or prior to your departure date and paid the appropriate additional premium. The additional cover option must be shown on your certificate of insurance.

We won't pay any claims, costs or losses under any section of this policy if your claim arises from or related to your participation in winter or snow-related activities:

- a. winter or snow-related activities if the Snow pack has not been purchased and listed on the certificate of insurance.
- b. your participation in any of the following winter or snow-related activities (even if you have purchased the Snow pack):
 - i. ski/snowboard racing (including training);
 - ii. ski/snowboard acrobatics;
 - iii. freestyle skiing/snowboarding;
 - iv. ski/snowboard fun parks;
 - v. ski/ snowboard jumping or stunting;
 - vi. off-piste skiing/ snowboarding without a professional snow sports instructor/guide;
 - vii. cross-country skiing outside of a designated cross-country ski route;
 - viii. bobsleighbing; and
 - ix. parascending (over snow).

It's important also to read 'General Exclusions' on pages 25 to 28 for other reasons why we won't pay.

For more information on the 'Snow' cover and its additional benefits please see the Aussietravelcover PDS.

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frequently asked questions

What if I am cruising?

At present, we are offering cover for people travelling on international cruises when they purchase the Top Plus International, Basic International or Multi-journey plan and select the "Cruise Pack" additional cover. At the time you buy your policy, you must list each country that you will visit. When you get your certificate of insurance, you should check that each country is listed.

Travellers on domestic cruises in Australian waters must select "Australia including cruising" as the destination, buy a Top Plus International or Basic International plan and select the "Cruise Pack" additional cover. If you travel on multiple domestic cruises in a year, you can also buy a Multi-Journey plan. This will cover you for certain medical expenses, transfer and repatriation benefits that you may need if you are injured or sick, and you need to be treated on-board a cruise ship with a foreign registry or at an overseas hospital if that happens to be the nearest medical facility.

If you don't buy any of the above plans and select and pay for the "Cruise Pack" additional cover, you will not be covered under any section of the policy including any on-board medical expenses, any overseas medical expenses, or for the cost of any transfer to, or repatriation from an overseas hospital.

Can I add on a snow or motorcycle pack after a policy is purchased, but before I depart?

Yes, the addition of the 'Snow pack' or 'Motorcycle moped and scooter pack' can be purchased prior to departure. Please contact your issuing agent – they will modify to include the additional cover and charge the additional premium.

Can I cancel a policy?

Yes, policies can be cancelled.

Cancelling within the cooling-off period

You have 21 days from the day you purchase your policy to decide if the cover is right for you and suits your needs. If the policy does not meet your needs you can cancel your policy within this "cooling-off period" for a full refund, provided you:

- Haven't started your journey; and/or
- Haven't made a claim; and/or
- Don't intend to make a claim or exercise any other rights under **your** policy.

What happens if I cancel outside the cooling-off period?

If you cancel the policy outside the 21 -day cooling-off period, we will consider the request and may provide a pro-rated refund. This refund (and our decision in providing you with a refund which will not be unreasonably withheld). This refund will be based on a number of factors including:

- The level of cover/policy type chosen; and/or
- The date the policy was purchased and the date the journey would have begun; and/or
- Any other extenuating circumstances.

If you would like to cancel your policy please contact your issuing agent.

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frequently asked questions

How do I extend a policy?

If you are travelling for longer than planned and need to update the return date listed on the certificate of insurance, you will need to contact your issuing agent at least two business days before the policy expires.

If the extension is available your issuing agent will advise any additional charges for the change to the policy duration, and a new certificate of insurance will be issued with the adjusted new dates

What conditions apply to trip extensions?

Where an extension is available you cannot extend cover:

- for any pre-existing medical condition(s), except:
 - those conditions that are covered as specified under 'Pre-existing medical condition(s) we cover' and you have not been hospitalised (including day surgery or emergency department attendance) for that condition in the past 12 months (or unless otherwise specified in 'Pre-existing medical condition(s) we cover') or those conditions with approval that are listed on your policy documents with additional premium paid, and
 - there have been no changes in those pre-existing medical condition(s) after you purchased the original policy;
- for new conditions, you suffered during the term of your original policy;
- where you haven't told us about any circumstances that have caused or may cause a claim under your policy;
- under the Top Plus International and Basic International plans bought before departing Australia, where at the time of application for the change to your policy duration, the total length of your journey will exceed a combined maximum period of 12 months;
- under the Domestic plan, where at the time of application for the change to your policy duration, the total length of your journey will exceed the dates available in fuse;
- at any time under the Multi-journey plan.

Free automatic extensions

We'll extend the policy free of charge until the you are physically able to return home by the quickest and most direct route if your return home has been delayed due to a reason which is covered under your policy.

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frequently asked questions

Can I increase the cover for items of luggage or personal effects?

There is no option to increase the cover for luggage and personal effects. Item limits are detailed below:

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	\$15,000	\$5,000	\$10,000	\$8,000
Sub-limits: Video recorders, cameras (but not phone cameras), laptops, tablets and other personal handheld computers (including attached and unattached accessories)	\$4,000	\$1,500	\$4,000	\$1,500
Sub-limits: Mobile phones, smartphones and electronic watches (including attached and unattached accessories)	\$1,500	\$1,000	\$1,500	\$1,500
Sub-limits: Medical aids (Including attached and unattached accessories)	\$2,000	\$1,000	\$2,000	\$1,000
Sub limits: All other items (Including attached and unattached accessories)	\$750	\$750	\$750	\$750
Sub limits: Essential medication (for pre-existing medical condition(s) listed on your policy documents)	\$500	\$500	\$500	\$500
Sub-limits: Luggage and personal effects stolen from a concealed storage compartment of a locked motor vehicle	Up to \$200 for each stolen item up to a maximum of \$2,000	Up to \$200 for each stolen item up to a maximum of \$2,000	Up to \$200 for each stolen item up to a maximum of \$2,000	Up to \$200 for each stolen item up to a maximum of \$2,000

This section cover limit applies to each insured person on Duo cover or is doubled for Family cover and applies to the combined total of all claims made by the travellers (including dependants) listed on the certificate of insurance.

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frequently asked questions

Are there any specific conditions on luggage left in a motor vehicle?

There is no cover for luggage and personal effects left unattended in a motor vehicle unless it was stolen from a concealed storage compartment of a locked motor vehicle, and there were documented signs of forced entry. In this instance the most we'll pay is up to \$200 for each stolen item and \$2,000 in total for all stolen items. Refer to the PDS for the definitions of some of the terms used here.

Are there any specific conditions on luggage left unattended in a public place?

There is no cover for luggage and personal effects being left unattended in a public place. Public place means any place the public has access to including but not limited to airports, bus terminals, stations, buses, cruise ships, planes, taxis, trains, beaches, hostels, hotels, hotel foyers and grounds, galleries, museums, private car parks, public toilets, shops, malls, streets and restaurants.

Unattended means but is not limited to, when an item is not on your person at the time of the loss, theft or damage, or not under your control at the time of the loss, theft or damage, left in a position where it can be taken or damaged without your knowledge including on the beach or beside the pool while you swim, in a public place or leaving it a distance or where you are unable to prevent it from being unlawfully taken or damaged.

Unattended also means leaving an item behind, forgetting the item, walking away from it, or leaving it in a public place.

Can I purchase a policy if I have already departed Australia?

There are conditions that will apply for Residents of Australia already overseas:

There is cover available under the Top Plus International and Basic International if you are a Resident of Australia who has bought their policy after leaving Australia, provided they meet all of the following requirements.

You must:

- a. hold a valid Australian Medicare card;
- b. currently reside in Australia;
- c. advise us at the time you buy the policy that you are already overseas;
- d. hold a prepaid return airfare to Australia.

Temporary visitors are not eligible to purchase policies after departing Australia.

Policies bought while you are already overseas are also subject to:

- a 48-hour no cover period for all benefits (there is no cover under any section of the policy for any events that occur prior to purchasing the policy or within the first 48 hours after you have bought your policy); and
- a \$250 excess for all claims where there is an excess applicable.

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frequently asked questions

Can the Multi-Journey policy cover more than 45 days away from home per journey?

No, the maximum duration for any one journey on the Multi Journey policy is 45 days away from home.

If you already have an active Multi-Journey policy, and your upcoming journey exceeds 45 days, you will need to purchase a new single trip policy to cover the whole duration.

How much extra is the Cruise Pack?

Additional premiums for the Cruise pack will vary dependent upon your age, duration of holiday and countries you plan to visit.

Is there an excess on the policy?

The standard excess on all plans is \$250 and applies to any claim arising from the following sections:

- Section 1: Overseas emergency medical and hospital expenses
- Section 4: Cancellation or amendment expenses
- Section 5: Additional expenses
- Section 6: Missed connections and special events
- Section 8: Luggage and personal effects
- Section 10: Passport, travel documents and bank cards
- Section 12: Rental vehicle insurance excess
- Section 13: Personal Liability
- Section 18: COVID-19 Overseas medical and hospital expenses (not applied to Cash in Hospital or Funeral Expenses Overseas)
- Section 19: COVID-19 Cancellation fees and lost deposits
- Section 20: COVID-19 Additional expenses
- Section 21: COVID-19 Travel delay
- Cruise pack cover option benefit: Missed shore excursions
- Snow pack cover option benefits: Prepaid snow costs and Equipment replacement.

You can choose to reduce your standard \$250 excess by paying an additional premium. Reduced excess options: \$150 excess or nil excess (additional premiums apply to reduce excess).

Your chosen excess will then be displayed on their certificate of insurance.

What if I have had a change to my medical situation after purchasing a policy, but prior to departing?

If your pre-existing medical condition changes or a new medical condition (or the symptoms of one) arises any time after you buy your policy but before you start your journey, you must contact your medical practitioner and get written confirmation that you are fit to travel.

If you don't get written confirmation from your medical practitioner that you are fit to travel, or the medical practitioner declares you unfit to travel, you will not be covered for any claim under any section of the policy that arises from that condition if you still travel.

If your medical practitioner declares you unfit to travel, then your claim will be assessed under the terms of the existing policy to cancel your journey and make a claim under Section 4: Cancellation or amendment expenses.

There is no cover under 'Overseas emergency medical and hospital expenses' for continuation or follow up of medical treatment (including medication and ongoing immunisations) that started before the journey.

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frequently asked questions

Is there cover if I need to cancel my journey or return home early due to a close relative's pre-existing medical condition?

If your close relative's hospitalisation or death has resulted from a pre-existing medical condition or you are unable to reasonably demonstrate that your close relative's hospitalisation or death is not related to a pre-existing medical condition, then the most we will pay is 25% of their non-refundable claim expenses (Section 4: Cancellation or amendment costs) or reasonable additional expenses to return home or travel to another destination (Section 5: Additional expenses) 25% of your reasonable additional expenses up to a maximum of \$2,000 for Single policies and \$4,000 for Family policies.

See the Aussietravelcover PDS to review Section 4: Cancellation or amendment expenses, and Section 5: Additional expenses in full.

What does **close relative** mean?

Close relative means the you or your travelling companion's spouse, de facto partner, parent, parent-in-law, children (including adopted or fostered children), brother, sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandchild, grandparent, step-parent, step-son, step-daughter, fiancé or fiancée or guardian. Also refer to the definition of a "travelling companion" in the PDS.

What if I am travelling overseas to a wedding and my flight is delayed, is there cover to arrange alternative transport so I will get there on time?

Yes, there is cover under Section 6: Missed connections and special events if your journey is interrupted due to an unforeseeable circumstance outside of your control, resulting in you being unable to arrive on time for a prepaid connection, prepaid accommodation, a wedding, funeral, conference, concert, sporting event or prepaid tour arrangements.

Please review Section 6: Missed connections and special events in the Aussietravelcover PDS for all conditions.

Does the policy cover dental treatment?

There is a sub-limit that applies to dental treatment under Section 1, Overseas emergency medical and hospital expenses. There is \$1,000 per insured on the Top Plus International and Multi Journey plans and \$500 per insured in the Basic International for emergency dental treatment received overseas for the relief of sudden and acute pain to healthy and natural teeth. This means that the emergency dental treatment must be for an original tooth (or one with a filling) and/or supporting tissues (the insured's gums).

Please review Section 1: Overseas emergency medical and hospital expenses in the Aussietravelcover PDS for all conditions and exclusions.

Can I take a policy for only part of my trip?

No, to be eligible to purchase the Top Plus International, Basic International and Domestic plans (bought before departing Australia) you must start and end their journey in Australia.

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frequently asked questions

I have hearing aids, are they covered?

Yes, Aussietravelcover offers increased cover for medical aids. Hearing aids fall into this definition, see below limits and definition of medical aids:

	Top Plus International	Basic International	Multi-Journey	Domestic
Sub-limits: Medical aids (including attached and unattached accessories)	\$2,000	\$1,000	\$2,000	\$1,000
Excess	Yes	Yes	Yes	Yes

This section cover limit is doubled for Family policies and applies to the combined total of all claims made by the travellers (including dependants) listed on the certificate of insurance.

Medical aids mean:

- Communication aids e.g. hearing aids;
- Mobility aids e.g. walkers, crutches and wheelchairs;
- Prosthetic limbs, medical-grade footwear and orthotics;
- Sight aids e.g. prescription glasses;
- Dental aids e.g. dentures and dental prostheses.

Am I covered for medical evacuations on a domestic policy during my journey?

If it is deemed medically necessary and determined by our medical advisors, reasonable costs for medical transfers or evacuations following your unexpected injury or sickness to the nearest appropriate facility are covered. If you suffer an unexpected injury or sickness during your journey, you should call the emergency assistance team for help and guidance on +61 2 8055 1609.

Are adopted or foster children considered to be dependents?

Adopted or fostered children are covered as dependents provided they fit within the definition listed in the Aussietravelcover PDS.

How many children are allowed to travel on a policy?

There is no limit on the number of accompanied children travelling on a policy, but the children must meet the definition of dependant.

Dependent or dependents means your children or grandchildren who are:

- under the age of 25 years at the time you buy your policy;
- who are financially dependent on their parents and/or grandparents and not working full time;
- travelling with you for your entire journey; and
- listed on the certificate of insurance as dependents.

Note children are not covered under the Duo policy.

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frequently asked questions

Who can buy a single journey Top Plus International, Basic International or Domestic plan (before departing Australia)?

To be eligible to purchase the Top Plus International, Basic International and Domestic plans (bought before departing Australia) you need to meet all of the following:

- a. Either;
 - i. hold a valid Australian Medicare card; or
 - ii. hold a temporary visa that includes a condition to maintain health insurance whilst in Australia; and;
- b. currently reside in Australia;
- c. buy this policy before you leave Australia (unless you meet the eligibility requirements to purchase this policy after departing Australia);
- d. start and end your journey in Australia (unless you meet the eligibility requirements for purchasing a policy after departing Australia);
- e. where you hold a temporary visa, their visa remains valid beyond the period of their return to Australia.

Who can buy a Multi-Journey plan?

To be eligible to purchase the Multi-Journey plan (bought before departing Australia) you need to meet all of the following:

- a. Either:
 - i. hold a valid Australian Medicare card; or
 - ii. hold a temporary visa that includes a condition to maintain health insurance whilst in Australia; and;
- b. be aged 74 years and under at the time you purchase the policy;
- c. currently reside in Australia;
- d. buy this policy before you leave Australia;
- e. start and end your journey in Australia;
- f. where you hold a temporary visa, your visa remains valid beyond the period of your return to Australia.

If you have bought Family cover under a Multi-Journey plan, cover is provided to your spouse or partner when they are travelling with you or independently of the you. Your dependants are also covered under Family cover when they are travelling with the you or your spouse or partner.

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frequently asked questions

When does cover start and end on the Top Plus International, Basic International and Domestic plans (bought before your journey has commenced)?

- Cover for Section 4: Cancellation or amendment expenses starts after you buy your policy.
- Cover for all other sections starts when you leave your home to begin your journey on the departure date listed on your certificate of insurance.

Your policy ends:

- when you return home; or
- on the return date listed on your certificate of insurance; or
- on the date, you submit a claim under Section 4: Cancellation or amendment expenses following the cancellation of your entire journey, whichever happens first.

When does cover start and end on the Top Plus International, Basic International and Domestic plans (bought after you have departed Australia)?

- There is no cover under any section of the policy for the first 48 hours from the time the policy is issued. This is an applicable no cover period. This means there is no cover arising from any claim events that happen within the no cover period. Cover under the sections of the policy begins immediately after the first 48 hours.

Your policy ends:

- when you return home; or
- on the return date listed on your certificate of insurance; or
- on the date, you submit a claim under Section 4: Cancellation or amendment expenses following the cancellation of your entire journey, whichever happens first.

When does cover start and end on the on the Multi Trip plan?

- Cover for Section 4: Cancellation or amendment expenses starts from the relevant time (the first time at which any part of the relevant journey is paid for or the time at which the policy is issued, whichever is the latter).
- Cover for all other sections starts at the beginning of each journey or the departure date listed on the certificate of insurance.
- Cover for any one journey ends when you return home from each journey or on the return date listed on your certificate of insurance, whichever happens first. All cover ends when the policy expires.
- Cover is re-instated for all sections under the policy on the completion of each journey except for Section 13: Personal liability where the benefit limit is the maximum we will pay for all claims combined during the 12-month policy period.
- The maximum period for any one journey is 45 days. You can make as many journeys as you wish during the period of insurance.
- Please note that you are only covered for any incidents or events that happen during the first 45 days of your journey. There is no cover for any incident or event that happens outside of the 45 days.

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frequently asked questions

What am I covered for if I am travelling to a “do not travel” destination?

If you are travelling to a “do not travel” destination you cannot purchase a policy with Aussietravelcover.

It is really important you follow advice issued by the Australian Department of Foreign Affairs and Trade, whether or not your resulting actions are claimable under the policy. It will often be in your best interest and safety.

Should you refuse to follow the advice given by DFAT (or given in the mass media, any other government or official body’s warning), this may impact the outcome of your claim.

It is also important for you to understand that should you be in a country, against the advice of DFAT (or other bodies mentioned above), providing assistance to you may be hindered, or in extreme cases, not possible.

Specifically, this policy will not cover you if you do not follow advice in the mass media or any government or other official body’s warning where a travel advisory risk rating of ‘Do Not Travel’ (or equivalent if this term is replaced) was issued by the Australian Department of Foreign Affairs and Trade and published on their website (www.smartraveller.gov.au) before the start date of your journey.

If you are in a country or a part of a country at the time it’s given a travel advisory risk rating of ‘Do Not Travel’ or equivalent by Australian government, you should return to Australia as soon as possible. If you need emergency assistance, please call +61 2 8055 1609.

Can I increase the Rental vehicle insurance excess?

There is no option to increase the cover for Rental vehicle insurance excess. Rental vehicle insurance excess limits are detailed below:

	Top Plus International	Basic International	Multi-Journey	Domestic
Section cover limit	\$8,000	\$3,000	\$8,000	\$6,000
Sub-limits: For the return of the rental vehicle if you are injured or sick	\$500	\$500	\$500	\$500
Excess	Yes	Yes	Yes	Yes

Please note that this cover does not take the place of rental vehicle insurance and only provides cover for the excess component that you become liable to pay in the event of collision or theft.

Is there cover for financial collapse?

No. There is no cover on the policy for any claims arising from or relating to any person, company or organisation (including but not limited to any airline, or other carriers, accommodation provider, car rental agency, travel agency including online travel agencies, online travel and leisure retailer, tour or cruise operator, travel wholesaler, booking agent or other providers of facilities or travel or tourism-related services), refusing, failing or not having ability to provide services, facilities or accommodation, due to their own **financial collapse** or the **financial collapse** of any other person, company or organisation providing facilities or tourism-related services.

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frequently asked questions

What are the conditions in the policy relating to alcohol and drugs?

General Exclusions:

We won't pay any claims, costs or losses under any section of the policy if your claim arises from or is related to: you being under the influence of alcohol, where

- a. you have a recorded blood alcohol concentration (BAC) greater than the legal limit whilst operating a motor vehicle, motorcycle, scooter, moped, recreational all-terrain vehicle or any watercraft in the country you are in; or
- b. your judgement or actions are impaired and this impairment causes or contributes to any loss or damage in view of all the circumstances, in which case we will consider any one or more of the following information in assessing the materiality of their intoxication:
 - i. your BAC;
 - ii. an expert's report, such as that of a medical practitioner or forensic expert, and any police reports;
 - iii. your own statements and any statements contained in a witness report of a third party; or
 - iv. any statements provided by any treating medical professional (such as a paramedic, nurse, doctor) or attending emergency service member as documented in your records.

Am I covered for natural disasters?

There is cover for your reasonable additional accommodation and travel expenses due to the disruption of their scheduled or connecting transport because a natural disaster occurring after the commencement of their journey. See Section 5, Additional Expenses of the Aussietravelcover PDS for further information, conditions and exclusions.

There is no cover for any natural disaster that happened before you purchase the policy. This includes if it was publicly known that the natural disaster was about to happen right before you purchased the policy.

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Contact us

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