

# SchoolCare Insurance

Policy



**Attach** Schedule of Insurance here

## SchoolCare Insurance Policy

In return for payment of the premium stated in the Schedule and subject to the terms and conditions contained in or endorsed on this policy, **we** agree that if during the **period of insurance**:

1. any of the events referred to in section 1 shall happen to a **nominated person**, **we** will pay the benefit set out in the table of benefits in section 1 and applicable to:
    - a. the standard cover option if that option is shown in the Schedule as having been selected by **you**; or
    - b. the basic cover option if that option is shown in the Schedule as having been selected by **you**;
  2. a **nominated person** suffers **bodily injury** as a result of an accident, **we** will pay the benefits set out in section 2;
  3. a **nominated person** suffers **bodily injury** as a result of an accident or witnesses an accident as a result of
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## Special provisions

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1. If more than one of the events 1 to 47 in the Table of Benefits section happens to a **nominated person** in respect of the same **bodily injury**, **we** will pay:
  - a. only the benefit for event 1 if one of those events includes event 1;
  - b. in all other cases, the benefit for each of those events but up to a total aggregate limit of:
    - i. \$750,000 if the standard cover option is shown in the schedule to have been selected by **you**;  
or
    - ii. \$275,000 if the basic cover option is shown in the schedule to have been selected by **you**.
2. In respect of events 2 to 16, **we** shall not be obliged to effect settlement until a period of one year has elapsed from the date on which the event occurred and no liability shall attach to

## Table of benefits (continued)

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The event	The benefit	
Bodily injury resulting solely and directly and independently of any other cause in:	Standard Cover	Basic Cover
<p>34. Loss of or damage to teeth</p> <p>a. Permanent or second teeth (not being dentures or dental fittings)</p> <p>i. loss of teeth</p> <p>ii. full capping of damaged teeth</p> <p>iii. partial capping or repair of damaged teeth</p> <p>iv. Damage to teeth not provided for in (ii) or (iii) above</p> <p>b. Milk or first teeth: loss of teeth</p> <p>The total benefits payable in respect of this event 34 shall not exceed \$2,500.</p>	<p>\$300 per tooth</p> <p>\$300 per tooth</p> <p>\$300 per tooth</p> <p>\$50 per accident</p> <p>\$50 per tooth</p>	<p>\$250 per tooth</p> <p>\$250 per tooth</p> <p>\$250 per tooth</p> <p>\$50 per accident</p> <p>\$50 per tooth</p>
35. Dislocation of the hip	\$500	\$350
36. Dislocation of the knee	\$250	\$250
37. Dislocation of the shoulder blade	\$250	\$250
38. Dislocation of the collarbone	\$250	\$250
39. Dislocation of the jaw	\$250	\$250
40. Dislocation of the ankle	\$250	\$150
41. Dislocation of the elbow	\$250	\$150
42. Dislocation of the wrist	\$250	\$150
43. A knee reconstruction	\$2,000	



## Other benefits (continued)

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## Exclusions

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We shall not pay benefits in respect of any event referred to in section 1, **bodily injury**

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## Important Notice to Policyholder

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The information set out above describes the terms and conditions of the contract you have arranged with us. We would like to be sure that you understand the cover provided and that it meets your requirements. If you have any queries, our staff will be happy to give you any further information you may require.

## How to Make a Claim

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To ensure prompt and simplified processing of your claim, contact us and tell us what has happened. We will tell you the steps that need to be taken to settle your claim.

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