



CANCERCOVER™ DIRECT



Combined Product Disclosure Statement and Policy Wording

This document contains your Insurance policy terms,
Special Provisions, Exclusions and Conditions.
It is important that you read and understand
it and retain it in a safe place.

How this insurance is arranged

This Insurance is issued/insured by:

American Home Assurance Company ('AHAC')

ABN 67 007 483 267, AFSL 230903 incorporated with Limited Liability in the USA, trading in Australia as Chartis ('Chartis')
549 St. Kilda Road, Melbourne VIC 3004

AHAC issues/insures this product pursuant to an Australian Financial Services Licence ('AFSL') granted to us by the Australian Securities and Investments Commission.

Chartis prepared this Product Disclosure Statement.

Date prepared: 1 October 2009
PDS JM 09/00036.1 AH 09/001

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Product Disclosure Statement (PDS)

1. What is the Product Disclosure Statement?

The Product Disclosure Statement ('PDS') contains information about key benefits and significant features of this CANCERCOVER™ - DIRECT.

The purpose of the PDS is to assist **your** purchasing decision and ability to compare this product with other insurance. This document also contains important information about **your** rights and obligations including the Cooling Off Period. The terms and conditions of **your** insurance are contained in the Policy Wording.

Details about the product issuer can be found on the inside front cover of this document under 'How this insurance is arranged'.

2. Key Benefits of Your Policy

A summary of the key benefits of this insurance policy is highlighted below for **your** information. **You** should be aware that this is a summary of the **cover** only and the policy is subject to terms and conditions, limits and exclusions that may not suit **your** requirements. All **compensation** shown in this policy are per **insured person** limits payable in Australian dollars.

You can select from three (3) **levels of cover** and the **compensation** is payable regardless of any insurance, private health insurance or any other compensation or benefits that **you** or an **insured person** may be entitled to.

Cover can be selected for:

- **You** only – Single Plan
- **You and your spouse** – You and Your Spouse Plan

Please note: The **level of cover** for **your spouse** must be the same **level of cover you** have selected for **your own cover**.

We will pay the **compensation** shown for the **level of cover you** select if:

- (i) **cancer** is **positively diagnosed** before an **insured person's** seventy fifth (75th) birthday; and
- (ii) the diagnosed **cancer** is at a new **primary site**; and
- (iii) an **insured person** is alive when the **positive diagnosis** is made; and
- (iv) cover under this policy is current at the time of the **positive diagnosis**, and has been in force for ninety (90) days or more after the **policy effective date**, before the **positive diagnosis of cancer** is made,

subject to the policy terms, Conditions, Special Provisions and Exclusions.

Cancer, for the purpose of this policy, means any **malignant** tumour in a covered **female organ** or **male organ**, characterised by the uncontrolled growth and spread of **malignant** cells and invasion of tissue at the site where the first **malignant** change takes place in a covered **female organ** or **male organ**.

Covered female organs:	Covered male organs:
Either breast	Either breast
Either ovary	Either testicle
Either fallopian tube	The penis
The vulva	The prostate
The uterus	
The vagina	
The cervix	

Full details of the **compensation** payable for each **level of cover** are contained in the Policy Wording under the Schedule of Benefits set out on page 17. **Cover** is limited to the Events listed in the Schedule of Benefits and is subject to the terms, Conditions, Special Provisions and Exclusions in the Policy Wording.

3. Important information

This policy is subject to terms, Conditions, Special Provisions and Exclusions. It is important that you read the Policy Wording carefully to familiarise yourself with these provisions. Specifically, please take note of the following matters.

1. The Policy Wording contains a **Definitions** section on pages **12-13**, **Exclusions** section on page **14**, **Special Provisions** section on pages **14-15** and **Conditions** section on pages **15-16** that apply to this insurance. Words with a special meaning are shown in the policy in **bold, italic** font.
2. This PDS and Policy Wording document also contains important information about **your** and any **insured person's** rights and obligations including: **Code of Practice** – refer to page 7
Duty of Disclosure – refer to page 11
Privacy – refer to pages 8-9
Important claims information – refer to Condition 5 on page 16.
3. This policy does not cover any **pre-existing medical condition(s)**, as defined on page 13 of the Policy Wording.

Accordingly, if **you** or an **insured person** have ever had cancer, then CANCERCOVER™ - DIRECT may not be suitable for **you** or that **insured person**.

If any **cancer you** or an **insured person** claim for under this policy was either:

- (a) there before **you** took out the policy; or
- (b) related to any **pre-existing medical condition** (including another cancer) **you** or the **insured person** had before **you** took out the policy,

we will not pay the claim.

- 4. This policy only covers **positive diagnosis of cancer** at a new **primary site**. Not all types of cancers are covered. It is important that **you** carefully read the Definitions section on pages 12-13, the Exclusions section on page 14 and the Schedule of Benefits on page 17.
- 5. Age limits apply to this policy as follows:
 - (a) **you** can only take out this policy if **you** are under seventy (70) years of age. Further, **you** can only apply for cover for **your spouse** under this policy if **your spouse** is under seventy (70) years of age; and
 - (b) unless the policy has lapsed or been cancelled, **cover** under this policy for an **insured person** will cease when he/she attains the age of seventy five (75) years.

Please note: **Premiums** will increase as an **insured person's** age increases from one age band to another – refer to Costs on pages 5-6.

- 6. No **compensation** is payable for **cancer** that was first diagnosed within ninety (90) days of the **policy effective date**, or in respect of which, in the opinion of a legally qualified medical practitioner, an **insured person** had the onset of symptoms within ninety (90) days of the **policy effective date**.
- 7. Claim Requirement – Positive Diagnosis
 - (a) Any claim lodged under this policy requires a **positive diagnosis of cancer** – refer to the definition of **positive diagnosis** on page 13.
 - (b) **We** may require that **you** or the **insured person** submit to such medical examinations, at our expense, as **we** may reasonably require in order to assess the claim.
 - (c) Any **compensation** will be paid as soon as **we** have investigated and verified all the information supplied and satisfied **ourselves** that the claim falls within the terms of the policy.
- 8. There are some circumstances where **cover** cannot be provided and these circumstances are set out in the Policy Wording. Please take special note of the Exclusions applicable to this policy listed on Page 14.

- 9. This is not a health insurance policy and therefore does not provide benefits for or in respect of any fees or charges in relation to the provision in Australia of hospital treatment, relevant health services or “Ancillary health benefit” as defined in Section 118 of the Private Health Insurance Act 2007 or any other medical benefits prohibited under Section 126 of the Health Insurance Act.
- 10. **We** will decline to accept any further **premiums** to cover **you** and/or any **insured person**, as applicable, when:
 - (a) **you** or an **insured person** attains seventy five (75) years of age; or
 - (b) this policy is cancelled in accordance with Condition 3 on page 15; or
 - (c) this policy is lapsed in accordance with Condition 4 (b) on page 15.

4. Costs

The monthly **premium** amounts are set out in the tables on page 6. **Premiums** vary depending on an **insured person's** current age, gender and the **level of cover** selected.

Please note **your premium** increases as an **insured person's** age increases from one age band to another. To work out the **premium** applicable to **you**, simply choose the **level of cover you** require and then apply **your** current age to the appropriate age band and gender listed in the appropriate table on the next page.

If **you** would like to cover your **spouse** under this policy, **you** may work out the **premium** applicable to him/her by simply applying his/her age to the appropriate age band and gender listed in the relevant table on the next page under the same **level of cover** as **you**. The **level of cover** for **your spouse** must be the same **level of cover you** have selected for **your** own cover.



Monthly premium (per insured person):

MALE	LEVEL OF COVER		
	LEVEL 1	LEVEL 2	LEVEL 3
Compensation	\$25,000	\$35,000	\$45,000
Age	Premium	Premium	Premium
18 - 39	\$9.95	\$14.95	\$19.95
40 - 44	\$9.95	\$14.95	\$19.95
45 - 49	\$9.95	\$14.95	\$19.95
50 - 54	\$9.95	\$14.95	\$19.95
55 - 59	\$16.95	\$23.95	\$30.95
60 - 64	\$28.95	\$40.95	\$51.95
65 - 69	\$44.95	\$62.95	\$80.95
70 - 74*	\$55.95	\$78.95	\$100.95

FEMALE	LEVEL OF COVER		
	LEVEL 1	LEVEL 2	LEVEL 3
Compensation	\$25,000	\$35,000	\$45,000
Age	Premium	Premium	Premium
18 - 39	\$9.95	\$14.95	\$19.95
40 - 44	\$14.95	\$20.95	\$26.95
45 - 49	\$20.95	\$28.95	\$36.95
50 - 54	\$26.95	\$37.95	\$47.95
55 - 59	\$31.95	\$43.95	\$56.95
60 - 64	\$34.95	\$48.95	\$62.95
65 - 69	\$34.95	\$48.95	\$62.95
70 - 74*	\$35.95	\$49.95	\$63.95

* The **premiums** for the age band 70 – 74 apply to policy renewals only – **you** are **not** able to purchase this policy if **you** are aged seventy (70) years or more **nor** are **you** able to apply for cover for **your spouse** if he/she is aged seventy (70) years or more.

The monthly **premium** is inclusive of applicable government charges including GST and Stamp Duty.

Note – the **premium** tables set out above may be varied from time to time. **We** will notify **you** in writing of any **premium** variation and the variation will then take effect from **your next premium due date** after receipt of the notice.

5. Premium Payments

Premium payments can be made by way of periodical debit to **your** nominated financial institution account or credit card.

If any monthly **premium** is not paid, **we** will endeavour to re-process the periodical debit request. In the event that **we** are still not able to obtain the **premium**, for whatever reason, **we** will advise **you** of the outstanding amount and that, if the **premium** is not paid within thirty (30) days after the **premium due date**, the policy will lapse. Once the policy has lapsed, neither **you** nor the **insured person** will have any insurance cover under this policy. **We** shall notify **you** in writing if the policy lapses.

6. Interim Cover

In some instances this product may be offered inclusive of an **interim cover** period. Where an **interim cover** period applies, this will be shown separately on **your Policy Schedule**.

Where applicable, **your interim cover** will be activated on the **policy effective date**. The **interim cover** period is for thirty (30) days during which **you** will not be charged for cover and can examine the policy to determine if it meets **your** needs.

If **you** do not contact Chartis to advise **us** the policy does not meet **your** requirements within the thirty (30) day **interim cover** period, the billing cycle of the **premium** for this policy will commence immediately following the **interim cover** period.

7. Cooling Off Period

Once **cover** has commenced **you** have a fourteen (14) day cooling off period within which **you** may cancel the policy and receive a full refund of all **premiums** paid. This cooling off period will commence immediately following cessation of the **interim cover** period.

To cancel **your** policy during the cooling off period, please send **us your** written request to cancel the policy.

8. How to make a claim

Information on claims can be found under the section titled “Conditions – 5. Claims Procedure” in the Policy Wording. Please read this Condition carefully.

You, or someone else on **your** behalf, must contact **us** as soon as reasonably practicable after any event happens which is likely to lead to a claim. **You** can do this by calling **1800 331 013** or by writing to **us**.

9. The Code of Practice

Chartis is a signatory to the General Insurance Code of Practice. This aims to raise the standards of practice and service in the insurance industry, improve the way the claims and complaints are handled and help people better understand how general insurance works. Information brochures on the Code are available upon request.

10. Dispute Resolution

We are committed to handling any complaints about **our** products or services efficiently and fairly.

If **you** have a complaint:

1. Contact **us** on **our** dedicated complaints line – **1800 339 669**.
2. If **your** complaint is not satisfactorily resolved **you** may request that **your** matter be reviewed by management by writing to:

The Compliance Manager
Chartis
549 St Kilda Road, Melbourne
VICTORIA 3004

3. If **you** are still unhappy, **you** may request that the matter be reviewed by **our** Internal Dispute Resolution Committee (“Committee”). **We** will respond to **you** with the Committee’s findings within fifteen (15) working days.
4. If **you** are not satisfied with the finding of the Committee, **you** may be able to take **your** matter to an independent dispute resolution body, the Financial Ombudsman Service (FOS). This external dispute resolution body can make decisions with which Chartis is obliged to comply.

Contact details are:

Financial Ombudsman Service
Phone: 1300 780 808 (local call fee applies)
Email: info@fos.org.au
Internet: www.fos.org.au
Postal address: GPO Box 3, Melbourne Victoria, 3001

11. Privacy Consent and Disclosure

American Home Assurance Company (“AHAC”) trading in Australia as Chartis (“Chartis”) is bound by the National Privacy Principles that apply to any personal information collected by Chartis.

Purpose of Collection

Chartis collects information necessary to underwrite and administer **your** insurance cover, to maintain and to improve customer service and to advise **you** of **our** products. **You** have a duty under the Insurance Contracts Act to disclose certain information. Failure to comply with **your** duty of disclosure or to provide certain information may result in Chartis either declining cover, cancelling **your** insurance cover or reducing the level of cover.

In the course of administering **your** policy **we** may disclose **your** information to:

- i. the entity to which AHAC is related (whether is Australia or overseas), contractors or third party providers providing services related to the administration of **your** policy.
- ii. banks and financial institutions for the purpose of processing **your** application and obtaining policy payments.

iii. assessors, third party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim.

iv. **our** assistance provider who will record all calls to the assistance service provided under **your** policy for quality assurance training and verification purposes.

v. enable **us** to advise **you** of **our** insurance products or services.

In some circumstances Chartis is entitled to disclose **your** personal information to third parties without **your** authorisation such as law enforcement agencies or government authorities.

Access to **your** information

You may gain access to **your** personal information by submitting a written request to Chartis.

In some circumstances, Chartis may not permit access to **your** personal information. Circumstances where access may be denied include where it would compromise the privacy of other individuals, or where it would be unlawful.

Complaints

Chartis has also established an internal dispute resolution process for handling customer complaints.

If you feel **you** have a complaint about Chartis’ compliance with the National Privacy Principles, require assistance in lodging a privacy complaint or **you** wish to gain access to the information, **you** may write to The Privacy Manager, Chartis, 549 St Kilda Road, Melbourne, or e-mail australia.privacy.manager@chartisinsurance.com. **Your** complaint will be reviewed and **you** will be provided with a written response. If it cannot be resolved, **your** complaint will be referred to Chartis’ Internal Disputes Resolution Committee who will respond within 15 working days. In either case the matter will be reviewed by a person or persons with appropriate authority to deal with the complaint.

Should **your** complaint not be resolved by Chartis’ internal dispute resolution process, **you** may apply to the Privacy Commissioner for review of the determination.

Consent Acknowledgment

By providing **your** personal information to enable completion of the application of insurance (including any associated form) and paying the premium, **you** consent to the use of **your** personal information stated in the privacy statement above.

Policy Wording

Important notes

1. This document, together with the **Policy Schedule**, contains **your** insurance policy terms, Conditions, Special Provisions and Exclusions. It is important that **you** read and understand it and retain it in a safe place.
2. Please inform **us** immediately of any change in **your**:
 - (a) address; and/or
 - (b) any other matter affecting **you** or an **insured person** which will require an alteration to the policy.

Your Duty of Disclosure

What you must tell us

When answering **our** questions, **you** and any **insured person** must be honest and **you** and any **insured person** have a duty under law to tell **us** anything known to **you**, and which a reasonable person in the circumstances, would include in answer to the question. **We** will use the answers in deciding whether to insure **you** and anyone else to be insured under the policy, and on what terms.

Who needs to tell us

It is important that **you** understand **you** are answering **our** questions in this way for **yourself** and anyone else whom **you** want to be covered by the policy.

If you do not tell us

If **you** and any **insured person** do not answer **our** questions in this way, **we** may reduce or refuse to pay a claim, or cancel a policy. If **you** and/or any **insured person** answer **our** questions fraudulently, **we** may refuse to pay a claim and treat the policy as never having worked.

Age Limits

1. To purchase this policy:
 - (a) **you** must be less than seventy (70) years of age; and
 - (b) if **your spouse** is to be covered under **your** policy, **your spouse** must be less than seventy (70) years of age.
2. Unless the policy has lapsed or been cancelled, **cover** under this policy for any **insured person** will cease when such **insured person** attains the age of seventy five (75) years.

Insuring Agreement

If, whilst this policy is in force, an **insured person** suffers an Event listed in the Schedule of Benefits on page 17, then, subject to the terms, Conditions, Special Provisions and Exclusions of this policy, **we** will pay the **compensation** shown for that Event in respect of the **level of cover** selected by **you** and shown in **your Policy Schedule**.

Definitions

Words with a special meaning are shown in this policy in **bold**, *italic* font.

Cancer means any **malignant** tumour in a **female organ** or a **male organ** characterised by the uncontrolled growth and spread of **malignant** cells and invasion of tissue at a **primary site**.

Compensation means the amount of insurance payable under this policy in accordance with the **level of cover** selected.

Cover means the insurance that commences on the **policy effective date** shown in the **Policy Schedule**, and, where **interim cover** has been provided, **cover** will commence immediately after the expiration of the **interim cover**.

Female organ means either breast, either ovary, either fallopian tube, the cervix, uterus, vagina or vulva.

Initial premium due date means the date shown in the **Policy Schedule**.

Insured person(s) shown on **your Policy Schedule** under your plan, means:

- (a) **you** only, if **you** selected “Single Plan” on **your** application form, or in **your** application made over the telephone with a Chartis representative.
- (b) **you** and **your spouse** if **you** selected “You and Your Spouse Plan” on **your** application form, or in **your** application made over the telephone with a Chartis representative.

Interim cover, where shown on **your Policy Schedule**, means the cover provided for the first thirty (30) days following receipt by **us** of **your** application form, or upon completion of **your** application made over the telephone with a Chartis representative. Where **interim cover** is provided the terms, Conditions, Special Provisions and Exclusions contained in this document apply to such cover.

Level of cover means the **compensation you** have selected on **your** application form, or in **your** application made over the telephone with a Chartis representative, (either Level 1, Level 2 or Level 3) and for which the appropriate **premium** has been paid. **Your** selected **level of cover** is shown on **your Policy Schedule**.

Male organ means either breast, either testicle, the penis or prostate.

Malignant means a mass of cancer cells that may invade surrounding tissues or spread to distant areas of the body.

Policy effective date means the date when **we** received and accepted **your** application form, or **you** completed **your** application made over the telephone with a Chartis representative. This date will be shown in **your Policy Schedule** as the **policy effective date**.

Policy Schedule means the document titled “Policy Schedule” issued to **you** with this document, which forms part of this policy.

Positive diagnosis means diagnosis confirmed by a legally qualified medical practitioner and positively diagnosed by a legally qualified pathologist or oncologist who shall base his/her judgment solely on the definition of **cancer** contained in this Policy Wording after a study of the histological examination of the suspect tumour, tissue or specimen. Clinical diagnosis based on the patient’s history, physical and x-ray examination and/ or other laboratory examination, but one that does not include microscopic or histological confirmation, does not meet the standard of diagnosis required.

For the purposes of this definition, such legally qualified medical practitioner, pathologist and oncologist must not be an **insured person** nor a member of an **insured person’s** family.

Pre-existing medical condition means any medical condition(s) whether diagnosed or not for which, before the **policy effective date**, an **insured person**:

- received medication, advice or treatment; or
- experienced symptoms.

Any chronic or ongoing medical condition which an **insured person** was aware of, or could be expected to be aware of, on or before the **policy effective date** that may lead to a claim under this policy, will be considered to be a **pre-existing medical condition**.

Premium means the monthly **premium** payable by **you** under this policy for the **insured person(s)** in accordance with the **level of cover** selected, his/her age band(s) and gender as listed in the table on page 6.

Premium due date means the end of each monthly period when the **premium** is payable, commencing with the **initial premium due date**.

Primary site means the site within the **female organ** or **male organ** at which the first **malignant** change takes place.

Spouse means a legal or de facto spouse or a partner of either gender, with whom **you** have continuously cohabited for a period of three (3) months or more immediately preceding the **policy effective date**.

We/our/us/ourselves means American Home Assurance Company ABN 67 007 483 267 trading in Australia as Chartis, also referred to in this document as “Chartis”.

You/your/yourself means the person who has signed the application form or made the application over the telephone with a Chartis representative.

Exclusions

We will not pay *compensation* for:

1. **cancer** that was first diagnosed within ninety (90) days of the **policy effective date**, or in respect of which, in the opinion of a legally qualified medical practitioner appointed by **us**, an **insured person** had the onset of symptoms within ninety (90) days of the **policy effective date**.
2. **cancer** if an **insured person** has been diagnosed with **cancer** at the same **primary site** before the **policy effective date**.
3. **cancer** directly or indirectly resulting from any **pre-existing medical condition(s)** of an **insured person**.
4. an **insured person's** diagnosis of **cancer** if such **cancer** is a reoccurrence of **cancer** at the same **primary site** for which **compensation** has already been paid for by **us**.
5. **cancer** for which the diagnosis was made after the death of an **insured person**.
6. **cancer** for which the diagnosis was made on or after an **insured person's** seventy fifth (75th) birthday.
7. any tumours or growths which are histologically described as:
 - (a) benign; or
 - (b) non-malignant; or
 - (c) pre-malignant (cells that have not yet turned into **cancer**); or
 - (d) non-invasive (cells that remain in the original tissue where they were formed).
8. **cancer** caused by or resulting from Acquired Immune Deficiency Syndrome (AIDS) disease or Human Immunodeficiency Virus (HIV) infection including Kaposi's Syndrome/Sarcoma.
9. any medical conditions other than **cancer** as defined on page 12.
10. any claim relating to melanoma or skin cancer diseases.

Special Provisions

1. Age Limits

Age limits apply to this policy. Unless the policy has lapsed or been cancelled, **cover** under this policy ceases for any **insured person** when he/she attains the age of seventy five (75) years.

2. Premiums Increase With Age

Your premium increases as an **insured person's** age increases from one age band to another, in accordance with the premium tables set out on page 6.

3. The **compensation** for each covered Event listed under the Schedule of Benefits is only payable once per **insured person**, under this policy.

Conditions

1. Policy Commencement

This policy shall not be binding until **you** have completed the application process and **your** application has been received and accepted by **us**. The policy will commence on the **policy effective date** and shall remain in force in respect of all periods for which the **premium** has been paid and accepted by **us**.

2. Fraud

Any fraud, mis-statement or concealment by **you** or an **insured person**, either in the application on which this insurance is based, or in relation to any other matter affecting this insurance, or in connection with the making of any claim thereunder, may give **us** the rights provided for in the Insurance Contracts Act 1984, including, where appropriate, the right to reduce or refuse payment of any claim or to cancel or avoid the policy contract.

3. Cancellation

- (a) **You** may cancel this insurance at any time with effect from the next **premium due date**.
- (b) **We** may elect to no longer provide insurance under this policy, or **we** may decline to accept further premium or to continue to offer cover after the next **premium due date**. In that event **we** shall notify you in writing at least thirty (30) days before **your** and any other **insured person's** cover ceases.

4. Premium

- (a) This policy shall commence on the **policy effective date** set out in the **Policy Schedule** and shall continue from that date in respect of all periods for which the **premium** has been paid and accepted by **us**.
- (b) If **you** do not pay the **premium** within thirty (30) days after the **premium due date**, **cover** under this policy shall lapse. This condition applies as each and every **premium** becomes due, and cannot be disregarded by **you** because **we** have previously accepted a **premium** more than thirty (30) days after the **premium due date**.

Your insurance shall not be prejudiced by failure of **your** credit provider to transmit reports, pay **premium** or comply with any of the provisions of the policy, when such failure is due to inadvertent error or clerical mistake.

- (c) The initial monthly **premium** applicable to **you** is shown in the **Policy Schedule**. However, from time to time **we** may vary the amount of **premium** payable. Any **premium** variation will be notified to **you** in writing and will take effect from **your** next **premium due date** after receipt of the notice.

We will not pay any claim that arises from an event which occurs after a policy has been cancelled pursuant to Condition 3 or lapsed in accordance with Condition 4(b) above.

5. Claims Procedure

- (a) **You** or someone else on **your** behalf must contact **us** as soon as reasonably practicable after any event happens which is likely to lead to a claim.
- (b) **We** will require proof of **cancer**, supported by appropriate evidence from a legally qualified medical practitioner and a **positive diagnosis** of that **cancer** by a legally qualified pathologist or oncologist who shall base his/her judgment solely on the definition of **cancer** contained in this Policy Wording after a study of the histological examination of the suspect tumour, tissue or specimen. Clinical diagnosis based on the patient's history, physical and x-ray examination and/or other laboratory examination, but one that does not include microscopic or histological confirmation, does not meet the standard of diagnosis required.

The legally qualified medical practitioner, pathologist and oncologist must not be an **insured person** nor a member of an **insured person's** family.

- (c) **We** may require the **insured person** to be medically examined, at our expense, when and as **we** may reasonably require, in order to assess a claim.
- (d) **Compensation** will be paid as soon as **we** have investigated and verified the information supplied and satisfied **ourselves** that the claim falls within the policy.

6. Australian Law

This policy is governed by the laws of the Australian state or territory it was issued in, and any dispute or action in connection therewith shall be conducted and determined in Australia.

7. Tax or Imposts

Where **we** are, or believe **we** will become, liable for any tax or other imposts levied by any Commonwealth or State government, authority or body in connection with this policy, **we** may reduce, vary or otherwise adjust any amounts (including but not limited to **premiums**, charges and **compensation**), under this policy in the manner and to the extent **we** determine to be appropriate to take account of the tax or impost.

8. Residency Requirement

If an **insured person** takes up residence outside Australia for more than ninety (90) consecutive days, **you** must advise **us** as soon as possible.

Schedule of Benefits

If, whilst this policy is in force, an **insured person** suffers an Event listed below, then **we** will pay the **compensation** shown for that Event in respect of the **level of cover** selected by **you** and shown on **your Policy Schedule**, subject always to the terms, Conditions, Special Provisions and Exclusions of this policy.

EVENTS	COMPENSATION		
	LEVEL 1	LEVEL 2	LEVEL 3
Cancer (evidenced by a positive diagnosis) of:			
1 left breast	\$25,000	\$35,000	\$45,000
2 right breast	\$25,000	\$35,000	\$45,000
3 the prostate	\$25,000	\$35,000	\$45,000
4 the cervix	\$25,000	\$35,000	\$45,000
5 left testicle	\$25,000	\$35,000	\$45,000
6 right testicle	\$25,000	\$35,000	\$45,000
7 left ovary	\$25,000	\$35,000	\$45,000
8 right ovary	\$25,000	\$35,000	\$45,000
9 the uterus	\$25,000	\$35,000	\$45,000
10 the vagina	\$25,000	\$35,000	\$45,000
11 left fallopian tube	\$25,000	\$35,000	\$45,000
12 right fallopian tube	\$25,000	\$35,000	\$45,000
13 the penis	\$25,000	\$35,000	\$45,000
14 the vulva	\$25,000	\$35,000	\$45,000

Please note: The **compensation** for each **covered** Event as listed above is only payable once per **insured person** under this policy.



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