



# Cancercover Direct

## Product Disclosure Statement

This document contains important information about this product, including the policy wording. 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:

AIG Australia Limited (AIG)  
ABN 93 004 727 753, AFSL 381686  
Level 13, 717 Bourke Street, Docklands Vic 3008

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

AIG prepared this **Product Disclosure Statement**.

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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 insurance.

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. Target Market Determinations (TMDs)

From 5 October 2021, AIG Australia Limited (AIG) is required to have Target Market Determinations for its retail client insurance products in accordance with the Treasury Laws Amendment (Design and Distribution Obligations and Product Intervention Powers) Act 2019.

### What is a TMD?

A TMD is a document created by AIG which seeks to offer customers, distributors and staff with an understanding of the class of customers for which the product has been designed and sets out:

- who is in the target market and who the product is not designed for;
- any distribution conditions and restrictions for the product;
- review periods and events that may trigger a review of the TMD; and
- reporting obligations for AIG's distributors.

The TMD is not intended and should not be treated as a full summary of the product's terms and conditions and is not intended to provide financial advice. Customers must refer to the Product Disclosure Statement (PDS) and any supplementary disclosure documents for the terms and conditions of the product when making a decision to acquire the product.

TMD's for all AIG retail products are available on AIG's website - <https://www.aig.com.au/tmd>

AIG is committed to offering high quality insurance products to meet *our* customer needs and which offer real value. AIG achieve this by taking a consumer-centric approach when designing and distributing our products.

## 3. 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) the diagnosed *cancer* is at a new *primary site*; and
- (ii) an *Insured person* is alive when the *positive diagnosis* is made; and
- (iii) *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**. The applicable covered organs are:

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 13. **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.

## 4. 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.

- The Policy Wording contains a **Definitions** section on **pages 10-11**, **Exclusions** section on **pages 11-12**, **Special Provisions** section on **page 12** and **Conditions** section on **pages 12-13** that apply to this insurance. Words with a special meaning are shown in the policy in **bold, italic** font.
- This PDS and Policy Wording document also contains important information about **you** and any **Insured person's** rights and obligations including:

**Code of Practice** – refer to page 6

**Complaints and Feedback** – refer to page 6

**Duty to Take Reasonable Care Not to Make a Misrepresentation** – refer to page 10

**Privacy Notice** – refer to pages 7-8

**Important claims information** – refer to Condition 5 on page 13.

- This policy does not cover any **pre-existing medical condition(s)**, as defined on page 11 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:
  - there before **you** took out the policy; or
  - 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.
- 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 10-11, the Exclusions section on pages 11-12 and the Schedule of Benefits on page 13.
- Age limits apply to this policy as follows:
  - 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
  - unless the policy has lapsed or been cancelled beforehand, once any **Insured person** attains the age of seventy five (75) years **cover** will cease under this policy at the next **renewal date** and **we** will not offer to renew this policy.
 Please note: **Premiums** will increase as an **Insured person's** age increases from one age band to another – refer to Costs on page 5.
- 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 11.
- (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 confirmed that the claim falls within 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 pages 11-12.

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.

## 5. Costs

The **premium** amounts are calculated on a monthly basis set out in the tables below and are payable monthly or yearly as **you** choose. **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 below.

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 below 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**.

## 6. Premium Payments

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

If any monthly **premium** is not paid, **we** will advise **you** of the outstanding amount and that, if the **premium** is not paid within one (1) month after the **premium due date**, the policy will be cancelled. Once the policy has been cancelled due to non-payment of premiums, neither **you** nor the **Insured person** will have any insurance cover under this policy.

### Monthly premium (per Insured person):

		LEVEL OF COVER					LEVEL OF COVER		
MALE		LEVEL 1	LEVEL 2	LEVEL 3	FEMALE		LEVEL 1	LEVEL 2	LEVEL 3
<b>Compensation</b>		\$25,000	\$35,000	\$45,000	<b>Compensation</b>		\$25,000	\$35,000	\$45,000
<b>Age</b>		<b>Premium</b>	<b>Premium</b>	<b>Premium</b>	<b>Age</b>		<b>Premium</b>	<b>Premium</b>	<b>Premium</b>
18 - 39		\$9.95	\$14.95	\$19.95	18 - 39		\$9.95	\$14.95	\$19.95
40 - 44		\$9.95	\$14.95	\$19.95	40 - 44		\$14.95	\$20.95	\$26.95
45 - 49		\$9.95	\$14.95	\$19.95	45 - 49		\$20.95	\$28.95	\$36.95
50 - 54		\$9.95	\$14.95	\$19.95	50 - 54		\$26.95	\$37.95	\$47.95
55 - 59		\$16.95	\$23.95	\$30.95	55 - 59		\$31.95	\$43.95	\$56.95
60 - 64		\$28.95	\$40.95	\$51.95	60 - 64		\$34.95	\$48.95	\$62.95
65 - 69		\$44.95	\$62.95	\$80.95	65 - 69		\$34.95	\$48.95	\$62.95
70 - 74*		\$55.95	\$78.95	\$100.95	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 renewal date** after receipt of the notice.

## 7. Cooling Off Period

Once *cover* has commenced *you* have a twenty-one (21) day cooling off period within which *you* may cancel the policy and receive a full refund of all *premiums* paid. To cancel *your* policy during the cooling off period, please send *us your* written request to cancel the policy. The Cooling Off Period ceases if *you* make a claim before the twenty one (21) day Cooling Off Period has expired.

## 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 emailing [austclaims@aig.com](mailto:austclaims@aig.com).

## 9. Renewals and Confirmations

Each year before *your renewal date* *we* will give *you* a notice which states whether *we* will renew *your* policy and, if *we* will, the *premium* which will apply for that year. If *we* decide not to renew *your* policy, it will expire on that *renewal date*.

If *we* offer to renew *your* policy, please read it carefully and inform *us* of any changes *you* would like to make. If *you* are paying a monthly *premium*, *we* will automatically renew *your* policy on the terms set out in the renewal notice unless *you* tell *us you* do not wish to do so. If *you* have any questions about *your* policy or would like *us* to provide *you* with a written or electronic confirmation of a renewal, or of any other policy transaction, please contact *us* on:

Telephone: 1800 331 013

Email: [austadmin@aig.com](mailto:austadmin@aig.com)

## 10. Code of Practice

IG 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. Further information, or a copy of the Code, can be obtained from [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or upon request from *us*.

## 11. Complaints and Feedback

Learning about *your* experiences with *us* and *our* service partners helps to improve the way *we* do business with *you*. If *you* have feedback, or an issue *you* would like resolved *we* encourage *you* to make contact. Below is information on how to contact *us* and how *we* will work together to resolve any concerns *you* have.

### How to provide feedback

#### 1. Speak to *our* Complaints team

*Our* complaints team can be contacted on **1800 339 669**. To get the best out of *your* call with *us*, please have *your* policy and/or claim number available and any specific information about the issue.

#### 2. Provide *your* feedback in writing

If *you* would prefer to provide *your* feedback or complaint in writing *you* can do so by lodging *your* complaint on *our* website, or by writing to:

The Complaints Team  
AIG Australia Limited  
Level 13, 717 Bourke Street  
Docklands VIC 3008

Email: [auc Complaints@aig.com](mailto:auc Complaints@aig.com)

### What happens if *you* make a complaint?

If *you* make a complaint, *we* will record *your* complaint and make sure that *your* concerns are addressed as quickly as possible and seek to achieve a fair outcome for both parties.

**We** will assess **your** complaint upon receipt. During the complaints process as set out in this notice, **we** will meet the following requirements in respect of **your** complaint.

- Acknowledge **your** complaint within one (1) business day.
- **We** will tell **you** who will handle **your** complaint and their contact details.
- **We** will, where applicable, keep **you** informed via **your** preferred method of communication of the progress of **your** complaint every ten (10) business days, more frequently or necessary or as agreed by both of **us**.
- **We** will treat **your** complaint respectfully and handle all personal information in accordance with **our** Privacy Policy.
- Within 30 calendar days from the date **we** receive **your** complaint, **we** will provide a response to **your** complaint

If **we** cannot meet any of the stated time frames, **we** will communicate to **you** the reasons why this has not been possible. **We** will also advise **you** when **you** should expect to receive a response or decision, **your** right to complain to the Australian Financial Complaints Authority (AFCA) if **you** are dissatisfied with such reasons and provide **you** with the contact details for AFCA.

### **What you can do if you are not happy with our response or handling of your complaint**

If **you** are not satisfied with **our** response or the handling of **your** complaint, **you** may wish to have the matter reviewed by **our** Internal Dispute Resolution Committee (“Committee”).

If **you** wish to have **your** complaint reviewed by the Committee, please telephone or write to the complaints team as per the details above. As part of **your** request, please include detailed reasons for requesting the review and the outcome **you** are seeking. This information will assist the Committee in carrying out its assessment and review of **your** complaint.

A written response setting out the final decision of the Committee and the reasons for this decision will be provided to **you**.

If **we** are unable to provide a response within 30 calendar days of receipt of the initial complaint, **we** will inform **you** of (i) the time frame for when **your** complaint will be heard by the Committee, (ii) when **you** should expect to receive a response from the Committee; (iii) the reasons for such delay; (iv) **your** right to complain to AFCA if **you** are dissatisfied with such reasons; and (v) the contact details for AFCA.

**You** can take **your** complaint to AFCA at any time, including:

- if **we** have been unable to resolve **your** complaint within 30 calendar days;
- **you** are dissatisfied with the outcome of **your** complaint; or
- **you** are dissatisfied with the findings of the Committee.

AFCA provides a fair and independent financial services complaint resolution service that is free to consumers. AFCA can make decisions with which **AIG** is obliged to comply.

Under AFCA Rules, **your** complaint may be referred back to **us** if it has not gone through **our** complaints process.

AFCA's contact details are:

Australian Financial Complaints Authority (AFCA)  
GPO Box 3  
Melbourne VIC 3001  
Website: [www.afca.org.au](http://www.afca.org.au)  
Email: [info@afca.org.au](mailto:info@afca.org.au)  
Phone: 1800 931 678 (free call)

The use of AFCA does not preclude **you** from subsequently exercising any legal rights which **you** may have if **you** are still unhappy with the outcome. Before doing so however, **we** strongly recommend that **you** obtain independent legal advice.

If **your** complaint does not fall within AFCA's Rules, **we** will advise **you** to seek independent legal advice or give **you** information about any other external dispute resolution options where available to **you**.

## **12. Financial Claims Scheme**

The protection provided under the Federal Government's Financial Claims Scheme (the **Scheme**) applies to the Policy. In the unlikely event that **we** are unable to meet **our** obligations under this policy, **you** may be entitled to payment under the Scheme (access to the Scheme is subject to eligibility criteria). Information about the Scheme can be obtained from the APRA website at <https://www.fcs.gov.au>.

## **13. Privacy Notice**

This notice sets out how **AIG** collects, uses and discloses personal information about:

- **you**, if an individual; and
- other individuals **you** provide information about.

Further information about **our** Privacy Policy is available at [www.aig.com.au](http://www.aig.com.au) or by contacting **us** at [australia.privacy.manager@aig.com](mailto:australia.privacy.manager@aig.com) or on 1300 030 886.

## How we collect your personal information

AIG usually collects personal information from *you* or *your* agents.

AIG may also collect personal information from:

- *our* agents and service providers;
- other insurers;
- people who are involved in a claim or assist *us* in investigating or processing claims, including third parties claiming under *your* policy, witnesses and medical practitioners;
- third parties who may be arranging insurance cover for a group that *you* are a part of;
- providers of marketing lists and industry databases; and
- publically available sources.

## How we collect your personal information

AIG collects information necessary to:

- underwrite and administer *your* insurance cover;
- maintain and improve customer service and products, and carry out research and analysis, including data analytics; and
- advise *you* of *our* and other products and services that may interest *you*.

*You* have a legal obligation under the Insurance Contracts Act 1984 to disclose certain information. Failure to disclose information required may result in AIG declining cover, cancelling *your* insurance cover or reducing the *level of cover*, or declining claims.

## To whom we disclose your personal information

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

- *you* or *your* agents;
- entities to which AIG is related, reinsurers, contractors or third party providers providing services related to the administration of *your* policy;
- banks and financial institutions for policy payments;
- assessors, third party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim;
- other entities to enable them to offer their products or services to *you*; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

AIG is likely to disclose information to some of these entities located overseas, including in the following countries: United States of America, Canada, Bermuda, United Kingdom, Ireland, Belgium, The Netherlands, Germany, France, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as any country in which *you* have a claim and such other countries as may be notified in *our* Privacy Policy from time to time.

*You* may request not to receive direct marketing communications from AIG.

## Access to your personal information

*Our* Privacy Policy contains information about how *you* may access and seek correction of personal information *we* hold about *you*. In summary, *you* may gain access to *your* personal information by submitting a written request to AIG.

In some circumstances permitted under the Privacy Act 1988, AIG may not permit access to *your* personal information.

Circumstances where access may be denied include where it would have an unreasonable impact on the privacy of other individuals, or where it would be unlawful.

## Complaints

*Our* Privacy Policy also contains information about how *you* may complain about a breach of the applicable privacy principles and how *we* will deal with such a complaint.

## Consent

*Your* application includes a consent that *you* and any other individuals *you* provide information about consent to the collection, use and disclosure of personal information as set out in this notice.





# 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.

## Duty to Take Reasonable Care Not to Make a Misrepresentation

**You** have a duty to take reasonable care not to make a misrepresentation to **us** before the contract of insurance is first entered into. **You** have the same duty when **you** renew, extend, vary or reinstate the contract.

This means that **you** must take reasonable care to answer accurately and completely all of the questions **we** ask **you**. If **you** are unsure about the requirements of any of **our** questions, please tell **us**. If **you** need to check **your** records or other information before answering, please make sure **you** do so. In answering **our** questions, **you** should also make sure **you** provide accurate and complete answers for anyone else to whom the questions apply.

**Your** compliance with this duty is very important as **we** make **our** decisions whether to insure **you** and, if so, on what terms based on the information **you** provide.

If **you** fail to take reasonable care and make a misrepresentation to **us**, **we** may be entitled to:

- cancel **your** contract;
- deny a claim or reduce the amount **we** will pay **you** if **you** claim, or
- if the misrepresentation was made fraudulently, treat the policy as if it never existed.

## 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. **We** will decide each year whether to offer to renew this policy. Unless the policy has lapsed or been cancelled beforehand, **we** will not offer to renew this policy once **you** or **your spouse** 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 13, 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 **cover** provided by this insurance policy during the **period of insurance** shown in the **policy schedule**.

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

**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 an AIG 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 an AIG representative.

**Level of cover** means the **compensation** **you** have selected on **your** application form, or in **your** application made over the telephone with an AIG 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.

**Period of insurance** means the period shown on *your policy schedule*.

**Policy effective date** means the date when *we* received and accepted *your* application form, or *you* completed *your* application made over the telephone with an AIG 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, or "Renewal notice" in relation to renewals, 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 must be based on the patient's history, physical and x-ray examination and/ or other laboratory examination, and include microscopic or histological confirmation.

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 **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 5.

**Premium due date** means the date, including where applicable the end of a monthly period, when the **premium** is payable.

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

**Renewal date** means the date on which the policy expires and is due for renewal.

**Spouse** means *your* husband or wife and includes a de-facto partner who, although not legally married to *you*, lives with *you* on a genuine domestic basis.

**We/our/us/ourselves** means AIG Australia Limited ABN 93 004 727 753 AFSL 381686.

**You/your/yourself** means the person shown as the policyholder on *your policy schedule*.

## 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 this policy expired or was cancelled.
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 10.
10. any claim relating to melanoma or skin cancer diseases.

The Insurer (**We**) shall not be deemed to provide **cover** and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such **cover**, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Australia, the European Union or the United States of America.

## Special Provisions

### 1. Age Limits

Age limits apply to this policy. Unless the policy has lapsed or been cancelled beforehand, once any **Insured person** attains the age of seventy five (75) years, **cover** will cease under this policy at the next **renewal date** and **we** will not offer to renew this policy.

### 2. Premiums Increase With Age

**Your premium** on renewal increases as an **Insured person's** age increases from one age band to another, in accordance with the premium tables set out on page 5.

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 by giving **us** written notice.
- (b) **We** may cancel **your** policy as provided under section 60 of the Insurance Contracts Act 1984, including if **you** have breached any of its terms and conditions.
- (c) **We** may decide not to offer to renew **your** policy the next **renewal 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 any monthly **premium** is not paid, **we** will advise **you** in writing of the outstanding amount and that, if the **premium** is not paid within one (1) month after the **premium due date**, the policy will be cancelled.
- (c) **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.
- (d) The initial **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 **renewal date** after receipt of the notice.
- (e) **We** will not pay any claim that arises from an event which occurs after a policy has been cancelled or lapsed.

## 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 must be based on the patient's history, physical and x-ray examination and/or other laboratory examination, and include microscopic or histological confirmation.

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 confirmed 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.

## 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.

