

INSURANCELINE POLICY TERMS AND CONDITIONS AND FINANCIAL SERVICES GUIDE

This document contains the:

- Policy Terms and Conditions issued by
The Hollard Insurance Company Pty Ltd
ABN 78 090 584 473 AFSL 241436
- Financial Services Guide provided by
Insuranceline, a trading name of
TAL Direct Pty Limited
ABN 39 084 666 017 AFSL 243260

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Insuranceline, a trading name of TAL Direct Pty Limited
ABN 39 084 666 017 AFSL 243260, promotes this product.

insuranceline



Introduction

Product Promoter:

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Product Administrator:

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This booklet contains two parts and is to be read in conjunction with the Product Disclosure Statement (PDS):

- Policy Terms and Conditions
- Financial Services Guide (FSG)

The Policy Terms and Conditions have been written in plain language to help you understand the insurance cover offered as well as an insured's rights and obligations under a Pet Health Plan policy.

The Financial Services Guide contains important information about the services provided by Insuranceline and other persons or organisations listed in the FSG in relation to Pet Health Plan, how they are remunerated in relation to the services offered, and their internal and external dispute resolution systems. It is designed to assist you in deciding whether to use any of their services. Insuranceline and other persons or organisations providing the services are responsible for information relevant to them in the FSG.

Your obligation to us (Duty of Disclosure)

Before you enter into a contract of general insurance with us (Hollard), you have a duty, under the Insurance Contracts Act 1984, to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms. This includes but is not limited to matters relating to the health of your Pet.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know; or
- as to which compliance with your duty is waived by us.

The duty applies until your Pet Health Plan policy is entered into and again, where relevant, when it is renewed, extended, varied or reinstated. If anything changes between the time you provide answers or make disclosure and the time the policy is entered into or renewed, extended, varied or reinstated (whichever is relevant), you need to tell us.

If you fail to comply with your Duty of Disclosure or make a misrepresentation, we may be entitled to reduce our liability under the contract of general insurance in respect of a claim (this may be to nil) and/or may cancel the contract. If your non-disclosure or misrepresentation is fraudulent, we may also have the option of avoiding the contract from its beginning.

Financial Claims Scheme and Compensation Arrangements

Hollard is an insurance company authorised under the Insurance Act 1973 (Cth) (Insurance Act) to carry on general insurance business in Australia by the Australian Prudential Regulation Authority (APRA) and are subject to the prudential requirements of the Insurance Act. The Insurance Act contains standards designed to ensure that, under all reasonable circumstances, financial promises made by us are met within a stable, efficient and competitive financial system. Because of this:

- the protection provided under the Financial Claims Scheme legislation applies in relation to us and your Insuranceline Pet Health Plan policy. If we were to fail and were unable to meet our obligations under your policy, a person entitled to claim under insurance cover under the policy may be entitled to payment under the Financial Claims Scheme (access to the Scheme is subject to eligibility criteria). Information about the Financial Claims Scheme can be obtained from the APRA website at <http://www.apra.gov.au> and the APRA hotline on 1300 55 88 49; and
- we are exempted by the Corporations Act 2001 (Cth) from the requirement to meet the compensation arrangements Australian Financial Services licensees must have in place to compensate retail clients for loss or damage suffered because of breaches by the licensee or its representatives of Chapter 7 of that Act. We have compensation arrangements in place that are in accordance with the Insurance Act.

Policy Terms and Conditions

The Pet Health Plan policy

In these Policy Terms and Conditions, references to:

- **we, our, us, insurer and Hollard**, means The Hollard Insurance Company Pty Ltd.
- **you and your** means the applicant for a Pet Health Plan policy and, if a policy is issued, the owner of the insured pet shown on your Certificate of Insurance.

Upon acceptance of your application for cover, you will be issued a Certificate of Insurance. A new Certificate of Insurance will be issued:

- on renewal of your policy each year, or
- if you change your Cover.

Your policy will continue for a period of 12 months from the policy Commencement Date unless cancelled, either by you or by us, under the cooling off period or cancellation provisions of the policy (explained in Section 8 of the Policy Terms and Conditions). We also have certain cancellation rights at law. For your convenience and to ensure continuity of cover for your pet, we will automatically renew your policy each year (refer to "Automatic renewal of your policy" below).

Your policy comprises the Certificate of Insurance, the Policy Terms and Conditions and any endorsements issued by us from time to time.

The basis on which we insure your pet

Subject to the terms and conditions of the policy, we will pay the Vet Expenses incurred by you as a result of a Treatment to the insured Pet for covered Accidental Injury or Illness Conditions up to the specified Benefit Limit (less any Co-payment and Excess which may apply) provided that:

- you have paid or agreed to pay the premium to us for the Cover provided;
- the Accidental Injury or Illness Conditions (whichever is applicable) arose during the Policy Period; and
- the Treatment occurred during the Policy Period.

Where we agree to provide Cover under the policy it is in reliance upon the representations made by you during your application for Cover.

Cover under the policy will depend on the level of Cover you have chosen. Your Certificate of Insurance will state whether your Pet is covered for Accidental Injury only, or for both Accidental Injury and Illness.

Additional and optional benefits may also be provided if specified in your Certificate of Insurance.

Automatic renewal of your policy

We will advise you regarding renewal of your policy prior to the expiration of the current policy. We reserve our rights to change the terms and conditions of the policy upon renewal to reflect the risk associated

with insuring your Pet based on factors such as (but not limited to) your Pet's age, location and medical history.

Unless otherwise notified, your Cover will be automatically renewed on the terms contained in the renewal offer. We require you to notify us in writing should you decide not to renew your policy.

Delivery of your policy documents

If you have agreed to receive your policy documents and notices electronically (via email), all notifications successfully delivered to the last verified email address will be deemed to have been received by you on the transmission date recorded in our systems. If by law we are not obligated to provide printed versions of material delivered electronically, we may nevertheless choose to deliver certain notifications by mail in printed form. All such notifications will be deemed to have been successfully delivered once mailed by us to you at the last notified postal address.

Some important things you should know

Benefits do not accumulate across Policy Periods. The policy benefits will expire at the end of each Policy Period.

Your rights and duties under the policy cannot be transferred without our prior written consent.

It is a condition of cover that your Pet must regularly reside with you and be under your regular care and supervision at the physical address provided to us.

Section 1 – Definitions

When interpreting these Policy Terms and Conditions:

- references to the singular include the plural and vice versa, and to the masculine include the feminine and vice versa
- monetary references are to Australian dollars.

Words that are capitalised have the special meaning explained below:

Accidental Injury means physical harm or injury arising from an accident. For the purposes of this policy, an accident is:

- a single specific, unpredictable, unusual and unintended external event which occurs at a particular time and place, with no apparent and deliberate cause but with marked effects; and
- is independent of any other cause including any Pre-existing Condition.

Conditions covered by the Accidental Injury Cover Section of the policy are specified in Section 2.

Accidental Injury Cover means the insurance cover explained in Section 2 of these Policy Terms and Conditions and the applicable Additional Benefits explained in Section 4.

Accidental Injury and Illness Cover means the combined insurance cover explained in Sections 2 and 3 of these Policy Terms and Conditions and the applicable Additional Benefits explained in Section 4 and the Optional Benefit explained in Section 5.

Benefit Limit means the annual maximum amount payable under your policy for each Cover selected.

Certificate of Insurance means the relevant document outlining the key details of the contract of insurance between you and us, and identifying the Policy Number, Commencement Date, Cover End Date, Insured Pet and Schedule of Benefits including Benefit Limits.

Chronic Condition Limit means the maximum amount we will pay over the lifetime of your Pet for a Chronic Condition or a Recurring Condition suffered by your Pet. This amount is restricted to the annual Benefit Limit that applied in the Policy Period when the Condition first manifested. Once this maximum amount has been paid, we will not pay for any further Treatment of that or any related Condition during the remainder of the Policy Period or any future Policy Period.

Co-payment means the percentage you are required to pay for each eligible claim, in addition to any Excess (as chosen by you at time of sale or renewal). The InsuranceLine Pet Health Plan will pay 80% of your Vet bill, meaning your co-payment will be 20%. An example – if you have an accepted claim of \$1,500, we will pay \$1,200 and you will be responsible for paying \$300.

Commencement Date means 11.59pm on the date when Cover first starts as shown on your Certificate of Insurance.

Condition means any Accidental Injury, or any manifestation of an Illness (including behavioural problems) having the same clinical symptoms, diagnostic classification or resulting from the same disease process regardless of the number of incidents or areas of your Pet's body affected (also see Bilateral Condition). For example, all types and occurrences of cancer will be classified as one Condition regardless of their type or where they occur in your Pet's body.

- **Bilateral Condition** means any Condition affecting body parts of which the Pet has two, one each side of the body (e.g. ears, eyes, knees, cruciate ligaments). For the purposes of your Cover under the policy when applying a Benefit Limit or exclusion, a Condition arising in one such body part will be regarded as a Bilateral Condition and will therefore be considered as a single Condition. For example: If your Pet has been diagnosed prior to being insured under the policy (or prior to the end of the Waiting Period (if applicable)), with a Condition on one side of the body, future occurrences of the same Condition arising on the other side of the body will not be covered. In other words, if a dog has been diagnosed with a cruciate tear in his left leg before the end of the Waiting Period, a subsequent cruciate tear in his right leg will be excluded as a Pre-existing Condition.

- **Chronic Condition** means a Condition which has one of the following characteristics;

- (a) continues indefinitely and has no known cure;
- (b) is a Recurring Condition;
- (c) is permanent; or
- (d) needs long-term (greater than 3 months) monitoring, consultations, checkups, examinations or tests.

- **Recurring Condition** means a Condition that is curable but may relapse repeatedly with intervals of remission in between.

- **Skin Condition** means any diagnosed Condition regardless of cause or origin presenting in or affecting the skin (as an organ) in any way whatsoever. For the purposes of the policy Skin Conditions are:

- (a) deemed to include skin lumps.
- (b) regarded as one Condition.

Cover means:

- Accidental Injury Cover, or
- Accidental Injury and Illness Cover, or
- Accidental Injury and Illness Cover plus Routine Care.

The Cover applying to your Pet is shown on your Certificate of Insurance. The Cover includes the Additional Benefits (explained in Section 4).

Elective Treatment means a Treatment or surgery that is beneficial to your Pet but is not essential for your Pet's survival or does not form part of the Treatment for a Condition.

End Date means 11.59pm on the date upon which your policy terminates and benefits cease. The End Date is shown on your Certificate of Insurance. If the policy is cancelled, then the date of cancellation will be deemed to be the End Date.

Excess (if applicable) means the amount you are required to pay, in addition to the Co-payment. An example – your policy has a \$100 Excess and you have an accepted claim of \$1,200. You will be required to pay \$340 total (\$100 Excess + (\$1,200 x 20% Co-payment)). The Excess is payable once per condition per year and not per claim.

Exchange Rate means the Westpac Bank spot buy rate for notes or such other exchange rate as determined by us from time to time and notified to you.

GST means the Australian Goods and Services Tax at the officially published tax rate.

Illness means a sickness or disease diagnosed by a Vet.

Pet means a dog or cat covered under the policy and named on your Certificate of Insurance.

Policy Period means the time during which we provide Cover as specified on your Certificate of Insurance. The first Policy Period starts on the Commencement Date and ends on the End Date.

Pre-existing Condition means:

- any Condition(s) or symptoms or signs of that Condition occurring or existing in any form prior to the Commencement Date;
- a latent infectious Condition that manifests itself within a known incubation period following the Commencement Date indicating clear evidence that the Condition had existed prior to the Commencement Date;
- any Illness or symptoms or signs of that Illness occurring or existing in any form during the Waiting Period; or
- any cruciate ligament Condition occurring or existing in any form during the Waiting Period.

A Condition may be considered Pre-existing whether or not it:

- was specifically diagnosed by a Vet;
- was treated by a Vet;
- is in remission at the time of your insurance application;
- is seasonal in nature even if in remission at the time of application; or
- is currently or previously being controlled by medication(s).

Please refer to Section 6 for full details of Pre-existing Condition Exclusions.

Routine Care means stated benefits provided for certain listed preventative healthcare treatments for your Pet. The list of allowable treatments and the benefit amounts applicable to these are shown on your Certificate of Insurance.

Treatment means reasonable and customary examinations, consultations, hospitalisation, surgery, x-rays, medication, diagnostic tests, nursing and other care and procedures provided by a Vet to relieve or cure a disease, Illness or Accidental Injury during the Policy Period.

Vet means any veterinarian, veterinary specialist, animal hospital, animal clinic, or animal surgery, other than yourself who is licensed in and currently registered in Australia.

Vet Expenses means the reasonable, customary and essential expenses incurred and paid in respect of Treatment provided by a Vet during the Policy Period.

Waiting Period means a period starting from the Commencement Date of the first Policy Period during which a Condition that occurs or shows symptoms or signs will be excluded from Cover unless otherwise stated on your Certificate of Insurance.

The Waiting Period for:

- Conditions covered by the Illness Cover (Section 3) and, if applicable, the Paralysis Tick Benefit Section (Section 4.3) of the policy is 30 days, and
- cruciate ligament Conditions and any Conditions arising therefrom irrespective of cause or origin is 6 months, unless:
 - (a) we receive a completed and signed 'Cruciate Ligament Exam Form' from your Vet within 14 days of the cruciate examination date certifying that your Pet has been examined, at your expense, on or after the policy Commencement Date, and
 - (b) you receive written notification from us confirming our agreement to waive this Waiting Period following our assessment of the information provided on the 'Cruciate Ligament Exam Form.

Any waiver is at our discretion and we are not required to provide justification for declining a request under this provision.

Section 2 – Accidental Injury Cover

Accidental Injury Cover is applicable if:

- it is shown on your Certificate of Insurance, and
- your Pet was at least 8 weeks of age at the Commencement Date.

2.1 What we will pay

We will pay the Vet Expenses incurred by you for Treatment during the Policy Period up to the Benefit Limits, as a result of your Pet suffering an Accidental Injury in one of the circumstances described below. You will be responsible for any Co-payment and/or Excess as shown on the applicable Certificate of Insurance.

To qualify for Cover under this Section 2.1 of the policy, the Accidental Injury must:

- (a) be a direct consequence of at least one of the following:
 1. motor vehicle incident;
 2. burn or electrocution;
 3. fall from an elevated position;
 4. snake bite; or
 5. allergic reaction to an insect bite other than tick or flea bites
- or
- (b) result in:
 6. a bone fracture;
 7. a traumatic ligament or tendon injury; or
 8. lacerations or abrasion of tissue, skin or mucous membrane due to external violence.

2.2 What we will not pay

We will not pay any Vet Expense attributable to or resulting from:

1. a Pre-existing Condition or a Condition arising within the applicable Waiting Period;
2. patellar luxations (dislocating kneecap) and fragmented coronoid process (elbow dysplasia) and toxicity (other than that resulting from a confirmed snake bite) no matter how the Condition arises and will only be covered under the Illness Cover Section of the policy if you have selected that level of Cover; or
3. any of the excluded matters listed in Section 6.

Section 3 – Illness Cover

Illness Cover is applicable if:

- it is shown on your Certificate of Insurance, and
- your Pet was between 8 weeks and 9 years of age when Cover first commenced.

Pets over 9 years of age will not qualify for Illness Cover where there has been a break, lapse or change in the level of Cover after reaching the age of 9.

3.1 What we will pay

We will pay the Vet Expenses incurred by you for Treatment provided during the Policy Period up to the Benefit Limits, as a result of your Pet suffering an Illness. You will be responsible for any Co-payment and/or Excess as shown on the applicable Certificate of Insurance.

3.2 What we will not pay

We will not pay any Vet Expenses incurred by you as a result of your Pet suffering an Illness which is attributable to or resulting from:

1. a Pre-existing Condition or a Condition arising within the Waiting Period;
2. an Illness caused by endoparasites (such as worms) or ectoparasites (such as ticks, fleas, skin mites) unless covered under the Paralysis Tick Benefit which is defined under Section 4.3;
3. Treatment of the following:
 - (a) for dogs: infectious canine hepatitis, parainfluenza, parvovirus, canine distemper, canine adenovirus and all forms of kennel cough,
 - (b) for cats: viral rhinotracheitis, calicivirus, panleukopaemia, herpes virus, chlamydia, leukaemia FIV and FIP, or
 - (c) any other disease for which there is a known vaccine;
4. any pandemic disease that causes widespread Illness affecting dogs or cats;

5. more than one incident of swallowing a foreign object that causes a blockage or obstruction requiring surgical or endoscopic removal; or
6. any of the excluded matters listed in Section 6.

Section 4 – Additional Benefits

The following Additional Benefits under this Section 4 are included in the Benefit Limit and will provide benefits up to the specified sub-limit as shown on your Certificate of Insurance.

4.1 Emergency Boarding

What we will pay

If you, (the insured and sole carer of the Pet) are hospitalised (other than in the circumstances specified below) for five or more consecutive days during the Policy Period, we will pay for the cost of boarding your Pet at a licensed kennel or cattery up to the Benefit Limit.

What we will not pay

We will not pay:

1. If you are hospitalised for:
 - (a) cosmetic surgery or other forms of elective surgery,
 - (b) pregnancy, or
 - (c) any sickness known or foreseeable prior to the Commencement Date.
2. Any costs under this benefit if someone else living with you can reasonably be expected to look after your Pet whilst you are in hospital.

4.2 Essential Euthanasia

What we will pay

We will pay the Vet Expenses incurred by you up to the Benefit Limit to euthanase your Pet during the Policy Period provided that this was deemed a humane and essential course of action by the Vet. You will be responsible for any Co-payment and/or Excess as shown on the applicable Certificate of Insurance.

What we will not pay

We will not pay any Vet Expenses incurred by you during the Policy Period for:

1. voluntary euthanasia (i.e. non-essential euthanasia);
2. euthanasia attributable to or resulting from an event or circumstances specified in Section 2.2 or in Section 3.2 and in Section 6
3. an autopsy; or
4. disposal, burial or cremation of a deceased Pet (unless cover for this expense is noted on your Certificate of Insurance).

4.3 Paralysis Tick Benefit

What we will pay

We will pay up to the sub-limit shown (for tick paralysis treatment) on your applicable Certificate of Insurance less the applicable Co-payment and/or Excess for the Treatment of Conditions arising in your Pet caused directly by paralysis tick bites.

What we will not pay

1. any tick preventative Treatments or measures (e.g. tick baths, sprays, etc.) whether recommended by your Vet or not;
2. any costs incurred in relation to the Treatment of Conditions arising in your Pet caused by the bite of any other species of tick; or
3. for any tick paralysis Treatment or related conditions unless your Pet is covered under the Accidental Injury and Illness Cover option.

4.4 Pet Overseas Travel Insurance

What we will pay

We will pay for Vet Expenses incurred for the Treatment of your Pet whilst it is overseas with you in destinations where Australian quarantine regulations do not require the Pet to be quarantined on its return, subject to:

1. the Cover selected and Benefit Limits, any Co-payment and/or Excess shown on your applicable Certificate of Insurance; and
2. the payment of the benefits under this Section are in AUD at the Exchange Rate applicable on the date your claim is received by us.

What we will not pay

3. any amount if you or your Pet live permanently outside of Australia;
4. any benefit under this Section where the Pet has been (or is going to be) out of Australia for a period of more than 60 consecutive days;
5. exchange commissions or bank charges incurred for foreign payments made by you for the treatment of your Pet;
6. claims incurred for Illness or Accidental Injury conditions arising when your Pet was not under your direct care;
7. costs covered by any other insurance policy covering the same risk, or;
8. any travel or repatriation charges to return your Pet to Australia.

Section 5 – Optional Routine Care Benefit

Insuranceline encourages responsible Pet ownership by providing stated benefits towards certain listed preventative healthcare treatments for your Pet if you selected Accidental Injury and Illness Cover and it is shown on your Certificate of Insurance.

What we will pay

If you have selected the Routine Care Cover option, we will pay the cost of Routine Care treatment and services your Pet has received during the Policy Period up to the Routine Care limits as shown on your applicable Certificate of Insurance.

Section 6 – Exclusions

The intention of Insuranceline Pet Health Plan is to help cover unforeseen Vet Expenses associated with pet ownership. However not all expenses are covered. Vet Expenses related to the following Accidental Injuries, Illnesses, Conditions and Treatments are not covered.

A. Exclusions related to Pre-existing Conditions

If your Pet has a Pre-existing Condition, we will not pay any Vet Expenses or other costs incurred by you which are attributable to or resulting from:

1. Treatment for that Pre-existing Condition or any related Condition occurring in any form, anywhere in or on your Pet's body; and
2. Treatment of any nature to the entire part of the Pet's anatomy or the organ in/on which the Pre-existing Condition presented.
 - (a) Examples of anatomy exclusions under this provision include, amongst others; forelegs, hind legs, spine, hips, etc;
 - (b) Examples of organ exclusions under this provision include, amongst others; ears, eyes, kidneys, liver, heart, skin, etc;
3. Where a Pre-existing Condition affects a part of the anatomy or an organ of which the Pet has two, one either side of the body, the exclusion shall apply to both parts of the anatomy or organs regardless of whether the Condition has previously occurred in both or not.

You may apply to us to review a Pre-existing Condition exclusion provided that your Vet certifies and provides (at your expense) veterinary records verifying that your Pet has been free of clinical signs, symptoms or recurrence of the Pre-existing Condition (or any Condition(s) arising directly therefrom) up to the date of receipt of your Review Application Form, which shall be no less than a period of 18 months from the policy Commencement Date. Your request for this review must be made in writing after the completion of the 18 month period using our prescribed Review Application Form. Pre-existing Condition exclusion(s) shall not be deemed to have been lifted unless agreed to by us in writing. Agreement to lift all or part of the exclusions is at our sole discretion and we are not obligated to provide reasons for declining a request.

B. General Exclusions

Unless stated on your Certificate of Insurance, we will not pay any Vet Expenses or other costs incurred by you which are attributable to or resulting from:

1. a Condition specifically excluded on your Certificate of Insurance;
2. Treatment for Conditions excluded by the policy and/or due to complications and/or adverse reactions arising from any Policy Exclusion;
3. a Condition where the diagnosis is inconclusive, but where the Treatment protocol is similar to a Treatment protocol typically applied to an Accidental Injury or Illness which is not covered (e.g. Treatment for coughing where kennel cough is suspected but not diagnosed or excluded as a diagnosis);
4. a malicious act, deliberate injury or gross negligence caused by you or anyone living with you;
5. your failure to take all reasonable precautions to protect your Pet from situations that may result in injury or illness or from aggravating a treated Condition;
6. breeding or obstetrics, or Treatment of Conditions arising as a result of breeding or obstetrics;
7. grooming and bathing of your Pet (including medicated baths);
8. transport or boarding expenses (other than the benefits provided in Section 4.1);
9. Treatment while your Pet is used for commercial or occupational purposes including but not limited to racing, breeding, law enforcement or guarding. Guide Dogs and Assistance Dogs are exempt from this exclusion;
10. Treatment of or Conditions attributable to behavioural problems;
11. training, socialisation, therapy and alternative therapies (including, but not restricted to, consultations and treatments involving homeopathic remedies, acupuncture, chiropractic treatments and/or physiotherapy) whether recommended by your vet or not;
12. regular, prescription or dietary pet food, vitamins, mineral supplements, whether recommended by your Vet or not;
13. Treatment your Pet has received after the policy End Date;
14. the provision of medication(s) for your Pet that cover a period of more than 30 days beyond the policy End Date;
15. Treatment of any Condition caused by war activities (including, but not restricted to, terrorist activities, invasion and civil war);
16. dental procedures; dental diseases; gingivitis; teeth cleaning/scaling; orthodontics; removal of deciduous teeth or any oral disease;
17. routine examinations; Elective Treatment; experimental Treatment or therapy; cosmetic procedures; or preventative procedures and Treatments (including, but not limited to, vaccinations, routine anal gland expression, flea/tick/worm control, desexing, cryptorchidism, nail clipping or tail docking);

18. ambulance fees and non-essential hospitalisation;
19. house calls and out-of-hours Treatment unless the Vet believes an emergency consultation was necessary, in which case our liability is limited to the amount that would have been payable had the Treatment been provided at a Vet practice during normal consultation hours;
20. medication not approved or listed by the APVMA (Australian Pesticides and Veterinary Medication Authority) unless specifically agreed to by us in writing;
21. organ transplant surgery, artificial limbs, prosthetics and any associated expenses unless specifically agreed to by us in writing;
22. genetic/chromosome testing including procedures to determine the suitability or categorisation of your Pet for breeding or genealogical purposes;
23. cell replacement therapies, including but not limited to stem cell therapy. This exclusion does not include blood transfusions, which are covered when medically necessary;
24. the provision of any information required in the administration or execution of the policy;
25. the provision of any information in relation to a claim made under the policy;
26. assistance provided to you in the completion of any form relating to the policy;
27. your decision to pursue a course of Treatment other than that which was recommended to you by your Vet unless specifically authorised by us prior to Treatment. For example: ignoring a Vet's recommendation to remove an eye, which then results in extra costs associated with chronic eye issues; or
28. any consequential loss, economic or otherwise, loss of enjoyment or other such loss not mentioned in the policy.

Section 7 – Premiums

Cover under the policy is provided on the basis that you have paid or agreed to pay us the premium for the Cover provided. The amount you pay is shown on your Certificate of Insurance and includes all premium, administration fees, commissions and any applicable government taxes, fees and/or charges.

7.1 Paying your premium

1. The premium is payable when you take out a new policy and when you renew your policy.
2. You may choose to pay the premium:
 - annually by credit card or direct debit, or
 - monthly or fortnightly by instalment by credit card or direct debit.
3. When premiums are paid monthly or fortnightly by instalment, claims are paid on the basis that you agree to pay the remaining premiums for that Policy Period.

7.2 Paying on the due date

1. Your policy will not operate until you have paid your premium (or your first instalment if you have elected to pay by instalments).
2. Your premium must be paid on or before its due date.
3. If you don't pay an instalment premium by the due date then:
 - if the unpaid premium remains in arrears for more than 30 days we may cancel your policy without notification, and
 - if at least one instalment has remained unpaid for a period of at least 14 days then we may cancel your policy and refuse to pay your claim/s.
4. If we accept and pay a claim under the policy, we may deduct the balance of the outstanding annual premium from the claim payment.

Section 8 – Cancellation

8.1 Cancellation notification

You may cancel the policy at any time by giving us notice in writing of your intention to do so. The cancellation will be effective at the time the notice of cancellation is received by us.

We will only accept notices of cancellation given in writing and signed by you. We will not accept cancellation requests by telephone or email unless agreed to by us.

8.2 Cancellation where no claims are made

If you cancel the policy without having made a claim, and you have paid an annual premium in full, we will refund any premium you have paid less an amount that covers the period for which your Pet was insured and any statutory fees. There is no premium refund available if you have been paying your premium by instalments.

8.3 Cancellation following a claim

If you cancel the policy for whatever reason (including the death of your Pet) after having made a claim, no premium refunds are payable and the remaining premium for that Policy Period must be paid. All or a portion of the outstanding annual premium may be deducted from any claim payment owed, or alternatively, charged to your nominated bank/credit card account. This clause survives termination of this contract.

8.4 Cancellation by us

We may cancel the policy or any Section thereof as permitted by the relevant law by issuing a notice 30 days in advance in writing in accordance with Section 59 of the Insurance Contracts Act.

Section 9 – Claims

9.1 What you need to do

1. All claims must be completed carefully and honestly on an InsuranceLine Pet Health Plan claim form, and then submitted by mail to PetSure. Claim forms can be downloaded from www.insuranceline.com.au
2. If submitting a claim for the first time, please include a full veterinary history from the attending Vet and any previous Vets who have treated your Pet. Failure to include this may result in delays in processing your claim.
3. All claims should be submitted and received within 90 days of the relevant Treatment being provided. Claims not received within this period will incur a late submission penalty fee of \$20 in addition to any other Condition Excess and/or Co-payment applicable to your policy.
4. The attending Vet must complete the section on the claim form where designated.
5. Both you and the attending Vet must sign the claim form.
6. Please attach the original itemised invoices and payment receipts to the completed claim form. All claim documentation must be originals. Incomplete claim forms will be returned to you and this may result in delays in processing your claim.
7. You agree that your Vet (current or previous) is authorised to release information and/or records to us about your Pet.
8. You agree that we are authorised to discuss with the Vet, details relating to your claim or Treatment provided to your Pet in relation to a claim made under the policy.
9. You agree that we have the right to decline a claim where you or your Vet refuse or are unable to provide information reasonably requested by us to process your claim.

9.2 What we will do

1. We will deal directly with you regarding settlement of the claim.
2. We will pay you, not the Vet.
3. If the Vet Expenses:
 - (a) are considered by us to be excessive or unreasonable, or
 - (b) are higher than the Vet Expenses normally charged by a general or referral practice, or
 - (c) in our opinion may not be required, or
 - (d) are regarded to be excessive when compared with the Treatment normally recommended to treat the same Condition by general or referral practices;

claim payments will be adjusted and paid based on the reasonable and customary Treatment or fees typically charged for the Treatment of that Condition. We reserve the right to request a second opinion from an independent Vet. If the independent Vet does not agree that the Treatment provided or fees charged were reasonable, we may decide to pay only the cost of the Treatment that was necessary and/or reasonable to treat the Condition (as advised by the Vet from whom we have requested the second opinion).

4. We will send you a letter/remittance advice regarding the settlement of your claim that will provide details of how your claim has been dealt with.
5. If you submit a fraudulent claim, or solicit your Vet to behave in a fraudulent manner regarding a claim, then the claim may be denied and we may cancel your policy altogether. We may also be entitled to reclaim any payments already made to you in respect of such claims.
6. When we settle your claim, we reserve the right to deduct from the benefit amount any amount due to us.
7. In the event that we pay a benefit contrary to the Policy Terms and Conditions for whatever reason, this will not constitute a waiver of our rights to apply the Policy Terms and Conditions retrospectively as they stand to any paid claims or to any future claims for that or any related Condition. We also reserve our right to recover from you any benefit amount received by you as a result of such error.

9.3 Example of how we settle your claim

The following calculations provide examples of how claims will be settled where Cover is provided (these examples are indicative of the manner of calculation only):

- (a) Illustrative calculation based on a 20% Co-payment (all amounts include GST)

| | |
|------------------------|---------|
| Vet Expenses claimed | \$2,000 |
| Less: 20% Co-payment | (\$400) |
| Benefit payable to you | \$1,600 |

- (b) Illustrative calculation based on a 20% Co-payment with a \$100 Excess option (all amounts include GST)

| | |
|-------------------------------------|---------|
| Vet Expenses claimed | \$2,000 |
| Less: 20% Co-payment | (\$400) |
| Less: \$100 Excess (see definition) | (\$100) |
| Benefit payable to you | \$1,500 |

9.4 Our rights of recovery

If we have the right to recover any amount payable under the policy in relation to a claim from any other person, you must cooperate with us in any action we may take.

9.5 Other insurance arrangements

If we accept your claim and there is any other similar insurance under which you are entitled to claim, you are required to advise us at the time you submit your claim if you hold such other insurance.

Section 10 – Direct Debit Request Summary

This summary describes how the direct debit request system works. Upon issue of your policy, you will also receive a full copy of the Direct Debit Request Service Agreement – Terms and Conditions. You should read the Agreement carefully as it explains your rights and obligations relating to your ongoing direct debits.

When you provide us with your bank details, you are instructing us to directly debit the relevant premiums calculated by us from your nominated account. Your authority will be kept confidential at all times.

If your premium cannot be paid (for example there is not enough money in your nominated account) your bank may dishonour that payment, and you may be charged a dishonour fee by your bank. Neither Hollard, PetSure nor InsuranceLine will be responsible for dishonour fees charged by your bank or financial institution. If your direct debit is dishonoured we will automatically retry for the outstanding amount within 14 days.

If you have concerns about the operation of the direct debit authority or you subsequently need to change any aspects of the authority, please notify us.

Section 11 – General

11.1 Policy Upgrades/Downgrades

1. If you opt to transfer your Pet to a level of Cover with higher or additional benefits (including but not limited to a lower Co-payment or Excess) then the additional or higher benefits will not apply to claims for Conditions first noted, diagnosed, or treated prior to the policy Upgrade. In such cases, benefits will be restricted to the lesser of:
 - (a) the maximum benefits payable under the current level of Cover; or
 - (b) the maximum benefits payable under the policy that applied during the policy Period in which such Condition(s) was/were first noted, diagnosed, or treated.

For the sake of clarity, maximum benefits referenced in this Section include taking the following factors into consideration;

- the policy Benefit Limit,
- applicable sub-limits,
- applicable Co-payments & Excesses,
- Chronic Condition or lifetime benefit limits, and any applicable policy exclusions.

- If you opt to transfer your Pet to a level of Cover with additional benefits, for example Basic Plan to the Standard Plan, then the applicable 30 day waiting period for the Illness Cover will apply.

Section 12 – More information and Complaints Handling

For more information about the Insuranceline Pet Health Plan, to confirm policy transactions, or if you have any questions about the information contained in the PDS, please call us on 13 88 68. Our lines are open Monday to Friday 8am to 8pm (AEST). Alternatively, you can write to Customer Care, Insuranceline Pet Health Plan, Locked Bag 9021, Castle Hill 1765.

We hope that you never have a complaint, but if you do we will do our best to work with you to resolve it. Please call or write to us (our details are above) to access our complaints resolution process. We will review the matter and respond within 15 working days. If your complaint is not resolved to your satisfaction, you can contact the Financial Ombudsman Service (FOS), an external review scheme to which we belong. The FOS provides a free and independent dispute resolution service for consumers who have general insurance disputes falling within its terms. To use FOS you must have firstly attempted to use Insuranceline's internal dispute resolution service. Please refer to page 21.

Financial Ombudsman Service (FOS)
GPO Box 3
Melbourne, VIC 3001

Telephone: 1300 780 808
Fax: (03) 9613 6399
Web: www.fos.org.au
Email: info@fos.org.au

Financial Services Guide (FSG)

This financial services guide is provided by Insuranceline.

Insuranceline ("We", "Us" and "Our") is a trading name of TAL Direct Pty Limited ABN 39 084 666 017. TAL Direct holds an Australian Financial Services Licence (AFSL 243260). Insuranceline is part of TAL Limited.

Purpose of this Financial Services Guide

Insuranceline is required by law to provide you with this Financial Services Guide (FSG). This document outlines important legal information as required by the Corporations Act 2001. It contains important information about the authorised services we offer, the remuneration received by us, our service providers, authorised representatives and our internal and external dispute resolution services. This FSG is designed to assist you in deciding whether to use any of the authorised services.

Our services

TAL Direct Pty Limited and its authorised representatives are authorised and responsible under its Australian Financial Services Licence to:

- provide general financial product advice about life and general insurance products, and
- deal in life and general insurance products.

Who are our representatives?

Our representatives are our own staff and our management. We have also appointed a number of trained people to be our authorised representatives. These people are employees of Salesforce Australia Pty Ltd ABN 30 006 688 955, who have undergone a stringent training process set and administered by us to ensure our standards are maintained. Our contact details are shown at the end of this Financial Services Guide.

Their name and ASIC identification number will be provided during any phone call you have with us.

What does general financial product advice mean?

Our representatives have been trained to an ASIC prescribed standard to discuss the products we offer. It is important that you understand that we do not provide personal advice or make recommendations about the suitability of the product for you. Therefore, you should carefully review the Product Disclosure Statement (PDS) that we will send to you, having regard for your own objectives, financial situation and needs before deciding to purchase.

The PDS sets out the important information you should consider when deciding to acquire a certain product, including the insurer and the benefits, features and associated costs of the product. You can read the PDS prior to receiving a call from an Authorised Representative or if you like, you can ask the Authorised Representative to read it to you.

What does “dealing” mean?

This means that our representatives can arrange policies on your behalf. When we give general financial product advice, arrange for the insurer to issue policies or renew general insurance policies, we act for you. However, we are also authorised to issue policies on behalf of certain insurers under an arrangement called a “binder”.

The insurer for Pet Health Plan is The Hollard Insurance Company Pty Ltd (“Hollard”).

When we do this we will tell you and, in these circumstances, we are acting for the insurer, rather than you. Hollard’s registered address is Level 38, 2 Park Street, Sydney NSW 2000.

Pet Health Plan

In relation to Pet Health Plan:

- Insuranceline promotes the plan
- Hollard is the insurer of the plan
- PetSure (Australia) Pty Ltd administers the plan on behalf of Hollard.

Hollard authorises the issue of this Financial Services Guide, as it relates to the binder.

Dispute resolution process

Insuranceline offers an internal dispute resolution service in relation to any concerns you may have about Insuranceline or any of our authorised representatives. If a dispute is not resolved to your satisfaction through our internal dispute resolution service, you may then refer your concern to an external dispute resolution service. These services are free of charge to you.

Internal dispute resolution service

In the first instance, we hope that our representatives can handle any concern you may have. Please call or write to us first. If you are not satisfied with our initial response, please ask to speak to the Complaints Officer who will handle your matter personally, or write to our Complaints Officer at the address shown at the end of this Financial Services Guide.

External dispute resolution service

In the event that we are unable to resolve your concern, you have the right to contact the Financial Ombudsman Service (FOS) which is an independent complaints resolution body. Call FOS on 1300 780 808 or write to G.P.O Box 3, Melbourne Victoria 3001. The FOS is an independent body and its service to you is free. Different terms of reference are applied by the FOS depending on whether your complaint relates to a life insurance product or a general insurance product. Please refer to the FOS for details. To use FOS, you must have firstly attempted to use our internal dispute resolution service.

Your privacy and call recording

The way in which we collect, use and disclose your personal and sensitive information is set out in the Insuranceline Privacy Policy at www.insuranceline.com.au. We collect information from you over the telephone, via the Internet and/or when you fill out an application form. In some situations, we may also collect your personal and sensitive information from your health professional or any other party with which we have an arrangement for the promotion and sale of products offered or distributed by us. Depending on the product you enquire about, apply for or hold, Insuranceline may disclose some of your personal information to external parties such as:

- The insurer, plan administrators and any related bodies corporate – in order to assess your policy application and administer your policy.
- Organisations to whom we, the insurer or the plan administrators outsource mailing, information technology, telephony and communications requirements – in order to process your application.
- Organisations who provide us with data analytics, research and other related services.
- Government regulatory bodies – if required by law.
- Investigators, health professionals, lawyers, accountants, other insurers, reinsurers – in order to assess your application or at the time of a claim.
- The financial institutions involved in collecting your premium.
- Other organisations which in conjunction with us provide products and services (so that they may provide their products and services to you).

By making a telephone call, online quote or application or by signing an application form, you consent to these disclosures listed above. By supplying us with contact details you agree to allow Insuranceline to contact you from time to time in relation to the products we offer until you tell us otherwise. Generally, individuals have rights to access the personal information held about them.

Please note that for legal purposes and quality control, all phone calls are recorded. If you do not wish to have your call recorded, please tell us at the start of the call. In this case, we may request that your communication be put in writing.

Opt-Out

From time to time Insuranceline may use your information to promote and market our products and services to you. If you do not want to receive telemarketing calls, or would prefer to receive telemarketing calls at certain times or days, please call us on 1800 652 291. If you wish to do so, or if you do not want to receive any information on other products or services offered by Insuranceline or the insurer, please contact us.

Disclosure of remuneration

For each policy we arrange InsuranceLine receives commission from the insurer plus reimbursement for the GST we have to pay. This commission is used by InsuranceLine to cover the costs of marketing and distributing this product to you. This commission is included in the premium already, and you don't pay any extra.

For Pet Insurance, commission from Hollard is between 20% and 30% (depending on benefits selected) of each premium paid. Our commissions are paid monthly. Other than as set out above, these commission rates don't vary for any reason.

From the commissions that the insurer pays to us, InsuranceLine pays the following costs. Note that these costs are not additional charges to you:

- Any additional commissions, bonuses and/or other non-cash incentives for our authorised representatives. These are calculated fortnightly depending on the number of policies issued and the standard of compliance achieved, and in total will vary between 0% and 20% of the first year's premium. If payable, commissions and bonuses are paid fortnightly, while other incentives accrue from time to time.
- Any referral fees or commissions to people or organisations who may refer new customers to us. The referral fee may be paid in the form of an upfront commission fee and/or periodical trail fees. The fee will be paid to the referrer by the insurer, there will be no additional cost to you.

PI Insurance

We confirm that TAL Limited retains professional indemnity (PI) insurance to cover the activities of licensees within TAL Limited, including TAL Direct Pty Limited. This PI cover is maintained in accordance with the law; is subject to its terms and conditions; and provides indemnity up to the sum insured for the activities of the employees and authorised representatives of TAL Direct Pty Limited in respect to the financial services we provide.

How to contact us.

Phone: 13 88 68 Fax: 1800 730 099

Mail: InsuranceLine, Reply Paid 62, Carlton South VIC 3053

Email: insuranceline@insuranceline.com.au

Web: www.insuranceline.com.au