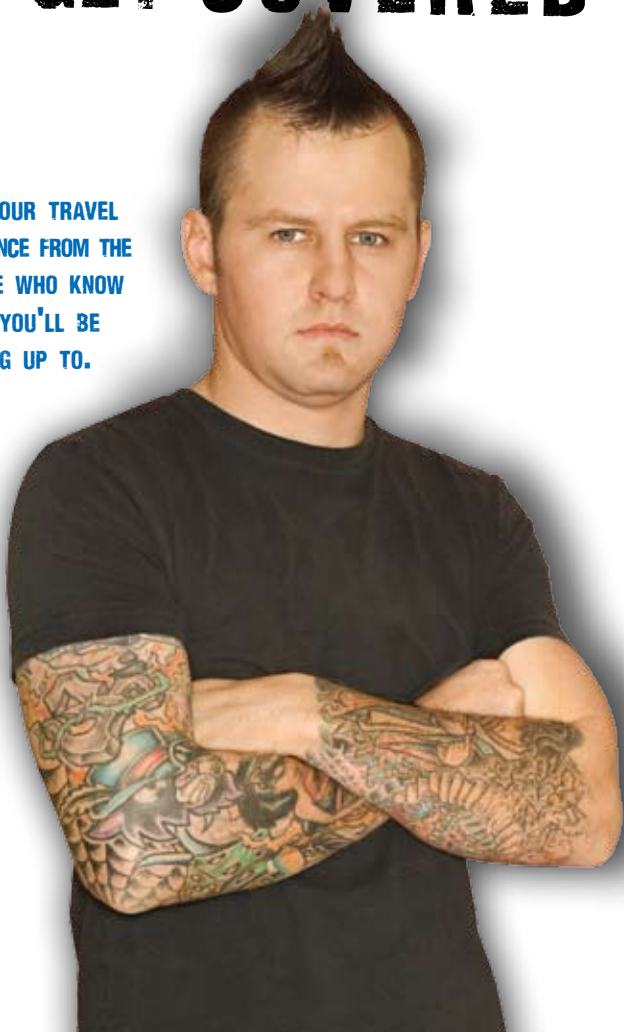


BUDGET

STA TRAVEL INSURANCE GET COVERED

**GET YOUR TRAVEL
INSURANCE FROM THE
PEOPLE WHO KNOW
WHAT YOU'LL BE
GETTING UP TO.**



STA TRAVEL

WE KNOW BECAUSE WE GO

Effective Date: 18 February 2008

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COMBINED PRODUCT DISCLOSURE STATEMENT FINANCIAL SERVICES GUIDE AND POLICY WORDING

Prepared 18 February 2008 and authorised for distribution by QBE Insurance.

WHO ARE YOU DEALING WITH?

STA Travel and QBE Insurance are two of Australia's most reputable and trusted companies which is important when an unfortunate event ruins your travel plans.

ABOUT STA TRAVEL

STA Travel is the world's largest student and youth travel organisation.

STA Travel Pty Ltd

260 Hoddle Street
Abbotsford VIC 3067

Trading as – **STA Travel**

ABN: 34 004 801 512

Authorised Representative No: 261330

ENQUIRIES AND ASSISTANCE - STA

For any enquiries and assistance please contact your STA Travel Adviser on 1300 360 960.

ABOUT QBE TRAVEL INSURANCE

QBE Insurance Group is Australia's leading international general insurer and reinsurer group, and one of the top 25 insurers and reinsurers worldwide.

QBE Travel Insurance is a division of:

QBE Insurance (Australia) Limited.

ABN: 78 003 191 035

A.F.S. Licence No. 239545

82 Pitt Street Sydney NSW 2000

Please do not send your application for travel insurance to this address.

ENQUIRIES AND ASSISTANCE - QBE

For any enquiries and assistance please contact our Customer Service Centre on 1300 555 017, (03) 8805 2777 or email travel.service@qbe.com
Please note that calls to QBE Travel Insurance will be recorded for training and verification purposes.

THE CHOICE IS YOURS

It is up to you to choose the cover you need. This document contains information which can help you decide. Any advice in this document is of a general nature only and has not considered your objectives, financial situation or needs. You should carefully read and consider the information provided having regard to your personal circumstances to decide if this insurance is right for you. You are of course free to arrange insurance with any other insurer of your choice.

This booklet contains the following sections which provide:

- Part 1 - Information about this travel insurance product (Product Disclosure Statement - PDS)
- Part 2 - Information about the financial service being provided to you by STA Travel (Financial Services Guide - FSG)
- Part 3 - The detailed terms and conditions (Policy Wording)

This policy is underwritten by QBE Insurance (Australia) Limited AFSL 239545 and issued to you by STA Travel as our Authorised Representative.

ADVENTURE ACTIVITIES COVERED ON ALL TRAVEL PLANS

- Archery
- Bungee Jumping
- Canoeing
- Cycling
- Deep Sea Fishing
- Dog Sleighing
- Expedition
- Football
- Go-karting
- Golfing
- Hiking
- Horse Riding
- Hot Air Ballooning
- Jet Boating
- Jet Skiing
- Kayaking
- Kite Surfing
- Mountain Biking
- Overland Orienteering
- Parachuting
- Paragliding
- Parasailing
- Roller Blading
- Safari
- Sail Boarding
- Scuba Diving
- Sea Canoeing
- Shark Cage Diving
- Shotover Jet
- Snorkelling
- Surfing
- Tubing
- Wake Boarding
- Water Skiing
- White Water Rafting
- Windsurfing

NOT COVERED

Professional sporting activity, running with the bulls, mountaineering or rock climbing using support ropes, racing (except on foot), **snow sports** or base jumping are excluded under all travel plans.

PART 1 - PRODUCT DISCLOSURE STATEMENT (PDS)

SOME WORDS HAVE SPECIAL MEANINGS

Throughout the PDS and Policy Wording words highlighted in both bold and italic have specific meanings. These meanings are set out in the Definitions section of the Policy Wording. For example: **relative**

TRAVEL INSURANCE GUIDELINES

ELIGIBILITY

- Insurance is not available to travellers outside Australia.
- The terms and conditions of the policy are subject to the laws of the Australian state or territory where the Certificate of Insurance is issued. **You** agree to submit to the jurisdiction of the courts of that state or territory.
- These travel plans are available to non **residents of Australia** provided **you** are in Australia at the time the Certificate of Insurance is to be issued and intend to return to Australia.
- This policy must be issued prior to the commencement of **your trip**.
- There is no cover provided for any **snow sports**.
- This policy is not available if **you** have a **existing medical condition**. Please ask **your** STA Travel Adviser for an alternative policy that may be available.

AGE LIMITS

- This policy is not available to travellers who are 50 years of age or over at the time the Certificate of Insurance is to be issued.

POLICY DURATIONS

- There is no provision to suspend this policy during the **period of insurance**.
- This policy ends once **you** have returned to **your** normal place of residence within Australia, and there is no cover if **you** resume **your trip**.

EXCESS

We will not pay the first \$250 (the excess) for any one event except in relation to claims under Sections 1C - 1D, 6 and 7B.

POLICY EXTENSIONS

(No extensions are available to non **residents of Australia**.)

If **you** are staying away longer than **you** expected and **you** want to extend **your** policy just call **your** STA Travel Adviser on 1 300 360 960 before **your** current policy expires. **Your** policy can be extended as many times as **you** like up to a maximum duration of 18 months from departure date for travel within the USA. There is no limit on duration for all other destinations. When applying for an extension **you** must tell **us** if there is a claim made or pending, or **you** suffer from an **existing medical condition** (including pregnancy), or **you** have seen a medical or dental practitioner, as an extension may not be available or special terms may be imposed. The **amount payable** for an extension is calculated at the amount current at the time of the extension. Policy extensions post departure are subject to Service Fees.

APPLYING FOR TRAVEL INSURANCE

To apply for insurance, please complete the application and return it to **your** STA Travel Adviser. If **your** application is approved **your** STA Travel Adviser will issue **your** policy and provide **you** with a Certificate of Insurance. **Your** Certificate of Insurance confirms the cover **you** have chosen including any additional benefits, the total amount paid by **you** and information about the terms of **your** policy.

STA Travel can also issue **your** policy over the phone or help **you** with **your** queries. Just call 1300 360 960.

SIGNIFICANT RISKS YOU NEED TO THINK ABOUT

THIS POLICY MAY NOT MATCH YOUR EXPECTATIONS

This policy may not match **your** expectations (for example, because an exclusion applies). **You** should therefore read this PDS and Policy Wording carefully. Please ask **your** STA Travel Adviser or **us** if **you** are unsure about any aspect of the policy.

ARE YOU SURE YOU HAVE THE RIGHT LEVEL OF COVER?

You need to make sure the limits of cover and benefits are appropriate for **your** needs. Otherwise **you** may be under insured and have to bear part of any loss that exceeds the limits **yourself**. Please refer to the **applicable limits** as set out in the Schedule of Benefits.

A CLAIM MAY BE REFUSED

We may refuse to pay or reduce the amount **we** pay under a claim if **you** do not comply with the policy conditions, if **you** do not comply with **your** Duty of Disclosure or make a misrepresentation, or if **you** make a fraudulent claim.

UNATTENDED LUGGAGE AND PERSONAL EFFECTS

There is no cover under this policy for luggage and personal effects that are left **unattended**. Please refer to the definition of **unattended** in the Policy Wording and Losses We Do Not Cover Under Section 7. Also, remember to keep **your** receipts separate from the goods **you** buy overseas or else they may get lost or stolen too. Perhaps with **your** passport or travel documents. **You** will need these receipts if **you** need to make a claim.

MEDICAL AND ANCILLARY COSTS

There is no cover for any medical or ancillary costs incurred within Australia.

EXISTING MEDICAL CONDITION (INCLUDING PREGNANCY)

There is no cover under this policy for an **existing medical condition**.

An **existing medical condition** is:

- a. any chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease of which **you** were aware or should reasonably have been aware, and which is medically documented or under investigation prior to the issue of the Certificate of Insurance; or
- b. any physical, **mental illness** or medical condition, defect, illness or disease of which **you** were aware or should reasonably have been aware, and for which treatment, medication, preventative medication, advice, preventative advice or investigation has been received or prescribed by a medical or dental adviser in the 60 days prior to the issue of the Certificate of Insurance.

Note:

- Where any condition is the subject of an investigation, that condition falls within this definition, regardless of whether or not a diagnosis of the condition has been made.
- This definition applies to **you**, **your travelling party**, **your** relatives, **your** business colleague, or any other person **you** have a relationship with whose state of health could impact **your** travel plans.

Provided the following **existing medical conditions** are stable and **you** or anyone else to be covered are not waiting for treatment, on a hospital waiting list or awaiting results of medical tests or investigations in relation to any of these conditions cover is provided without application.

- Acne
- Allergies - such as allergic rhinitis, chronic rhinitis, hayfever; sinusitis, anaphylaxis, dermatitis, eczema, psoriasis, urticaria, food intolerance, latex allergy
- Anaemia - including iron deficiency anaemia, B12 deficiency, folate deficiency, pernicious anaemia
- Asthma - not requiring cortisone medication and no hospitalisation for the past 12 months including as an outpatient
- Bell's palsy
- Benign breast or renal cysts
- Bunions
- Carpal Tunnel syndrome
- Cataracts, dry eye syndrome, glaucoma, macular degeneration
- Coeliac disease
- Colonic polyps
- Congenital blindness/deafness
- Diabetes Mellitus Types 1 and 2 - where **you** have no known cardiovascular, hypertensive, vascular disease and no related kidney, eye or neuropathy complications
- Epilepsy - **you** have been seizure free for the past 12 months and do not require more than 1 anti-seizure medication
- Goitre, hypothyroidism, Hashimoto's disease, Graves disease
- Gout
- Hiatus hernia/Gastro-oesophageal reflux disease, Peptic ulcer disease
- High Cholesterol (Hypercholesterolaemia)
- High Lipids (Hyperlipidaemia)
- Insulin resistance, impaired glucose tolerance
- Incontinence
- Meniere's disease, Tinnitus
- Menopause
- Migraines except where **you** have been hospitalised in the past 12 months
- Nocturnal cramps
- Osteoporosis - whereby there have been no fractures and **you** do not require more than 1 medication
- Plantar fasciitis
- Raynaud's Disease
- Sleep apnoea
- Stable High Blood Pressure (Hypertension)
- Trigeminal neuralgia
- Trigger finger
- Routine screening tests where no underlying disease has been detected

WHAT'S THE COST?

WHAT YOU HAVE TO PAY

When calculating the cost of **your** policy, **we** take a range of factors into account, including:

- The length of **your trip**;
- The destination; or
- Whether it is a **Single, Family or Duo** Policy;

The **amount payable** by **you** for the travel plan selected will be shown on **your** Certificate of Insurance, including compulsory government charges (including Stamp Duty and GST where applicable). This policy is only valid when **you** pay the **amount payable** and **your** STA Travel Adviser issues a Certificate of Insurance to **you**.

SERVICE FEES

We or **your** STA Travel Adviser may charge a \$20 fee and in addition STA Travel may charge a fee up to a maximum of \$33 for additional services provided to **you** after **you** have been issued with a Certificate of Insurance. This may include but is not limited to alterations and other changes **you** ask STA Travel or **us** to make to **your** policy. **We** or **your** STA Travel Adviser will notify **you** of any fee at the time **you** make a request for additional services.

AMENDMENT OF TRAVEL DETAILS

If **you** wish to change **your** personal details or travel dates after **your** Certificate of Insurance has been issued please contact STA Travel on 1 300 360 960. STA Travel will either amend the policy over the telephone or in certain circumstances STA Travel may ask **you** to complete and submit to **us** a Policy Amendment Form which needs to be assessed and approved prior to any amendment to **your** policy. Also refer to section headed "When Does The Cover Begin And End?", paragraph 4 in the Policy Wording.

NEED TO MAKE A CLAIM?

Claims can be lodged 24 hours a day, 7 days a week from overseas or when **you** return home to Australia. To obtain a claim form simply log on to www.statravel.com.au, contact **your** STA Travel Adviser or **us**.

You can help **us** to speed up the processing of **your** claim by following the instructions on the claim form, which will advise **you** of what documentation **you** need to provide to support **your** claim. The completed claim form should be sent to:

QBE Travel Claims Department
PO Box 12090
Melbourne VIC 8006
Claims Enquiries: 1300 555 018 or (03) 8805 2777
Email: travel.claims@qbe.com

CLAIMS SERVICE STANDARD

Our claims service standard is to settle **your** claims within 10 working days upon the receipt of a completed claim form and all necessary supporting information. If more information is required **we** will contact **you** within 10 working days.

OTHER THINGS YOU NEED TO KNOW

YOUR POLICY

Your policy is a contract between QBE Insurance (Australia) Limited and **you**. **Your** agreement with **us** is set out in:

- the Policy Wording;
- the Schedule of Benefits;
- **your** application for insurance;
- **your** Certificate of Insurance; and
- any written endorsements **we** provide to **you**.

These documents make up **your** policy and should be carefully read together. It is important that they are kept in a safe place, together with evidence as to the value of any insured items.

TAXATION IMPLICATIONS - GOODS AND SERVICES TAX

International travel insurance is GST exempt, including the cancellation cover and any domestic flights required to connect with **your** international flights.

You must tell **us** if **you** were entitled to claim an input tax credit on the **amount payable** at the time of making a claim under the policy. If **you** do not provide **us** with this information **we** may deduct up to 1/11th of the amount otherwise payable in settlement of **your** claim. In any event, if **you** suffer a loss and replace the lost item or are provided with goods or services in respect of the loss after **you** return to **your** normal place of residence within Australia, **we** will only reimburse **you** the amount of **your** loss in accordance with this policy, less any entitlement **you** have to an Input Tax Credit on the amount.

COOLING OFF PERIOD

If, having purchased the policy, **you** want to return it, **you** can do so within 14 days of receiving the Certificate of Insurance and obtain a full refund, provided no right or power has been exercised under it by **you** (eg no claim has been made) and **your trip** has not commenced. STA Travel will arrange for a refund of the **amount payable** within 15 business days of **you** cancelling **your** policy. The Cooling Off Period does not apply to policy extensions.

CONFIRMING TRANSACTIONS

A Certificate of Insurance must be issued once **you** have completed **your** application and **you** paid the appropriate **amount payable**. If **you** want to confirm a transaction, for example whether the Certificate of Insurance has been issued, **you** may contact **us** in writing or by phone.

CANCELLATION

By You

You may only cancel this policy during the 14 day Cooling Off Period. See the Cooling Off Period section for further details.

By Us

We can cancel **your** insurance in any way permitted by law, including if **you** have:

- failed to comply with **your** Duty of Disclosure; or
- made a misrepresentation to **us** before the policy was entered in to; or
- failed to comply with a provision of a policy, including failure to pay the **amount payable**; or
- made a fraudulent claim under this policy or any other current policy; or
- failed to notify **us** of a specific act or omission as required by the policy.

If **we** cancel **your** policy, **we** will do so by giving **you** written notice. **We** will deduct from the **amount payable**, an amount to cover the shortened period for which **you** have been insured by **us** and refund to **you** what is left.

UPDATING THIS PDS

We will update the information in this PDS when necessary. A paper copy of any updated information is available to **you** at no cost by calling **us**. **We** will issue **you** with a new PDS or a supplementary PDS, where the update is to correct a misleading or deceptive statement or an omission, which is materially adverse from the point of view of a reasonable person deciding whether to obtain this insurance.

DUTY OF DISCLOSURE – WHAT YOU MUST TELL US

You have a Duty of Disclosure under the Insurance Contracts Act 1984 (Cth) that requires **you** to tell **us** certain things. Before **you** enter into a policy with **us**, **we** will ask **you** a series of questions. **You** must tell **us** everything **you** know or which a reasonable person in the circumstances would be expected to know in answer to the questions in the application form. Before **you** extend or vary a policy, **you** must tell **us** everything **you** know or which a reasonable person in the circumstances would be expected to know, for **us** to decide:

- whether **we** will insure **you**;
- the **amount payable we** will charge **you**; and
- whether any special conditions will apply to **your** policy.

You do not have to tell **us** about any matter:

- that diminishes the risk;
- that is of common knowledge;
- that **we** know or should know in the ordinary course of **our** business as an insurer; or
- which **we** indicate **we** do not want to know.

Everyone who is insured under the policy must comply with the Duty of Disclosure. If **you** provide information about another insured, **you** do this on their behalf. If **you** (or they) don't comply with the Duty of Disclosure, **we** may reduce the amount of any claim and/or cancel **your** insurance. If fraud is involved, **we** may treat **your** insurance as void from the beginning.

OUR PRIVACY POLICY

The Privacy Act 1988 (Cth) (the Act) regulates the way organisations such as QBE collect, use, protect and disclose personal information.

We are committed to safeguarding **your** privacy and the confidentiality of **your** personal information.

QBE collects only that personal information necessary for it to assess and manage **your** insurance application or policy, including any claim that may be made under the policy. **We** will only use and disclose **your** personal information for a purpose **you** would reasonably expect. **We** will request **your** consent to any other purpose. If **you** do not provide QBE with this personal information **we** may not be able to process **your** application for insurance cover or process **your** claim.

We or **our** authorised agent may disclose **your** personal information to:

- any person authorised by **you**;
- an insurance agent who is arranging **your** insurance (for the purpose of confirming **your** personal and insurance details);
- another person named as a co-insured on **your** policy (for the purpose of confirming if full disclosure has been made to **us**);
- another insurer (for the purpose of seeking recovery from them or to assess insurance risks or to assist with an investigation);
- an organisation who provides **you** with banking facilities (for the purpose of confirming payments made by **you** to **us**);
- an airline, medical practitioner, treating doctor or emergency assistance provider (to establish **your** medical status and fitness to travel);
- a dispute resolution organisation, such as the Insurance Ombudsman Service (for the purpose of resolving disputes between QBE and **you** or between QBE and a third party);
- a family member; in the case of a medical emergency;
- **our** reinsurers, who may be located overseas;
- a mailing house, records management company or technology service provider (for printing and/or delivery of mail, including secure storage and management of **our** records);
- **our** related entities, so that **we** may offer **you** other products and services;
- a company to conduct surveys on **our** behalf for the purposes of improved customer services; and
- an insurance reference bureau (to record any claims **you** make upon **us**).

In addition to the above, in the event of a claim, QBE or **our** authorised agent may disclose **your** personal information:

- to a repairer or supplier (for the purpose of repairing or replacing **your** insured items);
- to an investigator, assessor; state or federal authority, medical practitioners, hospitals or other professional advisers (for the purpose of investigating or assessing **your** claim);
- a lawyer or recovery agent (for the purpose of defending an action by a third party against **you** or recovering **our** costs including **your** excess);
- to a witness to a claim (for the purpose of obtaining a witness statement);
- to another party in a claim (for the purpose of obtaining a statement from them or seeking recovery from them or to defend an action by a third party).

Personal information (about **you**) may also be obtained from the above people or organisations.

In addition **we** will:

- give **you** the opportunity to find out what personal information **we** hold about **you** and, when necessary, correct any errors in this information. Generally **we** will do this without restriction or charge.
- provide **our** dispute resolution procedures to **you**, should **you** wish to complain about how **we** handle **your** personal information.

Our aim is to always have accurate and up-to-date information. When **you** receive a Certificate of Insurance or other documents from **us**, **you** should contact **us** if the information is not correct. Where reasonably possible **we** will correct the information on **our** systems or held on file. If **you** have a complaint or want more information about how QBE is managing **your** personal information, please contact the Compliance Manager using the contact details provided below. For security reasons, any request for details of personal information held by **us** should be made in writing.

The Compliance Manager
QBE Insurance (Australia) Limited
GPO Box 82
Sydney NSW 2001
Telephone: (02) 9375 4656
Fax: (02) 8275 9022
Email: compliance.manager@qbe.com

OUR DISPUTE RESOLUTION PROCESS

If a complaint arises during **your** dealings with **us** or **our** representatives, **you** should first discuss the matter with the person with whom **you** have been dealing. Where **your** complaint is not resolved to **your** satisfaction **you** should request that the matter be dealt with by **our** Internal Complaints Handling Process. **Your** STA Travel Adviser can assist **you** to lodge **your** complaint or **our** Customer Service Centre 1300 555 017 or (03) 8805 2777 can take the details for **you**. **You** will be provided with a copy of **our** brochure detailing **our** complaints handling process. **Your** complaint will be handled by a person with authority to resolve the matter. **Your** complaint will be dealt with within 15 business days unless **we** notify **you** of the reasons why it cannot be dealt with within that time. If the complaint remains unresolved to **your** satisfaction, **you** can request that it be reviewed by Insurance Ombudsman Service (the Service). The Service resolves certain insurance disputes between consumers and insurers and will provide an independent review at no cost to **you**. QBE Insurance is bound by the determination of the Service but the determination is not binding on **you**.

THE GENERAL INSURANCE CODE OF PRACTICE

QBE Insurance is a signatory to the General Insurance Code of Practice. The Code aims to:

- (a) promote better, more informed relations between insurers and their customers;
- (b) improve consumer confidence in the general insurance industry;
- (c) provide better mechanisms for the resolution of complaints and disputes between insurers and their customers; and
- (d) commit insurers and the professionals they rely upon to higher standards of customer service.

To obtain a copy of the General Insurance Code of Practice go to www.codeofpractice.com.au

WHEN DISASTER STRIKES AND THE UNTHINKABLE HAPPENS, IT'S REASSURING TO KNOW SOMEONE BACK HOME IS READY TO TAKE YOUR CALL AND ASSIST. OUR DEDICATED OMEGA TRAVELLERS ASSISTANCE TEAM ARE ON CALL 24 HOURS A DAY, 7 DAYS A WEEK TO PROVIDE YOU WITH ASSISTANCE WHEN YOU NEED IT MOST.

QBE's inhouse emergency assistance service OMEGA has been providing help to travellers since 1992. Over 350,000 have had cause to contact the service annually.

Whether it be in Vietnam or Canada, one call connects you to someone back home. It's comforting to know the person you are speaking to is part of the QBE travel team, trained medical and insurance specialists, who can make decisions regarding your situation and provide assistance when you need it the most.

We can assist you with:

- Paying hospital and medical bills,
- Repatriation to Australia after an accident or illness,
- Rescheduling of disrupted travel plans,
- Replacement of lost tickets, passports or travel documents,
- Arrangement of emergency transfer of funds,
- Urgent messages to your family or travel agent,
- Interpreters in non English speaking overseas hospitals.

Where relevant all services are subject to a claim being accepted under the policy.

EMERGENCY CALLS

When you call OMEGA, they will need to know:

- Your Insurance Certificate Number
- Telephone numbers to contact you

**FOR TRAVEL ADVICE,
VISIT SMARTRAVELLER.GOV.AU
IT'S A MUST SEE DESTINATION.**

CALL US ANYTIME FROM ANYWHERE!

Austria 0800 291 702	Malaysia 1800 800 428
Brazil 0800 891 8401	Netherlands 08000 226 742
Canada 1800 665 3870	New Zealand 0800 441 678
Fiji 00800 2149	Philippines 1800 1611 0045
France 0800 90 5097	Singapore 800 6161 051
Germany 0800 181 7694	South Africa 0800 99 3514
Greece 00800 6112 6195	Spain 900 996 167
Hong Kong 800 933 877	Sweden 0200 214 612
Indonesia 001 803 61 683	Switzerland 0800 838 533
Ireland 1800 552 636	Thailand 001 800 611 2885
Israel 180 945 6589	United Kingdom 0800 899 813
Italy 800 875 100	United States 1800 765 8631
Japan 00531 616 441	Within Australia 1300 555 019

If you cannot make use of these numbers above, ring reverse charges via the operator

Phone: 61 + 3 + 8805 2800 Fax: 61 + 3 + 8805 2815
Email: omega@qbe.com

Calls from mobile phones will be at your cost.

LOST YOUR CREDIT CARDS/TRAVELLERS CHEQUES?

Because of privacy requirements you will need to call any Credit Card/Travellers Cheque company directly in order to cancel the card/cheques and arrange for replacements.

American Express	61+2+9271 1919	- Call Reverse Charges
Diners Club	61+3+9805 4444	- Call Reverse Charges
Visa	1+ 410+581 9994	- Call Reverse Charges
Mastercard	1+ 636+722 6690	- Call Reverse Charges

To make a Reverse Charge Call firstly contact the international operator and ask to make a Collect Call to the appropriate phone number:

PART 2 - FINANCIAL SERVICES GUIDE (FSG)

ABOUT THIS FINANCIAL SERVICES GUIDE

This Financial Services Guide (FSG) has been designed to assist you in deciding whether to use the financial services STA Travel provide, i.e. arranging travel insurance for you. It explains the kinds of financial services we offer. It also contains general information about who we are, how we are paid and how to make a complaint.

ABOUT STA TRAVEL

STA Travel is an Authorised Representative of QBE Insurance. STA Travel is authorised by QBE Insurance to deal in QBE travel insurance products on their behalf. We can directly issue, vary or cancel QBE travel insurance products (including the one to which this FSG attaches) as their agent in accordance with their underwriting guidelines (this is called a binder authority). In some cases we may need to arrange for QBE Insurance to do this if we are not able to act under our binder authority.

QBE Insurance as the insurer and product issuer and we as their agent, do not act on your behalf in relation to this travel insurance product. The STA Travel Adviser providing you with this document is authorised by us to act on our behalf in providing the services we are authorised to provide for QBE Insurance.

We and our Travel Advisers do not have authority to give you any advice (i.e. recommendation or opinion about the financial product). We can provide you with factual information on the product to help you decide if it is right for you. The choice is yours.

The distribution of this document has been authorised by QBE Insurance. We are responsible for the accuracy of the content of this FSG and they are responsible for the PDS in Part 1.

CONTACT DETAILS

STA Travel Pty Ltd

Trading as – STA Travel
ABN 34 004 801 512
Authorised Representative No: 261330
260 Hoddle Street
Abbotsford VIC 3067
Phone: 1300 360 960

AFS LICENSEE AND PRODUCT ISSUER

QBE Insurance (Australia) Limited (QBE Insurance)

ABN 78 003 191 035
AFSL Number 239545
GPO Box 82
Sydney NSW 2001
Toll Free: 1300 555 017 or (03) 8805 2777
Email: travel.service@qbe.com

Please do not send your application for travel insurance to this address.

STA TRAVEL REMUNERATION

We receive commission from QBE, which is part of the total amount payable by you for the product. The rate ranges up to 37% and is payable to us by QBE Insurance based on each policy issued, in addition, 16% of the total amount payable by you is paid to us in reimbursement of expenses, distribution costs and overheads incurred in the provision of this product.

We may charge a fee for additional services provided to you after you have been issued with a Certificate of Insurance. This may include but is not limited to alterations and other changes to your policy. We will notify you of any fee at the time you make a request for additional services.

We may receive a profit share based on the profit earned by QBE Insurance on the travel insurance products sold by us. These payments are made to us by QBE Insurance within an agreed period based on a percentage of profit. We are paid these amounts at the end of each year. STA Travel Advisers are paid an annual salary and may receive rewards or bonus payments if certain sales targets are achieved. The bonus will be based on sales targets for all activities of our staff, not just those related to financial services.

From time to time we may receive rewards for achieving certain targets or outcomes as determined by QBE Insurance which may include sales targets. These rewards could be up to 0.1% of the amount payable to QBE Travel Insurance for all travel insurance sold for the relevant period. QBE Insurance may also provide subsidies for special projects relating to insurance such as staff training and promotional campaigns.

IF YOU HAVE A COMPLAINT

If you ever have a complaint, your STA Travel Adviser is always happy to help and should be your first point of contact, as we have procedures in place to help resolve your travel insurance issues. If you are not happy with the outcome, please contact STA Travel's Customer Service Department for assistance at customerrelations@statravel.com.au or write to the Customer Service Manager, 260 Hoddle St, Abbotsford VIC 3067. If your complaint is not resolved to your satisfaction you may request that your complaint be referred to QBE Insurance.

This FSG was prepared on 18 February 2008 and authorised for distribution by QBE Insurance.

SCHEDULE OF BENEFITS This list is a summary of some of the benefits covered by this policy and the applicable limits . Please refer to the relevant sections in the Policy Wording for full details of cover. Other applicable limits may apply.	APPLICABLE LIMITS	
	SINGLE	FAMILY OR DUO
Medical Expenses - Section 1		
Medical Expenses Incurred Outside Of Australia – Section 1A	Unlimited	Unlimited
Permanent Disability – Section 1B	\$5,000	\$10,000
Cash In Hospital – Section 1C	\$500	\$1,000
Post Hospitalisation Accommodation – Section 1D	\$500	\$1,000
Dental Expenses - Section 2		
Emergency Dental Expenses Incurred Outside Of Australia - Section 2A	Unlimited	Unlimited
Dental Expenses Due To Sudden And Acute Pain - Section 2B	\$500	\$1,000
Medical Evacuation And Repatriation - Section 3	\$500,000	\$1,000,000
Cancellation And Additional Expenses - Section 4		
Cancellation Or Holiday Deferment Costs - Section 4A	\$10,000	\$20,000
Emergency Travel Arrangements And Accommodation Expenses - Section 4C	Unlimited	Unlimited
Extra Travel Cover - Section 5		
Non Medical Attendant - Section 5A	Unlimited	Unlimited
Emergency Travel And Accommodation Expenses – Relative – Section 5B	\$20,000	\$40,000
Accidental Death - Section 6	\$5,000	\$10,000
Luggage - Section 7		
Luggage And Personal Effects - Section 7A	\$2,500	\$5,000
Item Limit	\$250	\$250
Emergency Luggage - Section 7B	\$250	\$500
Replacement Passports And Travel Documents - Section 7C	\$500	\$1,000
Personal Liability - Section 8	\$2,000,000	\$2,000,000

PART 3 - POLICY WORDING

TERMS AND CONDITIONS

This section provides the terms and conditions of the contract between **you** and QBE Insurance. It is important that **you** read this very carefully. If **you** have any questions regarding **our** policy, please telephone **our** Customer Service Centre on 1300 555 017, or Melbourne (03) 8805 2777.

DEFINITIONS

We, our, us, refers to QBE Insurance (Australia) Limited ABN 78 003 191 035.

Amount payable means the total amount payable for the insurance in accordance with the rates set out in the amount payable table plus any additional benefits **you** have selected or charges imposed by QBE Insurance. It includes amounts payable to STA Travel, stamp duty, GST if applicable and the premium payable to **us**. If **you** wish to obtain details of stamp duty and taxes please call 1300 555 017.

Applicable limit(s) means the sum insured specified in the Schedule of Benefits or Policy Wording for the travel plan selected as shown on the Certificate of Insurance.

Carrier(s) means the scheduled airline, vessel, train, or motor coach transport in which **you** are to travel to or from **your** intended destination.

Dependant child or children means children who are related to **you** who are under 21 years of age at the time the Certificate of Insurance is to be issued and who are financially dependant.

Existing medical condition(s) means:

- a. any chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease of which **you** were aware or should reasonably have been aware, and which is medically documented or under investigation prior to the issue of the Certificate of Insurance; or
- b. any physical, **mental illness** or medical condition, defect, illness or disease of which **you** were aware or should reasonably have been aware, and for which treatment, medication, preventative medication, advice, preventative advice or investigation has been received or prescribed by a medical or dental adviser in the 60 days prior to the issue of the Certificate of Insurance.

Note:

- Where any condition is the subject of an investigation, that condition falls within this definition, regardless of whether or not a diagnosis of the condition has been made.
- This definition applies to **you**, **your travelling party**, **your** relatives, **your** business colleague, or any other person **you** have a relationship with whose state of health could impact **your** travel plans.

Family or Duo means **you** and **your** travel partner named in the Certificate of Insurance and accompanying **dependant child or children**, provided **you** and **your** travel partner are under 50 years of age at the time the Certificate of Insurance is to be issued.

Injury means a bodily injury that is caused solely and directly by external and visible means as a result of an accident and which does not result from an illness or disease.

Mental illness means a condition characterised by the presence of symptoms such as delusions, hallucinations, disorder of thought form, disturbance of mood, or sustained or repeated irrational behaviour; which impairs, either temporarily or permanently, the mental functioning of a person.

Period of Insurance means the period of cover specified in the Certificate of Insurance.

Permanently disabled means **you** have totally lost either; all of the sight in one or both eyes, or the use of a hand or foot at or above the wrist or ankle and the loss is for at least 12 months and, in **our** opinion after consultation with an appropriate medical specialist, will continue indefinitely.

Personal computer means laptops, personal digital assistants including a blackberry and other hand-held wireless devices and notebooks.

Professional sporting activity means an activity for which **you** receive financial reward, or benefits from participating in that sporting activity, regardless of whether or not **you** are a professional sports person.

Relative(s) is limited to a relative of **yours**, or of a member of the **travelling party**, who is resident in Australia or New Zealand. It means a spouse, defacto partner; parent, parent in-law, daughter; son, daughter-in-law, son-in-law, brother; sister; brother-in-law, sister-in-law, grandchild, grandparent, step-parent, step-children, fiance or fiancée, or guardian.

Rental vehicle means any car, campervan, motorcycle or boat **you** rent from a licenced rental vehicle company and have a signed contract with that company.

Residents of Australia means someone who currently resides in Australia and is eligible for an Australian Medicare Card.

Single means a single person travelling alone or accompanied by a **dependant child or children**.

Snow sports means skiing, snow boarding and ski biking.

Travelling party means **you** and any travelling companion who has made arrangements to accompany **you** for at least 50% of the **trip**.

Trip(s) means the period of travel stated in the Certificate of Insurance. The period begins on the date of departure, as stated in the Certificate of Insurance, from **your** normal place of residence in Australia and ends when **you** return to **your** normal place of residence in Australia, or when the period of the trip set out in the Certificate of Insurance ends, whichever happens first. The period of travel cannot be altered without **our** consent.

Unattended means leaving **your** luggage either; with a person **you** have not previously met or; in a public place where it can be taken without **your** knowledge or at a distance from which **you** cannot prevent it from being taken.

You, your, yours, yourself means the person or people named in the Certificate of Insurance and their accompanying **dependant child or children**.

WHEN DOES THE COVER BEGIN AND END?

1. This insurance is only valid when **you** pay the **amount payable** and STA Travel issues a Certificate of Insurance to **you**.
2. Cover under all applicable sections except Section 4A (Cancellation Or Holiday Deferment Costs), Section 4B (Agents Cancellation Fees) and covers **you** for the period of the **trip**. Sections 4A and 4C cover **you** from the time **you** pay the **amount payable**, until the period of the **trip** ends.
3. If the scheduled transport in which **you** are to travel is delayed, or the delay is caused by an event that entitles **you** to make a claim under this policy, the insurance is automatically extended beyond the period of the **trip**. The extension lasts until **you** are capable of travelling to **your** final destination, including the journey there, or for a period of 6 months, whichever happens first.
4. This insurance is only valid for the period of the **trip**. That period cannot be changed without **our** consent. If **you** wish to defer or alter the period of travel, **we** may require **you** to submit a Policy Amendment Form and **our** decision whether or not to agree to alter the period of the **trip** will depend upon **our** assessment of that form. If **we** do not agree, a refund of the **amount payable** will be made to **you**.

LOSSES WE DO NOT COVER AT ALL

1. **We will not pay** the first \$250 (the excess) for any one event except in relation to a claim under Sections 1C, 1D, 6 and 7B.
2. In all sections of this policy, **we will pay** only up to the **applicable limit** unless a sub-limit is specified in the relevant section.
3. There are General Exclusions, which apply to all types of cover. Particular Exclusions apply to specific sections of cover under this policy and are listed following the relevant types of cover. Please read them carefully.

GENERAL EXCLUSIONS

We will not pay for any of the following losses:

1. A loss which is recoverable under some other scheme. For example, medicare, a private health fund, workers compensation scheme, travel compensation fund or accident compensation scheme.
2. Consequential loss of any nature.
3. A loss caused by, arising directly or indirectly from or in any way connected with a criminal or dishonest act by **you** or by a person with whom **you** are in collusion.
4. A loss caused by, arising directly or indirectly from or in any way connected with war; invasion, act of a foreign enemy, hostilities (whether war is declared or not), civil war; rebellion, revolution, insurrection, military or usurped power; or popular uprising.
5. A loss caused by, arising directly or indirectly from or in any way connected with the use, existence or escape of nuclear weapons material, or ionising radiation from, or contamination by, radioactivity from any nuclear fuel, or nuclear waste from the combustion of nuclear fuel.
6. A loss caused by, arising directly or indirectly from or in any way connected with any Government intervention, prohibition, or regulation.
7. Ongoing payments under Section 1A Medical Expenses Incurred Outside Of Australia, if **we** decide on the advice of a doctor appointed by **us** that **you** are capable of being repatriated to Australia. If **you** do not agree to return to **your** normal place of residence in Australia **we** may limit the amount **we will pay** for medical expenses and associated costs as determined by **us** had **you** returned.

8. A loss caused by, arising directly or indirectly from or in any way connected with an act or threat of terrorism. This exclusion does not apply to Section 1A Medical Expenses Incurred Outside of Australia, Section 2A Emergency Dental Expenses Incurred Outside Of Australia, Section 7 Luggage or under Section 3 Medical Evacuation And Repatriation for the cost of repatriation to Australia, if the **carrier** requires **you** to be brought back with a medical escort.
9. A loss caused by, arising directly or indirectly from or in any way connected with the cancellation of travel arrangements due to mechanical breakdown of transportation.
10. Any claim arising from illness or **injury** where a metastatic or terminal prognosis was made, in relation to any medical condition, whether related or not to the cause of the claim, prior to the issue of the Certificate of Insurance.
11. Any claim arising directly or indirectly as a result of a member of the **travelling party**:
 - (a) deliberately injures himself; or
 - (b) being under the influence of, or is addicted to, intoxicating liquor or a drug, except a drug taken in accordance with the advice of a registered medical practitioner; or
 - (c) suffers any **mental illness** including dementia, depression, anxiety, stress, bipolar, mania, schizophrenia or other nervous disorder; or
 - (d) suffers HIV with AIDS related infection or illness.
12. A loss where the reason for the claim is the **injury** or illness of a person who is not a member of **your travelling party** and is 80 years of age or over at the time the Certificate of Insurance is issued.
13. Any cover for travellers who are aged 50 years or over at the time the Certificate of Insurance is to be issued.

GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

1. **You** must:
 - (a) give **us** written notice as soon as possible of an event that may result in a claim under this policy.
 - (b) give **us your** Certificate of Insurance and any other documents, medical certificates, original receipts or information that **we** reasonably ask for.
 - (c) not make any promise or offer of payment, or admit fault to anyone, or become involved in any litigation, in respect of an event that may result in a claim under this policy, without **our** consent.
 - (d) in the event of a claim caused by a physical, mental or medical condition, obtain evidence from the treating doctor immediately that **you** are aware of signs or symptoms of the condition.
2. **We** may, at **our** expense, take proceedings in **your** name to recover compensation or enforce an indemnity against someone else in respect of a loss covered by this insurance in accordance with the law. Anything **we** recover belongs to **us**.
3. Claims will be paid to **you** or **your** personal representative in Australian dollars on the basis of the exchange rate that applied at the time of the event that gave rise to the claim. **We will not pay** more than **your** actual loss.
4. Once the Certificate of Insurance has been issued **you** are not entitled to a refund of any part of the **amount payable** except as provided for in the section headed "Cooling Off Period".

5. If **we** agree to pay a claim under **your** policy, this policy covers GST inclusive costs (up to the relevant policy limit). However, **we** will reduce any claim payment by any input tax credit **you** are or would be entitled to for the repair or replacement of insured property or for other things covered by the policy.
6. **You** must tell **us** if **your** entitlement to an input tax credit disclosed to **us**:
 - (i) is incorrect; or
 - (ii) changes from what **you** have told **us**, when **you** extend or vary **your** policy.

SECTION 1: MEDICAL EXPENSES

(Cover not available within Australia)

The most **we** will pay for all claims under this section is the **applicable limit**. Please refer to the Schedule of Benefits.

SECTION 1A: MEDICAL EXPENSES INCURRED OUTSIDE OF AUSTRALIA

We will pay the usual and customary cost of medical, hospital, ambulance or other medically justified treatment **you** actually received outside Australia during the **trip** if **you** suffer an **injury**, or an illness the signs or symptoms of which **you** first become aware of, during the **trip**. However, the treatment must be given or prescribed by a registered medical practitioner or paramedic. If treatment is due to a claimable event under this section the first 6 visits for treatment by a chiropractor or physiotherapist will be covered, however for any further treatment **you** must have **our** consent.

If **we** pay any medical expenses on **your** behalf or reimburse **you** for any medical expenses then **we** have the right to:

- seek reimbursement from **you** if **you** receive any payment from any other source for these expenses;
- take action in **your** name to recover these payments.

SECTION 1B: PERMANENT DISABILITY

We will pay if during **your trip** **you** suffer an **injury** and as a result of that **injury** **you** become **permanently disabled** within 12 months of sustaining the **injury**. The amount payable for each person named on the Certificate of Insurance will be limited to the **applicable limit** in the **Single** Policy, not exceeding in total the limit of the **Family or Duo** Policy.

SECTION 1C: CASH IN HOSPITAL

(No Excess Applies)

We will pay you \$75 for each completed 24 hour period that **you** are confined to hospital outside Australia, as a result of **injury** or illness occurring during **your trip** and resulting in a total period of confinement exceeding 48 hours for any one event.

SECTION 1D: POST HOSPITALISATION ACCOMMODATION

(No Excess Applies)

If **you** have been hospitalised overseas for a minimum of 48 hours **we will pay** up to \$100 **Single** Policy or \$200 **Family or Duo** Policy per day, up to the **applicable limit** towards **your** accommodation after **you** leave hospital whilst **you** are recuperating up to a maximum of 5 days. **We will not pay** for additional accommodation expenses when a claim is made for cancelled accommodation expenses covering the same period of time.

SECTION 2: DENTAL EXPENSES

(Cover not available within Australia)

The most **we** will pay for all claims under this section is the **applicable limit**. Please refer to the Schedule of Benefits.

SECTION 2A: EMERGENCY DENTAL EXPENSES INCURRED OUTSIDE OF AUSTRALIA

We will pay the cost of emergency dental treatment received outside of Australia during the **trip** to **you**, if **you** suffer an **injury** to healthy natural teeth during the **trip**. This does not cover damage to dentures or dental prostheses (which is covered under point 2, Section 7A). If treatment is due to a claimable event under this section the first 6 visits will be covered however; for any further treatment **you** must have **our** consent.

SECTION 2B: DENTAL EXPENSES DUE TO SUDDEN AND ACUTE PAIN

We will pay for dental costs incurred outside of Australia, during the **trip**, which the treating dentist certifies in writing is for the relief of sudden and acute pain.

If **we** pay any dental expenses on **your** behalf under Section 2 or reimburse **you** for any dental expenses then **we** have the right to:

- seek reimbursement from **you** if **you** receive any payment from any other source for these expenses;
- take action in **your** name to recover these payments.

SECTION 3: MEDICAL EVACUATION AND REPATRIATION

The most **we** will pay for all claims under this section is the **applicable limit**. Please refer to the Schedule of Benefits.

We will pay you if **you** have to interrupt **your trip** after it has begun, for necessary medical evacuation or repatriation that **you** undertake with **our** consent. Travel expenses for **your** evacuation or repatriation are only covered if the attending physician advises **us** in writing that **you** are unfit to continue the **trip**. The following conditions apply:

- (a) **We will not pay** for expenses incurred to resume the **trip** after **you** have returned to Australia.
- (b) For repatriation, **we will not pay** more than the cost of repatriation to Australia.
- (c) Additional travel must be at the fare class that **you** originally chose, except where **we** agree otherwise on the basis of a written recommendation by **your** attending physician.
- (d) If **you** do not have a return ticket at the time of the event that causes a claim under this section, **we** will deduct the cost of an economy class airfare at the **carrier's** regular published rates for the return journey.

CANCELLATION AND ADDITIONAL EXPENSES - EVENTS WE COVER UNDER SECTION 4

We will cover **you** for Cancellation And Additional Expenses (Section 4), in respect of **your** planned **trip**, that result directly from one of the following events occurring after the Certificate of Insurance was issued (Subject to the exclusions detailed in "Losses We Do Not Cover Under Sections 1, 2, 3, 4, 5, And 6 on page 29):

1. **You** being unable to start or finish the **trip** because of the death, sudden serious illness or serious **injury** arising before or during the **trip** of:
 - a member of **your travelling party**; or
 - of a **relative** or business partner or person in the same employ as **you**, who is a resident in Australia or New Zealand.The following conditions apply:
 - the illness or **injury** requires hospitalisation or confinement;
 - in the case of a business partner or person in the same employ as **you**, the person's absence made the cancellation or ending of the **trip** necessary, and **you** have written confirmation of that fact from a senior partner or director.
2. Cancellation or restriction of pre-paid scheduled public transport services caused by severe weather; natural disaster; riot, strike or civil commotion. **You** must have done everything reasonable to avoid the expenses. **You** must also get the **carrier's** written confirmation of **your** claim.
3. **Your** pre-paid accommodation being destroyed or uninhabitable due to severe weather or natural disaster and no alternative equivalent accommodation is available in the vicinity. **You** must have done everything reasonable to obtain alternative accommodation. **You** must also have written confirmation of **your** claim from an official of the hotel or government body where the incident took place.
4. A member of the **travelling party** being required to do jury service or being confined in compulsory quarantine.
5. **You** being involved in a motor vehicle, railway, air or marine accident. **You** must have written confirmation of the accident from an official body in the country where the accident happened.
6. Loss (excluding Government confiscation) of **your** passport, travel documents or credit cards.

7. A member of **your travelling party** who is a full time student being required to sit supplementary examinations.
8. **Your** normal place of residence in Australia being destroyed or rendered insecure due to a natural disaster.
9. A tour operator or wholesaler cancelling a tour because there are not enough people to begin or complete the tour. Cover is limited to the pre-paid cost of the airline tickets purchased to reach the departure point of the tour.

SECTION 4: CANCELLATION AND ADDITIONAL EXPENSES

Cover under this section is only provided for an event listed in Cancellation And Additional Expenses - Events We Cover Under Section 4.

The most **we** will pay for all claims under this section is the **applicable limit** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.

SECTION 4A: CANCELLATION OR HOLIDAY DEFERMENT COSTS

We will pay the value of unused pre-paid travel arrangements, less any refunds due to **you**, if **you** have to cancel these arrangements, or; the reasonable cost of rearranging **your trip**, provided that this cost is not greater than the cancellation fees or lost deposits which would have been incurred had the **trip** been cancelled. **We will not pay** for the value of unused pre-paid transport costs where **we** have repatriated **you** a distance equivalent to, or greater than, the total distance remaining on **your** itinerary at the point of repatriation. Where the total distance of the repatriation is less than the unused travel arrangements **we** will calculate **your** entitlement on a pro-rata basis, taking into account the cost of **your** original ticket.

SECTION 4B: AGENTS CANCELLATION FEES

We will pay agent's cancellation fees up to \$1,000 **Single** Policy or \$2,000 **Family or Duo** Policy, when full monies have been paid. If only a deposit has been paid at the time of cancellation, **we will pay** the agent's cancellation fees up to the maximum of the deposit. In any event, **we will not pay** more than the level of commission and or service fees normally earned by the agent, had the **trip** not been cancelled.

SECTION 4C: EMERGENCY TRAVEL ARRANGEMENTS AND ACCOMMODATION EXPENSES

We will pay you if **you** have to interrupt **your trip** after it has begun, for necessary additional travel, accommodation and meals that **you** undertake with **our** consent. Travel expenses for **your** return home are only covered if the attending physician advises **us** in writing that **you** are unfit to continue the **trip**. The following conditions apply:

- (a) **We will not pay** for expenses incurred to resume the **trip** after **you** have returned to **your** normal place of residence in Australia.
- (b) Additional travel must be at the fare class that **you** originally chose, except where **we** agree otherwise on the basis of a written recommendation by **your** attending physician.
- (c) If **you** do not have a return ticket at the time of the event that causes the cancellation, **we** will deduct the cost of an economy class airfare at the **carrier's** regular published rates for the return journey.

- (d) **We will not pay** for additional transport or accommodation expenses when a claim is made for cancelled transport or accommodation expenses covering the same period of time.
- (e) **We will not pay** for accommodation expenses for periods where **you** have not forfeited pre-paid accommodation arrangements except under Section 1D.
- (f) **We will pay you** for necessary additional meals up to a maximum of \$50 **Single** Policy and \$100 **Family or Duo** Policy for each 24 hour period up to \$500 **Single** Policy or \$1,000 **Family or Duo** Policy.
- (g) **You** must give **us your** receipts and written advice that **you** are unfit to continue the **trip**.

SECTION 5: EXTRA TRAVEL COVER

The most **we** will pay for all claims under this section is the **applicable limit** set out in the Schedule of Benefits or where no limit is listed, the specific amount set out in the relevant section.

SECTION 5A: NON MEDICAL ATTENDANT

We will pay an economy class airfare and necessary accommodation, for a relative or friend to travel to, remain with or escort **you**, in place of a medical attendant, if **you** are hospitalised as an in-patient as a result of suffering an **injury** or an illness, the symptoms of which **you** first became aware during the **trip**. However, **you** must have written advice from the attending physician and **you** must also have **our** consent.

SECTION 5B: EMERGENCY TRAVEL AND ACCOMMODATION EXPENSES - RELATIVE

We will pay an economy class airfare and necessary accommodation, for a **relative** to travel directly to **you** if **you** are hospitalised as a direct result of a critical **injury** or sudden critical illness during **your trip** provided that **you** have a written recommendation from **your** treating doctor and **our** consent.

SECTION 6: ACCIDENTAL DEATH

(No Excess Applies)

The most **we** will pay for all claims under this section is the **applicable limit**. Please refer to the Schedule of Benefits.

We will pay your Estate if **you** are 18 years of age or over and during **your trip** **you** suffer an **injury** which results in **your** death within 12 months of the **injury** being sustained. If **you** select a **Family or Duo** Policy, the amount payable for each person named on the Certificate of Insurance will be limited to the **applicable limit** in the **Single** Policy, not exceeding in total the limit of the **Family or Duo** Policy selected. Cover for each accompanying **dependant child or children** is limited to a total amount of \$1,000.

LOSSES WE DO NOT COVER UNDER SECTIONS 1, 2, 3, 4, 5 AND 6

We will not pay a claim that arises directly or indirectly because of any of the following:

1. A member of the **travelling party**:
 - (a) takes part in a riot or civil commotion;
 - (b) acts maliciously;
 - (c) races (except on foot); mountaineers or rock climbs using support ropes; or participates in basejumping, or running with the bulls; or takes part in a **professional sporting activity**;
 - (d) rides a motor cycle in excess of 100 cc (except as a pillion passenger) without a licence that is valid in **your** country of residence;
 - (e) participates in a **snow sports** activity.
2. **You** travel even though **you** know **you** are unfit to travel. **You** travel against medical advice. **You** travel when **you** know **you** will have to consult a medical practitioner.
3. **You** arrange to travel when **you** know of circumstances that could lead to the **trip** being disrupted or cancelled.
4. Death, illness or **injury**, caused or exacerbated by, traceable to, related to, or consequential upon an **existing medical condition** of **you**, a member of the **travelling party** or a non-travelling **relative** or business partner.
5. Death, illness or **injury** caused or exacerbated by or consequential upon any condition which has been the subject of a medical investigation within the period of 12 months prior to the issue of the Certificate of Insurance, in respect of which no diagnosis has been made.
6. Replacing medication in use at the time the **trip** began or maintaining a course of treatment **you** were on at the time.
7. The birth of a child, whatever the proximate cause is.
8. **You** fail to take reasonable precautions to avoid a financial loss after a public warning of a strike, riot, civil commotion, or natural disaster.
9. A member of the **travelling party** decides to change or not to continue with the **trip**.
10. **You** incur medical, ambulance and ancillary expenses within Australia.

SECTION 7: LUGGAGE

The most **we** will pay for all claims under this section is the **applicable limit**. Please refer to the Schedule of Benefits.

SECTION 7A: LUGGAGE AND PERSONAL EFFECTS

We will pay you for each of the following:

1. Accidental loss, theft of, or damage to, **your** luggage or personal effects including things **you** buy during the **trip**, whilst they are accompanying **you** during **your trip**. **We** are entitled to choose between repairing, or replacing the property, or paying **you** its value in cash, after allowing for wear, tear, and depreciation. The limits in total, for a camera, video camera or **personal computer**, and for any other item are set out in the Schedule of Benefits. A pair or related set of items - for example, a camera, lenses (attached or not), tripod and accessories or a chain and pendant - are only one item for this purpose. However, **we** will only accept liability if **you**:
 - (a) within 24 hours of becoming aware of the loss, notify the police or the responsible officer; in the aircraft, vessel, train, or motor coach **you** are travelling in, or in the hotel in which **you** are staying and give **us** their written report of the incident when **you** make the claim.
 - (b) keep receipts for goods **you** buy separate from the goods themselves.
 - (c) keep any relevant ticket and luggage check and give them to **us**.
 - (d) provide evidence of the value and **your** ownership of the goods.
 - (e) if a **carrier** loses or damages **your** accompanying luggage, report it in writing to the **carrier** within 3 days and send to **us** written confirmation of the report along with details of any settlement that they make in relation to the loss or damage.
2. Loss of, or damage to, dentures or dental prostheses during **your trip**, up to \$250.
3. In the event that a claimable loss, theft, or damage to **your** luggage and personal effects is incurred, **we** will allow **you** one automatic reinstatement of the sum insured.

SECTION 7B: EMERGENCY LUGGAGE

(No Excess Applies)

We will pay towards the cost of purchasing essential articles such as clothing, toiletries and personal requisites if **your** total accompanied luggage is delayed, misdirected or temporarily misplaced by the **carrier** for a period in excess of 12 hours during **your trip**. If **your** luggage is not recovered, the amount paid by **us** for its loss will be reduced by the total of any amounts paid for under this section. **You** must give **us** the relevant receipts and written confirmation of **your** claim from the appropriate authority. This benefit does not apply on the leg of **your trip** that brings **you** to **your** normal place of residence in Australia.

SECTION 7C: REPLACEMENT PASSPORTS AND TRAVEL DOCUMENTS

We will pay for the cost of reissuing or replacing **your** travel documents, travellers cheques, passport, or credit cards, after they have been accidentally lost or have been stolen during **your trip**.

LOSSES WE DO NOT COVER UNDER SECTION 7

We will not pay for any of the following:

1. Loss, theft of, or damage to:
 - (a) cash, bank or currency notes, cheques or negotiable instruments.
 - (b) surfboards or watercraft of any type.
 - (c) sporting equipment whilst in use.
 - (d) fragile or brittle items (eg. glass or china), except loss or damage caused by fire, or by accident to the transport carrying them.
 - (e) damage to computer screens at any time.
 - (f) unaccompanied luggage or personal effects.
 - (g) property that **you** leave **unattended** or that occurs because **you** do not take reasonable care to protect it. For example, leaving property in a hotel foyer or grounds.
 - (h) luggage or personal effects for which **you** are entitled to compensation from the **carrier**.
 - (i) **personal computer**, or communication, or photographic, or electronic equipment, or jewellery, or watches left unattended by **you** in a motor vehicle for any length of time, even if in the boot of the motor vehicle.
 - (j) luggage or personal effects left unattended by **you** overnight in a motor vehicle for any length of time.
 - (k) **personal computer**, or communication, or photographic, or electronic equipment, or jewellery, or watches checked in as luggage.
2. Wear and tear or depreciation of property or damage by the action of insects or vermin, mildew, rust or corrosion.
3. Mechanical or electrical breakdown, or malfunction repair costs.

SECTION 8: PERSONAL LIABILITY

The most **we** will pay for all claims under this section is the **applicable limit**. Please refer to the Schedule of Benefits.

We will pay you for **your** legal liability to pay damages or compensation because **your** negligence during the **trip** causes **injury** to a person who is not a member of **your** family or **travelling party**, or loss or damage to property that is not owned by **you** or a member of **your** family or **travelling party**, or is not in **your** or their custody or control. Provided **our** consent is obtained **we** will also pay **your** legal costs in relation to that liability. The **applicable limit** is a combined total for **your** liability and **your** costs.

LOSSES WE DO NOT COVER UNDER SECTION 8

We will not pay for a liability:

- (a) arising out of **your** trade, business or profession;
- (b) for **injury** to an employee arising out of, or in the course of, their employment by **you**;
- (c) arising out of an unlawful, wilful or malicious act by **you**;
- (d) arising out of **your** ownership, possession or use (including as a passenger) of a mechanically propelled vehicle, or any aircraft or watercraft; or
- (e) arising out of **you** passing on an illness or disease to another person.

POLICY

ST 24

CODE

44906 – 18/02/08

TRAVEL INSURANCE APPLICATION FORM

DO NOT USE FOR ONLINE APPLICATIONS

First Insured

Title	First Name
<input type="text"/>	<input type="text"/>
Surname	D.O.B
<input type="text"/>	<input type="text"/> / /

Travel Partner (Family or Duo only if travelling)

Title	First Name
<input type="text"/>	<input type="text"/>
Surname	D.O.B
<input type="text"/>	<input type="text"/> / /

Address	<input type="text"/>
<input type="text"/>	Postcode <input type="text"/>

Telephone	Fax
(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>

Email
<input type="text"/>

No. of Accompanying Dependant Children Under 21 Years

Child 1: Full Name	D.O.B
<input type="text"/>	<input type="text"/> / /

Child 2: Full Name	D.O.B
<input type="text"/>	<input type="text"/> / /

Child 3: Full Name	D.O.B
<input type="text"/>	<input type="text"/> / /

Child 4: Full Name	D.O.B
<input type="text"/>	<input type="text"/> / /

Departure Date	Return Date
<input type="text"/> / /	<input type="text"/> / /

Period of **trip** (Please include departure and return dates.)

Months	Days
<input type="text"/>	<input type="text"/>

Travel Plan Selected

A B

Policy Type

Single Family Duo

Destination/s
<input type="text"/>

Are **you** spending more than 72 hours in USA, Canada, Antarctica, Africa, South or Central America? Yes No
(If Yes, **you** must purchase A Travel Plan)

PLEASE READ, COMPLETE, SIGN AND RETURN TO **YOUR** STA TRAVEL ADVISER. TO BE KEPT SECURE BY **YOUR** STA TRAVEL ADVISER.

Have **you** or any other person with an interest in this insurance:

- 1) made any number of medical claims relating to travel insurance with a combined cost exceeding \$3,000 within the last 5 years? Yes No
 - 2) made 3 or more luggage claims OR claim(s) totalling more than \$7,000 relating to travel insurance within the last 5 years? Yes No
 - 3) been refused travel insurance or had any special terms imposed? Yes No
- And/or
- 4) are **you** undergoing or have **you** within the past 12 months undergone or been referred for any tests or investigations into any undiagnosed or suspected medical condition? Yes No

If Yes to any of the above questions, please provide full details below. These responses must be individually authorised by QBE Insurance prior to the issue of the Certificate of Insurance. Attach a separate sheet if required.

<input type="text"/>
<input type="text"/>

I/we are not travelling to obtain medical or surgical advice and/or treatment. I/we understand that there is no cover under this policy for an **existing medical condition** (including pregnancy). The insured person(s) authorise QBE Insurance or its authorised agent to give or obtain from other insurers, an insurance reference bureau or medical provider, any information relating to any insurance held or claim made. I/we have received a copy of the combined PDS, FSG and Policy Wording before being offered insurance. I/we have read those documents carefully. I/we have read our Duty of Disclosure, as set out in the PDS. I/we agree to abide by the terms and conditions of the policy and all the above information is correct.

YOUR APPLICATION FOR INSURANCE REQUIRES YOUR SIGNATURE HERE

Signature	Date
<input type="text"/>	<input type="text"/> / /

(The signatory must be 18 years of age or over and is authorised to sign on behalf of all named persons.)

PAYMENT OPTIONS

Cash Cheque

American Express MasterCard Visa Diners Club

(Please ask **your** STA Travel Adviser for details of credit card availability and fees.)

Card number
<input type="text"/>

Expiry date	/	Amount (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name on credit card
<input type="text"/>

Signature	Date
<input type="text"/>	<input type="text"/> / /

(PLEASE ENSURE YOU HAVE ALSO SIGNED YOUR APPLICATION FOR INSURANCE ABOVE.)

Cover will not commence until **your** application and payment have been accepted.

APPLICATION FORM CONTINUED OVERLEAF

POLICY CODE ST24 18/02/08 QM1501