

GROUP PERSONAL ACCIDENT AND SICKNESS INSURANCE

CERTIFICATE OF INSURANCE

effected through Arch Underwriting at Lloyd's (Australia) Pty Ltd
("Service Company Coverholder")

THIS CERTIFICATE OF INSURANCE confirms that in return for payment of the Premium shown in the Schedule, Certain Underwriters at Lloyd's have agreed to insure you, in accordance with the policy wording attached to this Certificate.

You or your representative can obtain further details of the syndicate numbers and the proportions of this Insurance for which each of the Underwriters at Lloyd's is liable by requesting them from the Service Company Coverholder shown above. In the event of loss, each Underwriter (and their Executors and Administrators) is only liable for their own share of the loss.

In accepting this Insurance, the Underwriters have relied on the information and statements that you have provided on the Proposal Form (the date of which is stated below). You should read this Certificate carefully and if it is not correct contact the Service Company Coverholder or your broker. It is an important document and you should keep it in a safe place with all other papers relating to this Insurance.

SCHEDULE

POLICY NUMBER:	P0084418AH2025AU1
DATE OF PROPOSAL FORM:	25 July 2025
POLICY HOLDER:	Alternative Risk Management Services Pty Ltd as trustee of the Birst Discretionary Trust. (HDT) and the members of the HDT. The Policy Holder is the full legal name of the entity(ies) in whose name the policy will be issued, as well as any business or trading names.
ADDRESS OF THE POLICY HOLDER:	Adelaide 5000
TYPE OF INSURANCE:	Group Personal Accident and Sickness Insurance
POLICY WORDING:	Group Personal Accident Policy Wording 2023 ARCHPDSGRP2023
INSURANCE PERIOD:	31 July 2025 4.00pm to 31 July 2026 4.00pm local time at the address of the POLICY HOLDER
COVERED PERSONS:	Bronze Cover: All declared EMPLOYEES of the POLICY HOLDER Silver Cover: All declared EMPLOYEES of the POLICY HOLDER Gold Cover: All declared EMPLOYEES of the POLICY HOLDER
OPERATIVE PERIOD OF COVER:	Bronze Cover: 24 hours per day, 365 days per year Silver Cover: 24 hours per day, 365 days per year Gold Cover: 24 hours per day, 365 days per year
MINIMUM AGE LIMIT:	Bronze Cover: 16 Silver Cover: 16 Gold Cover: 16
MAXIMUM AGE LIMIT:	Bronze Cover: 70 Silver Cover: 70 Gold Cover: 70

Limit(s) of Liability

EVENT LIMIT OF LIABILITY:	All POLICY Sections	\$ 2,500,000
NON-SCHEDULED FLIGHTS LIMIT OF LIABILITY:	All POLICY Sections	Not Covered
POLICY AGGREGATE LIMIT OF LIABILITY:	All POLICY Sections	\$ 5,000,000

Sections of Cover

Bronze Cover		
SECTION 1	PERSONAL ACCIDENT LUMP SUM BENEFITS	SUM INSURED
COVERED EVENT 1	ACCIDENTAL DEATH	\$ 300,000
COVERED EVENTS 2 - 26	As per Table of Benefits 1	\$ 300,000
COVERED EVENTS 27 - 31	SURGICAL BENEFITS AS A RESULT OF BODILY INJURY	\$ 20,000
COVERED EVENTS 32 - 35	SURGICAL BENEFITS AS A RESULT OF SICKNESS	\$ 20,000
COVERED EVENTS 36 - 42	BODILY INJURY resulting in FRACTURED Bones	\$ 3,000
COVERED EVENTS 43 - 44	BODILY INJURY resulting in LOSS of TEETH or dental procedures	\$ 1,000
SECTION 2	LOSS OF INCOME BENEFITS	SUM INSURED
COVERED EVENTS 45	TEMPORARY TOTAL DISABLEMENT as a result of BODILY INJURY	\$ 1,250 per week
	Maximum Percentage of SALARY	85 %
	Workers Compensation Top-up Maximum Percentage of SALARY	100 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	14 days
COVERED EVENTS 46	TEMPORARY PARTIAL DISABLEMENT as a result of BODILY INJURY	\$ 1,250 per week
	Maximum Percentage of SALARY	85 %
	Workers Compensation Top-up Maximum Percentage of SALARY	100 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	14 days
COVERED EVENTS 47	TEMPORARY TOTAL DISABLEMENT as a result of SICKNESS	\$ 1,250 per week
	Maximum Percentage of SALARY	85 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	14 days
COVERED EVENTS 48	TEMPORARY PARTIAL DISABLEMENT as a result of SICKNESS	\$ 1,250 per week
	Maximum Percentage of SALARY	85 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	14 days
SECTION 3	ADDITIONAL BENEFITS	SUM INSURED
3.1	Accidental HIV Infection BENEFIT	\$30,000
3.2	Air or Road Rage BENEFIT	\$5,000
3.3	Bed Care BENEFIT	\$750 per week
		BENEFIT PERIOD 26 weeks
		EXCESS PERIOD 48 hours
3.4	Cancer BENEFIT	\$25,000
3.5	Carjacking Assault BENEFIT	\$5,000
3.6	Carjacking Excess and Vehicle Hire BENEFIT	\$1,500
3.7	Chauffeur BENEFIT	\$250 per week
		BENEFIT PERIOD 26 weeks
3.8	Childcare BENEFIT	\$5,000
3.9	Coma BENEFIT	\$500 per week
		BENEFIT PERIOD 26 weeks
		EXCESS PERIOD 7 days
3.10	Corporate Image Protection BENEFIT	\$15,000
3.11	Dependent Child Assistance BENEFIT	\$10,000 per DEPENDENT CHILD up to a maximum of \$30,000
3.12	Domestic Assistance Expenses BENEFIT	\$250 per week

BENEFIT PERIOD 52 weeks

EXCESS PERIOD 7 days

3.13	Education Fund BENEFIT	\$10,000 per DEPENDENT CHILD up to a maximum of \$30,000
3.14	Family Accommodation and Transport Expenses	\$10,000
3.15	Funeral Expenses BENEFIT	\$10,000
3.16	Home and/or Motor Vehicle Modification BENEFIT	\$15,000
3.17	Identity Theft BENEFIT	\$25,000
3.18	Independent Financial Advice BENEFIT	\$5,000
3.19	Miscarriage or Premature Birth BENEFIT	\$5,000
3.20	Orphaned BENEFIT	\$10,000
3.21	Out of Pocket Expenses BENEFIT	\$250 per week BENEFIT PERIOD 26 weeks
3.22	Partner or Spouse Retraining BENEFIT	\$15,000
3.23	Reconstructive or Cosmetic Surgery BENEFIT	\$20,000
3.24	Rehabilitation BENEFIT	\$25,000
3.25	Replacement Staff/Recruitment Costs BENEFIT	\$7,500
3.26	Return to Work BENEFIT	\$25,000
3.27	Student Tutorial BENEFIT	\$500 per week BENEFIT PERIOD 26 weeks
3.28	Surviving Partner / Spouse BENEFIT	\$15,000
3.29	Terrorism Injury BENEFIT	\$20,000
3.30	Tuition or Advice Expenses BENEFIT	\$5,000
3.31	Unexpired Membership BENEFIT	\$2,500
3.32	Work Experience BENEFIT	\$20,000
3.33	Workplace Assault BENEFIT	\$5,000
3.34	Workplace Trauma BENEFIT	\$5,000

Silver Cover

SECTION 1	PERSONAL ACCIDENT LUMP SUM BENEFITS	SUM INSURED
COVERED EVENT 1	ACCIDENTAL DEATH	\$ 300,000
COVERED EVENTS 2 - 26	As per Table of Benefits 1	\$ 300,000
COVERED EVENTS 27 - 31	SURGICAL BENEFITS AS A RESULT OF BODILY INJURY	\$ 20,000
COVERED EVENTS 32 - 35	SURGICAL BENEFITS AS A RESULT OF SICKNESS	\$ 20,000
COVERED EVENTS 36 - 42	BODILY INJURY resulting in FRACTURED Bones	\$ 3,000
COVERED EVENTS 43 - 44	BODILY INJURY resulting in LOSS of TEETH or dental procedures	\$ 1,000
SECTION 2	LOSS OF INCOME BENEFITS	SUM INSURED
COVERED EVENTS 45	TEMPORARY TOTAL DISABLEMENT as a result of BODILY INJURY Maximum Percentage of SALARY Workers Compensation Top-up Maximum Percentage of SALARY Maximum BENEFIT PERIOD EXCESS PERIOD	\$ 1,500 per week 85 % 100 % 104 weeks 14 days
COVERED EVENTS 46	TEMPORARY PARTIAL DISABLEMENT as a result of BODILY INJURY Maximum Percentage of SALARY Workers Compensation Top-up Maximum Percentage of SALARY Maximum BENEFIT PERIOD EXCESS PERIOD	\$ 1,500 per week 85 % 100 % 104 weeks 14 days
COVERED EVENTS 47	TEMPORARY TOTAL DISABLEMENT as a result of SICKNESS Maximum Percentage of SALARY	\$ 1,500 per week 85 %

Maximum BENEFIT PERIOD	104 weeks
EXCESS PERIOD	14 days
COVERED EVENTS 48	
TEMPORARY PARTIAL DISABILITY as a result of SICKNESS	\$ 1,500 per week
Maximum Percentage of SALARY	85 %
Maximum BENEFIT PERIOD	104 weeks
EXCESS PERIOD	14 days

SECTION 3	ADDITIONAL BENEFITS	SUM INSURED
3.1	Accidental HIV Infection BENEFIT	\$30,000
3.2	Air or Road Rage BENEFIT	\$5,000
3.3	Bed Care BENEFIT	\$750 per week BENEFIT PERIOD 26 weeks EXCESS PERIOD 48 hours
3.4	Cancer BENEFIT	\$25,000
3.5	Carjacking Assault BENEFIT	\$5,000
3.6	Carjacking Excess and Vehicle Hire BENEFIT	\$1,500
3.7	Chauffeur BENEFIT	\$250 per week BENEFIT PERIOD 26 weeks
3.8	Childcare BENEFIT	\$5,000
3.9	Coma BENEFIT	\$250 per week BENEFIT PERIOD 26 weeks EXCESS PERIOD 7 days
3.10	Corporate Image Protection BENEFIT	\$15,000
3.11	Dependent Child Assistance BENEFIT	\$10,000 per DEPENDENT CHILD up to a maximum of \$30,000
3.12	Domestic Assistance Expenses BENEFIT	\$250 BENEFIT PERIOD 52 weeks EXCESS PERIOD 7 days
3.13	Education Fund BENEFIT	\$10,000 per DEPENDENT CHILD up to a maximum of \$30,000
3.14	Family Accommodation and Transport Expenses	\$10,000
3.15	Funeral Expenses BENEFIT	\$10,000
3.16	Home and/or Motor Vehicle Modification BENEFIT	\$15,000
3.17	Identity Theft BENEFIT	\$25,000
3.18	Independent Financial Advice BENEFIT	\$5,000
3.19	Miscarriage or Premature Birth BENEFIT	\$5,000
3.20	Orphaned BENEFIT	\$10,000
3.21	Out of Pocket Expenses BENEFIT	\$250 per week BENEFIT PERIOD 26
3.22	Partner or Spouse Retraining BENEFIT	\$15,000
3.23	Reconstructive or Cosmetic Surgery BENEFIT	\$20,000
3.24	Rehabilitation BENEFIT	\$25,000
3.25	Replacement Staff/Recruitment Costs BENEFIT	\$7,500
3.26	Return to Work BENEFIT	\$25,000
3.27	Student Tutorial BENEFIT	\$500 per week BENEFIT PERIOD 26 weeks
3.28	Surviving Partner / Spouse BENEFIT	\$15,000
3.29	Terrorism Injury BENEFIT	\$20,000
3.30	Tuition or Advice Expenses BENEFIT	\$5,000
3.31	Unexpired Membership BENEFIT	\$2,500

3.32	Work Experience BENEFIT	\$20,000
3.33	Workplace Assault BENEFIT	\$5,000
3.34	Workplace Trauma BENEFIT	\$5,000

Gold Cover		
SECTION 1	PERSONAL ACCIDENT LUMP SUM BENEFITS	SUM INSURED
COVERED EVENT 1	ACCIDENTAL DEATH	\$ 300,000
COVERED EVENTS 2 - 26	As per Table of Benefits 1	\$ 300,000
COVERED EVENTS 27 - 31	SURGICAL BENEFITS AS A RESULT OF BODILY INJURY	\$ 20,000
COVERED EVENTS 32 - 35	SURGICAL BENEFITS AS A RESULT OF SICKNESS	\$ 20,000
COVERED EVENTS 36 - 42	BODILY INJURY resulting in FRACTURED Bones	\$ 3,000
COVERED EVENTS 43 - 44	BODILY INJURY resulting in LOSS of TEETH or dental procedures	\$ 1,000
SECTION 2	LOSS OF INCOME BENEFITS	SUM INSURED
COVERED EVENTS 45	TEMPORARY TOTAL DISABLEMENT as a result of BODILY INJURY	\$ 2,000 per week
	Maximum Percentage of SALARY	85 %
	Workers Compensation Top-up Maximum Percentage of SALARY	100 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	14 days
COVERED EVENTS 46	TEMPORARY PARTIAL DISABLEMENT as a result of BODILY INJURY	\$ 2,000 per week
	Maximum Percentage of SALARY	85 %
	Workers Compensation Top-up Maximum Percentage of SALARY	100 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	14 days
COVERED EVENTS 47	TEMPORARY TOTAL DISABLEMENT as a result of SICKNESS	\$ 2,000 per week
	Maximum Percentage of SALARY	85 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	14 days
COVERED EVENTS 48	TEMPORARY PARTIAL DISABLEMENT as a result of SICKNESS	\$ 2,000 per week
	Maximum Percentage of SALARY	85 %
	Maximum BENEFIT PERIOD	104 weeks
	EXCESS PERIOD	14 days
SECTION 3	ADDITIONAL BENEFITS	SUM INSURED
3.1	Accidental HIV Infection BENEFIT	\$30,000
3.2	Air or Road Rage BENEFIT	\$5,000
3.3	Bed Care BENEFIT	\$750 per week
		BENEFIT PERIOD 26 weeks
		EXCESS PERIOD 48 hours
3.4	Cancer BENEFIT	\$25,000
3.5	Carjacking Assault BENEFIT	\$5,000
3.6	Carjacking Excess and Vehicle Hire BENEFIT	\$1,500
3.7	Chauffeur BENEFIT	\$250 per week
		BENEFIT PERIOD 26 weeks
3.8	Childcare BENEFIT	\$5,000
3.9	Coma BENEFIT	\$250 per week
		BENEFIT PERIOD 26 weeks
		EXCESS PERIOD 7 days
3.10	Corporate Image Protection BENEFIT	\$15,000

3.11	Dependent Child Assistance BENEFIT	\$10,000 per DEPENDENT CHILD up to a maximum of \$30,000
3.12	Domestic Assistance Expenses BENEFIT	\$250 per week BENEFIT PERIOD 52 weeks EXCESS PERIOD 7 days
3.13	Education Fund BENEFIT	\$10,000 per DEPENDENT CHILD up to a maximum of \$30,000
3.14	Family Accommodation and Transport Expenses	\$10,000
3.15	Funeral Expenses BENEFIT	\$10,000
3.16	Home and/or Motor Vehicle Modification BENEFIT	\$15,000
3.17	Identity Theft BENEFIT	\$25,000
3.18	Independent Financial Advice BENEFIT	\$5,000
3.19	Miscarriage or Premature Birth BENEFIT	\$5,000
3.20	Orphaned BENEFIT	\$10,000
3.21	Out of Pocket Expenses BENEFIT	\$250 per week BENEFIT PERIOD 26 weeks
3.22	Partner or Spouse Retraining BENEFIT	\$15,000
3.23	Reconstructive or Cosmetic Surgery BENEFIT	\$20,000
3.24	Rehabilitation BENEFIT	\$25,000
3.25	Replacement Staff/Recruitment Costs BENEFIT	\$7,500
3.26	Return to Work BENEFIT	\$25,000
3.27	Student Tutorial BENEFIT	500 per week BENEFIT PERIOD 26 weeks
3.28	Surviving Partner / Spouse BENEFIT	\$15,000
3.29	Terrorism Injury BENEFIT	\$20,000
3.30	Tuition or Advice Expenses BENEFIT	\$5,000
3.31	Unexpired Membership BENEFIT	\$2,500
3.32	Work Experience BENEFIT	\$20,000
3.33	Workplace Assault BENEFIT	\$5,000
3.34	Workplace Trauma BENEFIT	\$5,000

Note: The **EVENT LIMIT OF LIABILITY**, **NON SCHEDULED FLIGHT LIMIT OF LIABILITY** and **BENEFITS** payable apply in excess of any applicable **EXCESS PERIOD**.

ENDORSEMENTS

Superannuation Contribution:

This endorsement modifies the coverage provided under this **POLICY** and shall be read as if incorporated within it.

Notwithstanding anything to contrary in the **POLICY**, it is understood and agreed that:

- 1) if a **COVERED PERSON** is in receipt of a payment for an eligible claim under "Section 2 - Loss of Income Benefits" of the **POLICY**, a superannuation contribution will be paid in addition to the relevant weekly **BENEFIT amount specified in the SCHEDULE**; and
- 2) The superannuation contribution referred to in (a) above will equal the minimum level of superannuation contributions as required by relevant Commonwealth superannuation legislation (including but not limited to the *Superannuation Guarantee (Administration) Act 1992 (Cth)* and any relevant regulations).

Except as otherwise provided in this endorsement, all other terms and conditions of the **POLICY** are unchanged.

Funeral Expenses BENEFIT

This endorsement modifies the coverage provided under this **POLICY** and shall be read as if incorporated within it.

It is understood and agreed that the definition of Funeral Expenses BENEFIT is deleted in its entirety and replaced with the following:

Funeral Expenses BENEFIT means If during the **OPERATIVE PERIOD OF COVER** and during a workplace **ACCIDENT**, a **COVERED PERSON** dies as a result of an **ACCIDENTAL DEATH**, **WE** will pay the **FUNERAL EXPENSES** of the **COVERED PERSON**, up to the **SUM INSURED** specified in the **SCHEUDLE**.

Except as otherwise provided in this endorsement, all other terms and conditions of the **POLICY** are unchanged.

Amended ACCIDENTAL DEATH Definition

This endorsement modifies the coverage provided under this **POLICY** and shall be read as if incorporated within it.

It is understood and agreed that the definition of **ACCIDENTAL DEATH** is deleted in its entirety and replaced with the following:

ACCIDENTAL DEATH means death occurring as a result of a **BODILY INJURY** during a workplace **ACCIDENT**.

Except as otherwise provided in this endorsement, all other terms and conditions of the **POLICY** are unchanged.

Discretionary Trust - Excess of Loss

This endorsement modifies the coverage provided under this **POLICY** and shall be read as if incorporated within it.

It is understood and agreed that this policy is an excess of loss policy that sits above the South Australian Building Industry Redundancy Scheme Trust (BIRST) Income Protection Plus Discretionary Trust (HDT). This policy will respond to losses in excess of the Single Event Limit and/or the Trust Aggregate, as described in the trust documents.

Except as otherwise provided in this endorsement, all other terms and conditions of the **POLICY** are unchanged.

Advance Payment Endorsement

This endorsement modifies the coverage provided under this **POLICY** and shall be read as if incorporated within it.

It is hereby noted and agreed that Advance Payment shall read as per below and not as stated in the **POLICY** wording:

Should a **COVERED PERSON** have a valid claim under the **POLICY** for **COVERED EVENTS** 45 or 47, **WE** will immediately pay thirteen (13) weeks **BENEFIT** provided that a **DOCTOR** provides written confirmation that the period of **TEMPORARY TOTAL DISABLEMENT** will last for a minimum duration of twenty-six (26) weeks. The 13 weeks for which the **BENEFITS** were advanced count as part of the maximum **BENEFIT PERIOD** and **BENEFITS** for this period will not be paid again.

Except as otherwise provided in this endorsement, all other terms and conditions of the **POLICY** are unchanged.

Premiums

Base Premium	As Agreed
GST	As Agreed
Stamp Duty	As Agreed
Total Amount Payable by the POLICY HOLDER	As Agreed

Insurer:	Proportion:
Arch Underwriting at Lloyd's (Australia) Pty Ltd ABN 27 139 250 605 For and on behalf of Certain Underwriters at Lloyd's	100%
UNIQUE MARKET REFERENCE:	B6060500000012025
AGREEMENT NUMBER	500000012025

The amount of Premium specified herein is the amount due to the Underwriters and any commission allowed by them is to be regarded as remuneration of the Broker placing this Insurance.

This CERTIFICATE is issued by the Service Company Coverholder shown above in accordance with the authority granted to them by Certain Underwriters at Lloyd's under the Agreement referred to herein.



Arch Underwriting at Lloyd's (Australia) Pty Ltd

For and on behalf of Certain Underwriters at Lloyd's

Signed at Melbourne

31 July 2025