Avant
By doctors *for* doctors

Student, Intern and RMO1 Indemnity Insurance Policy

Supporting you from medical school through the early stages of your medical career

Product Disclosure Statement

Version 4.0
1 January 2027



Welcome to Avant

Thank you for choosing Avant to provide your medical indemnity insurance. Your Student, Intern and RMO1 Indemnity Insurance Policy and Avant membership offer far more than insurance, including exclusive access to our Medico-legal Advisory Service (MLAS), available 24/7 (after hours and on weekends in emergencies) and Avant Law. This policy is designed to cover you across the early stages of your medical career.

Some words used in this Product Disclosure Statement (PDS) have a specific meaning set out in the Definitions section.

Who is the insurer?

Avant Insurance Limited ACN 003 707 471 AFS Licence 238 765 is the insurer and the issuer of this policy. Avant Insurance Limited is a wholly-owned subsidiary of Avant Mutual Group Limited ABN 58 123 154 898.

General advice

The information provided is general advice only. The policy wording and PDS have been prepared without taking account of your objectives, financial situation or needs. Before acting on the advice in the guide or deciding to purchase or continuing to hold a policy with us, you should consider its appropriateness having regard to your personal circumstances. Please read and consider the PDS and policy wording.

Who can apply for this policy

You can apply if you fall within one of the following practice categories:

Medical student

You are enrolled in your initial medical course in a faculty of medicine in a university within Australia or in a clinical training institution accredited by the Australian Medical Council. A medical student excludes an individual who is entitled to be registered as a medical practitioner, but has not registered.

Intern

You are a new graduate, provisionally registered with the Australian Health Practitioner Regulation Agency (Ahpra), in the first year of an internship at a public hospital or government-funded placement.

- *Includes:* private work ONLY where it forms part of the training program; and volunteer work consistent with your qualifications and experience.
- *Excludes:* private practice outside of the training program.

Resident Medical Officer (2nd postgraduate year) (RMO1)

You are a non-specialist medical practitioner in your second postgraduate year, employed and indemnified by a public teaching hospital or government-funded placement.

- *Includes:* private work ONLY where it forms part of the training program; surgical assistance to a FRACS qualified surgeon; and volunteer work consistent with your qualifications and experience.
- *Excludes:* telehealth outside your training program; and surgically assisting for cosmetic procedures where the primary medical practitioner does not hold FRACS.

Your cover

We provide cover to protect you for claims made in relation to the healthcare you provide, including some unpaid healthcare work. We can also help cover legal costs if you're involved in a disciplinary matter, coronial inquest, criminal investigation, complaint, inquiry, or other professional investigation. Your cover is subject to the policy terms, conditions, exclusions, and sub-limits.

Type of insurance

Claims made insurance

This is a claims made policy. You have cover for claims made against you and notified to Avant during the policy period. You need a current policy to protect yourself at the time a claim is made, rather than when the incident occurred.

What we pay

Your policy schedule shows the maximum amount you're covered for. This is the most we'll pay for claims under your policy in the policy period. Some clauses have their own sub-limits, so it's important to check the policy details.

Where you are covered

Cover in Australia

As part of your policy, you are automatically covered anywhere in Australia and its territories.

What you are covered for

This policy is specifically designed to provide cover as you progress through your medical student, internship and early residency years. The maximum we will pay for any one claim, and for all claims in the policy period, is $20 million. This includes legal defence costs.

Your cover is made up of:

Part A
Civil liability cover ($20 million)

This is your main protection when others make claims against you.

What's included:

- Unpaid healthcare – cover for claims arising from certain specified unpaid healthcare activities, including volunteer work.
- Healthcare – cover for private healthcare where you are not otherwise indemnified by your employer, a hospital, or a government scheme.
- Public patient cover (optional cover for Intern/RMO1) – available where you are not indemnified for public patient care by a hospital or government scheme. Must be specified on your Policy Schedule.

This $20 million covers settlements, judgements, and your legal defence costs (with our approval), plus any legal costs you are ordered to pay to the claimant.



Part B
Legal fees and expenses cover

Sometimes you will need legal help even when there's no patient claim. We've got separate cover for that:

- Up to $500,000 cover for disciplinary, coronial and criminal proceedings and investigations.
- Up to $150,000 cover for other actions, complaints, proceedings and inquiries.



Part C
Additional cover

- Communicable disease cover – up to $125,000 if, as a result of you first being diagnosed with HIV, hepatitis B or hepatitis C viruses, extremely drug-resistant tuberculosis (XDRTB), multi-drug-resistant tuberculosis (MDRTB) and New Delhi metallo enzyme (NDM-1) during the policy.
- Personal expenses cover – up to $20,000 ($500 per day) for reasonable travel and accommodation costs if you are required to attend legal proceedings such as a court, tribunal, inquiry or inquest.

These are sub-limits that apply within your overall cover. A maximum of $20 million will be paid in a single policy period. For further information please refer to your Policy Schedule and Product Disclosure Statement.



Who can apply

Medical student

A medical student, enrolled in an approved program of study leading to registration as a medical practitioner, or a person undertaking clinical training in medicine who is not yet registered as a medical practitioner.

Intern

A new graduate provisionally registered with Ahpra in the first year of an internship at a public hospital or government-funded placement. Includes private work forming part of the training program and volunteer work consistent with your qualifications.

Resident Medical Officer (2nd postgraduate year – RMO1)

You are a non-specialist medical practitioner in your second postgraduate year, employed and indemnified by a public teaching hospital or government-funded placement.

- *Includes:* private work ONLY where it forms part of the training program, surgical assistance to a FRACS qualified surgeon and volunteer work consistent with your qualifications and experience.
- *Excludes:* telehealth outside your training program, and surgically assisting for cosmetic procedures when the primary medical practitioner does not hold FRACS.

Your medical career timeline





Member benefits

Your Student, Intern and RMO1 indemnity insurance is provided at no cost to you. As a member you also receive:

Medico-legal Advisory Service

Specialist medico-legal advisers, including solicitors and doctors across our Adelaide, Brisbane, Melbourne, Perth and Sydney offices, available for members 24/7 (after hours and on weekends in emergencies).

Avant Advocacy

At Avant, we champion the interests of our members and advocate for a healthcare system grounded in quality, safety and professionalism. As Australia's largest medical indemnity insurer and a member-owned organisation, we work to influence policy and regulation to support doctors and improve care for the community.

Avant Foundation Member Grants

Access to research grants ranging from $5,000 to $50,000, with a special focus on supporting early career researchers. The Avant Foundation awarded $2.44 million in grants in the 2025–26 year to help doctors improve quality, safety and professionalism in the practice of medicine.*

Early Career Doctor Advisory Council

A dedicated council of early career doctors providing insights on the challenges facing the profession, including professional development programs and strategic initiatives to better support doctors in the early stages of their careers.

Health and wellbeing support

Members have free access to resources, support and advice to help navigate the demands of medical training, including:

- Avant's Personal Support Program (PSP) – six free confidential, external counselling sessions with TELUS Health for work stress, anxiety and medico-legal issues.
- Student life and wellbeing resources, including tips on thriving at medical school and managing imposter syndrome.
- Continuing professional development (CPD) courses and early career doctor essentials, covering topics often assessed in OSCEs.

Exclusive member benefits

As your career progresses into internship and RMO1 years, Avant members become eligible for further exclusives, including:

- Doctors' Health Fund Lite Extras[%] cover – fully subsidised extras cover (from January 2027 receive $1,000 in benefits each year, including $300 for dental and $400 for mental health services) for Intern and RMO1 members.
- Loyalty Reward Plan^ – an industry-first program offering discounts on medical indemnity premiums as a reward for member loyalty.
- Retirement Reward Plan[#] – Avant has paid $143 million* in dividends to eligible members through the Retirement Reward Plan since inception.
- No establishment fees on eligible Avant loans for members, potentially saving up to $695[&].

*As of 30 June 2026



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1.
Key details about your policy



Product Disclosure Statement

The Product Disclosure Statement (PDS) sets out the cover that is provided by the insurance product. You should read it carefully.

This PDS will assist you in making an informed choice about whether this product meets your insurance requirements.

Your complete policy comprises this PDS, any supplementary PDS we provide, and your policy schedule.

Your policy is subject to the terms, definitions, exclusions, limitations and conditions contained in these documents. Please contact us if you would like a copy of any of your policy documents.

Your policy schedule sets out any special conditions which may apply to you, your policy period, personal details, your professional practice details, sums insured, sub-limits, deductibles, retroactive date, run-off period and any optional covers.

How much will your policy cost?

The policy is offered free of charge to eligible student, intern and RMO1 members of Avant, subject to acceptance of your application.

Your duty of disclosure

Under the *Insurance Contracts Act 1984 (Cth)*, before you enter into a contract of insurance with us, you have a duty to disclose every matter that you know, or should reasonably be expected to know, that could affect our decision to insure you and on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate your insurance policy with us.

Disclosure is not limited to matters applying to you under your insurance contract with us, but includes other past businesses or private insurances. However, you do not have to tell us about:

- a matter that diminishes the risk undertaken by us;
- a matter that is considered to be common knowledge;
- facts that we know or should know in the ordinary course of our business; or
- matters that we tell you we do not need to know.

If in doubt, you should disclose a matter to us.

If you fail to comply with your duty of disclosure, depending on the prejudice caused to us by your failure to comply, we may be entitled to:

- reject your request for indemnity;
- reduce our liability in respect of a claim, complaint or matter; and/or
- cancel your policy.

If your non-disclosure is fraudulent, we may void the policy entirely (that is, we may treat the policy as never being of any force or effect).

Run-off cover

Our run-off policy provides run-off cover to eligible medical practitioners under the terms of this policy but limits cover to healthcare provided prior to the date they ceased practice and during the run-off period. As students are not medical practitioners, they are not eligible for this cover.

Government Run-off Cover Scheme (ROCS)

The Run-off Cover Scheme is run by the Commonwealth Government and provides free cover to eligible medical practitioners for claims made against them after they cease practice. Medical indemnity insurers are required to give eligible medical practitioners ROCS cover on the same terms and conditions as the eligible medical practitioner's last medical indemnity cover held prior to becoming eligible for ROCS. The applicable policy version and the run-off period of cover will be noted on your policy schedule.

All eligible claims are administered by the insurer and reimbursed by the government's ROCS scheme.

You become eligible for ROCS when you:

- permanently retire from private medical practice;
- retire because of permanent disability;
- are on maternity leave;
- die (your estate may be eligible for ROCS); or
- leave Australia after working as a medical practitioner under an eligible temporary visa.

If you cease to be eligible (for example, if you resume private medical practice after maternity leave or retirement) you will not be covered under ROCS for claims made against you or facts notified after you return to practice.

Run-off policy cover prior to eligibility for ROCS

If you cease practice in Australia but do not meet the eligibility criteria for ROCS, you can take out paid run-off policy cover for your past practice, until you resume practice or become eligible for ROCS.

Run-off cover is available to medical practitioners who have been members of Avant or who had previously held professional indemnity insurance with Avant and:

- cease private practice; or
- cancel their professional indemnity insurance policy for any other reason; and
- do not meet the eligibility criteria for ROCS.

The applicable policy version and the run-off period of cover will be noted on your policy schedule.

To apply for cover, please contact us.

2.
What we cover



What you are covered for

How much we will pay

The maximum we will pay under this policy for any one claim and for all claims in the aggregate in any policy period is $20 million. This includes legal defence costs. This amount is subject to the sub-limits as set out in the table below. Where more than one sub-limit applies to a claim, we will apply the higher sub-limit. The sub-limits will be part of and not in addition to the maximum sum insured under this policy.

Part A – Civil liability cover	The maximum amount we will pay for any one claim and in the aggregate for all claims in any one policy period.
Maximum sum insured for claims including legal defence costs incurred with our consent and any claimant's legal costs that you have been ordered to pay	$20 million
Unpaid healthcare	Civil liability cover, including legal defence costs, for certain specified unpaid healthcare activities
Healthcare	Civil liability cover, including legal defence costs, for specified paid and/or private healthcare activities, where you are not otherwise indemnified by another party
Public patient care (optional)	Cover for public patients where this is specified on your policy schedule and you are an Intern/RMO1

Part B – Legal fees and expenses cover	The maximum amount we will pay for any one request for indemnity and in the aggregate for all requests for indemnity in any one policy period.
Cover for disciplinary, coronial and criminal proceedings and investigations	$500,000
Cover for other actions, complaints, proceedings and inquiries	$150,000

Part C – Additional cover	The maximum amount we will pay for any one request for indemnity and in the aggregate for all requests for indemnity in any one policy period.
Communicable disease cover	$125,000
Personal expenses cover	$20,000 ($500 per day)

Part A: Civil liability

This part of the policy is designed to protect your personal assets and provide legal costs to defend you as you progress from medical student to your early medical career.

Important note: *If you hold a run-off policy, you will only be covered for healthcare provided by you during your run-off period.*

We will cover you for amounts that you become legally liable to pay as compensation for civil liability, including legal defence costs, in respect of claims made against you in the policy period:

1. Unpaid healthcare

in relation to unpaid healthcare provided by you.

2. Healthcare

in relation to healthcare in private practice where this forms part of your training program or which is provided by you as a medical student while you are participating in an approved activity or program including clinical and/or scholarship placements, which form part of your medical course, subject to you being supervised by a medical practitioner at the time of the incident.

3. Public patient (optional cover for Intern/RMO1 only)

in relation to healthcare you provide to a public patient if this is specified on your policy schedule, and where you are not indemnified or entitled to be indemnified by your employer, a hospital, local health district, a government scheme, the Commonwealth or a state or territory government entity or another person for public patient care.

4. Additional cover under Part A

Your cover under Part A is extended to support you if claims of the nature below arise.

4.1 Breaches of privacy

for actual or alleged breaches of privacy or confidentiality where the act, error or omission occurred in connection with healthcare.

4.2 Defamation

for actual or alleged defamation, libel or slander by your patient or your patient's family, where the act, error or omission occurred in connection with healthcare.

4.3 Telehealth activities

for claims by your patient in relation to you providing telehealth.

What you are not covered for:

- telehealth where there has not been an initial in-person consult;
- telehealth provided to a patient who is outside of Australia; or
- telehealth provided where you are outside of Australia.

4.4 Cover outside of Australia

notwithstanding clause 4.3, in relation to healthcare provided outside of Australia, or to proceedings brought or held outside of Australia, where:

a) the period you were outside of Australia was less than 120 days in any policy period (continuous or aggregate); or

b) you were participating as a trainee or student in a healthcare training program, clinical placement, or scholarship program that forms part of your training for less than two years; or

c) the act was a Good Samaritan act (covered worldwide).

What you are not covered for:

- healthcare provided in the USA or proceedings in a USA court/tribunal or applying USA law.

4.5 Continuous cover

If you, before the policy period, first become aware of facts or circumstances that might give rise to a claim or request for indemnity and you decide not to notify us of these facts or circumstances, then, notwithstanding clause 10.1, we will cover you where:

a) we continued without interruption to be your professional indemnity insurer from the time you knew or ought reasonably to have known of the facts or circumstances that might give rise to a claim or request for indemnity to the date you actually notified us;

b) had you decided to notify us when you first became aware of the facts or circumstances, you would have been covered under the policy in force at that time; and

c) your decision not to notify us when you first became aware of the facts or circumstances was not fraudulent non-disclosure or fraudulent misrepresentation.

Our liability to indemnify you is limited to the extent we would have been obliged to indemnify you under the terms and conditions of the policy in effect at the time you knew or ought reasonably to have known of the facts or circumstances that might give rise to a claim or request for indemnity. If we are obliged to indemnify you pursuant to this clause, we may reduce our liability to you by the amount of any prejudice we suffer as a result of your decision not to notify us at the time you knew or ought reasonably to have known of the facts or circumstances that might give rise to a claim or request for indemnity.

4.6 Actions of others

for claims arising from care, treatment, advice, service or goods provided in respect of your patient's physical or mental health, associated with your category of practice, by another person you are observing, supervising, mentoring or teaching.

4.7 My Health Record

for claims arising from an actual or alleged infringement of a third party's intellectual property rights arising out of your use of the My Health Record system.

Part B: Legal fees and expenses cover

This section of the policy helps protect your reputation and supports your ability to practise medicine throughout your training and early medical career.

It covers legal costs and expenses associated with inquiries, investigations, complaints and disciplinary matters that may arise from your involvement in healthcare.

Your Avant policy automatically provides this cover for all healthcare you provide, including public, private, voluntary and unpaid healthcare services.

5. Cover for disciplinary, coronial and criminal proceedings and investigations

we cover you up to $500,000 for legal fees and expenses for:

a) defending a prosecution or responding to a commission, inquiry, inquest, investigation or complaint before a registration board, tribunal or complaints unit;

b) defending or responding to a criminal inquiry, investigation or proceeding; or

c) a coronial inquiry or inquest;

arising from your provision of healthcare or your practice as a healthcare professional, and commenced and notified during the policy period.

6. Cover for other actions, complaints, proceedings and inquiries

we cover you up to $150,000 for legal fees and expenses for the following matters arising from your provision of healthcare and commenced and notified to us during the policy period:

6.1 Inappropriate practice defence (Intern and RMO1 only)

defending or responding to an allegation of inappropriate practice under the *Health Insurance Act 1973 (Cth)*, including a Medicare investigation, audit, or inquiry.

6.2 Health or medical benefit fund defence (Intern and RMO1 only)

defending a prosecution or responding to an inquiry brought by a health or medical benefit fund.

6.3 Employer or VMO disputes (Intern and RMO1 only)

pursuing or defending a complaint arising from a dispute with a former, current or proposed employer or engager relating to your engagement as an Intern/RMO1.

6.4 Motor licence defence

defending a prosecution for a motor vehicle driving offence which arises out of or is directly related to your provision of healthcare to a patient in an emergency where, if convicted, you may lose your driving licence or your driving licence may be suspended.

6.5 Defamation or injurious falsehood pursuit and defence

pursuing a complaint against another person who is not a healthcare professional where it is alleged that in the course of your practice as a healthcare professional:

a) you were defamed by that person; or

b) you were the subject of an injurious falsehood which resulted in damage or loss to you.

6.6 Mandatory reporting

defending a complaint against you that arises as a result of you carrying out a mandatory reporting obligation, in good faith and on the basis of a reasonable belief, to the appropriate authorities.

6.7 Personal safety pursuit or defence

pursuing or defending a complaint relating to a patient or former patient affecting the personal safety of you and/or your immediate family.

6.8 Training program disputes pursuit or defence (Intern and RMO1 only)

pursuing or defending a complaint arising from your involvement in a training program approved or recognised by a medical college, university or hospital, whether as a student, trainee, supervisor, trainer, assessor, peer or expert reviewer.

6.9 Government, statutory or private authority dispute defence

defending a complaint relating to a dispute with a government department, statutory authority or private authority, relating to your practice as a healthcare professional.

6.10 Subpoena for medical records defence

challenging a subpoena to produce medical records where you believe in good faith and on reasonable grounds there is reason to do so.

6.11 Indemnity dispute pursuit

pursuing indemnity from another insurer, your employer, university, a hospital, local health district, medical college or government scheme that has declined to assist despite an arrangement to cover you.

6.12 Hospital inquiry defence (Intern and RMO1 only)

defending an inquiry, investigation or complaint brought against you by a hospital (including patient care review and medical advisory committees) relating to healthcare you provided to a patient of the hospital.

6.13 Appeal pursuit or defence

defending or pursuing an appeal against a judgment in proceedings covered under clause 5 or 6 of Part B, where we consider, in our sole opinion, that the appeal has merit and reasonable prospects of success. Where the proceedings are covered under clause 6, this cover extends to any legal costs you are ordered to pay.

7. Automatic extensions – Part B

7.1 Legal fees and expenses cover outside of Australia

We cover legal fees and expenses that we incur for you in respect of matters covered by clause 6 that are brought or held outside of Australia where:

a) the period you were outside of Australia, whether or not you were practising, was less than 120 days in any policy period whether continuously or in the aggregate;

b) you were participating as a trainee in a healthcare training program for a period of less than two years; or

c) the act was a Good Samaritan act, for which you are covered worldwide.

Cover extended under subsections (a) and (b) of this clause excludes matters that arise as a result of healthcare provided by you or your practice as a healthcare professional in the USA or involving proceedings brought in a court or tribunal of the USA, or any court or tribunal which is applying the law of the USA.

7.2 Continuous cover

If you, before the policy period, first become aware of facts or circumstances that might give rise to a request for indemnity and you decide not to notify us of these facts or circumstances, then, notwithstanding clause 10.1, we will cover you where:

a) we continued without interruption to be your professional indemnity insurer from the time you knew or ought reasonably to have known of the facts or circumstances that might give rise to a request for indemnity to the date you actually notified us;

b) had you decided to notify us when you first became aware of the facts or circumstances, you would have been covered under the policy in force at that time; and

c) your decision not to notify us when you first became aware of the facts or circumstances was not fraudulent non-disclosure or fraudulent misrepresentation.

Our liability to indemnify you is limited to the extent we would have been obliged to indemnify you under the terms and conditions of the policy in effect at the time you knew or ought reasonably to have known of the facts or circumstances that might give rise to a request for indemnity. If we are obliged to indemnify you pursuant to this clause, we may reduce our liability to you by the amount of any prejudice we suffer as a result of your decision not to notify us at the time you knew or ought reasonably to have known of the facts or circumstances that might give rise to a request for indemnity.

Part C: Additional cover

We understand that as you move through your medical training and early medical career, the risks you face are unique compared to other professionals. This part of the policy is designed to provide additional protection to assist you in this stage of your career.

8. Communicable disease cover

We will pay you $125,000 for communicable disease cover if, as a result of you first being diagnosed with HIV, hepatitis B or hepatitis C viruses, extremely drug-resistant tuberculosis (XDRTB), multi-drug-resistant tuberculosis (MDRTB) and New Delhi metallo enzyme (NDM-1) during the policy period and you:

a) retire due to disability;

b) substantially modify your practice to enable you to continue to practise medicine; or

c) undergo substantial training or retraining to enable you to continue to practise medicine.

You must notify us of your diagnosis in writing during the policy period.

Important note: *If we pay a request for indemnity under this clause, your communicable disease cover will cease and will not be renewed or reinstated in a subsequent policy period. We will not provide communicable disease cover to you at any time in the future.*

9. Personal expenses cover

We will cover you for your reasonable travel and accommodation costs (less any input tax credit) incurred during the policy period where you are compelled or requested by us or the lawyer to attend a court, tribunal, inquiry, investigation, inquest, or administrative or disciplinary proceeding covered under your policy. This applies only to claims or matters covered under Part A and/or Part B, reimbursed at the maximum daily rate on your policy schedule, plus motor vehicle expenses at the Australian Taxation Office rate, on production of satisfactory evidence.

General exclusions

10. We will not cover you in connection with:

10.1 Prior or pending claim or circumstances

any claim or circumstances that might give rise to a claim or request for indemnity, which:

a) you knew about or a person in your position ought reasonably to have known about and thought might result in a claim or allegation being made against you;

b) you notified us, or failed to notify us, of before the policy period commenced; or

c) you notified, or ought reasonably to have notified another insurer before the policy period commenced.

10.2 Breach of registration or lack of qualifications

any healthcare you provide or any complaint, hearing or matter where you:

a) were not registered as a healthcare professional and you were required to be so registered;

b) were in breach of terms, conditions, undertakings or limitations on your registration as a healthcare professional or medical student;

c) have not completed the recognised training for, or lack the qualifications to provide such healthcare; or

d) were in breach of a registration standard requiring professional indemnity insurance arrangements covering all aspects of your practice as a healthcare professional.

10.3 Criminal or dishonest act

a) in respect of claims, any criminal or dishonest act or omission or deliberate or wilful breach of any statute, contract or duty of care by you.

b) in respect of legal fees and expenses, a criminal act once you have been found guilty or admitted guilt to a court in a criminal prosecution but this exclusion will not apply to:

i. sentencing; or

ii. any other request for indemnity under Part B.

10.4 Any claims or circumstances under Part A: Civil liability arising from:

a) *Sexual, bullying or discriminatory conduct*
sexual harassment, sexual assault, sexual misconduct or any form of bullying or discriminatory conduct by you.

Legal defence costs will be provided to you until there is a finding or determination by an adjudicative or determining body of sexual harassment, sexual assault, sexual misconduct, bullying or discriminatory conduct against you or you have admitted guilt, misconduct or wrongdoing to an adjudicative or determining body.

From this point we reserve the right to recover all legal defence costs paid in connection with the claim. An adjudicative or determining body includes but is not limited to a court, tribunal, commission, board, commissioner, committee, agency and professional council.

b) *Drugs and alcohol*
any breach of duty or obligation while you were under the influence of any drug, alcohol, intoxicant, narcotic or illegal substance;

c) *Contagious disease*
the transmission of a contagious disease or virus by you if you knew or should reasonably have known or suspected that you were carrying the disease or virus;

d) *Inappropriate practice*
you engaging in inappropriate practice within the meaning of the *Health Insurance Act 1973 (Cth)*;

e) *Public patients*
healthcare involving public patients, except as provided by clause 3 where you are indemnified as an intern or RMO1;

f) *Retroactive date*
healthcare provided before the retroactive date;

g) *Employer indemnity*
healthcare for which you are entitled to be indemnified by your employer, a hospital, local health district or government scheme, the Commonwealth or a state or territory government entity, or under another policy of professional indemnity insurance; and

h) *Outside run-off period*
if you hold a run-off policy, healthcare provided outside the run-off period.

10.5 Fines, penalties or punitive damages

any punitive, aggravated or exemplary damages, fines or civil penalties or repayment or reimbursement to Medicare or any private health fund.

10.6 Recovery of money or refund of patient fees

any action in relation to the recovery of money or a request by a patient to refund fees they have paid.

10.7 Sale of business

any request for indemnity arising in connection with the sale of your practice or business including any dispute arising in connection with any employment contract or contract for services that results from the sale or is negotiated as part of the sale.

10.8 Director and officer liability

any action in your capacity or in respect of your functions or duties as a director, officer, principal, trustee, associate or shareholder.

10.9 Public and products liability

any claims or circumstances arising from:

a) the ownership, use or occupation or state of premises, or the contents of such premises or anything done or omitted to be done in respect of the state of any premises owned, leased or occupied by you or the contents of such premises; or

b) the design, manufacture, distribution, promotion or sale of any goods or products; or

c) any physical loss of, or damage to property, or any loss or damage which results from that loss or damage.

10.10 Property damage

any claims or circumstances arising from any physical loss of or damage to property, including loss of use of property.

10.11 Pollution and asbestos

any claims or circumstances arising from pollution or asbestos, or any materials containing asbestos in whatever form or quantity. This exclusion does not apply to any claim or request for indemnity arising from the treatment of a person or persons as a result of an illness or condition in any way involving asbestos.

10.12 Other healthcare professional

any healthcare provided by another healthcare professional, or any claims made against you as a result of any association or arrangement you have with another healthcare professional.

10.13 Radioactive materials

any claims or circumstances arising from radioactive materials of any type except when used in the ordinary course of radiotherapy, radiology or nuclear medicine.

10.14 War or terrorism

any liability, loss, damage or expense of whatsoever nature directly or indirectly caused by, resulting from, happening through or in connection with any of the following:

a) act of terrorism, regardless of any other cause contributing concurrently or in any other sequence to the loss, damage or expense;

b) war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), civil war; or

c) mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, insurrection, rebellion, revolution, military or usurped power.

This exclusion does not apply to a claim which arises from the treatment of a person or persons affected by any act of war or terrorism.

10.15 Outside category of practice

healthcare (except for Good Samaritan acts and acts in emergency situations) that is not normally associated with your category of practice.

10.16 Outside of Australia

any healthcare provided by you outside of Australia, or court or other proceedings that are brought or held outside of Australia, except as provided for by clause 4.4.

10.17 Legal costs incurred without our consent

any legal costs and other costs that we do not incur on your behalf or that are incurred by you without our prior written consent, irrespective of any cover provided under this policy.

10.18 Dispute with university

for the medical student category only, any dispute with a university, or disciplinary action taken by a university.

General conditions

11. These conditions form part of the policy, and by accepting the offer of insurance, you agree to comply with the following:

11.1 Loss prevention and mitigation

You must not act recklessly or wilfully in a way that might give rise to a claim, must take reasonable steps to avoid or reduce claims, and must mitigate their cost or impact.

11.2 Subrogation and other insurance

11.2.1 If we make a payment or incur legal costs and expenses under this policy, we are subrogated to all your rights of contribution, indemnity or recovery without the need for your consent. You agree not to surrender any right to, or settle any claim for, contribution, indemnity or recovery without our prior written consent.

11.2.2 You must tell us in writing when making a request for indemnity if you have any other insurance policies or entitlement to indemnity that may also cover you in respect of anything covered by this policy.

11.2.3 To the extent allowed by law, we will not pay under this policy any part of a liability in relation to which you are entitled to be indemnified under another policy of insurance.

11.3 Fraud

We may reject any fraudulent claim or request for indemnity, and recover payments made to third-parties based on fraud.

11.4 Risk management

We may undertake a practice audit, peer review, risk analysis or other investigation where reasonably required; your cooperation is a condition of cover. If you do not cooperate, we may cancel on not less than 14 days' notice.

11.5 Cessation of specified clinical activities (Intern and RMO1 only)

You must stop or modify a procedure or clinical activity if we consider it poses an unreasonable risk, or a registration board imposes a condition. We give a minimum of 14 days' notice; if you do not comply, we may cancel on a further 14 days' notice.

11.6 Clinical records

You must maintain clinical records for healthcare provided to your patients that:

a) are of a standard expected of a competent healthcare professional;

b) are prepared and updated on or reasonably proximate to each occasion of the provision of healthcare; and

c) if computerised, the integrity of the records can be verified by reference to the security features of the software.

11.7 Change in registration status

You must tell us within 14 days if you cease to be registered, or your registration status changes or has conditions or restrictions imposed or changed.

11.8 Cancellation

a) we may cancel the policy, by giving you 14 days' notice, where permitted by the *Insurance Contracts Act 1984 (Cth)*, including in relation to non-payment of premium, breach of policy conditions, if you threaten or abuse Avant staff, and other circumstances permitted by law.

b) you may cancel at any time in writing.

11.9 Governing law

This policy is governed by the law of the Australian state or territory in which it is issued, whose courts have exclusive jurisdiction. Statutory references include amendments and replacements.

11.10 Currency

All amounts are expressed and payable in Australian currency.

11.11 GST

The sum insured and sub-limits are GST exclusive.

3.
How claims work

Additional conditions of your policy

Do you need to notify us of an incident or make a claim?

Phone **1800 128 268**
International +61 2 9260 9000
Online **avant.org.au**



Claims made policy

This policy covers you for claims (including legal defence costs) made by patients and third parties and notified to us within the policy period, where the healthcare occurred after the retroactive date.

Part B requires that matters are commenced and notified to us in the policy period. If you hold a run-off policy, cover applies to healthcare during your run-off period. This policy does not cover:

a) claims from healthcare before the retroactive date (or outside the run-off period);

b) claims or facts notified after the policy period ends;

c) claims made, threatened or intimated before the policy period; or

d) facts you first became aware of before the policy period that you knew or ought reasonably to have known could give rise to a claim.

Where you notify facts as soon as practicable before the policy expires, you may have rights under s40(3) of the *Insurance Contracts Act 1984 (Cth)*.

How claims work

Cover for your past practice: Retroactive cover

You may select your date of registration, or a later date, as your retroactive date. We make an offer of retroactive cover based on your advice. We do not cover claims previously notified to another insurer, that you declared or should have declared, or where the healthcare occurred before the retroactive date.

Changing your category of practice – continuity of cover

You may move between categories of practice during the policy period by notifying us as soon as practicable. On a category change, your retroactive date carries across unchanged, so cover for your past healthcare remains continuous and uninterrupted, subject to the terms applying to your new category of practice from the date of change.

What you are not covered for:

claims, or facts which may lead to a claim:

i. that were previously notified to another insurer or indemnity provider;

ii. that you declared, or should have declared, in applying for or renewing your policy; and

iii. where healthcare was provided before the retroactive date.

Once you accept the retroactive date on your policy, this will be provided to you automatically when we issue or renew your policy.

Payment of deductible

When you make a claim under the policy you are required to pay the applicable deductible(s) by the due date. Unless otherwise stated in the policy schedule, all deductibles are inclusive of legal defence costs.

If more than one deductible applies to a claim, you are liable to pay each of the applicable deductibles.

We may require you to pay your deductible(s) before we agree to provide any payments or take any steps to provide cover to you under the policy. We may demand payment of your deductible regardless of the amount, if any, incurred at the date of the claim.

If you fail to pay your deductible(s) when requested by us, and this causes a settlement of the claim to fail, and/or increase loss arising from the claim or matter, our liability under the policy will not exceed the amount for which the claim or matter could have settled for up to the date of your failure or refusal to pay the deductible(s).

If you fail to pay your deductible(s) by the due date, we may cancel the policy.

You must notify us of a claim

You must notify us in writing as soon as practicable of any claim or incident, including, but not limited to, an incident in respect of which:

a) a patient suffers a major complication;

b) there is an error made in providing healthcare causing harm;

c) an adverse outcome results in significant anger in your patient or their family;

d) you receive a letter from a solicitor indicating dissatisfaction or requesting a patient record; or

e) you are concerned that an incident has occurred which you think may lead to a claim or request for indemnity.

If you do not notify us of a claim or incident as soon as practicable, you may not be covered under this policy and your right to indemnity may be prejudiced.

Report a claim to:

Avant Insurance Limited
PO Box 746 Queen Victoria Building NSW 1230
or **nca@avant.org.au**

Your notification must include

a) your details;

b) the details of the claim or incident, including the date of the incident;

c) the patient's name; and

d) the particulars of the claim or incident.

If you are unsure whether to notify us of an incident, please contact us.

Other things which you must notify us of

As soon as practicable and in writing:

a) any facts or circumstances that could lead to a claim; and

b) any civil or criminal action, prosecution, inquiry, inquest, investigation, complaint, judgment, appeal or tax audit by a registration board, tribunal, complaints unit, court (including coronial court), Medicare or the Australian Taxation Office directly relating to your practice as a healthcare professional.

If you do not notify us of the matters set out above as soon as practicable and in writing, you may not be covered under the policy and your right to indemnity may be prejudiced.

No admission

You must not make any admission, offer or compromise in relation to any claim covered by this policy without our prior written consent.

Conduct of claims or requests for indemnity

You agree that we have the conduct of a claim or request for indemnity covered under this policy including its investigation, pursuit, defence, avoidance, reduction or settlement and we may do so in your name.

We may defend or settle a claim, complaint or matter as we think fit. You may defend any claim or request for indemnity which we believe should be settled but we will not pay any more in relation to that claim or request for indemnity than we would have been required to pay if it had been settled or resolved as we believed it could or should have been.

We will appoint the lawyer or other person

We will appoint the lawyer or other person to provide services to us for the benefit of you. It is a limited retainer. When we appoint the lawyer or other person, we do so in our own capacity and not as an agent for you and only to act in the matter relating to the claim, proceeding, investigation, complaint or inquiry for which they are appointed.

The lawyer or other person appointed by us supplies services to us and not to you for the purposes of the Goods and Services Tax (GST). We are entitled to claim a GST input tax credit on services supplied by the lawyer or other person. We do not accept any responsibility for anything done or not done by the lawyer or other person. They are not our agent or employee. We make no representation of any kind about the lawyer's or other person's ability.

We are entitled to appoint Avant Law Pty Ltd (ACN 136 429 153), being a related body corporate of the insurer, to represent you in any proceeding.

Cooperation

You must cooperate with us (including the lawyer and other person appointed by us) in resolving the claim or request for indemnity or appeal. In particular, you must:

a) give us and the lawyer a full and truthful account of the relevant facts;

b) give us and the lawyer any relevant information or documents in your possession that they ask for;

c) obtain any other relevant information or documents that you can;

d) execute any documents we or the lawyer ask you to;

e) attend any meetings we or the lawyer ask you to;

f) adhere to our instructions, including providing all information, documents and assistance required;

g) waive any claim for legal professional privilege or confidentiality to the extent only that the privilege or confidentiality would otherwise prevent the lawyer from disclosing information to us;

h) follow the advice of us or the lawyer; and

i) cooperate with us or the lawyer in resolving the matter in a satisfactory, timely and cost-effective way, and not cause a delay which, in our reasonable opinion, prejudices the outcome of the case.

Notwithstanding that you agree that we have the conduct of a claim or request for indemnity, you must not act unreasonably in rejecting a settlement, compromise or an offer of settlement, that we or the lawyer recommend to you. This includes circumstances if you refuse to make an offer of settlement. You must also agree to accept outcomes that, in our sole opinion, we believe are reasonable in the resolution of the matter.

If you do not cooperate with us then we will not be liable for legal fees and expenses, and will not cover you and can withdraw assistance. This will mean that you will be responsible for your own legal fees and expenses.

Withdrawal of indemnity for Part B

We may decide not to incur any further legal fees and expenses for pursuing, defending or responding to a request for indemnity under Part B if we believe, in our sole opinion, that there are no reasonable grounds in pursuing, defending or responding to the complaint, matter or prosecution or there are no reasonable prospects of success if we do. We will take account of the lawyer's advice in making that decision. If we do that, we will tell you in writing. We will pay the legal fees and expenses incurred prior to the date on which we write to you telling you of our decision.

You may continue pursuing, defending or responding to the complaint, matter or prosecution. After we cease paying the legal fees and expenses, we will only pay you thereafter for the reasonable legal fees and expenses (not including the GST component if you are registered for GST) that you have incurred if you are successful in pursuing, defending or responding to a complaint, matter or prosecution.

Appeals

If you are dissatisfied with any decision by a court or other decision-making body, you must gain our consent in writing to appeal within 14 days after the date of the decision, or such shorter period as may be reasonable having regard to the time limit for an appeal.

The application must be in writing and must fully set out the reasons for bringing an appeal. We will inform you in writing if we consent to the appeal. If we do not consent to the bringing of an appeal, you may conduct the appeal at your own expense. If you are successful in your appeal, then we will pay for the reasonable legal fees and expenses (not including the GST component if you are registered for GST) that you have incurred in accordance with the cover provided to you under this policy.

Claims acceptance

The acceptance of a claim or request for indemnity by us under this policy can be subsequently withdrawn if facts or circumstances come to our attention that the policy does not cover the claim or request for indemnity.

4.
Other information you need to know



Renewing your policy

Your renewal will be sent to you prior to the expiry of your policy period. When you receive your renewal it is important for you to review the details to ensure that they are correct, to assess if there has been a material change in risk and to determine if there is anything you need to do in order to renew your policy. In the event your circumstances have changed, you have a duty of disclosure and need to notify us.

You can notify us by contacting us on **1800 128 268**.

Making changes to your policy

You must let us know as soon as practicable if:

- your personal details change;
- you cease to be an enrolled medical student;
- you undertake voluntary clinical observations not considered part of your university degree and/or scholarship placement;
- you change the services you provide and/or your category of practice;
- you require change to your cover;
- your registration changes or ceases (including if there are any changes, or additions, to any condition, undertaking, notation or endorsement on your registration);
- you retire from practice; or
- you otherwise become eligible for the Run-off Cover Scheme (ROCS).

If you fail to do so, we may refuse your claim or request for indemnity, reduce our liability in respect of a claim or request for indemnity or cancel your policy.

You can notify us by contacting us on **1800 128 268**. If we require you to give us notification in writing, we will inform you once you contact us.

Updates to your policy

Information in this PDS might change. If the change is not adverse to you, we may update the information without notifying you. For all other changes, we'll issue a supplementary PDS or a new PDS at renewal. All changes (whether adverse or not adverse) will be made available on our website. You can also request an up-to-date paper or electronic copy from us at no charge.

What financial services do we offer?

We are an Australian Prudential Regulation Authority (APRA) regulated insurer holding an Australian Financial Services Licence (AFSL) authorising us to provide financial product advice in relation to, and deal in, general insurance and life risk insurance products.

This policy is underwritten by us. We provide this product and related services, including claims handling and settling services, through our trained employees and authorised representatives.

How we are remunerated

We charge premiums for the insurance products we provide. We are paid a fee by Medicare to reimburse the ongoing costs associated with administering medical indemnity support schemes on behalf of Medicare and the Commonwealth Government. We receive a monthly management fee from other companies within the Avant Group.

We may receive referral fees or commissions from licensed brokers or other service providers with whom we may enter into an agreement to offer members other financial services.

Further details of fees or costs associated with the issue of our products, if any, are contained in the PDS or the tax invoice.

How our staff are remunerated

All staff employed by us receive salaries. Our staff do not receive commissions. Some of our staff may receive an incentive or bonus payment based on meeting business targets.

How other parties are remunerated

We are a wholly-owned subsidiary of Avant Mutual Group Limited ABN 58 123 154 898 (Avant) and may pay a member access fee to Avant. The payment of this fee does not affect the amount of any benefit under our policies.

We may pay referral fees or commissions to licensed brokers, agents or other intermediaries with whom we may enter into an agreement to distribute our products.

Our dispute resolution process

If you have any complaints about the product or service provided to you, you should inform us immediately. Our service staff should be able to resolve the issues you raise satisfactorily. However, if the matter has not been resolved to your satisfaction you may, under our internal dispute resolution (IDR) process, forward a complaint to us. A copy of our dispute resolution procedure can be obtained either from our website or by contacting us.

If your complaint is not satisfactorily resolved or answered by our IDR process, you may refer the matter to the

Australian Financial Complaints Authority (AFCA):
Website **afca.org.au**
Email **info@afca.org.au**
Telephone **1800 931 678 (free call)**
In writing to **Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001**

Personal information and your privacy

We may require you to provide certain personal information to determine your eligibility for membership of Avant, for insurance and for the provision of ongoing services. When you provide your personal information, you acknowledge and consent to us and other companies in the Avant Mutual Group using your information in accordance with this privacy statement and our privacy policy.

Purpose of collection

We collect personal information from you, and as necessary from third parties, in relation to the products and services we provide. Where necessary we also collect personal information relating to patients or other persons. We will use your personal information in accordance with our privacy policy and the *Privacy Act 1988 (Cth)*, such as for the purpose for which it was collected, to provide you with products and services, and for marketing purposes.

Accessing, updating and complaints about personal information

We will take reasonable steps to ensure that the information we hold about you is accurate, complete and up-to-date. For access to personal information we hold about you, if you believe that the information we have about you is not accurate, complete or up-to-date, or if you have a complaint about the privacy of your personal information, we ask that you contact us.

Disclosure

We may share your personal information with other companies in the Avant Mutual Group. We may also need to disclose your personal information to third parties including our distributors, agents and brokers, other insurers and reinsurers, solicitors, actuaries, regulatory bodies, tribunals, courts of law, hospitals, doctors and other ancillary providers, debt collection agents, those involved in managing corporate risk or strategies, and outside contractors. Some third parties may be located outside of Australia.

We will ensure that all your personal information collected by us is treated in accordance with the *Privacy Act 1988 (Cth)* and our privacy policy. Our privacy policy is posted on our website at **avant.org.au**

You can request a printed copy of our privacy policy by contacting us.

Cooling-off period

Please read the documents that make up your policy carefully. If you decide that your policy does not meet your requirements, you can cancel it by notifying us by email or by post within 21 days, starting after the day on which the policy was issued or sold to you.

When we receive your notification in writing to cancel your policy within the cooling-off period, we will refund to you any premium paid.

However, your cancellation rights do not apply if, during the cooling-off period, you:

- have made a request for indemnity under the policy; or
- notified us of a claim or of facts that might give rise to a claim.

Financial Claims Scheme

This policy may be a 'protected policy' under the Federal Government's Financial Claims Scheme (FCS) which is administered by the Australian Prudential Regulation Authority (APRA).

The FCS only applies in the extremely unlikely event of an insurer becoming insolvent and the Federal Treasurer making a declaration that the FCS will apply to that insurer. The FCS entitles certain persons, who have valid claims connected with certain protected policies issued by that insurer to be paid certain amounts by APRA subject to eligibility criteria set by APRA.

Information about the FCS can be obtained from APRA at **apra.gov.au** or by calling **1300 558 849**.

5.
Definitions



Category of practice

The category of practice (Student, Intern, RMO1) which is specified in your policy schedule.

Claim

A demand for compensation or damages or an intimation of an intention to seek compensation or damages in relation to healthcare which:

a) is first made against you during the policy period; and

b) you tell us about in writing during the policy period.

Complaint

An allegation of unlawful or actionable conduct, misconduct, unsatisfactory conduct or inappropriate practice.

Deductible

The deductible is the amount set out on your policy schedule and/or the sum specified in this policy that you pay at your own risk in respect of any relevant claim or request for indemnity under this policy.

Good Samaritan act

Healthcare that is provided by you in coming to the aid of a person in an emergency or accident that is necessary to stabilise that person's medical condition or to prepare that person for transfer, without expectation of payment or other consideration.

Healthcare

a) any care, treatment, advice, service or goods provided in a professional capacity as a medical student or healthcare professional to or in relation to a patient in respect of their physical or mental health;

b) a medical examination, medical report or medical opinion prepared by you at the request of a third party, such as a lawyer, insurer or statutory body;

c) you providing education, giving a paid or unpaid presentation or address or providing medical advice or information that is published, including in a newspaper, textbook, journal, video, mobile application or blog;

d) provided by you as a medical student while you are participating in a voluntary clinical placement in Australia and subject to you being supervised by a medical practitioner at that time;

e) any care, treatment, advice, service or goods provided by you to a person in an emergency that is necessary to stabilise that person or to prepare that person for transfer; or

f) you acting in an administrative capacity.

In relation to the above only to the extent that it is associated with your category of practice.

If you hold a run-off policy, this only includes healthcare provided by you during your run-off period.

For the avoidance of doubt, healthcare does not include the supervision or management of staff, or services performed in an employment, managerial or supervisory capacity, including any actual or alleged bullying, harassment, discrimination or other workplace conduct involving colleagues, staff, contractors or employees.

Healthcare professional

A person who provides healthcare. The person must be either:

a) a medical practitioner;

b) a health practitioner; or

c) any person who is practising in a recognised healthcare vocation in Australia where they are not required to be registered.

Healthcare training program

A training program where you are being supervised or trained as a healthcare professional for the purpose of registration, specialist recognition or ongoing education.

Injurious falsehood

A false publication or publications made maliciously by a person or entity which is disparaging of the products, services or business practices of another person or entity.

Intern

A new graduate, provisionally registered with the Australian Health Practitioner Regulation Agency (Ahpra), in the first year of an internship at a public hospital or government-funded placement.

Legal defence costs

The necessary and reasonable costs, that are incurred by us through our appointed lawyers, of investigating, defending or settling a claim made against you and covered by this policy.

Legal fees and expenses

The necessary and reasonable fees and expenses, that are incurred by us through our appointed lawyers, in the defence, pursuit, conduct of or response to matters covered by Part B of this policy.

Medical practitioner

A person registered as a medical practitioner under the laws of the Commonwealth or a state or territory of Australia that provides for the registration of medical practitioners.

Medical student

A person enrolled in an approved program of study leading to registration as a medical practitioner, or a person undertaking clinical training in medicine who is not yet registered as a medical practitioner.

Other person

An accountant, an actuary, an expert witness, a witness as to fact, or any other person required to assist us in any matter covered under this policy.

Policy

This PDS, all sections of the Student, Intern and RMO1 Indemnity Insurance Policy and the policy schedule.

Policy period

The period of cover specified in your current policy schedule.

Policy schedule

The current policy schedule to this policy.

Public patient

A person to whom a hospital or local health district has agreed to provide medical care, including medical, nursing and diagnostic services.

Request for indemnity

Any request by you for indemnity under this policy in relation to a matter or claim that is covered under this policy including a request for legal fees and expenses cover or cover under the optional covers.

Resident Medical Officer (2nd postgraduate year) (RMO1)

A non-specialist medical practitioner in their second postgraduate year, employed and indemnified by a public teaching hospital or government-funded placement.

Retroactive date

The date specified in your policy schedule as the retroactive date. There may be more than one retroactive date. The retroactive date is the date after which the healthcare must have occurred to constitute a valid claim under your policy. If you hold a run-off policy, you will not have a retroactive date, and will have a run-off period instead.

Run-off period

If you hold a run-off policy, this is the period specified in your policy schedule as the run-off period. There may be more than one run-off period. The run-off period is the period during which the healthcare must have occurred to constitute a valid claim under your run-off policy.

Run-off policy

The policy version noted on your policy schedule which is issued to medical practitioners who are eligible for ROCS or are issued run-off cover. The run-off policy only covers healthcare provided during the run-off period under the terms of this policy. Healthcare provided during the policy period is not covered.

Telehealth

Healthcare to, or in respect of, a patient who is not in the same place, that uses any form of technology to enable it to be provided, including video-conferencing, internet and telephone.

Us, we, our

Avant Insurance Limited ACN 003 707 471 and AFS Licence 238 765.

You, your

The healthcare professional named as the insured on the policy schedule.

[%]Lite Extras is a private health insurance product issued by The Doctors' Health Fund Pty Limited, (ACN 001 417 527 ["DHF"]). Unless you advise us that you do not wish to accept the offer, as part of your Avant membership you will receive a subsidised Lite Extras policy from DHF. If you do not wish to receive this offer, please call 1800 128 268 to opt out. DHF will collect and use the personal information provided on your Avant membership to issue and administer your Lite Extras policy. For more information and terms & conditions visit doctorshealthfund.com.au/liteextrascover. Private health insurance products are issued by The Doctors' Health Fund Pty Limited, (ACN 001 417 527). Cover is subject to the terms and conditions (including waiting periods, limitations and exclusions) of the individual policy, available at doctorshealthfund.com.au/our-cover.

[#]The Retirement Reward Plan (RRP) reflects the current policy of the Board for determining which members of Avant are eligible to participate in the RRP and any Retirement Reward Dividends declared by Avant. The RRP is entirely at the discretion of the Board and no member will be eligible to receive a Retirement Reward Dividend until such time as the Board declares a dividend in favour of that member. The RRP is subject to change, suspension or termination by the Board at any time. The current eligibility criteria and allocation rules are available at avant.org.au/arrp.

^Not all members are eligible for a Loyalty Reward Plan (LRP) reward. Members not eligible include members who have their professional indemnity policy purchased on their behalf under a corporate group arrangement. See avant.org.au/Loyalty-Reward-Plan/ to find out more about the LRP eligibility, categories and rates. The provision of any future LRP reward is not guaranteed.

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Contact us

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11 McKay Gardens,
Turner ACT 2612

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201 Sussex Street,
Sydney NSW 2000

PO Box 746,
Queen Victoria Building NSW 1230

Telephone 02 9260 9000

Queensland

Level 18, 345 Queen Street,
Brisbane QLD 4000

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Brisbane QLD 4001

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Dulwich SA 5065

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Hobart TAS 7000

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Melbourne VIC 3001

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Avant
By doctors for doctors