

Group Policy Coverage Summary

Menulog Group Policy Coverage Summary



Group Policy Number:	02PO030404	
Policyholder(s):	Menulog Pty Ltd (ABN 76 120 943 615)	
Broker:	Aon Risk Services Australia Limited	
Address:	80 Collins Street MELBOURNE VIC 3000	
Group Policy Period of Insurance:		
From:	23 November 2023	(at 4:00pm AEST)
To:	23 November 2024	(at 04:00pm AEST)
		both dates inclusive

Description of Cover

Covered Persons:	All individuals who have an independent contractor agreement with the Policyholder to provide food delivery services as requested by a third party and accepted by the individual through the Menulog App who: <ol style="list-style-type: none"> 1. meet the Eligibility for Cover criteria as set out in the Group Policy Wording; and 2. meet the criteria set out under Scope of Cover below.
Scope of Cover:	Cover applies for Covered Persons in the event of a Bodily Injury sustained during the Period of Insurance. <ol style="list-style-type: none"> 1. Cover commences when the Covered Person: <ol style="list-style-type: none"> (a) logs into the Menulog App; and (b) accepts a delivery order. 2. Cover ceases at the earliest of: <ol style="list-style-type: none"> (a) fifteen (15) minutes following the Covered Person completing a Menulog delivery to a customer or cancellation of an order ; or (b) the Covered Person undertaking any activity for remuneration unrelated to Menulog deliveries.
Group Policy Wording:	Menulog Group Personal Accident Insurance Policy Wording prepared November 2023 (Group Policy)

Schedule of Benefits

Coverage

Subject to the terms, conditions and exclusions of the Group Policy, including the Eligibility for Cover set out in the Group Policy and the Scope of Cover set out above, the following cover is provided.

Sum Insured is for each Covered Person.

All limits are in Australian Dollars.

Bodily Injury

If during the Period of Insurance and whilst the person is a Covered Person, the Covered Person suffers from a Bodily Injury which results directly in the occurrence of one or more of the Events listed in the Table of Events in the Policy under Part A, B, C and/or D, We will pay the Covered Person the corresponding benefit shown on the Table of Events in the Group Policy, provided:

- (a) the Event occurs within twelve (12) months of the date of the Bodily Injury; and
- (b) with respect to Event 20, the Event occurs during the Period of Insurance or any Renewal Period; and
- (c) an amount is shown in the Group Policy Schedule for the Event(s).

Table of Events	Part A – Lump Sum Benefits
Event 1 - Accidental Death	\$500,000

Event 2 – Permanent Total Disability	\$400,000
Events 3-19	\$500,000

Bart B - Weekly Benefits - Bodily Injury	Benefit Period – Part B	% of Income - Part B	Excess Period –Part B
\$2,000 per week	104 weeks	85%	10 days

Part C - Fractured Bones – Lump Sum Benefits	Part D - Loss of Teeth or Dental Procedures - Limit Per Tooth	Part D - Loss of Teeth or Dental Procedures – Lump Sum Benefits
\$2,500	\$250	\$5,000

Additional Cover

Return to Work Assistance	Corporate Image Protection
\$10,000	\$0

Funeral Expenses	Coma Benefit
\$30,000	per week: \$0 max weeks: 0 weeks

Chauffeur Services	Out of Pocket Expenses
\$900	\$2,000

Modification Expenses	Reconstructive or Cosmetic Surgery Benefit
\$10,000	\$5,500

Dependent Child Supplement	Workplace Assault Benefit
Per Dependent Child : \$15,000 Max. per Family : \$45,000	\$5,000

Family Cash Advance	Workplace Trauma Benefit
\$25,000	\$3,000

Aggregate Limit of Liability

Any one (1) Period of Insurance:	\$5,000,000
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Contact Us

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