



Dear

Suncorp Accidental Injury Plan Policy Number  
Certificate of Currency

This Certificate of Currency confirms the details of your Suncorp policy.

Your current premium and the level of cover your policy provides are listed on the reverse of this notice. Please refer to your policy document for further information about the benefits offered under your policy.

Should you have any questions, please contact Life Customer Service on 1800 044 607 Monday to Friday, 8.00 am to 6.00 pm AEST.

Kind regards,

The Suncorp Team

EXAMPLE DOCUMENT ONLY

# Suncorp Accidental Injury Plan Policy Certificate of Currency

Type of cover Suncorp Accidental Injury Plan

Policy number

Policy owner

Premium frequency Yearly

Yearly premium

Paid to date

Policy commencement date

Insured person

Date of birth

Gender

Expiry date

Package

Standard. Please refer to the following table for the specified benefits payable under your chosen Package.

## Important Information.

This certificate of currency contains details of your Suncorp Accidental Injury Plan policy.

This is an **important document**; please keep it in a safe place for future reference.

Below is a table showing the specified benefits payable for each injury covered under your Accidental Injury Plan policy. Please read the schedule in conjunction with your policy document and keep them together in a safe place as they contain the terms and conditions which apply to your policy.

<b>Specified Injury</b>	<b>Specified Benefit Standard Package</b>
<ul style="list-style-type: none"> <li>• Loss of limbs or sight</li> </ul>	\$
<ul style="list-style-type: none"> <li>• Single loss of limb or eye</li> </ul>	\$
<b>Fractures</b>	
<ul style="list-style-type: none"> <li>• hip</li> <li>• pelvis (excluding sacrum)</li> <li>• thigh shaft</li> </ul>	\$
<ul style="list-style-type: none"> <li>• skull (excluding bones of the face or nose)</li> </ul>	\$
<ul style="list-style-type: none"> <li>• lower leg (excluding foot), kneecap or ankle</li> <li>• vertebrae</li> </ul>	\$
<ul style="list-style-type: none"> <li>• arm (including elbow, excluding wrist)</li> <li>• sternum</li> </ul>	\$
<ul style="list-style-type: none"> <li>• wrist</li> <li>• hand (excluding thumbs and fingers)</li> <li>• foot (including heel, excluding toes)</li> <li>• shoulder blade</li> <li>• collar bone</li> <li>• jaw (excluding cheekbone)</li> </ul>	\$
<ul style="list-style-type: none"> <li>• rib or ribs</li> <li>• cheekbone</li> <li>• eye socket</li> <li>• coccyx</li> <li>• sacrum</li> <li>• nose</li> </ul>	\$
<b>Dislocations</b>	
<ul style="list-style-type: none"> <li>• hip</li> </ul>	\$
<ul style="list-style-type: none"> <li>• knee, ankle, wrist, elbow</li> </ul>	\$
<ul style="list-style-type: none"> <li>• shoulder</li> </ul>	\$
<b>Burns</b>	
<ul style="list-style-type: none"> <li>• severe burns to more than 20% of body surface or 50% of face</li> </ul>	\$
<ul style="list-style-type: none"> <li>• severe burns to at least 4% but less than 20% of body surface</li> </ul>	\$
<ul style="list-style-type: none"> <li>• severe burns of hands to at least 50% of either hand surface</li> </ul>	\$

Your policy also includes an Accidental Death Benefit of \$