



ACCIDENT SUPPORT PROGRAM

FOOTBALL NSW LIMITED



MANAGED BY: BJS INSURANCE BROKERS Pty Ltd – ABN – 18 096-716-746 AFS Licence No. 277725,
THE PRODUCT IS ISSUED BY QBE INSURANCE (AUSTRALIA) LIMITED ABN 78003 191 035

This program is part of the Football NSW Limited Risk Management and Player Protection Plan. It is designed to supplement Loss of Income and Non-Medicare expenses but BY LAW THIS PROGRAM IS PREVENTED FROM ASSISTING WITH ANY MEDICARE ITEMS. The benefits are limited. Note it is not a Health Insurance Scheme or Workers Compensation.

Commencing January 1, 2012

Cover is provided for injuries caused ANYWHERE IN AUSTRALIA, by active participation in officially organised games, official practice, training sessions and official functions.

Events not listed above or officially sanctioned by FNSW are not covered under this program.

Futsal is not covered by this policy and a separate policy has been arranged.

◆ LOSS OF INCOME

Wage Earners: Temporary Total Disablement of \$250 per week (or 85% of average weekly wage whichever is the less) payable for a period of fifty-two (52) weeks — Excess seven (7) days. Medical Certificates certifying ongoing disability is required every 14 days to enable Loss of income claims to continue. Additional cover can be purchased on a “team basis” only. Please approach your Club Secretary for further details.

◆ NON-MEDICARE MEDICAL EXPENSES

Reimbursement up to 85% of non-Medicare medical expenses (net of any recoveries from private health insurance) up to a limit of \$5,000. **By FEDERAL GOVERNMENT LAW WE ARE PREVENTED FROM ASSISTING WITH ANY MEDICARE ITEMS.** Claimable expenses are Physiotherapy/ Chiropractic/ Osteopathy/Naturopathy/ Massage/Acupuncture (all following Doctor referral), Ambulance, Dental, Private Hospital (accommodation/theatre fees/prosthesis), and Orthotics prescribed by a surgeon following surgery. Claims for pre-operative care (physio/chiro etc.) are limited to \$350 per injury. An Excess of \$50 applies to those not privately insured. Expenses incurred more than 1 year after injury are not covered.

◆ STUDENT ASSISTANCE BENEFIT

Reimburses 85% of expenses incurred for home tutorial by a qualified tutor up to \$200 per week. Medical certificates certifying inability to attend normal place of education and bonafide receipts must be supplied. Cover period is 52 weeks and a seven (7) day Excess applies.

◆ HOUSEHOLD HELP ALLOWANCE

Reimburses non-wage earners 85% of expenses incurred for home help and child minding up to \$200 per week. Medical certificates certifying inability to attend to usual household duties must be supplied. Cover period is 52 weeks and a seven (7) day Excess applies.

◆ PARENTS INCONVENIENCE ALLOWANCE

When a dependent child who is a full time student under the age of 19 years is hospitalised, the policy pays the parent/guardian \$25 per day to offset costs of visitation. Proof of hospital admission and discharge dates must be supplied. An Excess of 24 hours applies and the maximum benefit is \$1500.

◆ LIFESTYLE MODIFICATION BENEFIT

If an insured person is paid a Capital benefit under any of the payable conditions 2,4,5 & 7 (of the Capital Benefits section of the policy) we will also pay for the cost necessarily incurred by the insured person in modification of their motor vehicle, their home or in relocating to a suitable home, up to a maximum of \$20,000.

◆ DEATH & DISABLEMENT

The policy lists out a schedule of benefits that are payable in the event of any one of many possible disablements. Some of the more notable are:

Total and permanent disablement	100% of capital benefit
Loss of sight — 1 or both eyes	100% of capital benefit
Loss of hearing — 1 ear	50% of capital benefit
Loss of hearing — 2 ears	100% of capital benefit
Accidental Death benefit	100% of capital benefit
(Limit \$20,000 for insured persons under the age of 18 years)	
CAPITAL BENEFIT	\$100,000
Benefit payable in the event of Paraplegia or Quadriplegia	\$250,000

DISABLEMENTS RESULTING DIRECTLY FROM ANY INJURY, MEDICAL CONDITION, INFIRMITY OR WEAKNESS KNOWN TO HAVE EXISTED PRIOR TO THE COMMENCEMENT OF THIS POLICY ARE NOT COVERED.

QBE Insurance (Australia) Limited does not take responsibility for the advice. The advice in this brochure is general advice only and has been prepared without taking account of your specific needs. So as to ensure that the cover is sufficient for your needs, you should read the Product Disclosure Statement (PDS) for this product. This PDS is available from your association or by visiting the website www.footballnsw.com.au and clicking on ‘Insurance’.

HOW TO CLAIM ---- SEE OVER

◆ PLAYER CONTRIBUTION (ACCIDENT SUPPORT PROGRAM).

Player contributions towards the Accident Support Program are based on a Junior and Senior category. For purpose of the Accident Support program only,

- a Junior is defined as any player between the age of five (5) or turning five (5) up to and including the age of eighteen (18) or turning eighteen (18) in the year.
- an Adult is any player aged nineteen (19) or above.

STUDENT AND ADULT CATEGORIES NO LONGER APPLY TO THE ACCIDENT SUPPORT PROGRAM.

Participants should be aware that there are risks such as injury, death or financial loss associated with football activities. Whilst as a sport we are constantly working towards minimizing these risks, it is not possible to eliminate them all.

DESIGNED WITH THE CO-OPERATION OF FOOTBALL NSW LIMITED TO PROVIDE INFORMATION AND GUIDANCE

I (player name) _____ of _____ Club

have received the Accident Support brochure

Signed by the player or parent/guardian of junior player _____ Date _____

CAUTION

FALSE OR MISLEADING INFORMATION MAY CAUSE INVESTIGATION WITH SUBSEQUENT POSSIBLE DENIAL OF CLAIM AND LEGAL ACTION

SPORTS INJURY CLAIM PROCEDURE

The following procedure is to be completed by any insured person wishing to submit a sport injury claim.

1. Report the injury immediately to your club's insurance officer who will issue you with a Claim form/ Physician's Statement Sheet. (Also available on www.footballnsw.com.au) These forms are to be fully completed and returned within 90 days of the injury.
2. If you are claiming Loss of Income Benefits, have your employer complete the relevant section on the reverse side of the claim form, regarding the period of your incapacity and employment details. Failure to fully complete this section may jeopardise the claim and will cause unnecessary delays in processing. Self employed persons must complete employment details onto a Statutory Declaration and supply any other requested information relevant to the claim.

On-going Loss of Income Benefits requires new medical certificates every 14 days.

3. The physician's statement is to be completed by your physician only (chiropractors and physiotherapists are not permitted to complete this form). All individuals must consult a doctor immediately after injury, if they wish to make a claim.
4. Have your club's insurance officer or secretary complete the club's section of the form and return the claim form and physician's statement, together with any paid **NON-MEDICARE** receipts within 90 days to:--

Address: QBE Insurance (Australia) Limited
GPO Box 4108, Sydney 2001.

Should you require further assistance in handling your claim the dedicated people at QBE are there to help
Julie – 02 8275 9174 John – 02 8275 9192 Maureen – 02 8275 9622

MEDICARE ITEMS AND MEDICARE GAP* ARE NOT COVERED AT ALL BY THIS SCHEME DUE TO RESTRICTIONS UNDER FEDERAL LEGISLATION.

Medicare Items include but are not limited to, accounts from doctors, surgeons, anaesthetists, x-ray, pathology etc

***Medicare Gap** is the difference between the amount charged by a Medicare provider, and the amount refunded.

DO NOT FORWARD MEDICARE ACCOUNTS/RECEIPTS

5. If you are in a private Health fund receipts should be submitted to your fund firstly for reimbursement. Any amount not covered should be submitted to QBE together with your rebate statement for consideration. **THIS INCLUDES AMBULANCE EXPENSES.**

NBThe policy only responds to paid receipts (no exceptions). **Please do not submit unpaid accounts.**

If there are no receipts available initially, please send the receipts in after the claim has been lodged.

Following this procedure will ensure the maximum benefits and prompt response.

Expenses incurred more than 52 weeks after date of injury are not claimable