

FOOTBALL NSW LIMITED ACCIDENT SUPPORT PROGRAM

Important information

The Program is:

- managed by BJS Insurance Brokers Pty Limited ABN 18 096 719 746 AFSL 277725 under its own AFSL; and
- underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035.

About this brochure

This brochure is not a Product Disclosure Statement (PDS) or the policy wording.

The information in this brochure is a summary of the benefits which may be payable under the Football NSW Limited Accident Support Program.

This brochure provides general information about the Program only and has been prepared without taking into account your specific needs. To decide whether or not the Program is right for you, you must read the PDS and the Policy Schedule, or you may wish to speak to a person who is authorised to give you financial advice. The PDS and Policy Schedule is available from your association or by visiting the website www.footballnsw.com.au or by contacting BJS Insurance Brokers Pty Ltd.

About the Program

Football NSW Limited is constantly working towards minimising risks associated with football activities such as injury, death or financial loss. This program is designed to supplement lost income and non-Medicare medical expenses which arise out of injuries occurring anywhere in Australia during official:

- games ;
- practice and training sessions;
- functions; and
- direct travel to and from sanctioned activities organised or authorised by Football NSW Limited.

The Program is not private health insurance or workers compensation and it does not pay:

- expenses recoverable from any other source such as workers compensation, statutory schemes, Medicare or private health insurance;
- expenses or costs which are considered to be 'Health Insurance business', as defined within the *Private Health Insurance Act 2007* (Cth); or
- any expenses or costs which are prohibited from being paid by law.

Summary of cover available

Set out below is a summary of the cover available in the Program. The full description of the cover is set out in the Program PDS and Policy Schedule, which also detail:

- the limits for each section;
- whether or not an excess or an excluded period of claim applies; and
- any conditions or exclusions which apply.
- the aggregate limit which applies to all claims made under the Program, which could reduce an amount which is paid to you in the event of a claim by more than one person.

Weekly benefits Injury

- An amount of up to \$250 (or 85% of your pre-disability earnings, whichever is the lesser) per week for a maximum period of 52 weeks may be payable if you suffer an injury during the time of operation of cover. An excess period of 7 days applies.

Non-Medicare medical expenses

- Reimbursement of up to 100% of non-Medicare medical expenses, net of any recoveries from private health insurance, up to a limit of \$5,000. The types of expenses that may be payable include:
 - physiotherapy;
 - chiropractic care;
 - osteopathy, naturopathy, massage and acupuncture (following a Doctor referral);
 - ambulance;
 - dental;
 - private hospital accommodation and theatre fees; and
 - prostheses and orthotics prescribed by a surgeon following surgery.

Limits and an excess apply to each item claimed under this cover. Expenses incurred more than 1 year after injury are not covered by the Program.

Claims for physiotherapy are limited to \$350 if no surgery is involved. An excess of \$50 applies to those not privately insured.

Student assistance benefit

- If you are under 18, a full time student and you are unable to attend school, an amount of up to \$200 per week (or 85% of the actual expense you incur) may be payable towards home tutorial provided by a qualified tutor. The benefit is payable for a maximum of 52 weeks and an excess period of 7 days applies.

Home Assistance

- The Program provides cover of up to \$200 per week (or 85% of the cost of the actual expense you incur) towards home help and child minding. The benefit period is payable for a maximum of 52 weeks and an excess period of 7 days applies.

Parents inconvenience allowance

- A payment of up to \$25 per day is available to you (up to a maximum of \$1,500) if your dependent child, who is a full time student under the age of 18 years, is injured and requires hospitalisation.

Lifestyle modification benefit

- If a capital benefit is paid for any of the payable conditions 2, 4, 5 or 7 set out in the policy wording, other costs which are necessarily incurred in modification of a motor vehicle, home or in relocating to a suitable home may be payable up to a maximum of \$20,000.

Death and disablement

- A capital benefit may be payable where you suffer an injury resulting in your death or a permanent disability, including:
 - quadriplegia or paraplegia;
 - loss of sight;
 - loss of hearing;
 - accidental death.

How to make a claim

The Program does not provide cover for amounts which you can recover from Medicare, a private health insurer or from a statutory scheme such as workers compensation.

Claims made under the Accident Support Program are managed by QBE. In the event of an injury, in order to make a claim you must:

1. report the injury immediately to your club's secretary and obtain a claim form which includes the physician's statement (this form is available from your club secretary or from www.footballnsw.com.au);
2. have the physician's statement completed by a registered medical practitioner. The physician's statement cannot be completed by a chiropractor or physiotherapist.
3. have your club secretary complete the relevant 'club section' of the claim form;
4. if you are claiming a weekly benefit for loss of income:
 - (a) if you are self employed – you must complete the employment details onto a Statutory Declaration and supply any other requested information relevant to the claim; or

- (b) for all other employment – your employer must complete the relevant section on the reverse side of the claim form.

Failure to fully complete this section may cause a delay in the processing your claim.

A claim under the 'Weekly benefit – Injury' section will require a new medical certificate to be provided to QBE every 14 days that you are unable to work.

5. send the completed claim form, physician's statement, medical certificates and other supporting documentation (including receipts for non-Medicare medical expenses which you have paid) to QBE:

QBE Insurance (Australia) Limited
GPO Box 4108, Sydney NSW 2001

For Futsal players only – claim forms must be returned to:

Football NSW Limited – Futsal Department
PO Box 6146
Baulkham Hills BC NSW 2153

If you require any assistance, please contact QBE claims team:

Julie 02 8275 9174
John 02 8275 9192
Maureen 02 8275 9622

What you must provide in support of your claim

In the event of a claim, the documentation that you must provide includes:

- receipts for amounts you have paid (do not send invoices which you have not paid);
- medical certificates from a registered medical practitioner to support any time you are unable to work;
- medical reports from any specialists;
- receipts for paid non Medicare medical expenses

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

QBE will contact you and advise you if further documentation is required in support of your claim.

Declaration

I,	
	(player name)
have read and understood the PDS and Policy Schedule for the Program	
Signed	
	(signature of player, or parent/guardian)

