HOW TO CLAIM OVERVIEW – GROUP PERSONAL ACCIDENT INSURANCE POLICY CLAIMS

This guide describes what you can expect when making a claim, and what we will expect from you.

To make a claim, please take the following steps:

STEP 1 – Refer to your sporting or community association's Policy Schedule and Product Disclosure Statement (PDS) for full details of benefits, limits & conditions that apply to the policy of insurance.

If you're unsure of what you can claim for, you can contact us by calling the SLE Claims Team on 1800 002 676 or by emailing us at claimsenquiries@sleworldwide.com.au

STEP 2 – Obtain the relevant claim forms to begin the claim process. You can do this by either:

- Requesting and completing a claim form. A claim form can be obtained via either of the following two methods:
  1. Calling the SLE Claims Hotline – 1800 002 676 or calling your sports or community association's Insurance Broker (contact details will be found in the insurance documentation that was provided by your sporting or community association);
  2. Contact SLE via email to claimsenquiries@sleworldwide.com.au

- Depending on which sporting association you belong to, you may be able to submit a claim online. Please contact us to find out if this option is available to you.

STEP 3
Complete the claim form by providing as much information as possible and submit this by following the instructions provided in the claim form, or by emailing the form to: claimsenquiries@sleworldwide.com.au

If you are submitting a claim online, please ensure that you complete any additional forms we send to you after completing your online submission.

It is important that you fully complete all requested claim forms and submit them to us without delay after your injury occurs – failure to complete and submit all requested forms promptly and efficiently may affect our ability to assess your claim.

STEP 4
Once your claim is submitted, we will respond to you by acknowledging receipt of your claim and assigning a claims officer to review your claim. You will be contacted shortly thereafter by your claims officer within **10 business days** to confirm our initial assessment of your claim.

If further information is needed to enable us to make a decision about any aspect of your claim, we will tell you what additional information we need to make the decision within **10 business days**. We will tell you about the progress of your claim at least every **20 business days**, and we will respond to your routine enquiries about your claim's progress within **10 business days**.

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POINTS TO REMEMBER ABOUT YOUR GROUP PERSONAL ACCIDENT INSURANCE CLAIM:

- You must follow medical advice from a registered medical practitioner as soon as possible after sustaining an injury;
- In the event of an injury you should notify your club or community association as soon as possible, describing the occurrence;
- At our expense, you must undergo any independent medical examination we reasonably require in relation to your claim;
- At your expense you must provide us with information about the claim we reasonably ask for. This includes:
    - Your completed claim forms;
    - Letters and notices you receive from anyone else about your injury and/or treatment;
    - Documents to substantiate your pre-injury earnings (where relevant to the claim);
    - Proof of any expenses you wish to claim (including all relevant Medical doctors' referrals for treatment, itemised receipts for payment of expenses, and medical certificates that relate to your claim)
- It is important that you monitor the progress of your claim by reading all notices we give you about your claim. These will be sent to your last known address (including if it is an electronic or e-mail address). If you change your address, please make sure you tell us as soon as possible.
- If you have a complaint about anything to do with how we handle your claim, then you may make a complaint to us through our complaints process – please see our website under 'Help and Support' for more information on our Compliments, Complaints and Dispute Resolution Policy.

WHAT CAN AFFECT YOUR CLAIM

If the policy provides for payment of benefits during periods of Temporary Total Disablement (such as where you are wholly and continuously unable to work or attend school or studies) we will reduce the amount of a claim by any deferral period shown in the policy terms and conditions or in the Policy Schedule. Deferral periods are periods which defer the commencement of any applicable benefit period.

We will also apply any limits and sub-limits to, and deduct any excesses from, your claim where they are shown in the Policy Schedule or the terms and conditions of the insurance policy.

We may be entitled to refuse to pay or to reduce the amount of a claim if:

- It is in any way fraudulent, or
- Any fraudulent means or devices are used by you or anyone acting on your behalf to obtain any benefits under the policy of insurance.

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IMPORTANT NOTE REGARDING MEDICARE

SLE does not provide cover for any expense that Medicare covers either in part or in full. This is because Government legislation (including the *Health Insurance Act 1973*) prohibits SLE from covering expenses claimable from Medicare, including the balance of monies due or payable by you after deduction of any Medicare benefit or rebate from the actual expense incurred (commonly known as the "Medicare Gap").

GUIDE TO CLAIMING BENEFITS FOR NON-MEDICARE MEDICAL EXPENSES

Please note benefits for Non-Medicare Medical Expenses are limited for 12 calendar months from date of injury. When claiming benefits for Non-Medicare Medical Expenses please remember to:

- Obtain a referral from your treating Medical Practitioner or Dentist to certify that any non-Medicare medical treatment expense you wish to claim is necessary to treat your injury. A Doctor's referral should be obtained before undergoing treatment;
- Have your treating Medical Practitioner or Dentist complete the Medical Practitioner Statement (without expense to the Insurer) prior to submitting a claim; and
- Submit copies of all receipts, accounts and referrals for the treatment you are claiming.
- If you have private health insurance, you must submit your receipts and accounts to your health insurer and claim any available rebate prior to submitting the expenses to us.

GUIDE TO CLAIMING BENEFITS FOR TEMPORARY TOTAL DISABLEMENT

When claiming benefits for Temporary Total Disablement please remember to:

- Fully complete any applicable claim forms;
- Have your treating Medical Practitioner or Dentist complete the Medical Practitioner Statement (without expense to the Insurer) prior to submitting a claim;
- At least every four weeks, submit a medical certificate issued by a medical doctor for all periods of Temporary Total Disablement (i.e. periods that you are unable to attend work or school or for which personal care is medically necessary). We do not accept back dated certificates.
- If you are a wage or salary earner, have your employer complete the Employment Declaration and submit a Tax File Number Declaration Form. If you are self-employed, you must submit proof of earnings such as your most recent tax return or a letter from your accountant or tax agent if requested.
- Submit receipts for eligible home tutorial expenses or personal care/nurse care expenses (if applicable) which you incur whilst certified as being under Temporary Total Disablement.

If your Temporary Total Disablement is continuing, you must submit medical certificates from a Doctor every four weeks to verify your incapacity and evidence that you remain under the regular care of a Medical Practitioner. Temporary Total Disablement benefits will not be paid until all requested proof of loss documents are submitted.

If you would like to enquire about making a claim, you can contact us by calling the SLE Claims Hotline – 1800 002 676 or by emailing us at claimsenquiries@sleworldwide.com.au