

2012 Insurance Information

PERSONAL ACCIDENT INSURANCE

SECTION A – CAPITAL BENEFITS	
Events 1 then 4 – 17	\$50,000 Event 1 only, Death benefit is limited to \$10,000 for Insured Persons under 18 years old
Event 2 and 3	\$130,000 (Permanent Paraplegia/Quadriplegia)
SECTION B – WEEKLY BENEFITS	
Benefit Period	Up to 52 weeks each and every claim
Deferral Period	14 days each and every claim for Junior Registered Players 28 days each and every claim for Senior Registered Players
Event 18	80% of Your Weekly Income up to \$300 per week
Event 19	80% of the actual cost of Home Help up to \$300 per week
Event 20	80% of the actual cost of Home Tutorial up to \$300 per week
SECTION C – SPECIAL BENEFITS	
Non-Medical Medical Expenses	We will pay 80% of eligible Expenses (as defined), after any reimbursement from a recognized private health fund, to a maximum of \$2,500 for any one injury and up to \$4,000 any one Period of insurance.
Excess	\$50 each and every claim for physiotherapy, chiropractic, osteopathic, acupuncture and remedial massage expenses. Cover for the above expenses will only apply if treatment has been certified necessary by a legally qualified medical practitioner to a registered provider.
Nil Excess	If the Insured Person is a member of a registered Private Health Fund.
Travel and Accommodation Expenses (Junior Registered Players Only)	We will pay 80% of reasonable travel and/or accommodation (as defined) with any motel/hotel accommodation being capped at \$150 per night. These accumulated benefits will be paid up to a total maximum benefit of \$500 for any one injury during any one policy period. Appropriate receipts must be provided for any of these benefits to be considered.
Funeral Expenses	We will pay 100% of eligible Expenses up to \$2,000
Extent of Cover	As per the attached Policy
Age Limitation	Over 5 years and under 70 years

LIABILITY INSURANCE

Public Liability	\$20,000,000 any one occurrence
Products Liability	\$20,000,000 any one Period of Insurance
Professional Liability	\$5,000,000 any one Period of Insurance Professions Covered: CRL Referees, Accredited Coaches and Trainers
Property in Care, Custody or Control	\$20,000 any one occurrence

INSURANCE INFORMATION & HOW TO MAKE A CLAIM



*This is only a summary of the main points of coverage.
Please refer to the policy document held by your club for the complete terms and conditions.*

WHO CAN MAKE A CLAIM?

A Rugby League claim can be made by:

- Any person who is a Registered Player, Declared Official, Qualified Coach or Qualified Referee of a Club that is part of The Country Rugby League of NSW Inc., who has been injured whilst playing Rugby League, during organised training, or travelling to or from a Club match.

WHAT BENEFITS AM I ENTITLED TO?

- Weekly Injury Benefit (Loss of Income)
- Non-Medicare Medical Expenses such as physiotherapy, chiropractic services, private hospital accommodation and theatre costs, pharmacy, ambulance and dentistry, etc. **(medical bills with a Medicare benefit are not covered).**
- Student Tutorial Benefit
- Capital Benefits for Permanent Injury
- Death Benefit
- Funeral Expenses
- Travel and accommodation expenses (for junior registered players only)
- If an insured person has Private Health Insurance a nil excess applies under Non-Medicare Medical Expenses
- **Full details of the cover are available from your Club or from the SLE Australia website.**

HOW DO I MAKE A CLAIM?

When making a claim for an injury, you must:

1. Advise your Club Secretary that you wish to make a claim.
2. Obtain from your Club Secretary:
 - "Sports Injury Report Form" to be completed by you and your Club
 - "Attending Physicians Statement" to be completed by your treating Doctor
 - "Rugby League Case Report" to be completed by yourself.
3. Send all fully completed forms to:

Claims Department
SLE Worldwide Australia Pty Limited
Level 11, 56 Clarence Street
Sydney NSW 2000
PO Box H308
Australia Square NSW 1215

WHAT ENTITLEMENTS CAN I RECEIVE?

• INCOME

Reimbursement of 80% of Average Gross Income up to a maximum of \$300 per week **less a 28 day Deferral Period for Senior players and a 14 day Deferral Period for Juniors players.** The maximum benefit period is 52 weeks.

• MEDICAL

Payment of 80% of Non-Medicare Medical Expenses after any reimbursement from your health fund. These include private hospitalisation, theatre costs, pharmacy, ambulance, physiotherapy, chiropractic services and dentistry, etc.

A \$50 excess applies for physiotherapy and chiropractic or similar expenses for each claim. The maximum benefit is \$2,500 per injury with a maximum of \$4,000 per annum.

• PERMANENT INJURY

Benefits of up to \$50,000 for permanent injuries.

- The benefit for permanent paraplegia / permanent quadriplegia injuries is now \$130,000.

POINTS TO REMEMBER

- Send in **original** documents only.
- Pay **all** accounts first, then claim.
- Complete **all** questions on the claim forms to the best of your ability.
- Provide wage details if you are claiming wage loss such as tax assessment notice or letter from your Accountant.
- Forward medical certificates at least monthly if you continue to be off work.
- Attend **all** appointments arranged by SLE Worldwide Australia Pty Limited.

Any questions or if you require claim forms, contact our claims department on 1800 002 676

Or visit our website: www.sleaustralia.com.au

Click on the CRL logo to log in.



Insuring the world's fun™

SLE Worldwide Australia Pty Limited

A.B.N. 15 066 698 575

Licence No: 237268

Level 11, 56 Clarence Street, Sydney

PO Box H308 Australia Square NSW 1215

Fax: (02) 9249 4840

ELECTRONIC BANKING DETAILS TO BE COMPLETED BY THE INSURED PERSON

Please Provide Account Details to ensure prompt payment of your benefits.

Name of Bank / Credit Union / Building Society, etc:

PLEASE DOUBLE CHECK ALL DETAILS BELOW BEFORE SUBMITTING TO US

Branch: _____

Account in the Name of: _____

Type of Account: _____

BSB Number: _____

Account Number: _____

I / We, (please print) _____ declare and warrant that the above particulars are true and correct in every detail.

Further, I / We authorise SLE Worldwide Australia Limited to credit this Account with any monies payable to me under the Policy of Insurance.

I shall notify SLE Worldwide Australia Limited of any changes to the above details Immediately in writing.

Whilst an original document is preferred a photocopy or faxed form will be accepted.

Name (please print): _____

Signed: _____ Date: _____