

## What to expect when making a claim

When making a claim under your sporting association's Group Personal Accident Insurance Policy, please remember the following important points:

- You must follow medical advice from a registered medical Doctor as soon as possible after sustaining an Injury.
- You must provide us with information about your claim (at your expense) where we reasonably ask for it. This includes any requested claim forms.
- Claim forms we will usually require include:
  - Club's Declaration – *to verify the circumstances in which your Injury occurred.*
  - Medical Practitioner's Statement – *to confirm the extent of Injury sustained and verify the medical cause of your Injury.*
  - Disclosure and Privacy Consent – *to enable us to request information about your injury where necessary and relevant to your claim.*
  - Electronic Bank Details – *to enable us to pay benefits to you under the Policy.*
  - Employment Declaration - *to substantiate your pre-injury income (where Loss of Income benefits are claimed).*

***Failure to fully complete and return all requested forms and reasonably requested information promptly and efficiently may affect and delay our ability to assess your claim.***

For full details of eligible expenses and benefit limits, please refer to the Policy Schedule and Product Disclosure Statement (PDS) available from your sporting body or their Broker. Alternatively, please contact us for a copy by calling us on 1800 002 676.

## What can affect your claim

We will reduce the amount of a claim by any deferral period shown in the policy terms and conditions or in the Policy Schedule. We will also apply any percentage reductions, limits, sub-limits, and excesses to your claim where any such percentage, limit, sub-limit and/or excess is shown in the Policy Schedule.

## Important note regarding claims for medical expenses

SLE does not provide cover for any account that Medicare covers either in part or full. *The Health Insurance Act 1973* (Cth) prohibits SLE from covering expenses claimable from Medicare, or any Medicare Gap.

We do provide cover for **Non-Medicare** Medical Expenses. We will pay the percentage amount shown in the Policy Schedule for expenses relating to private hospital, dental (sound and natural teeth), ambulance, chiropractic, physiotherapy, or any similar registered provider of medical/allied health services, provided a legally qualified Medical Practitioner has certified that the treatment was necessary.

## How to claim Non-Medicare medical expenses

Please note Non-Medicare Medical Expenses are **limited for 12 calendar months from date of Injury**. When claiming Non-Medicare Medical Expenses you must:

1. Obtain a referral from your treating Medical Practitioner or Dentist to certify that any medical treatment is necessary. Referrals must be obtained before undergoing treatment.
2. Have your treating Medical Practitioner or Dentist complete the Medical Practitioner Statement (without expense to the Insurer) prior to submitting a claim; and
3. Submit copies of all receipts, accounts and referrals for the treatment you are claiming.
4. If you have private health insurance, you must submit your receipts and accounts to your health insurer prior to submitting your claim to us.

## How to claim loss of income

The policy has deferral periods which defer the commencement of your benefit period by up to 28 days (depending on your Policy Schedule). This means that you will not be paid benefits for loss of income you suffer during the deferral period. For example, a deferral period of 28 days means you will not be paid for the first 4 weeks off work.

When claiming for Loss of Income you must:

1. Fully complete the required forms (club declaration and online Injury Details questionnaire);
2. Have your treating Medical Practitioner or Dentist complete the Medical Practitioner Statement (without expense to the Insurer) prior to submitting a claim;
3. If you are a wage or salary earner, have your employer complete the Employment Declaration, or
4. If you are self-employed, attach proof of earnings such as your most recent tax return or BAS Statement.
5. At least every four weeks forward medical certificates for all periods off work. We do not accept back dated certificates.

If your disability is continuing, please forward medical certificates every four weeks to verify your incapacity for work and verify that you remain under the regular care of a medical Doctor. Loss of income benefits will not be paid until all statements and documents are submitted.

## Please remember

- Excesses, sub-limits, benefit periods and percentages of cover apply under the Policy Schedule;
- Please check with your sporting association, their Broker or phone us on 1800 002 676 for details of exact cover.

# IMPORTANT INFORMATION – PLEASE READ

## Claiming Medical Expenses

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We will reimburse **Non Medicare** Medical Expenses incurred within twelve months of your injury. Eligible expenses are reimbursed at the rate of 100% of expenses incurred up to a maximum amount of \$3000, less the \$100 Policy excess applicable to all claims. Please note the \$100 does not apply to ambulance expenses.

Non Medicare Medical Expenses:

- means medical treatment expenses that **do not** attract a Medicare rebate;
- covers treatment referred by a doctor to a registered private hospital, registered physiotherapist or a similar registered provider of medical services before you start treatment (backdated referrals will not be accepted);
- includes ambulance expenses;
- includes dental treatment incurred to sound and natural teeth, excluding dentures.

To claim reimbursement of Non Medicare Medical Expenses you will need to:

1. Claim any private health rebate from your Private Health Insurer (if you have one) **before** you submit the expenses to us.
2. Send us a copy of your doctor's referral, your receipts for payment of the expenses, and evidence of any applicable Private Health Insurance rebate.

## Claiming Loss of Income

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We will pay a maximum of \$300 per week for up to 52 weeks for loss of Income suffered as a result of an injury after the 28 day deferral period. Benefits are capped at 100% of your average weekly Income earned during the twelve (12) calendar months immediately prior to the injury.

To claim loss of income (Temporary Total Disablement) benefits you will need to:

1. Arrange for your employer or your accountant (if you are self-employed) to complete the employment details section on the claim form and provide us with proof of your Income upon request.
2. Complete a Tax File Number Declaration form and submit the completed form to secure email address [tfndeclaration@sleworldwide.com.au](mailto:tfndeclaration@sleworldwide.com.au)
3. Consult your doctor and obtain medical certificates at least every four (4) weeks. Back dated certificates will not be accepted. Medical certificates must be submitted for all periods that you are totally unfit for work.
4. If you have returned to work, please provide a copy of your clearance certificate.

# **Claiming Travel & Accommodation Expenses**

We will reimburse 80% of reasonable travel and accommodation expenses up to a combined maximum of \$2000 as follows:

- Fuel and domestic airfare expenses you incur for travelling directly to a hospital or a place of medical treatment where the travel is more than 100km round trip;
- Overnight accommodation in a hotel or motel capped at \$150 per night as a result of the emergency attendance by a family member at your place of treatment.

**Please note this document contains a summary only and all claims will be assessed pursuant to the terms and conditions contained in the Policy Wording and Schedule.**