

HOW DO I MAKE A CLAIM?

1. Obtain claim forms by contacting the Insurance Broker, PSC Horsell Insurance Brokers (contact details overleaf) or visiting www.skateaustralia.org.au.
2. Have the claim form fully completed as per instructions provided on the claim form.
3. A claim form should be completed within 30 days from the date of your injury.
4. When completing the claim form, please ensure that as much information as possible is provided in support of your claim.
5. Forward your completed claim form and supporting documentation to PSC Horsell Insurance Brokers as per the instructions on the claim form.

IMPORTANT NOTES

1. This information is only a summary of the cover provided. The policy documents with full terms and conditions are held by Skate Australia.
2. This insurance program commences on 31 December 2011 to 31 December 2012 and is underwritten by SLE Worldwide Australia Pty Ltd..
3. Skate Australia has arranged this insurance program to provide benefits to those registered members who, through injury or accident and who would otherwise not have received assistance. Federal Government legislation prevents insurance companies from paying any insurance benefit for a medical service that is covered by Medicare (including the Medicare gap).
4. In addition to these policies all members are encouraged to take out Private Health and income protection Insurance or additional insurance cover and above the benefits defined in this scheme. While travelling, particularly whilst overseas, travel insurance should be obtained as this policy only covers non Medicare medical expenses incurred within Australia. Medical Expenses in foreign countries are expensive, as are repatriation and other costs. For any advice or additional cover please contact PSC Horsell Insurance Brokers.
5. In accordance with PSC Horsell Insurance Brokers obligations under the Financial Services Act, policy statements relating to the Privacy Act, Product Disclosure Statements, Statements of Advice and Financial Services Guide are available from Skate Australia or PSC Horsell Insurance Brokers..

THE INSURANCE BROKER

If you wish to discuss this insurance program or any other insurance related matter, please contact PSC Horsell Insurance Brokers Pty Ltd, the Insurance Broker of the Skate Australia National Program.



PSC Horsell Insurance Brokers Pty Ltd
AFS Licence No 342 385 ABN 30 129 444 828
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Website: www.pscinsurance.com.au



2012 Member Injury Insurance Cover for Skate Australia



MEMBER INJURY INSURANCE COVER

As a registered participant of Skate Australia, you are provided with insurance cover which applies while you are involved in activities that are associated with Skate.

This brochure tells you what insurance cover is provided, what to do if you ever need to make a claim, and the additional cover that it would be wise for you to consider arranging personally.

WHO IS COVERED?

All registered members, coaches, umpires, officials, first aid personnel, administrators and voluntary workers of Skate Australia Inc, Skateboarding Australia Pty Ltd, Inline Hockey Australia Pty Ltd, state associations and their affiliated clubs.

WHEN AM I COVERED?

Cover applies whilst:-

- Engaged in officially sanctioned activities.
- Participating in club, representative, state or national events.
- Organised training or practice sessions.
- In an administrative capacity as an official or trainer or fundraiser.
- Travelling directly to and from the above sanctioned activities and staying away from home whilst engaged in the above sanctioned activities.



WHAT COVER IS PROVIDED?

Capital Benefits

A lump sum benefit is payable in the event of a Death or a Permanent Disability. The scale of benefits is defined in the policy.

The maximum benefit payable for Death is \$50,000 (limited to \$10,000 for persons under 18 years of age) as per the scale of benefits as defined by the policy.

Other Capital Benefits are as per the scale of benefits as defined by the policy wording.

Home Renovation Benefit

Up to a maximum of \$10,000 payable if entitled to 100% of the Capital Benefit.

Non-Medicare Medical Expenses

This covers insured persons for NON-MEDICARE MEDICAL expenses. The policy is for reimbursement only. That is, the member must pay the account and then claim reimbursement from this insurance cover.

The most common "Non Medicare" expenses include:

- Private Hospital Bed and Theatre Fees
- Dental
- Ambulance
- Post-operative treatment prescribed by an orthopaedic Surgeon
- Chiropractic, Physiotherapy, Osteopathy, Naturopathy, Massage following referral from a registered medical practitioner

Due to the National Health Act, no coverage can be provided for medical expenses which are claimable through Medicare including the Medicare Gap.

Physio Benefits:

The percentage of physiotherapy expenses covered under this section is:

Visits 1 to 5	95% (of the fee charged less rebates from other sources)
Visits 6 to 10	80% (of the fee charged less rebates from other sources)
All other visits	75%

The Benefits: Reimbursement up to 85% of non-Medicare medical costs, up to \$3,000 per injury.

Excess: \$50 excess applies to each injury, nil if privately Insured.

Conditions:

- If a member belongs to a private health fund, they must claim from that fund first.
- Non Medicare Medical costs are only reimbursed by this policy if incurred 52 weeks from the date of injury.

Funeral Expenses (including In Memoriam Benefit)

Pays 100% of the actual costs of funeral expenses of an insured person up to a maximum of \$6,000 when a claim is payable under Item 1 of the Death and Capital Benefits scale.

Rehabilitation Benefit

Pays all reasonable costs incurred for the rehabilitation of a bodily injury by a rehabilitation provider to a maximum amount of \$500. Also pays the expenses incurred for tuition or advice from a licensed vocational school up to a maximum of \$3,000.

Injury Assistance and Parents Inconvenience Allowance

Pays up to \$25 per day to a maximum of \$1,500 any one claim whilst the child is hospitalised to offset costs incurred for baby-sitting, taxi fares etc.

Bed Care Benefit

Pays up to \$300 per week up to a maximum of 52 weeks in the event the insured person is necessarily confined to a bed after a bodily injury for a period of not less than 7 days and their confinement is certified as necessary by their attending Medical Practitioner to be under the continuous care of a registered nurse, who is not related to the insured person or a member to the insured persons family

