

# Representative Games Upgrade Form

## 2019/2020 Australian Football National Risk Protection Programme

**For Period: 1<sup>st</sup> November 2019 to 1<sup>st</sup> November 2020**

Please note: Upgrades are effective from receipt of this form.

For General enquiries please phone 1300 130 373 and to view the Policy Wordings, Summary of Covers and other important information, terms and conditions (including the Product Disclosure Statement), please refer to:

<https://www.jlta.com.au/jdt/afl/potential.aspx>

### Please send your completed Upgrade Form to:

#### Post

Marsh Pty Ltd  
GPO Box 1229  
Melbourne VIC Australia 3000

#### Email

[sport@marsh.com](mailto:sport@marsh.com)

## Representative Team Coverage

### Non-Medicare Medical Cover & Capital Benefits

#### What Cover do I have if I play a Representative Game?

All participants who play in Representative Games at a National, State, League or Association level throughout Australia are automatically afforded the Platinum level of cover. This includes participation in game, training sessions and associated activities. A summary of the benefits can be found on page 3 of this form.

#### Quadriplegia & Paraplegia Events

All participants who play in Representative Games at a National, State, League or Association level throughout Australia are automatically afforded the Platinum level of Quadriplegia / Paraplegia cover - **\$1,000,000**

#### Do I need to pay for these covers?

No. This is automatically included in the National Risk Protection Programme.

## Loss of Income Cover Purchase for individuals

#### What is Loss of Income Cover?

Loss of Income Cover is **OPTIONAL** and players can purchase this cover individually. Loss of Income Cover provides reimbursement for either 80% of the injured person's net weekly income or the maximum amount per week as purchased by the player – whichever is the lesser. Coverage is for a maximum of 52 weeks and a 14 day elimination period applies. Please note - this does not include coverage for Match Payments.

#### How do I purchase Loss of Income Cover for Our Representative Players?

1. Complete Section A and Section C of the Representative Team Upgrade Form.
2. Forward the completed form to Marsh
3. Loss of Income Purchases are valid from the date Marsh receives this form and are subject to 14 day credit terms.

## Section A - Upgrade Details

STEP 1: PLAYER DETAILS			
1	Club Name	2	Association/League
3	Insured Player	4	Contact Phone Number
5	Postal Address	State	Post Code
6	Email Address		
STEP 2: TOTAL AMOUNT PAYABLE			TOTAL
Section C (Loss of Income Purchase) Total Amount Payable			\$ _____
STEP 3: CLUB DECLARATION			
I, the undersigned, declare that I am an authorised representative of		_____	
		Name of Club	
_____		_____	
Authorised Club/League/Association Representative's Name (please print)		Authorised Club/League/Association Representative's Title/Position	
_____		/ /	
Authorised Club/League/Association Representative's Signature		Date	
STEP 4: SUBMIT YOUR UPGRADE FORM			
<b>Postal Address:</b>	Marsh Pty Ltd GPO BOX 1229 MELBOURNE VIC AUSTRALIA 3000		
<b>Email Address:</b>	<a href="mailto:sport@marsh.com">sport@marsh.com</a>		
STEP 5: MAKING PAYMENT			
Marsh will provide you with a Tax Invoice <b>AFTER</b> we receive this application form which will detail the payment options. Payment must be made within 14 days of receipt of the invoice.			
If you would like to make payment for upgraded cover via monthly instalments, please tick the box below and we will send you a Pay by the Month contract for your review. If acceptable and you wish to take advantage of this offer, please complete, sign and return to us as soon as possible.			
<input type="checkbox"/> <b>Pay by the Month</b>			

## Section B – Non-Medicare Medical Cover Upgrade

### The AFL National Risk Protection Programme Discretionary Trust Arrangement.

ABN: 37 378 340 834

Before signing this form, it is essential you have read and are prepared to be bound by the Product Disclosure Statement (PDS) and Financial Services Guide (FSG). For a copy of these documents and other important information, terms and conditions, please refer to:

<https://www.jlta.com.au/jdt/afl/>

PERIOD OF COVER	
<b>FROM:</b> Cover is valid from the date Marsh receives this form and payment	<b>TO:</b> 1 <sup>st</sup> November 2020

### Non-Medicare Medical

All participants who play in Representative Games at a National, State, League or Association level throughout Australia are automatically afforded the Platinum level of Non-Medicare Medical cover.

The table below demonstrate the benefits of Platinum cover:

TABLE (A) Upgrades Available	
	<i>Platinum (Rep Games)</i>
<i>Non-Medicare Medical Costs</i> (examples include: Ambulance, Physio, Dental, Chiro, Private Hospital Accommodation)	90% Reimbursement
	\$7,500 max. per claim
	\$50 excess per claim
<i>Capital Benefits</i>	\$250,000 (\$50,000 for U18)
<i>Quad Para Benefit</i>	\$500,000

### Quadriplegia & Paraplegia Events

All participants who play in Representative Games at a National, State, League or Association level throughout Australia are automatically afforded the Platinum level of Quadriplegia / Paraplegia cover - **\$1,000,000**

**There is no cost for these covers.  
All Representative Teams automatically receive this cover.**

## Section C – Loss of Income Cover Purchase for Representative Teams

### The AFL National Risk Protection Programme Discretionary Trust Arrangement.

**ABN: 37 378 340 834**

Loss of Income Cover is OPTIONAL. Loss of Income Cover provides reimbursement for either 80% of the injured person's net weekly income or the maximum amount per week as purchased by the League – whichever is the lesser. Coverage is for a maximum of 52 weeks and a 14-day elimination period applies.

To purchase this cover, please complete Steps 1-3 below. Missing information may result in delays with your application for Loss of Income cover.

PERIOD OF COVER	
<b>FROM:</b> Cover is valid from the date Marsh receives this form and payment	<b>TO:</b> 1 <sup>st</sup> November 2020

**ELIMINATION PERIODS:** The Elimination Period means that the injured person must lose the nominated number of days' income (14 days) due to the injury sustained before a loss of income claim is payable.

Team	Per \$50.00 Cover
Seniors and/or Reserves	\$108.00
Juniors	\$33.00

Loss of Income cover is calculated based on a weekly amount chosen by the League. To calculate the Premium to be paid please follow the instructions below:

- Column A: Nominate the teams you wish to purchase loss of income cover for (Seniors, Reserves and/or Juniors).
- Column B: Allocate the Weekly Amount of Cover you wish to purchase for each team (this amount must be a multiple of \$50).
- Column C: Divide the amount in Column B by \$50.00.
- Column D: Multiply the number of number of units in Column C by the premium rate shown in Column D.
- Column E: Enter the number of teams you wish to cover.
- Column F: Multiply the number of teams in Column E by the Premium Rate you have entered in Column D.

For further assistance, please refer to the example at the bottom of the page.

#### Step 1: Loss of Income Cover Calculation – refer to TABLE (D) above

Column A Grade	Column B Income Cover	Column C Number of	Column D Premium Rate	Column E Teams	Column F Sub Total
<input type="checkbox"/> Seniors	\$ _____ Weekly Cover	÷ \$50 = _____ No. of \$50.00 units	x \$108 = \$ _____	x _____ Number of Teams	= \$ _____ Premium payable
<input type="checkbox"/> Reserves	\$ _____ Weekly Cover	÷ \$50 = _____ No. of \$50.00 units	x \$108 = \$ _____	x _____ Number of Teams	= \$ _____ Premium payable
<input type="checkbox"/> Juniors	\$ _____ Weekly Cover	÷ \$50 = _____ No. of \$50.00 units	x \$33 = \$ _____	x _____ Number of Teams	= \$ _____ Premium payable

#### EXAMPLE ONLY

A Grade	B Income Cover	C Number of units	D Premium Rate	E Teams	F Sub Total
<input checked="" type="checkbox"/> Seniors	\$ 300.00 p/w Weekly Cover	÷ \$50 = <u>6 units</u> No. of \$50.00 units	x \$108 = <u>\$ 648</u>	x <u>2 teams</u> Number of Teams	= <u>\$ 1,296</u> Premium payable
<input type="checkbox"/> Juniors	\$ 200.00 p/w Weekly Cover	÷ \$50 = <u>4 units</u> No. of \$50.00 units	x \$33 = <u>\$ 132</u>	x <u>3 teams</u> Number of Teams	= <u>\$ 396</u> Premium payable

## **IMPORTANT INFORMATION:**

- All rates on this form are inclusive of all government charges, GST and fees.
- The players are only covered whilst representing the League noted on this form.
- The benefit payable is limited, subject to the Trustee's discretion, to the lesser of the selected amount or 80% of net weekly earnings (excluding any remuneration from participation in football). Please note that actual payments made to the claimant are made net of tax.
- No benefit will be payable if the player is not in Permanent or Regular Casual employment at the time of receiving the injury – also subject to the Trustee's discretion.

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303, AFSL 238 369) ('MAI'). MAI are not the insurer.

The Discretionary Trust Arrangement has been arranged by JLT Group Services Pty Ltd (ABN 26 004 485 214 AFSL 417964) ("JGS"). JGS is a business of Marsh & McLennan Companies (MMC). Cover is subject to the Trustee's discretion and/or the relevant policy terms, conditions and exclusions.

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