

SchoolCare

Claim Form

Claim Number _____
(office use only)

How to Get Quick Action on Your Claim

Catholic Church Insurance Limited will act on your claim as soon as we receive this form. You can help us to act quickly for you by providing:

- ◆ **Original Doctor's certificate.** The certificate must show:
 - Name of injured student
 - Date, nature and extent of injury
- ◆ **Dental claims.** Your dentist must provide a written statement confirming:
 - The treatment was due to an accident
 - The extent of treatment
 - Any future treatment
- ◆ **Original itemised accounts or receipts for claimable expenses.**
- ◆ **Declaration on page 7 to be completed by Parent/Guardian.**
- ◆ **Declaration on page 11 to be completed by School/College.**

Catholic Church Insurance Limited does not generally pay for the cost of obtaining documentation to support a claim.

IMPORTANT: CATHOLIC CHURCH INSURANCE LIMITED IS PROHIBITED BY FEDERAL HEALTH LEGISLATION (INCLUDING THE HEALTH INSURANCE ACT 1973 (Cth)) FROM PAYING ANY MEDICARE REBATE INCLUDING THE MEDICARE GAP



For Example:

A student breaks their arm whilst playing on the school playground

| | |
|----------------------|----------------|
| Doctor's Fee | \$100.00 |
| Less Medicare Refund | \$60.00 |
| Medicare Gap | \$40.00 |

*The Medicare Gap is NOT claimable under this policy

If you require assistance please contact us on the SchoolCare Helpline: 1300 138 498

Check List For Parents

Please check

- That all questions have been answered
- That you have not included any Medicare claimable items or Medicare "gap" items
- That all supporting documentation is attached
- That you have signed the declaration on page 7

Check List For Schools

Please check

- That all questions have been answered
- That all supporting documentation is attached
- That the parents have signed the declaration on page 7
- That the school has signed the declaration on page 11

To Be Completed By Parent or Guardian

Personal Details

Student Title Surname Given name/s

Parent/guardian

Title Surname Given name/s

Postal Address

Postcode

Phone - Work Home Mobile Fax

Student's date of birth (dd/mm/yyyy)

/ /

Email address

School/College name

School/College address

Postcode

Kindergarten Primary Secondary Other

Payment

If you would like the claims settlement to be paid via EFT into your account, please complete your details below.

Account name

Bank

Branch

BSB number

Account number

-

Incident Details (must be completed)

This policy is designed to provide specified benefits to students suffering bodily injury as a result of an accident. No benefits are provided for illness related incidents or costs.

Date of incident

 / /

Time

 am/pm

Place of incident (Please tick ✓)

- Home School Excursion/camp Road Sports venue (school)
 Sports venue (other) Other (Please give details below)

Occurrence period (Please tick ✓)

- School hours School holidays Public holidays Weekend Before school
 After school

Describe how the accident occurred

Date of first treatment

 / /

Further treatment required

- Yes No

Lump Sum Benefits – not all injury types attract a lump sum benefit

Section 1 – Table of Benefits

(Please tick ✓ benefit you are claiming)

1. Death
2. Total and **permanent** disablement from engaging in any profession business or occupation whatsoever
3. **Permanent** and incurable **quadriplegia**
4. **Permanent** and incurable **paraplegia**
5. **Permanent** and incurable loss of mental powers resulting in total inability to work except in a sheltered workshop or in occupations reserved for handicapped persons
6. **Permanent** and incurable loss of speech resulting in total inability to work except in a sheltered workshop or in occupations reserved for handicapped persons
7. Total and **permanent** loss of sight of both eyes
8. Total and **permanent** loss of sight in one eye
9. Total and **permanent** loss of use of both hands
10. Total and **permanent** loss of use of both feet
11. Total and **permanent** loss of use of one hand
12. Total and **permanent** loss of use of one foot
13. Total and **permanent** loss of hearing in both ears
14. Total and **permanent** loss of hearing in one ear
15. Total and **permanent** loss of use of two limbs
16. Total and **permanent** loss of use of one limb
17. Total and **permanent** loss of use of one thumb of either hand:
 - a. both joints
 - b. one joint
18. Total and **permanent** loss of use of fingers of either hand
 - a. three joints
 - b. two joints
 - c. one joint
19. Total and permanent loss of use of toes of either foot
 - a. all of one foot
 - b. great, both joints
 - c. great, one joint
 - d. other than great, each toe
20. Third degree burns and/or resultant disfigurement due to fire or chemical reaction which extends to between 20% and 40% of the entire body
21. Third degree burns and/or resultant disfigurement due to fire or chemical reaction which extends to more than 40% of the entire body
22. The fracture of a leg or knee cap with established non-union
23. The fracture of the skull or spine
24. The fracture of the neck or pelvis or hip
25. The fracture of a jaw
26. The fracture of a shoulder
27. The fracture of a rib (one or more)
28. The fracture of a breastbone
29. The fracture of a collarbone
30. The fracture of an arm or an elbow or a wrist or a leg or a knee or an ankle
 - a. Simple (closed) fractures(one or more)
 - b. Compound open fractures (one or more)
31. The fracture of a finger or a thumb or a toe
32. The fracture of a hand or a foot
33. The fracture of a facial bone or bones (other than jaw)
34. Loss of or damage to teeth

a. Permanent or second teeth (not being dentures or dental fittings)

i. loss of teeth

ii. full capping of damaged teeth

iii. partial capping or repair of damaged teeth

iv. Damage to teeth not provided for in (ii) or (iii) above

b. Milk or first teeth:

loss of teeth

The total benefits payable in respect of this event 34 shall not exceed \$2,500.

35. Dislocation of the hip

36. Dislocation of the knee

37. Dislocation of the shoulder blade

38. Dislocation of the collarbone

39. Dislocation of the jaw

40. Dislocation of the ankle

41. Dislocation of the elbow

42. Dislocation of the wrist

43. A knee reconstruction

44. A torn ligament or tendon

45. A ruptured internal organ

46. Loss of testicle

47. Any **permanent** disability, burns, fractures, dislocations/tears/ruptures not otherwise provided for in this table of benefits. Please describe nature of injury:

| |
|--|
| |
| |
| |
| |

Section 2 - Other Benefits

If a nominated person suffers bodily injury as a result of an accident, we will pay or reimburse (as the case may be):

A Non-Medicare medical fees (itemised invoice(s) from service provider(s) need to be provided to substantiate this claim)

1. the fees necessarily incurred as the result of such bodily injury and paid to a registered medical practitioner, dentist, nurse, chemist, hospital, chiropractor, osteopath or physiotherapist;
2. the cost necessarily incurred as the result of such bodily injury for the hire of surgical aids and appliances;
3. the cost of replacing prescribed glasses or contact lenses lost or damaged as a result of such bodily injury.

Provided that:

- a. our total liability under this benefit (A) shall not exceed \$7,500;
- b. no payment or reimbursement shall be made for fees or costs where legislation prohibits in Australia the payment or reimbursement of such fees or costs.

Benefit above is limited by legislation

General insurance companies are prohibited by law from covering:

1. the cost of any medical service for which a Medicare benefit is payable,
2. the cost of any hospital treatment or ancillary health benefit, unless the cost arises from an injury that happens whilst taking part in certain activities such as:
 - ◆ attending school;
 - ◆ engaging in a sporting activity;
 - ◆ undertaking a work experience program (secondary students only);
 - ◆ providing services, without pay, to a religious, educational, charitable or benevolent organisation;
 - ◆ engaged in youth activities organised by a voluntary association, such as Guides or Scouts;
 - ◆ travelling to or from the above activities.

C Tuition fees (invoice(s) for home tuition and an absence certificate from school need to be supplied to substantiate this claim)

The cost of home tuition necessarily incurred if as a result of such bodily injury the nominated person is unable in the opinion of a medical practitioner to attend school for more than 5 full consecutive days.

Our total liability under this benefit (C) shall not exceed \$2,500 per accident per nominated person.

D Hospital inconvenience allowance (Hospital Certificate needs to be provided to substantiate this claim.)

\$35 for each day the **nominated person** is confined as a patient in a hospital as the result of such bodily injury. This benefit is not payable unless **the nominated person** is hospitalised for more than 3 consecutive days. We will require a certificate from a qualified medical practitioner stating that the nominated person has been hospitalised for the period concerned as the result of such bodily injury.

Our total liability under this benefit (D) shall not exceed \$3,500 per accident per **nominated person**.

E Nursing allowance (A certificate from a qualified medical practitioner needs to be provided to substantiate this claim.)

\$35 for each day the **nominated person** requires domestic nursing assistance whilst residing at the person's usual home as the result of such **bodily injury**. This benefit is not payable unless the **nominated person** is confined to home for more than 3 consecutive days. We will require a certificate from a qualified medical practitioner stating that the nominated person requires domestic nursing assistance for the period concerned as the result of **such bodily injury**.

Our total liability under this benefit (E) is limited to \$2,000 per accident per nominated person.

F Clothing allowance

A maximum benefit of \$500 is payable for clothing lost or damaged as a result of an accident for which medical treatment was required and administered by a qualified medical practitioner.

G Emergency accommodation

\$75 for each day that a member of the **nominated person's** immediate family is accommodated at a location more than 100 kms from his or her normal place of residence while the **nominated person** is confined as a patient in a hospital as the result of such **bodily injury**.

Our total liability under this benefit (G) shall not exceed \$3,500 per accident per nominated person.

H Travel expenses

\$35 for each day the **nominated person** must travel more than 50 kms from his or her normal place of residence to seek medical treatment by a qualified medical practitioner as a result of such **bodily injury**.

Our total liability under this benefit (H) shall not exceed \$2,000 per accident per **nominated person**.

Section 3 – Professional Counselling Costs

Professional Counselling Fees (A certificate from a qualified medical practitioner needs to be provided to substantiate this claim.)

If the **nominated person** suffers **bodily injury** as the result of an accident or if the **nominated person** witnesses an accident as a result of which a person suffers bodily injury, we will refund the cost of professional counselling fees.

We will require a certificate from a qualified medical practitioner stating that the **nominated person** requires professional counselling as a result of such bodily injury or as a result of witnessing an accident as a result of which a person suffers **bodily injury**.

Our total liability under section 3 is limited to \$2,500 **per nominated person** per accident and shall not exceed \$50,000 per insured per accident.

Section 4 – School Fee Relief

School Fee Relief (Death Certificate needs to be provided to substantiate this claim)

If the person who pays the **nominated person's** school fees dies as a result of an accident we will pay the **nominated person's** school fees.

Our total liability under section 4 shall not exceed \$15,000.

Please Claim Here For Non-Medicare Benefits

| Benefit | Provider of service | Nature of service provided | Amount claimed from CCI after any other rebate |
|---------|---------------------|----------------------------|--|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

STOP IMPORTANT: CATHOLIC CHURCH INSURANCE LIMITED IS PROHIBITED BY FEDERAL HEALTH LEGISLATION (INCLUDING THE *HEALTH INSURANCE ACT 1973* (Cth)) FROM PAYING ANY MEDICARE REBATE INCLUDING THE MEDICARE GAP

Parent/Guardian Declaration

- ◆ I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.
- ◆ I consent to Catholic Church Insurance Limited using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however Catholic Church Insurance Limited may not be able to process my claim.
- ◆ I consent to Catholic Church Insurance Limited disclosing my personal information in some instance to other insurers, an Insurance Reference Service, reinsurers, claims investigators, assessors, legal professionals or as required by law. I consent to Catholic Church Insurance Limited also disclosing my personal information to and/or collecting additional information about me from investigators or legal advisors.

Parent's or guardian's signature

Date: (dd/mm/yyyy)

 / /

Print name

Additional Comments/Notes if Required

General Insurance Code of Practice

The General Insurance Industry has developed the General Insurance Code of Practice (the **Code**) for use by insurers.

Catholic Church Insurance Limited (**CCI**) has adopted and enthusiastically supports the Code because it:

- ◆ requires the provision of high standards of good practice and service
- ◆ requires the provision of more relevant and useful information to consumers
- ◆ promotes understanding of your rights and obligations under our insurance contracts
- ◆ promotes informed and effective relationships between consumers, insurers and agents
- ◆ provides a process for the resolution of disputes.

The Code sets out what we must do when dealing with you through all stages of our relationship with you - whether you're taking out insurance, making a claim (including setting out timeframes for making a decision on your claim), or have a complaint. The Code also contains special provisions setting out how we must deal with claims resulting from catastrophes and disasters.

If you want more information about the Code, or to obtain a copy of the Code please contact us or visit the Insurance Council of Australia website at www.codeofpractice.com.au.

If we are unable to provide you with insurance cover, CCI will:

- ◆ give you reasons for our decision;
- ◆ refer you to another insurer, or the Insurance Council of Australia or NIBA for information about alternative insurance options (unless you already have someone acting on your behalf); and
- ◆ if you are unhappy with our decision, make available information about our complaints handling procedures.

Alleged breaches of the Code can be reported to the Financial Ombudsman Service Limited (**FOS**), an independent organisation that resolves disputes between consumers and financial service providers.

Alternatively, there may be other external dispute resolution options available to you including:

- ◆ State and Territory Review Tribunals (such as the Victorian Civil & Administrative Tribunal),
- ◆ Mediation or Arbitration (where we both agree to use this option), and
- ◆ Court proceedings.

How to make a complaint

If you are unhappy with our decision or the process, you may make a complaint in accordance with our complaints handling procedure. Details of our insurance complaints handling procedure can be obtained from our website at www.ccinsurance.org.au or by requesting a copy directly from us (see contact details below).

You can lodge a complaint by the following methods:

Website: <http://www.ccinsurance.org.au/complaints>
Mail: Catholic Church Insurance Limited
GPO Box 180, Melbourne Vic 3001
Tel: 1300 655 001, between 8:30am and 5:30pm, Monday to Friday, (03) 9934 3000
Facsimile: (03) 9934 3464

If you are not satisfied with the response you receive from us or are not satisfied with the process when dealing with us you can contact the Financial Ombudsman Service (FOS).

The FOS is a recognised external dispute resolution scheme, and subject to its Terms of Reference, FOS may receive and handle your complaint.

You may contact FOS using the contact details below:

Mail: Financial Ombudsman Service Limited
GPO Box 3, Melbourne Vic 3001

Tel: 1300 780 808 (local call cost)

Tel: (03) 9613 7366

Facsimile: (03) 9613 6399

Website: www.fos.org.au

How to Make a Privacy Complaint

If your complaint is a privacy complaint please refer to our **Privacy Policy** which outlines our complaints handling procedure with respect to privacy complaints.

Meeting your expectations

Catholic Church Insurance Limited ABN 76 000 005 210 (**Catholic Church Insurance**) and its wholly owned subsidiary CCI Asset Management Limited ABN 65 006 685 856 (**CCI Asset Management**) (collectively "**CCI**") is committed to providing you with the highest levels of customer service and abides by the Australian Privacy Principles (**APPs**) contained in the Privacy Act 1988 (Cth) (**Privacy Act**) to safeguard your privacy.

We have adopted the following APPs that relate to the protection of your privacy: open and transparent management of personal information, anonymity and pseudonymity, collection of solicited personal information, dealing with unsolicited personal information, notification of the collection of personal information, use or disclosure of personal information, direct marketing, cross-border disclosure of personal information, adoption, use or disclosure of government related identifiers, quality and security of personal information, and access to, and correction of personal information.

Collecting your personal information

CCI will generally only collect your personal information directly from you, and will do so in a fair and lawful manner. Your personal information collected by CCI may include your name, contact details, date of birth, occupation, financial information and any information specific to your policy. In some instances, we may request sensitive personal information such as medical information that relates to the insurance or claim. The information we collect enables us to assess your application for new insurance, change your existing insurance, correct your details or determine a claim.

Our commitment is to only collect personal information that is relevant to your application for insurance, your insurance policy or your claim. We aim to ensure that your personal information is at all times accurate, up-to date, complete, relevant and not misleading.

Disclosing your personal information

Once we have collected any personal information about you we will manage it in accordance with our Privacy Policy and obligations under the Privacy Act. To assess a risk or pay a claim we may disclose your personal information in some instances to other insurers and reinsurers, claims investigators, assessors and repairers, external valuers and appraisers, third party suppliers such as IT vendors and consultants (but only for the strictly limited purpose of carrying out the relevant service), mail house service providers, legal advisors, health or other professionals, or other parties as required by Australian law.

We will take reasonable steps to protect the personal information we hold about you from misuse or loss, and from unauthorised access, modification or disclosure. CCI will generally not transfer information outside Australia. CCI may be required to transfer information outside Australia in circumstances permitted by the Privacy Act, such as where the transfer is necessary for the performance of a contract in your interest between CCI and a third party.

Direct marketing and your privacy

From time to time, where we believe you would reasonably expect that your personal information may be used for direct marketing (and we have not received a request to the contrary), we may offer you information on other products or services from CCI or a limited range of general insurance products that we promote on behalf of Allianz Australia Insurance Limited ABN 15 000 122 850 and its affiliates (**the underwriter**), that we believe may be relevant and of interest to you. In accordance with our privacy law obligations and the Spam Act 2003 (Cth), we will always provide you with a simple “opt-out” option (such as the ability to “unsubscribe” from emails) so that you may easily request not to receive direct marketing from us. We will not share your personal information with other organisations for the purposes of direct marketing to you. If you receive these offers in error, or no longer wish to receive promotional material from us, please advise us.

If you require further information about how CCI may collect, hold, use or disclose your personal information, please see our **Privacy Policy** available on our websites www.ccinsurance.org.au/privacy and www.cciassetmanagement.org.au/privacy.htm

Accessing your personal information or making a privacy complaint

To access or correct your personal information please advise a member of our staff directly, or by writing to us, calling us or via our websites www.ccinsurance.org.au and www.cciassetmanagement.org.au

If you have a concern, or wish to make a privacy complaint, please contact our Privacy Officer using the contact details below. If you make a privacy complaint, we will respond to your complaint within 30 days. We will not charge you for making or investigating your privacy complaint.

How to contact us

visit our websites: www.ccinsurance.org.au
www.cciassetmanagement.org.au

email: privacy@ccinsurance.org.au

write to us: Privacy Officer,
Catholic Church Insurance,
GPO Box 180 Melbourne Vic 3001

call us: 1300 655 001, between 8:30am and 5:30pm, Monday to Friday,

If you are not satisfied with the response you receive from us, or require further general information about your privacy rights, you may refer your complaint to the Privacy Commissioner at the Office of the Australian Information Commissioner by using the contact details below:

in writing: Office of the Australian Information Commissioner,
GPO Box 5218 Sydney NSW 2001

email: enquiries@oaic.gov.au

call their Privacy Hotline: 1300 363 992 (local call cost)

visit their website: www.oaic.gov.au

Declaration (to be completed by School/College)

School/College Details

School/College name

School/College address

Postcode

School/College Phone

Fax

Contact name (and title)

Position

Policy number

Client number

Period of cover

 / / to / /

Did the accident occur during a school activity?

Yes No

Do you consider the information given by the
parents/guardians on this claim form to be accurate?

Yes No

If no, please comment

Do you wish to make any further comment in relation to this claim?

Signature of Authorised Representative

Date: (dd/mm/yyyy)

 / /

Print name

Position

Upon completion of the claim form please return to:

GPO Box 180 Melbourne 3001 or via email to claims@ccinsurance.org.au

How to Contact Us

Mail Catholic Church Insurance Limited
GPO Box 180 Melbourne 3001
Email claims@ccinsurance.org.au
Website www.ccinsurance.org.au
Telephone 1300 138 498
Facsimile 03 9934 3468

Catholic Church Insurance Limited ABN 76 000 005 210, AFSL no. 235415

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