

## Volunteers Group Personal Accident Insurance | General Information

### Am I covered?

JCU's Group Personal Accident insurance policy provides cover for **authorised volunteers, including Honorary, Emeritus and Adjunct staff**, suffering accidental bodily injury whilst engaged in voluntary work on behalf of the University, including the necessary direct travel to and from such activities.

The policy provides benefits for death, disability, non-Medicare medical expenses and some loss of wages arising from accidental bodily injury. Claims must be certified as necessary by a legally certified medical practitioner.

Due to legislation under the *Health Insurance Act (Cth) 1973*, the Insurer cannot pay any benefits for which there is a Medicare entitlement, including any Medicare gap. This means that volunteers may find themselves out of pocket should they choose to be treated by a medical practitioner or facility that does not bulk bill.

This policy provides limited cover, so should not be seen as a substitute for private health cover and/or accident/life insurance. Volunteers are encouraged to make their own insurance arrangements.

Personal Accident Insurance **does not** apply where other compensations, such as Medicare, Private Health Insurance, Workers Compensation, etc. is claimable.

Benefits/limits of cover will reduce from the age of 75.

### Benefits of Cover

The following is a summary only of the major benefits available under the University's Personal Accident Insurance Policy:

Available Benefits	Schedule of Benefits
<b>PART A – LUMP SUM BENEFITS</b>	
Events 1 – 19 (refer page 3)	3 x salary, up to a maximum of \$750,000
<b>PART B – BODILY INJURY BENEFITS</b>	
Resulting in surgery (overseas)	Up to a maximum of \$20,000
Weekly Benefits (loss of income) – Temporary Total Disablement or Temporary Partial Disablement	\$4,000 x 156 weeks, not exceeding 85% of Covered Persons Salary
<b>PART D – FRACTURED BONES – LUMP SUM BENEFITS</b>	
Bodily Injury resulting in fractured bones	Up to \$5,000
<b>PART E – LOSS OF TEETH OR DENTAL PROCEDURES – LUMP SUM BENEFITS</b>	
Loss of teeth of full capping of teeth; partial capping of teeth	Up to \$5,000 Limited to \$500/tooth

**Please note:** The above is a general summary, does not form part of the Policy and cannot be relied on as a full description of the cover provided. Cover is subject to Policy terms, conditions and exclusions, including limits and excesses.

### Non-Medicare Medical Expenses

If the Covered Person suffers from a Bodily Injury, the Insurer will reimburse them for the Non-Medicare Medical Expenses incurred, up to a maximum of \$20,000. **An excess of \$50 applies.**

Non-Medicare Medical Expenses means expenses:

- a) incurred within twelve (12) months of sustaining a Bodily Injury; and
- b) paid by a Covered Person or by the Policyholder for Doctor, physician, surgeon, nurse, physiotherapist, chiropractor, osteopath, hospital and/or ambulance services for the following treatments:
  - Medical
  - Surgical
  - X-ray
  - Chiropractor
  - Osteopathic
  - Physiotherapy
  - Hospital
  - Nursing Treatment

but does not include dental treatment, unless such treatment is necessarily required, to teeth other than dentures and is caused by the Bodily Injury.

No benefit is payable in respect of the Medicare gap, being the difference between the payment made by Medicare and the Medicare Benefits Schedule fee for the expense.

### Additional cover under the policy

The following may be covered, depending on the Bodily Injury/Event being claimed for:

- Emergency home help
- Home modification benefit
- Trauma counselling benefit
- Injury resulting in mental illness
- HIV/AIDS, Hepatitis C and Hendra Virus, contracted through Bodily Injury or Accident
- Injury assistance benefit
- Overseas Medical Expenses – Limit \$100,000
- Chauffeur services
- Dependent child supplement
- Orphan benefit
- Coma benefit
- Funeral expenses

### General Exclusions (summary only)

In addition to those exclusions noted above, the following is a summary of exclusions under the University's Personal Accident Insurance Policy:

- Events occurring more than twelve (12) months after the Bodily Injury;
- Pre-existing medical conditions;
- Any loss, damage, liability, Event or Bodily Injury which contravenes the *Health Insurance Act 1973 (Cth)*, the *Private Health Insurance Act 2007 (Cth)* or the *National Health Act, 1953 (Cth)*, or any amendment to, or consolidation or re-enactment of, those Acts;
- Flying in an aircraft or aerial device other than as a passenger in an aircraft licenced to carry passengers;
- Training for or participating in professional sport of any kind;

- Recreational diving and/or snorkelling outside of the approved JCU volunteering activity;
- Voluntarily subjecting yourself to an abnormal risk of injury i.e. extreme sports/high risk activities including but not limited to hunting, racing, polo playing, hang gliding, mountaineering, rock climbing, abseiling, ballooning, parachuting, paragliding, gliding, bungee jumping, snowboarding, skiing, BASE jumping;
- Intentional self-injury, suicide or any illegal or criminal act committed by the Policyholder or a Covered Person;
- War, invasion or Civil War;
- The use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste or from the combustion of nuclear fuel;
- Human Immunodeficiency Virus (HIV) or any variance including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC), except where as a result of a Bodily Injury or an Accident including but not limited to medical treatment, needle stick injury and assault by a third party (conditions apply);
- Pregnancy or childbirth, except for unexpected medical complications or emergencies arising therefrom;
- Conditions apply for Covered Persons over 75 years of age.

## Important definitions

**Accident** means a sudden, external and identifiable Event that happens by chance and could not have been expected from the perspective of the Covered Person. The word Accidental will be construed accordingly.

**Bodily Injury** means a bodily injury resulting solely and directly from an Accident and which occurs independently of any illness or other cause, where the bodily injury and Accident both occur during the Period of Insurance and while the person is a Covered Person.

It does not mean:

- a Sickness or illness or disease; or
- any pre-existing physical or congenital conditions (except illness or disease directly resulting from medical or surgical treatment rendered necessary by any Bodily Injury).

**Doctor** means a doctor or specialist who is registered or licensed to practice medicine under the laws of the country in which they practice, other than:

- the Policyholder;
- the Covered Person;
- a Close Relative of the Covered Person or any other immediate family member of the Covered Person; or
- an Employee of the Policyholder.

**Pre-Existing Medical Condition** means:

- any condition for which a Doctor was consulted or for which treatment or medication was prescribed prior to the effective date of coverage; or
- a condition, the manifestation of symptoms of which a reasonable person in the circumstances would be expected to be aware within three months prior to the effective date of coverage.

## How to make a claim

**Please Note: Notification must be made to the Insurance Office in writing within fourteen (14) days of the incident.**

1. Contact your Supervisor to report the incident.
2. If you have Private Health Insurance or Overseas Health Cover (OSHC), claim through these first.
3. Complete the Personal Accident Insurance Claim Form:
  - Sections 1 – 3 and 5 in full.
  - Ensure you sign the privacy declaration (Section 7).
  - YOUR DOCTOR fully completes the two page “Medical Practitioner’s Statement”. This section must be completed and signed by a legally qualified medical practitioner or dentist (for dental claims).
  - For a loss of income claim, YOUR EMPLOYER is to fully complete Section 8 of the claim form. Attach a copy of your most recent payslip.
4. Obtain the relevant supporting documentation (e.g. Private Health/OSHC statements, JCU incident report, tax invoices, medical reports).
5. Submit your claim and supporting documentation to [insurance@jcu.edu.au](mailto:insurance@jcu.edu.au).
6. Fullerton Health Corporate Services (FHCS) assess all claims on behalf of the Insurer. FHCS will confirm submission of the claim via email to the claimant and JCU Insurance Office. If further information is required, FHCS will contact the claimant directly or through the JCU Insurance Office.

It is recommended that you lodge your claim within thirty (30) days of the incident to ensure you have the opportunity to obtain any additional supporting documents requested by the insurance company.

Please note, this policy offers reimbursement, meaning you must have incurred and paid the expense prior to claiming.

## What if I have more questions?

Please contact the JCU Insurance Office:

Email: [insurance@jcu.edu.au](mailto:insurance@jcu.edu.au)

Tel: +61 7 4781 4882

**THE BENEFITS | Events 1 – 19**

The Benefits shown are a percentage of the amount shown in the Schedule against Part A – Lump Sum Benefits for each Covered Person.

1	Accidental Death	100%
2	Permanent Total Disablement	100%
3	Paraplegia or Quadriplegia	100%
4	Loss of sight of both eyes	100%
5	Loss of sight of one eye	100%
6	Loss of use of two Limbs	100%
7	Loss of use of one Limb	100%
8	Permanent and incurable insanity	100%
9	Loss of hearing in:	
	(a) both ears	100%
	(b) one ear	30%
10	Permanent Loss of use of four Fingers and Thumb of either Hand	80%
11	Permanent Loss of the lens of one eye	60%
12	Third degree burns and/or resultant disfigurement which covers more than 40% of the entire external body	50%
13	Permanent Loss of use of four Fingers of either Hand	50%
14	Permanent Loss of use of one Thumb of either Hand:	
	(a) both joints	30%
	(b) one joint	15%
15	Permanent Loss of use of one, two and/or three Finger(s) of either Hand	
	(a) three joints	15%
	(b) two joints	10%
	(c) one joint	5%
16	Permanent Loss of use of Toes of either Foot:	
	(a) all – one Foot	15%
	(b) great – both joints	5%
	(c) great – one joint	3%
	(d) other than great – each Toe	1%
17	Fractured leg or patella with established non-union	10%
18	Shortening of leg by at least five cm	7.5%
19	Permanent partial disablement not otherwise provided for under Events 2 to 18 inclusive.	Such percentage of the lump sum benefit insured which corresponds to the percentage reduction in whole bodily function as certified by no fewer than three Doctors, one of whom will be the Covered Person's treating Doctor and the remaining two will be appointed by Us. In the event of a disagreement, the amount payable will be the average of the three opinions. The maximum amount the Insurer will pay is 75% of the lump sum benefit insured.