

PERSONAL ACCIDENT

Policy Schedule

Nov 2017

INSURED	JLT (Australian Football National Risk Protection Program) Discretionary Trust including each State and Territory Association directly affiliated to the Australian Football League and their Affiliations, Associations/Leagues and Clubs (excluding the 18 National Clubs forming the National AFL competition) including subsidiary or controlled companies now or previously existing or hereafter formed or acquired.
INSURED PERSONS	All players, prospective players, officials, volunteers, trainers, runners, club and league appointed umpires, coaches, directors, officers, committees, sub-committees, regional boards and work experience students.
THE SPORT	Australian Rules Football
GEOGRAPHICAL SCOPE	Worldwide
JURISDICTIONAL SCOPE	Australia
PERIOD OF INSURANCE	From: 1 November 2017 at 4 pm Local Eastern Time (VIC) To: 1 November 2018 at 4 pm Local Eastern Time (VIC)
SCOPE OF COVER	<p>Cover is limited to Injury whilst You are:</p> <ul style="list-style-type: none"> 3.1 Playing in club and representation games, competitions or performances organised by The Insured, or 3.2 Participating in training or practice sessions or official functions arranged by The Insured, or 3.3 Travelling directly to or from club and representative games, competitions or performances, training or practice sessions or official functions arranged by The Insured subject to the provisions of Proviso 5.2 *. 3.4 Engaged in activities connected with The Sport specified in the Schedule whilst staying away from Your home during a tour for the purposes of participating in representative matches. 3.5 Engaged in organised social or administrative activities of the Insured.

*** Proviso 5.2** - If injury occurs whilst You are travelling to or from club and representative games, competitions or performances, training or practice sessions or official functions arranged by the Insured and You are entitled to claim benefits in respect of such Injury under any State or Commonwealth Act.

TABLE OF EVENTS

The coverage under this Section is included only for the Events specified in this Table of Events. The Compensation for such Events shall be payable as a percentage of the Capital Sum Insured specified in The Schedule.

Injury as defined, resulting in:	% of Capital Benefit
1. Death	100%
If you are under 18 years of age	20%
2. Permanent & Incurable Quadriplegia	100%
3. Permanent & Incurable Paraplegia	100%
4. (a) Permanent Total Loss of sight in both eyes	100%
(b) Permanent Total Loss of sight in one eye	100%
5. (a) Permanent Total Loss of use of two limbs	100%
(b) Permanent Total Loss of use of one limb	100%
6. (a) Permanent Total Loss of the lens in two eyes	100%
(b) Permanent Total Loss of the lens in one eye	50%
7. (a) Permanent Total Loss of the use of hearing in both ears	75%
(b) Permanent Total Loss of the use of hearing in one ear	30%
8. Third degree burns and/or resultant disfigurement received from fire or chemical reaction which extends to cover more than 40% of the entire external body	50%
9. Permanent Total Loss of use of four fingers & thumb of either hand	70%
10. Permanent Total Loss of use of four fingers of either hand	40%
11. Permanent Total Loss of use of one thumb of either hand	
(a) both joints	30%
(b) one phalanx joint	15%
12. Permanent Total Loss of use of fingers of either hand	
(a) three phalanges joints	10%
(b) two phalanges joints	7%
(c) one phalanx joint	5%
13. Permanent Total 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%
14. Permanent Total Loss of	
(a) Liver	75%
(b) Two kidneys	75%
(c) One kidney	35%
(d) Sexual function	45%
(e) Two testicles	40%

(f) One testicle	7.5%
(g) Spleen	30%
15. Fractured leg or patella with established non-union	10%
16. Shortening of leg by at least 5cm	7%
17. Permanent and incurable total loss or use of all limbs	100%
18. Any Permanent Total Loss of use of body part not shown above will be compensated at a percentage of \$50,000 as determined at the sole discretion of the Underwriter. Such determination will not be inconsistent with the benefits provided under events 6 -16 inclusive.	
19. Any Permanent Disability that is not total or is not listed under Events 6-16 above will be compensated for in proportion to the degree of Permanent Disability as compared with the events listed above. Such claims will be limited to a maximum of 75% of the Event 1 compensation amount (as per current level of cover) and will be determined at the sole discretion of the Underwriter. Such determination will not be inconsistent with the benefits provided under events 6 -16 inclusive.	
<u>Special Condition</u> Any benefit payable in the Schedule above is limited to 20% of the amount if the injury occurs other than whilst an Insured person is physically playing or training in games or sessions arranged by the Insured. This condition does not apply to club appointed volunteers or umpires.	

Cover will be offered as follows:

BRONZE (Minimum Cover)

Capital Benefits (as per Table of Insured Events)	Up to \$100,000
SA Clubs (all)	Up to \$250,000
Under 18 Years	Up to \$20,000
Quadriplegia and Paraplegia (Events 2 & 3)	\$1,000,000

Non-Medicare Medical Expenses	
Reimbursement	50%
Maximum Limit per claim	\$2,000
Maximum Benefit Period	52 Weeks
Excess per Claim	\$100

Physiotherapy	
1 – 5 visits	95% reimbursement
6 – 10 visits	80% reimbursement
11+ visits	50% reimbursement

** 10 day waiting period applies to all physiotherapy treatment however payments will be made from day 1 after proof of required treatment is provided (applicable to all levels of cover)*

The following limits are included in all levels of cover (Bronze, Silver, Gold and Platinum).

Student Assistance Benefit

(for full time student members under 25 years of age)

100% reimbursement	
Weekly Amount	Up to \$200
Elimination Period	14 days
Maximum Benefit Period	52 weeks

Home Help Expenses

Non-income earners only	
100% reimbursement	
Weekly Amount	Up to \$200
Elimination Period	14 days

Maximum Benefit Period	52 weeks
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Parents Inconvenience Allowance

For each day a full time student member under 25 years of age is hospitalised

Daily Amount	\$50
Maximum per Claim	\$3,000
Elimination Period	14 days
Maximum Benefit Period	52 Weeks

Child Minding Benefit

Weekly Amount	Up to \$500
Elimination Period	14 days
Maximum Benefit period	26 weeks

Funeral Expenses

100% reimbursement Maximum Amount	\$5,000
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Note – Funeral benefit payable when death occurs as a result of playing and participating in organised football games, competitions, training sessions and organised social or administrative activities.

OPTIONAL UPGRADES

SILVER

Capital Benefits (as per Table of Insured Events)	Up to \$150,000
Under 18 Years	Up to \$30,000
Quadriplegia and Paraplegia (Events 2 & 3)	\$1,000,000

Non-Medicare Medical Reimbursement	75%
Maximum Limit per Claim	\$2,500
Maximum Benefit Period	52 Weeks
Excess per Claim	\$75

Physiotherapy	
1 – 5 visits	95% reimbursement
6 – 10 visits	80% reimbursement
11+ visits	75% reimbursement

GOLD

Capital Benefits (as per Table of Insured Events)	Up to \$200,000
Under 18 Years	Up to \$40,000
Quadriplegia and Paraplegia (Events 2 & 3)	\$1,000,000

Non Medicare Medical Reimbursement	90%
Maximum Limit per Claim	\$3,500
Maximum Benefit Period	52 Weeks
Excess per Claim	\$50

Physiotherapy	
1 – 5 visits	95% reimbursement
6 – 10 visits	90% reimbursement
11+ visits	80% reimbursement

PLATINUM

Capital Benefits (as per Table of Insured Events)	Up to \$250,000
Under 18 Years	Up to \$50,000
Quadriplegia and Paraplegia (Events 2 & 3)	\$1,000,000

Non-Medicare Medical Reimbursement	90%
Maximum Limit per Claim	\$7,500
Maximum Benefit Period	52 Weeks
Excess per Claim	\$50

Physiotherapy	
1 – 5 visits	95% reimbursement
6 – 10 visits	90% reimbursement
11+ visits	80% reimbursement

LOSS OF INCOME OPTIONAL COVER

LOSS OF INCOME PROTECTION (Temporary Disablement)

This cover is an 'Optional Upgrade' that clubs or individuals can elect to purchase for additional premium.

A club must first select the amount, in blocks of \$50 (gross), that a member is to receive if injured. A 14 day elimination period applies.

An individual must select the amount, in blocks of \$50 (gross) that is to be received if he/she is injured. A 14 day elimination period applies.

The policy will pay 80% of the members' net weekly income or the dollar amount selected (whichever is the lesser).

Option 1 – Club Purchase

Option 2 – Individual Purchase (non-football related income)

Option 3 – Individual Purchase (football income – match payments)

- Available to purchase in blocks of \$100 cover
- Maximum \$500 per week cover
- 21 day elimination period

NOTE – sick leave entitlement condition does not apply to participants of the AFL Women's Football League (AFLW)

UMPIRES

- a) All volunteer club umpires (typically used in practice games) are covered under the Australian Football National Risk Protection Programme (to the level of cover taken out by their club).
- b) Football Leagues with internal umpiring divisions are provided automatic Personal Injury cover at Bronze Level (or the level of cover taken out by the Football League as a blanket upgrade for all clubs).
- c) Umpires who form part of an Umpiring Association that is a separate incorporated entity to the Football League itself (although still affiliated), are provided automatic Personal Injury cover at Bronze Level.

Increased coverage above the Bronze level is available for b) and c) above as follows:

Non Medicare Medical Expenses

Reimbursement	90%
Excess per Claim	\$100
Maximum Limit	\$3,500
Maximum Benefit Period	52 Weeks

Loss of Income Benefits (Temporary Disablement)

80% of net weekly income or \$500 per week (whichever is the lesser)
 14 day elimination period per claim
 52 week maximum benefit period per claim
 Rates available for Senior and Junior Teams

VOLUNTEERS

Loss of Income Benefits (Temporary Disablement)

80% of net weekly income or \$250 per week (whichever is the lesser)
 14 day elimination period per claim
 52 week maximum benefit period per claim

TOP UP PLAYERS

Players from State League Clubs (or other community clubs) who are nominated to participate in sanctioned practice sessions or match simulation games of AFL Clubs will be automatically provided with up to \$500 loss of income cover per week.

REPRESENTATIVE TEAMS

This cover is an 'Optional Upgrade' that an Association / League can purchase on behalf of players selected to play in a Representative team:

Non Medicare Medical Expenses

No upgrade required.
 All participants of representative games automatically receive the Platinum level of cover.

Quadriplegia / Paraplegia Events

No upgrade required.
 All participants of representative games automatically receive \$1,000,000 Quadriplegia / Paraplegia cover.

Loss of Income Benefits (Temporary Disablement)

An Association / League must select the amount, in blocks of \$50 (gross), that a representative player is to receive if injured.

The policy will pay 80% of the players' net weekly income or the dollar amount selected (whichever is the lesser).
 14 day elimination period applies per claim
 52 week maximum benefit period per claim

Club coverage will follow individual players participating in representative games. This means that a club who has higher coverage than what has been purchased for the representative games, will be able to claim on the higher level of cover. Rates available for Senior and Junior Teams

All clubs/associations/leagues who have upgraded in the 2015/2016 policy period will receive a renewal notice and invoice to continue with the expiring level of cover. Payment is to be made to JLT Sport with 30 days of receiving the renewal invoice.

All optional upgrades applied for after 1st June 2018 will automatically receive a 50% reduction in premiums.

Players who participate or are required to play in a lower grade than their registered team will carry forward the higher level of cover purchased by their club (if applicable) and will not be subject to the lower benefits of the new team.

AGGREGATE LIMIT OF LIABILITY

\$10,000,000 – this is the maximum amount the Insurer will pay for claims by all Insured's and all Insured Persons for losses occurring during the Period of Insurance.

DEDUCTIBLE

As per 2017/2018 levels of membership:

- 1) \$7,500 any one event (with the exception of Platinum coverage which is \$10,000 any one event), and
- 2) \$3,104,699 in the aggregate
- 3) \$500,000 in the aggregate for one Quadriplegia/Paraplegia claim

All in line with the Australian Football League 2017/2018 Discretionary Deductible Clause.

The Aggregate has been predicted on existing levels of membership renewing. If there are less members included then the aggregated limit reduces and if there are more members included then the Aggregate limit increases.

ADDITIONAL INFORMATION

All claims must be reported to the Trustee within 270 days from the date of injury.

The JLT (Australian Football National Protection Program) Discretionary Trust Arrangement set up for the period 1 November 2017 to 1 November 2018 will close 9 months after the expiry date (i.e. 1 August 2019).

SPECIAL CONDITIONS

Cardiac Limit	\$50,000
Loss of one eye	\$50%
Event 17 limited to	50%
Weekly Benefits paid in addition to Capital Benefit	

To curb systematic claiming in future policy periods:

- Claim forms must be signed by the Club President
- Echelon will only accept claims that have paid receipts attached
- Potentially a 'burner' to be applied to the 2017/2018 Policy for clubs claiming 200% + compared with their premiums. A net loss ratio for clubs of 200% and above, to be applied an additional premium of up to a maximum of \$10,000. This endorsement to be agreed.
- Potential to limit physiotherapy claims to \$10,000 per club per annum

ENDORSEMENT

Non-Australian Citizen Exclusion

It is hereby declared and agreed that any Non-Australian citizen whom is covered under this Policy in relation to medical expenses are limited to Non-Medicare Medical coverage only.

Private Health Insurance (policy wording update)

Provided that We shall not be liable to make any refund in respect of:

Any expenses recoverable by You or by the Insured from any other insurance scheme or any plan or any private health insurance policy providing medical or similar coverage or from any other source except for the excess amount recoverable from such other insurance, plan or source.

UNDERWRITING INFORMATION

Census Information as at October 2017

(obtained directly from each State Association/League)

	AFL NSW/ACT	AFL NT	AFL Qld	AFL SA	AFL Tas	AFL Vic	AFL WA	TOTAL
Affiliated Leagues	26	9	23	33	18	15	43	167
Affiliated Clubs	251	65	204	253	108	865	362	2,108
Senior Teams	298	65	220	618	178	1,244	548	3,171
Junior Teams	944	86	981	1,391	322	4,266	1,788	9,778

INSURER

Insurance Aust Ltd T/a CGU
through Accident & Health Intl
Underwriting P/L

PROPORTION

100.000%

POLICY NUMBER

0011777

REMARKS

Please refer to your policy document for details of Terms, Conditions and Exclusions.



**Australian Football
National Risk Protection Programme
PERSONAL INJURY INSURANCE POLICY**

Administered by:

Accident & Health International Underwriting Pty Ltd

On behalf of:

CGU Insurance Limited

INTRODUCTION

The Policy and Schedule are to be read together and any word or expression which has been given a specific meaning shall bear such meaning wherever it shall appear unless otherwise stated. This policy sets out the terms, exclusions, and conditions of insurance provided by Us. We ask that you read the policy and the Schedule carefully so that you are aware of the terms and conditions and, if they are not in accordance with your understanding of the cover arranged, you contact your Insurance Broker immediately to raise any query.

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract with us, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance.

The Act imposes a different duty the first time you enter into the policy with us to that which applies when you vary, renew, extend, reinstate or replace your policy. We set these two duties out below.

Your Duty of Disclosure when you enter into this policy with us for the first time:

You will be asked various questions when you first apply for this policy. When you answer these questions, you must:

- give us honest and complete answers,
- tell us everything you know, and
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

Your Duty of Disclosure when you renew, vary, extend, reinstate or replace your policy:

When you renew, vary, extend, reinstate or replace the policy your duty is to tell us before the renewal, variation, extension, reinstatement or replacement is made, every matter known to you which:

- you know, or
- a reasonable person in the circumstances could be expected to know, is relevant to our decision whether to insure you and whether any special conditions need to apply to your policy.

What you do not need to tell us for either duty:

You do not need to tell us about any matter:

- that diminishes our risk,
- that is of common knowledge,
- that we know or should know as an insurer, or
- that we tell you we do not need to know.

Who do the above two duties apply to? Everyone who is insured under the policy must comply with the relevant duty. What happens if you or they do not comply with either duty? If you or they do not comply with the relevant duty, we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

Renewal Procedure

Before this policy expires we will normally offer renewal by sending a renewal invitation advising the amount payable to renew this policy. It is important that you check the information shown before renewing each year to satisfy yourself that the details are correct.

SPORTS INJURY

1. Operative Clause

Accident & Health International Underwriting Pty Ltd (hereinafter called A & H International) gives notice that this contract has been effected under an Authority, given to A & H International by the Insurer. A & H International has entered into the Contract as an agent of the Insurer and not an agent of the Insured. A commission is payable by us to A & H International for arranging the insurance.

Subject to the terms, conditions, exclusions and limitations contained in this Policy, this Policy provides cover for Disablement caused by Injury only and Benefits are payable in the circumstances set out in the policy. The particular cover which applies to You and which you selected when You applied for this insurance is referred to in the schedule which forms part of this Policy.

If you are not entirely satisfied with this Policy you may cancel it by returning it to us within twenty-one (21) days of the date of receipt. We will refund your premium and the policy will be treated as though it never existed.

INSURER means Insurance Australia Limited, ABN 11 000 016 722, AFS Licence no. 227681, trading as CGU Insurance (CGU) of 388 George Street, Sydney, New South Wales, 2000, Australia, a company duly incorporated under the laws of Australia and registered in New South Wales, Australia.

A & H INTERNATIONAL means Accident & Health International Underwriting Pty Ltd, AFS Licence No. 238261, ABN 26 053 335 952, of Level 4, 33 York Street, Sydney, New South Wales, 2000, Australia.

WE/OUR/US means CGU Insurance Limited.

YOU/YOUR is the Insured Person named in the Schedule. If the Insured is not the Insured Person, then YOU/YOUR in connection with the payment of premium, the General Conditions and receipt of Benefits means the Insured and in connection with the circumstances in which entitlement to Benefits arise means the Insured Person.

2. Definitions

2.1 "INJURY" means:-

- (i) a sudden, unexpected, unusual, specific event which occurs at a definable time and place. The benefit must occur within 12 months of sustaining the injury and the injury must occur during the period of insurance. Injury does not include the consequences of any injury which are ordinarily described as a sickness or a disease.
- (ii) a cardiovascular accident ("heart attack") provided that: -
 - a) You are not aware of any congenital defect or existing condition which would render You more than normally susceptible in any way to such "heart attack"
 - b) You suffer the "heart attack" whilst actually engaged in training for or participating in an official game or competition
 - c) You are 25 years or under (limited to \$50,000)
 - d) You are aged 26 to 30 years (limited to \$50,000)
 - e) You are aged 31 to 40 years (limited to \$10,000)
 - f) You are aged 41 years or over (limited to \$5,000)

2.2 (i) "TOTAL DISABLEMENT" means when, as a result of Injury You are wholly and continuously prevented from engaging in Your usual occupation (excluding the occupation of Professional Sport) and not engaged in any other occupation, and under the regular care of and acting in accordance with the professional advice of a registered and legally qualified medical practitioner other than Yourself.

- (ii) "PARTIAL DISABLEMENT" means the inability as a result of an injury to engage in a substantial part of your usual occupation or business (excluding the occupation of Professional Sport).

2.3 "PERMANENT" means lasting twelve consecutive calendar months and at the end of that time being beyond prospect of improvement.

2.4 "PARAPLEGIA" means total paralysis of both legs and part or whole of the lower half of the body.

2.5 "QUADRIPLEGIA" means total paralysis of both legs and both arms.

2.6 "LIMB" a hand at or above the wrist or of a foot at or above the ankle.

2.7 "THE INSURED" means the club, league or association which arranges this insurance as shown in the Schedule (as defined in the Policy Schedule).

2.8 "INSURED PERSON" means the player, prospective player, official, volunteer, trainer, runner, club and league appointed umpire, coach, director, officer, committee, sub-committee, regional board member and work experience student.

2.9 "PROSPECTIVE PLAYERS" means a person displaying intention to play at a club for up to 4 weeks after initial approach.

2.10 "FINGERS OR TOES" means the digits of a hand or foot above the metacarpophalangeal joints or metatarsophalangeal joints.

2.11 "AIR TRAVEL" means actually flying in or boarding an aircraft for the purpose of flying therein or alighting following a flight.

- 2.12 "INCOME" means the average of Your weekly income (net of business expenses, personal deductions and income tax) earned from personal exertion in Your usual business, profession, occupation or employment for the number of weeks so engaged during the twelve month period immediately preceding Injury resulting in any of the Benefits covered by this policy, excluding bonuses, commissions, overtime payments or other allowances and excluding remuneration from participating in sport.
- 2.13 "STUDENT ASSISTANCE BENEFIT" means additional expenses reasonably and necessarily occurring within twelve months of sustaining Injury necessarily incurred and paid by You or Your parents or guardian for services related to education, schooling, travel costs, home tutoring, special tutoring and special equipment.
- 2.14 "HOME HELP EXPENSES" means additional expenses reasonably and necessarily occurring within twelve months of sustaining Injury necessarily incurred and paid by You for services related to home duties.
- 2.15 "PARENTS INCONVENIENCE ALLOWANCE" means reimbursement to Your parents of reasonable and necessary expenses incurred to visit You while hospitalised through Injury provided You are a full time student under 20 years of age.
- 2.16 "ELIMINATION PERIOD" means the period specified in the Policy Schedule, commencing from the first day medical treatment was sought for an injury resulting in Total or Partial Disablement, for which no Compensation is payable.
- 2.17 "EXCESS" means the amount specified in the Policy Schedule for which no Compensation is payable.
- 2.18 "NON MEDICARE MEDICAL EXPENSES" means expenses that are not standard Medicare items and incurred within twelve (12) calendar months of You sustaining injury and paid by You or the Insured on Your behalf for treatment certified necessary by a legally qualified medical physician to a registered provider of medical services including the cost of medical supplies or ambulance hire but excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth, excluding first teeth and dentures, and is caused by Injury.

Non Medicare Medical Expenses does not include any or part of any expenses for which a Medicare benefit is paid or is payable including the balance of monies due to be payable by You after deduction of any Medicare benefit or rebate from the actual expense incurred (commonly known as the "Medicare Gap").

Provided that We shall not be liable to make any refund in respect of:

1. any expenses recoverable by You or by the Insured from any other insurance scheme or any plan providing medical or similar coverage or from any other source except for the excess of the amount recoverable from such other insurance/plan or source.
2. any expense to which Section 67 of the National Health Act 1953 (as amended) or any of the regulations made there under apply.

- 2.19 "EVENTS" means the Injury, loss or expense set out in this Policy.

- 2.20 "OFFICIAL FUNCTIONS" means all activities at The Insured's premises and without limiting the generality of the aforementioned, includes meetings, association functions and presentation nights not held at The Insured's premises.
- 2.21 "THE SPORT" of The Insured is that of the club, league or association specified in the Schedule and includes all official activities connected with the sport including club social and fund raising activities.
- 2.22 "TOTAL LOSS AND/OR TOTAL LOSS OF USE" means suffering 100% loss or loss of use.
- 2.23 "TRUSTEE" means JLT Group Services Pty Ltd as Trustee for the JLT (Australian Football National Risk Protection Program) Discretionary Trust.
- 2.24 "GEOGRAPHICAL SCOPE" means Worldwide
- 2.25 "JURISDICTIONAL SCOPE" means You agree to submit to the exclusive jurisdiction of the Australian Courts
- 2.26 "FRACTURED LEG OR PATELLA WITH ESTABLISHED NON-UNION" means a complete break into two pieces; the broken leg does not mend properly and function normally, and this condition will last for the remainder of the Insured Person's life
- 2.27 REPRESENTATIVE PLAYERS means all players involved in National, State, League and Association based representative games and associated activities. It also includes top up players representing AFL Clubs as well as League/Association Academies. All representative players must firstly be a member of a registered community club covered by the AFL National Risk Protection Programme.

3. Scope of Cover

Cover is limited to Injury whilst You are:

- 3.1 Playing in club and representative games, competitions or performances organised by The Insured, or
- 3.2 Participating in training or practice sessions or official functions arranged by The Insured, or
- 3.3 Travelling directly to or from club and representative games, competitions or performances, training or practice sessions or official functions arranged by The Insured subject to the provisions of Proviso 5.2.
- 3.4 Engaged in activities connected with The Sport specified in the Schedule whilst staying away from Your home during a tour for the purposes of participating in representative matches.
- 3.5 Engaged in organised social or administrative activities of the Insured.

4. Exposure and Disappearance

- 4.1 When by reason of Injury covered by this Section You are exposed to the elements and as a result of such exposure to the elements suffer an Event, benefits will be payable under the terms of this Policy.
- 4.2 If Your body has not been found within one year after the date of disappearance, sinking or wrecking of the conveyance in which You were travelling at the time of the Injury and under such circumstances as would otherwise entitle You to receive the benefits hereunder it will be deemed You have suffered loss of life resulting from Injury at the time of such disappearance, sinking or wrecking, provided however in the event that You reappear any benefits paid shall be immediately refundable to Us.

5. Provisos

No Benefit under this policy shall be payable:

- 5.1 (i) unless You have as soon as possible after the happening of an Injury giving rise to a claim under this Policy procured and followed proper medical advice from a legally qualified medical practitioner;
- (ii) under Additional Benefit 9.1 unless You are in receipt of income or wages at the date of Injury, and as a result of the Injury are disabled for work;
- (iii) under Additional Benefit 9.1 for the Elimination Period specified in the Schedule and for any period in excess of the maximum benefit specified in the policy schedule;
- (iv) under Additional Benefits 9.1, 9.2 or 9.3 during periods of undue delay when You are waiting for a place in a hospital or other institution or medical establishment for medical treatment necessitated by Injury covered by this Policy if an alternate medical facility is available sooner;
- (v) in respect of hospital, medical or medically prescribed health or health like related services where You are entitled to recover such expense either through Medicare or Private Health Insurance (including Ambulance Service).
- (vi) Under Additional Benefit 9.1 If you are entitled to receive Disability Benefits under any Workers Compensation Act or Ordinance, any Accident Compensation Act or Ordinance, or any legislation having a similar effect in respect to the same injury.
- (vii) if the injury is not reported to us within 270 days from the date of injury.
- (viii) Under Additional Benefits 9.1, 9.2 or 9.3 in excess of 52 weeks from the date you first become entitled to payments of weekly compensation in respect of any one injury.

5.2 If injury occurs whilst You are travelling to or from club and representative games, competitions or performances, training or practice sessions or official functions arranged by the Insured and You are entitled to claim benefits in respect of such Injury under any State or Commonwealth Act.

5.3 (i) Amounts shall not be payable for more than one of Benefits 1 to 16 in respect of the same Injury;

(ii) The amount payable for Benefits 1 to 16 shall be reduced by any Benefit already paid under other Benefits in respect of the same Injury.

(iii) After the happening of any one of Benefits 1 to 16 there shall be no further liability under this Policy in respect of a related Injury sustained thereafter.

PROVIDED ALWAYS that if You become entitled to a Benefit under any one of Benefits 1 to 16 set out in the Policy You may elect to receive the amount either under that Benefit or under other Benefits, if applicable.

5.4 Aggregate Limit of Liability

Our total liability for all claims in respect of any one injury or series of injuries to any number of insured's arising out of any one occurrence shall not exceed the amount in the Schedule.

5.5 If You suffer an Injury and require physiotherapy or chiropractic treatment(s), We will pay Compensation up to the amount of Compensation shown in the additional Benefit 9.5 or the limit for physiotherapy or chiropractic treatment specified in the Schedule, whichever is the lesser.

5.6 Compensation under Additional Benefit 9.5 will cease as soon as You resume playing the sport.

5.7 During any period of Total Disablement, Compensation shall only be payable under either one of Additional Benefits 9.1, 9.2 or 9.3 in respect of the same injury.

5.8 Compensation under Benefit 9.1 shall be limited to the percentage of Your nett weekly income specified in the Policy Schedule or the Compensation noted in the Policy Schedule, whichever is the lesser. If following injury resulting in Total or Partial Disablement You continue to receive any part of Your weekly income, or if You are entitled to receive Benefits under any other policy of insurance or sick leave entitlements, then the Compensation payable under Benefit 9.1 shall be reduced by the amount necessary to limit the total of all income from all sources to the percentage of Your net weekly income specified in the Policy Schedule or the Compensation noted in the Policy Schedule, whichever is the lesser.

6. Claims

The Benefits payable hereunder are conditional upon You complying with the following obligations:

- 6.1 All claims must be reported to the Trustee within two hundred and seventy (270) days from the date of injury.
- 6.2 All certificates and evidence required by Us shall be furnished at your expense and shall be in such nature as we require.
- 6.3 You shall submit to medical examinations when required by Us at Our expense.
- 6.4 In the case of Your death We shall be entitled to have a post-mortem examination conducted at Our expense.

Special Conditions

- 6.5 Clubs who incur a net loss claims ratio of 200% and above, to be subject to an additional premium of up to \$10,000 (at the discretion of the Insurer and/or AFL).
- 6.6 Physiotherapy claims limited to a maximum of \$10,000 per club

7. Exclusions Applicable

This Policy does not apply to any Event which results either directly or indirectly from or is accelerated by any of the following causes:

- 7.1 War, invasion, or civil war, hostilities (whether war be declared or not), riot, rebellion or civil commotion.
- 7.2 You engaging in air travel except as a passenger in a properly licensed aircraft owned or operated by a recognised airline over an established air route.
- 7.3 A deliberately self inflicted Injury or Suicide.
- 7.4 You being under the influence of intoxicating liquor, narcotics or drugs, other than as taken in accordance with the instructions of a qualified medical practitioner.
- 7.5 You engaging in racing, of any kind (other than on foot), water skiing, snow and ice sports, mountaineering involving use of ropes or guides, rock-climbing, hunting, skydiving, hang-gliding, underwater activities involving use of underwater breathing apparatus. Unless this is The Sport(s) insured.
- 7.6 Any pre-existing Injury, medical condition, infirmity or weakness either sustained by You prior to the date the Insured Person was afforded cover by this Insurance Policy or known by the Insured Person to have existed prior to the commencement date of cover.
- 7.7 Any criminal act by You.
- 7.8 You playing sport against medical advice.

- 7.10 Sexually transmitted disease, or Acquired Immune Deficiency (AIDS) disease or Human Immunodeficiency Virus (HIV)
- 7.11 Pregnancy or childbirth
- 7.12 Radioactive contamination or radioactivity in any form whatsoever
- 7.13 Nuclear, chemical or biological terrorism.

8. The Benefits - Sports Injury

The coverage under this Section is included only for the Benefits specified in this Table of Benefits. The Compensation for such Benefits shall be payable as a percentage of the Capital Sum Insured specified in The Schedule.

THE BENEFITS

Injury as defined, resulting in:

1. Death	100%
If you are under 18 years of age	20%
2. Permanent & Incurable Quadriplegia	100%
3. Permanent & Incurable Paraplegia	100%
4. (a) Permanent Total Loss of sight in both eyes	100%
(b) Permanent Total Loss of sight in one eye	100%
5. (a) Permanent Total Loss of use of two limbs	100%
(b) Permanent Total Loss of use of one limb	100%
6. (a) Permanent Total Loss of the lens in two eyes	100%
(b) Permanent Total Loss of the lens of one eye	50%
7. (a) Permanent Total Loss of the use of hearing in both ears	75%
(b) Permanent Total Loss of the use of hearing in one ear	30%
8. Third degree burns and/or resultant disfigurement received from fire or chemical reaction which extends to cover more than 40% of the entire external body	50%
9. Permanent Total Loss of use of four fingers & thumb of either hand	70%
10. Permanent Total Loss of use of four fingers of either hand	40%
11. Permanent Total Loss of use of one thumb of either hand	
(a) both Joints	30%
(b) one phalanx joint	15%
12. Permanent Total Loss of use of fingers of either hand	
(a) three phalanges joints	10%
(b) two phalanges joints	7%
(c) one phalanx joint	5%
13. Permanent Total 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 then great – each toe	1%
14. Permanent Total Loss of	
(a) Liver	75%
(b) Two kidneys	75%
(c) One kidney	35%
(d) Sexual function	45%
(e) Two testicles	40%
(f) One testicle	7.5%
(g) Spleen	30%
15. Fractured Leg or patella with established non – union	10%
16. Shortening of leg by at least 5cm	7%
17. Permanent and incurable Total Loss or use of all limbs	100%
18. Any Permanent Total Loss of use of anybody part not shown above will be compensated at a percentage of \$50,000 as determined at the sole discretion of the underwriter. Such determination will not be inconsistent with the benefits provided under benefit 6-16 inclusive.	
19. Any Permanent Disability that is not total or is not listed under Events 6-16 above will be compensated for in proportion to the degree of Permanent Disability as compared with the events listed above. Such claims will be limited to a maximum of 75% of the Event 1 compensation amount (as per current level of cover) and will be determined at the sole discretion of the Underwriter. Such determination will not be inconsistent with the benefits provided under events 6 -16 inclusive.	

Special Condition

Any benefit payable in the Schedule above is limited to 20% of the amount if the injury occurs other than whilst an Insured person is physically playing or training in games or sessions arranged by the Insured. This condition does not apply to club appointed volunteers or umpires.

9. Additional Benefits

9.1 Temporary Disablement

9.1(i) Temporary Total Disablement

We will pay during such disablement for every week of continuous Total Disablement the amount stated or the percentage shown in the Schedule of your nett weekly income whichever is the lesser for a maximum period as specified in the Schedule from the date of Injury less the Elimination Period shown in the Schedule, subject always to the provisos contained in this policy.

9.1(ii) Temporary Partial Disablement

We will pay the difference between the insured persons Earning and the income received from employment in a reduced capacity up to the amount stated or the percentage shown on the schedule of your nett weekly income whichever is the lesser for a maximum period as specified in the Schedule from the date of injury less the elimination period shown in the Schedule, subject always to the provisos contained in this policy.

NOTE:

Where Temporary Total Disablement, or Temporary Partial Disablement lasts for less than a week, we will pay the proportionate amount of the weekly benefits for each working day the insured person suffers a Temporary Total or Temporary Partial Disablement.

9.2 Student Assistance Benefit

We will pay the actual expenses reasonably and necessarily incurred up to the amounts shown in the Schedule for every week of continuous Total Disablement up to maximum period as specified in the Schedule from the date of the Injury less the elimination period. Payments under this benefit shall apply only in respect of full time students under 25 years of age.

9.3 Home Help Expenses

We will pay the actual expenses reasonably and necessarily incurred up to the amounts shown in the Schedule for every week of continuous Total Disablement up to maximum period as specified in the Schedule from the date of the Injury less the elimination period. This benefit shall apply only in respect of non-income earners.

9.4 Parents Inconvenience Allowance

We will pay the actual expenses reasonably and necessarily incurred up to the amounts stated on the schedule for each day a full time student under 20 years of age is hospitalised. Limited to a maximum amount as specified in the Schedule.

9.5 Non-Medicare Medical Expenses

We will pay reimbursement of the percentage or amount shown in the Schedule of all Non Medicare Medical Expenses necessarily incurred as a result of Injury as specified. We shall not be liable to make any reimbursement in respect of any expenses recoverable by You or by the Insured from any other insurance scheme or any plan or any private health insurance policy wording providing medical or similar cover or from any other source except for the excess amount recoverable from such other insurance, plan or source. If You are entitled to claim from Your Private Health Insurer or Emergency Transport Scheme We will pay the amount by which the Non-Medicare Medical Expenses exceed the benefit You are entitled to receive from Your insurers or the maximum limit stated in the Schedule, less the policy excess, whichever is the lower. The total Compensation payable for all Non Medicare Medical Expenses incurred as a result of any injury or injuries arising from any one claim, shall be limited to the amount specified in the Schedule.

We shall not be liable to make any refund for any expense to which Section 67 of the National Health Act 1953 (as amended) or any of the regulations made there under apply.

It is hereby declared and agreed that any Non-Australian citizen whom is covered under this Policy in relation to medical expenses are limited to Non-Medicare Medical coverage only. Any medical expense that would be excluded under the above clause regarding Section 67 of the National Health Act 1953 (as amended) for Australian citizens will also be excluded for a Non-Australian citizen.

9.6 Funeral Expenses

We will pay the actual cost of Your funeral if You die as a result of playing and participating in organised football games, competitions, training sessions and organised social or administrative activities or the maximum amount specified in the Policy Schedule whichever is the lesser. This benefit is only payable if specified in the Policy Schedule.

9.7 Child Minding Benefit

We will pay the actual cost of child minding expenses incurred up to the amounts shown in the Schedule for every week of continuous Total Disablement up to the maximum period as specified in the Schedule from the date of the Injury less the elimination period. Payments under this benefit shall apply only in respect of participants of the AFL Women's National Football League.

NOTICE

1. Code of Practice

CGU Insurance Limited is a signatory to the General Insurance Code of Practice developed by the Insurance Council of Australia. The aim of the code is to raise the standards of practice and service in the insurance industry. Further information is available on request.

2. Dispute Resolution

We will do everything possible to provide a quality service to You, Our customer. However, We recognize that occasionally there may be some aspect of Our service or a decision We have made that You wish to query or draw to Our attention.

Accident & Health International staff are always available to listen to You and to help where they can. If, after talking to a staff member, You wish to take the matter further, We have a Complaints and Dispute Resolution Procedure which undertakes to provide an answer to Your complaint within fifteen (15) working days.

If You are not happy with Our answer, or We have taken more than fifteen (15) working days to respond, You may take Your complaint to the Financial Ombudsman Service Limited (FOS), an external dispute resolution body, subject to eligibility. FOS also has a Claims Review Panel which will adjudicate on claims.

Access to the External Dispute Resolution process is free of charge to You. In addition, although CGU Insurance Limited is bound by the panel's decision, You are not and You have a right to pursue the matter elsewhere if You wish.

We will provide the contact telephone number and address of FOS upon request.

YOUR PERSONAL INFORMATION

We ask You only for the information that is necessary for Us to assess Your application. If You do not give Us all the information requested, We may not be able to process Your application. Where any information is optional, this is shown on the form.

We use the information We collect to assess Your application and the risk involved, and to calculate the premium payable.

We may also use the information if, having issued You with a policy, We are processing Your claim and need to check some details.

We will only disclose information about You to third parties if We need to in order to assess claims, or if required by law. This will include checking Your previous claims history with the Insurance Reference Service. We will keep the information about You secure against unauthorised access.

You have the right to apply for access to personal information held by Us. Such application should be directed to Us in writing where it will be considered by Our internal privacy disputes department. If the information collected is incorrect or inaccurate we will correct it.



Jarrod O'Connor
15th February 2018

JLT DISCRETIONARY TRUST (JDT) ARRANGEMENT

(JDT is also referred to as the "JDT Scheme")

Agreement in relation to:

Insurance Cover to be purchased by the Trustee to protect the JDT and Members

Insured

Individual Member's Excess

JDT Scheme Cover Limits including Claims Cost and Erosion of the Aggregate Limit

Clause Reference No.

AFL17 1112017

Fund Period:

1 November 2017 to 1 November 2018.

Insured:

The JLT (Australian Football National Risk Protection Program) Discretionary Trust (JDT) and the members of the JDT

Individual Member's Excess

Before the application of the relevant JDT Scheme Cover (as described in JDT Scheme Cover Limits) the Member lodging the claim will be responsible for the following excess, which may be deducted by JLT Group Services Pty Ltd as manager of the Scheme Cover or the Insurer as applicable:

The first amount, as follows, of each and every loss or series of losses arising out of any one event:

AFL National Risk Protection Program

1	Non-Medicare Medical Expenses	
	Bronze Cover	\$100
	Silver Cover	\$75
	Gold Cover	\$50
	Platinum Cover	\$50
	Umpires	\$100
2	Student Assistance Benefit	14 Day elimination period
3	Home Help Expenses	14 Day elimination period
4	Parents Inconvenience Allowance	14 Day elimination period
5	Loss of Income	14 Day elimination period
or as shown on Optional Upgrade Form		

NAB Auskick

1	Non-Medicare Medical Expenses	\$50
2	Student Assistance Benefit	7 day elimination period
3	Home Help Expenses	7 day elimination period
4	Parents Inconvenience Allowance	7 day elimination period

AFL Recreational Football

1	Non-Medicare Medical Expenses	\$100
2	Student Assistance Benefit	14 Day elimination period
3	Home Help Expenses	14 Day elimination period
4	Parents Inconvenience Allowance	14 Day elimination period
5	Temporary Disablement (Loss of Income)	14 Day elimination period

JDT Scheme Cover Limits

Scheme Cover Any One Event Limit(s):

Following application of the Individual Member's excess (as described in Individual Member's Excess), the JDT is liable subject to the Trustee's discretion and limited to the next \$7,500 of each and every incident or series of incidents arising out of the one occurrence (with the exception of the Platinum coverage which is \$10,000) or the balance of the JDT monies allocated to the Aggregate losses during the Fund period, whichever is the lesser.

Scheme Cover Aggregate Limit:	Notwithstanding the provisions of "Any One Event Limit(s)" above, the JDT Scheme Cover will be subject to an Aggregate Limit of \$3,104,700.00. The 2017-18 Limit is based on 307,325 Players for 2017-18 and is subject to variations depending on actual membership levels.
Insurer's Liability:	In the event that either the Any One Event Limit is reached or the Trust Aggregate is eroded, this Policy shall be liable for all losses, subject to the Policy Limits, Conditions and Exclusions. Losses in excess of the Aggregate Limit are subject to the excess (as described in Individual Members' Excess). No further excess shall be applied.
Scheme Cover Aggregate Limit Erosion Calculation:	<p>The erosion of the Trust Aggregate will be calculated by adding the total of all Claims Costs, as defined, both paid and/or estimated, by the Trustee (pursuant to the JDT Scheme Rules) less any applicable Individual Member's Excess.</p> <p>The above applies whether or not such claims are of a type for which the claimant would be entitled to indemnity under this policy but for this clause.</p>
Claims Cost:	<p>Claims costs incorporate any payment towards settlement of the loss</p> <p>PLUS: 1 JDT Assessor's Fees</p> <p> 2 JDT Investigation Fees (if applicable to bodies other than Assessors)</p> <p>LESS: Net Recoveries (follows application of any associated costs and fees charged by Echelon or our agents)</p> <p>The JDT intends to claim input tax credits for any GST included in the claim cost and to credit these to the Scheme Cover's Aggregate as they are received, so that only the claim cost net of any GST included in the claim amount accrues towards the Scheme Cover's Aggregate Limit.</p>
Insurance Claim Settlements:	All insurance claim settlements shall be payable to the beneficiaries, not the JDT and the beneficiaries' acceptance of such settlements shall be a full discharge of the insurer's liability in respect of such claims.
Timing of Payments to Aggregate:	Members are covered from the date of acceptance of offer to join the fund. The insurer will cover all losses to the extent as provided by the Fund for new members, until such time as their contributions are received by the Trustee. Once contributions are received by the Fund, all amounts will be reimbursed to the insurer for all losses and expenses incurred up to those limits. This is subject to the maximum limits as provided for by the Insurers Policy.
JDT Arrangement Closure Period and Notification of Claims or Potential Claims:	The JDT's discretionary liability for claims is limited to claims or potential claims for the Fund Period being notified to JLT Group Services or Echelon within 9 months after the expiry of the last of the Member's risk. Claims or incidents or potential incidents notified later than 9 months after the expiry of the last of the Member's risk which have occurred during the Fund Period are the responsibility of the Insurer, subject to Policy terms and conditions.
Insurer's Notification Clauses:	Notification to JLT Group Services of claims and potential claims satisfies the policy notification requirements.
Assessors:	Echelon will appoint an assessor(s)/solicitor(s) , which will be agreed with the Insurer . The Insurer agrees to appoint the same assessor(s)/solicitor(s) to settle its claims, however the Insurer reserves the right to appoint independent assessor(s)/solicitor(s) as necessary
Cancellation of Cover:	In the event that the Insurer elects not to offer renewal to the JDT Arrangement for the 2017-18 period, the Insurer must provide at least 4 months' prior notice in writing to the Trustee.
Premium Payment and Cancellation of Member's Participation:	Members are liable to pay their share of the premium in respect of their participation in the Insurance Cover through their JDT Scheme Membership Fee. They have the right to cancel their individual participation in the JDT Scheme and therefore shall be entitled to any applicable return premiums in respect of their participation in the Insurance Cover.

COVER SEVERABILITY AGREEMENT

- Cross Liability:** Each party mentioned in the Policy, as Insured or beneficiary, shall be separately insured in the same manner under the Policy as if a separate Policy had been issued to each of them.
- Waiver of Subrogation:** The Insurers shall not exercise any rights of subrogation arising under the Policy against any of the parties mentioned in the Policy, as Insured or beneficiary.
- Severability:** The Insurers agree that any act, neglect, fraud, misrepresentation, misdescription, non-disclosure or breach of condition or warranty by any individual party mentioned in the Policy, as Insured or beneficiary, whether occurring prior to or during the policy period, shall not prejudice, reduce or render void the rights of the other parties mentioned in the Policy, as Insured or beneficiary, who are themselves not guilty of such act, neglect, fraud, misrepresentation, misdescription, non-disclosure or breach of condition or warranty.
- Breach of Conditions:** Any breach of Conditions, specified herein, without the knowledge or consent of the Insured or beyond the control of the Insured shall not prejudice this insurance. Notice in writing shall be given to the Insurers upon such breach coming to the Insured's knowledge and such additional premium as may be reasonably required by the Insurer shall be paid as from the date of the first breach, subject to any provisions of the Insurance Contracts Act 1984, in respect of the insurances relating to the risk affected by the breach.
- Acknowledgement and acceptance of the Deductible Clauses by the Insurer:**

Signature _____
Name _____
Date _____