

## SchoolCare Claim Form

### Important information

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.

Catholic Church Insurances Limited is unable to process your claim unless the following are provided.

- **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 6 to be completed by school/college.**

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



**IMPORTANT:** CATHOLIC CHURCH INSURANCES LIMITED IS PROHIBITED BY FEDERAL HEALTH LEGISLATION FROM PAYING ANY MEDICARE SERVICE INCLUDING THE MEDICARE "GAP"

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 the school has signed the declaration on page 6

### 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 5
- That the school has signed the declaration on page 6

### Additional comments/notes if required


## To be completed by parent or guardian

### Personal Details

Student  
Title Surname Given name/s

Parent/guardian  
Title (Mr/Mrs/Ms) Surname Given name/s

Postal address  
Street or PO Box No. Street name

Suburb Postcode State

Phone Private Business Fax Mobile

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

### Name of school/college

Address of school/college

Postcode State

Kindergarten  Primary  Secondary  Other

## Incident details (must be completed)

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 <input type="checkbox"/>	17. Total and <b>permanent</b> loss of use of one thumb of either hand: <input type="checkbox"/>	b. Compound open fractures (one or more) <input type="checkbox"/>
2. Total and <b>permanent</b> disablement from engaging in any profession business or occupation whatsoever <input type="checkbox"/>	a. both joints <input type="checkbox"/>	31. The fracture of a finger or a thumb or a toe <input type="checkbox"/>
3. <b>Permanent</b> and incurable <b>quadriplegia</b> <input type="checkbox"/>	b. one joint <input type="checkbox"/>	32. The fracture of a hand or a foot <input type="checkbox"/>
4. <b>Permanent</b> and incurable <b>paraplegia</b> <input type="checkbox"/>	18. Total and <b>permanent</b> loss of use of fingers of either hand <input type="checkbox"/>	33. The fracture of a facial bone or bones (other than jaw) <input type="checkbox"/>
5. <b>Permanent</b> and incurable loss of mental powers resulting in total inability to work except in a sheltered workshop or in occupations reserved for handicapped persons <input type="checkbox"/>	a. three joints <input type="checkbox"/>	34. Loss of or damage to teeth <input type="checkbox"/>
6. <b>Permanent</b> and incurable loss of speech resulting in total inability to work except in a sheltered workshop or in occupations reserved for handicapped persons <input type="checkbox"/>	b. two joints <input type="checkbox"/>	(a) Permanent or second teeth (not being dentures or dental fittings) <input type="checkbox"/>
7. Total and <b>permanent</b> loss of sight of both eyes <input type="checkbox"/>	c. one joint <input type="checkbox"/>	(i) loss of teeth <input type="checkbox"/>
8. Total and <b>permanent</b> loss of sight in one eye <input type="checkbox"/>	19. Total and <b>permanent</b> loss of use of toes of either foot <input type="checkbox"/>	(ii) full capping of damaged teeth <input type="checkbox"/>
9. Total and <b>permanent</b> loss of use of both hands <input type="checkbox"/>	a. all of one foot <input type="checkbox"/>	(iii) partial capping or repair of damaged teeth <input type="checkbox"/>
10. Total and <b>permanent</b> loss of use of both feet <input type="checkbox"/>	b. great, both joints <input type="checkbox"/>	(iv) Damage to teeth not provided for in (ii) or (iii) above <input type="checkbox"/>
11. Total and <b>permanent</b> loss of use of one hand <input type="checkbox"/>	c. great, one joint <input type="checkbox"/>	(b) Milk or first teeth: loss of teeth <input type="checkbox"/>
12. Total and <b>permanent</b> loss of use of one foot <input type="checkbox"/>	d. other than great, each toe <input type="checkbox"/>	The total benefits payable in respect of this event 34 shall not exceed \$2,500.
13. Total and <b>permanent</b> loss of hearing in both ears <input type="checkbox"/>	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 <input type="checkbox"/>	35. Dislocation of the hip <input type="checkbox"/>
14. Total and <b>permanent</b> loss of hearing in one ear <input type="checkbox"/>	21. Third degree burns and/or resultant disfigurement due to fire or chemical reaction which extends to more than 40% of the entire body <input type="checkbox"/>	36. Dislocation of the knee <input type="checkbox"/>
15. Total and <b>permanent</b> loss of use of two limbs <input type="checkbox"/>	22. The fracture of a leg or knee cap with established non-union <input type="checkbox"/>	37. Dislocation of the shoulder blade <input type="checkbox"/>
16. Total and <b>permanent</b> loss of use of one limb <input type="checkbox"/>	23. The fracture of the skull or spine <input type="checkbox"/>	38. Dislocation of the collarbone <input type="checkbox"/>
	24. The fracture of the neck or pelvis or hip <input type="checkbox"/>	39. Dislocation of the jaw <input type="checkbox"/>
	25. The fracture of a jaw <input type="checkbox"/>	40. Dislocation of the ankle <input type="checkbox"/>
	26. The fracture of a shoulder <input type="checkbox"/>	41. Dislocation of the elbow <input type="checkbox"/>
	27. The fracture of a rib (one or more) <input type="checkbox"/>	42. Dislocation of the wrist <input type="checkbox"/>
	28. The fracture of a breastbone <input type="checkbox"/>	43. A knee reconstruction <input type="checkbox"/>
	29. The fracture of a collarbone <input type="checkbox"/>	44. A torn ligament or tendon <input type="checkbox"/>
	30. The fracture of an arm or an elbow or a wrist or a leg or a knee or an ankle <input type="checkbox"/>	45. A ruptured internal organ <input type="checkbox"/>
	a. Simple (closed) fractures (one or more) <input type="checkbox"/>	46. Loss of testicle <input type="checkbox"/>
		47. Any <b>permanent</b> disability, burns, fractures, dislocations/tears/ruptures not otherwise provided for in this table of benefits <input type="checkbox"/>
		Please describe nature of injury:
		_____
		_____
		_____

### Section 2 – Other benefits (Please tick ✓ benefit you are claiming)

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)

- 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;
- the cost necessarily incurred as the result of such **bodily injury** for the hire of surgical aids and appliances;
- the cost of replacing prescribed glasses or contact lenses lost or damaged as a result of such **bodily injury**.

Provided that:

- our** total liability under this benefit (A) shall not exceed \$7,500;
- 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 (A) 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.

**(B) Emergency transport** eg Ambulance costs for injuries sustained at school (invoice(s) for any service(s) provided need to be supplied to substantiate this claim)

The cost of emergency transport necessarily incurred as the result of such **bodily injury**.

**Our** total liability under this benefit (B) shall not exceed \$7,500 per accident per **nominated person**.

**(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
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

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## Parents/guardians 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 Insurances 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 Insurances Limited may not be able to process my claim.
- I consent to Catholic Church Insurances Limited disclosing my personal information to other insurers, an Insurance Reference Service, reinsurers, claims investigators, assessors, legal professionals or as required by law. I consent to Catholic Church Insurances 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)



## HAVE YOU ATTACHED MEDICAL CERTIFICATES OR DENTAL CERTIFICATES AS REQUESTED?

Please note:

- we cannot pay any medicare service including the Medicare "gap"
- we cannot pay any benefits or expenses relating to illnesses (eg. including asthma, allergic reaction etc.)

# MUST BE COMPLETED BY SCHOOL/COLLEGE (INCLUDING DECLARATION)

## School/college details

School's/college's name

School's/college's address

Postcode

State

Phone

Fax

Contact name (and title)

Position

Policy number

Client Number

Period of cover  /  /  to  /  /

## School/college declaration

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)  /  /

Name (printed)  Position

## General Insurance Code of Practice

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The General Insurance Industry has developed a General Insurance Code of Practice for use by all insurers. Catholic Church Insurances Limited 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. If you want more information about the Code please contact us or go to [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

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

- give you reasons; and
- refer you to the Financial Ombudsman Service for information about alternative insurance options.

If you are unhappy about our decision, you may make a complaint in accordance with our complaints handling procedures.

## How to make a complaint

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If our service fails to satisfy you we would like to hear from you.

Our commitment to you is that:

- all complaints will be dealt with fairly, transparently and in a timely manner
- we will acknowledge a verbal or written complaint within 5 business days
- our response will take no more than 15 business days, provided we have all the necessary information.

Our complaints handling policy can be obtained from our website or by requesting a copy directly from us.

Your complaint will be handled by a person with the appropriate authority to deal with your complaint.

If you are not satisfied with our response, you may refer the complaint to our Internal Disputes Resolution Committee. This committee is a group of senior persons with the authority to make a final decision on behalf of Catholic Church Insurances Limited.

If you are not satisfied with our decision, you are free to choose other external dispute resolution options, which may include:

- State and territory review tribunals, such as the Victorian Civil & Administrative Tribunal (other states may have similar tribunals)
- Mediation or Arbitration (where you and we agree to use this option)
- Court proceedings.

# Safeguarding your information – Privacy

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## Privacy Statement

Catholic Church Insurances Limited has adopted the National Privacy Principles under the Privacy Act 1988. This supports our management philosophy promoting mutual trust, respect, equity and fair treatment.

## Purpose of collection

We need to collect personal information about you which enables us to assess your application for new insurance, change your existing insurance, correct your details or determine a claim.

## Use and disclosure

To assess a risk or process a claim we may disclose your personal information when necessary to others, including loss assessors, claims investigators, reinsurers, other insurance companies, financial institutions, government bodies, mail house service providers, hospitals, medical and health professionals, legal and other professional advisors. Where necessary we will always gain your consent.

From time to time we may offer you other insurance products apart from your original policy. If you do not wish to receive this information please advise us.

You may access, correct or update your personal information by contacting us at any time.

## Failure to provide information

If you do not provide us with the requested personal information, we will not be able to consider your application or provide other insurance services.

If you have a Privacy issue, wish to obtain a copy of our Privacy Policy or make a complaint please contact us.

### How to contact us for SchoolCare claims

<b>Mail</b>	Catholic Church Insurances Limited GPO Box 180 Melbourne 3001
<b>Email</b>	schoolcareclaims@ccinsurances.com.au
<b>Website</b>	www.ccinsurances.com.au
<b>SchoolCare Hotline</b>	1300 138 498
<b>Facsimile</b>	03 9934 3468

