

Student Care

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 8 to be completed by Student/Parent.**
- ◆ **Declaration on page 12 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 Student Care Helpline: 1300 138 498

Check List For Students/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 8

Check List For Schools & Colleges

Please check

- That all questions have been answered
- That all supporting documentation is attached
- That the parents have signed the declaration on page 8
- That the school/college has signed the declaration on page 12

To Be Completed By Student or Parent

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/University name

School/College/University address

Postcode

Kindergarten Primary Secondary University 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 an arm or 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 or ligament 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)
- 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 above is limited by legislation

General insurance companies are prohibited by law from covering:

- the cost of any medical service for which a Medicare benefit is payable,
- 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 an officially organised 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

The cost of emergency transport necessarily incurred as the result of such **bodily injury**. Our total liability for emergency transport 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 – Tuition Fee Relief

Tuition 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 tuition fees to the insured for the subsequent period.

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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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

Privacy

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information. Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs. A copy of our Privacy Policy is located on our website at www.ccinsurance.org.au

General Insurance Code of Practice

CCI is a signatory to the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry. Further information about the Code can be obtained from www.codeofpractice.com.au

Complaints and Dispute Resolution

If you are unhappy with our service, a 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

Declaration (to be completed by School/College/University)

School/College/University Details

School/College/University name

School/College/University address

Postcode

School/College/University 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
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