

A background image of a volleyball match. Three players in green and yellow jerseys are jumping high to reach for a yellow and purple volleyball. A player in a red jersey is also visible. The net is in the foreground, and a crowd is in the background.

# Group Personal Accident Insurance Member Booklet

**Volleyball Australia**

Period of insurance: 31 March 2022 to 31 March 2023

Prepared April 2022

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# About the Plan

**Please read the following pages carefully so that you can make the best possible use of this Plan. This booklet is a summary only. To determine whether or not a particular claim or circumstance would be covered, please contact Corporate Services Network (CSN) on +61 2 8256 1780.**

**The information contained in this document is confidential and should not be disclosed to any third parties without Aon's prior written consent.**

## Introduction

Welcome to the Volleyball Australia Group Personal Accident Plan (the Plan). The Plan has been established for all registered members of Volleyball Australia, to provide financial support for you in the event of an injury as per the Operative Time of cover (page 6)

## Plan rules

This booklet is a summary only of how the Plan works and what benefits you can expect to receive whilst you are covered as an Insured Person. However, all benefits payable are subject to the terms and conditions of the insurance policy issued by AHI. The full terms and conditions of the policy wording should be referred to in order to determine whether or not a particular claim or circumstance would be covered. The policy wording supersedes any information provided in this booklet.

Volleyball Australia reserves the right to modify or discontinue the Plan or otherwise revise the current arrangements should circumstances require. The information and Plan benefits presented are subject to change at any time due to any changes in legislation and/or policy and Plan terms, conditions, exclusions, etc.

## Currency

References to any dollar amounts within this booklet are in Australian dollar currency unless advised otherwise.

## The Insurer

The Plan, which commenced on 31 March 2022, is underwritten by Accident & Health International Underwriting Pty Ltd.

## Covered persons

All registered members of the Insured:

- Volleyball Australia Ltd;
- State Volleyball NSW Inc;
- Volleyball Northern Territory Inc;
- ACT Volleyball Inc;
- Volleyball Victoria Inc;
- Queensland Volleyball Association Inc;
- Volleyball Tasmania Inc;
- Western Australia Volleyball Association Inc;
- Volleyball SA Inc;

All affiliated league/club associations, members, players, coaches, referees, officials, first aid personnel, administrators and voluntary workers.

## Operative Time of cover

The coverage afforded by this Policy shall only apply whilst an Insured Person is playing in club and representative games, competitions or performances, participating in training, practice sessions or official functions authorised by and under the control of the Insured (Volleyball Australia) including direct uninterrupted travel to and from.

Cover also extends to include Insured Persons engaged in activities connected with the sport whilst an Insured Person is staying away from their home during a tour for the purposes of participating in representative matches or engaged on organised social or administrative activities of the Insured

## What do I do if I need to make a claim

All claims, claim enquiries and complaints are to be directed to Corporate Services Network (CSN). All claim documentation is to be faxed, posted or emailed to CSN, following which they will confirm receipt and process the claim in accordance with the terms and conditions of the insurance policy. This can take up to a maximum of ten (10) working days once CSN have confirmed receipt of a claim. CSN details are as follows:

Corporate Services Network  
GPO Box 4276  
Sydney NSW 2001  
Phone: +61 2 8256 1780  
Fax: +61 2 8256 1775  
Email: [claims@csnet.com.au](mailto:claims@csnet.com.au)

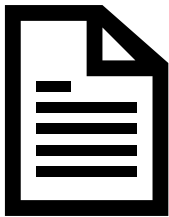
Corporate Services Network (CSN) cannot finalise claims unless all relevant documentation has been completed and submitted as outlined above.

Please check the claim form to ensure it has been fully completed and that you have included all relevant invoices and receipts and any other relevant information. AHI requests that you retain all original medical invoices and receipts and forward only copies with the completed claim form. It would be in your best interest to keep photocopies of all documents pending processing of the claim.

Each claim is processed separately and assessed on its merits. It is not acceptable for you to exclude information on the basis that it can be accessed by AHI through reference to a prior claim.

To obtain a claim form, please click on the form icon below or alternatively please contact your Representative below directly.

**Step 1: Complete Claim form** (link within icon):



**Step 2:** BEFORE submitting your claim to CSN, you must have your membership verified via your respective state representative below:

**Verification Contact details:**



Nick Kaiser  
Chief Executive Officer  
[ceo@volleyballact.com.au](mailto:ceo@volleyballact.com.au)



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Luke Seib

[president@volleyballnt.com.au](mailto:president@volleyballnt.com.au)



Jason Rivett

[participation@volleyballsa.com.au](mailto:participation@volleyballsa.com.au)

**Step 3: Submit claim with your confirmed membership verification to CSN**, along with any relevant documentation.

Corporate Services Network  
GPO Box 4276  
Sydney NSW 2001  
Phone: +61 2 8256 1780  
Fax: +61 2 8256 1775  
Email: [claims@csnet.com.au](mailto:claims@csnet.com.au)

**Disclaimer: Please note, the level/category of cover below, may not represent the category of membership provided by your respective state.**

**Please liaise with your state contact for further information.**

## Schedule of benefits

### What does the Policy cover?

The following pages provide an overview of benefits that are payable under Volleyball Australia's Group Personal Accident insurance policy. This is a summary only – please refer to the 2022-23 Policy Schedule in conjunction with the AHI Sports Group Personal Accident PDS & Policy Wording for full details.

#### General Limits

Limit type	Limitation
Maximum Age Limit (sub-limits may apply)	85
Aggregate Limit of Liability	\$1,000,000
Aggregate Limit of Liability per Event for Charter Flights / Non-Scheduled Flights	\$1,000,000

#### Category A - National Platinum and Full Platinum Members

Benefits/Benefit Limits	Sum Insured / Limit
Death and Capital Benefits	\$250,000
Maximum payable for Insured Persons aged under 19	\$30,000
Weekly Injury Benefit	\$500
Income Limitation	100%
Deferral Period	7 Days
Benefit Period	52 Weeks
Broken / Fractured Bones Benefits	\$0
Accidental HIV Infection Lump Sum Benefit	\$20,000
Bed Care Benefit	\$3,000
Daily Benefit	\$42.86
Benefit Period	70 Days
Domestic Help Benefit	\$500
Benefit Period	52 Weeks
Family Accommodation and Transport Expenses Benefit	\$10,000
Funeral Expenses Benefit	\$7,500
Home and Vehicle Modification Benefit	\$10,000
Non-Medicare Medical Expenses	\$5,000
Expense Limitation	85%
Excess	\$50
Out of Pocket Expenses Benefit	\$1,000
Retraining and Rehabilitation Expenses Benefit	\$500
Student Tutorial Benefit	\$500
Benefit Period	52 Weeks
Unexpired Membership Benefit	\$500
Partner Employment Training Benefit	\$15,000
Premature Birth/Miscarriage Benefit	\$2,500



## Category B - Gold and Silver Members

Benefits/Benefit Limits	Sum Insured / Limit
Death and Capital Benefits	\$250,000
Maximum payable for Insured Persons aged under 19	\$30,000
Weekly Injury Benefit	\$250
Income Limitation	100%
Deferral Period	21 Days
Benefit Period	26 Weeks
Broken / Fractured Bones Benefits	\$0
Accidental HIV Infection Lump Sum Benefit	\$20,000
Bed Care Benefit	\$3,000
Daily Benefit	\$42.86
Benefit Period	70 Days
Domestic Help Benefit	\$250
Benefit Period	52 Weeks
Family Accommodation and Transport Expenses Benefit	\$10,000
Funeral Expenses Benefit	\$7,500
Home and Vehicle Modification Benefit	\$10,000
Non-Medicare Medical Expenses	\$3,000
Expense Limitation	85%
Excess	\$50
Out of Pocket Expenses Benefit	\$1,000
Retraining and Rehabilitation Expenses Benefit	\$500
Student Tutorial Benefit	\$500
Benefit Period	52 Weeks
Unexpired Membership Benefit	\$500
Partner Employment Training Benefit	\$15,000
Premature Birth/Miscarriage Benefit	\$2,500

## Category C - Bronze Members

Benefits/Benefit Limits	Sum Insured / Limit
Death and Capital Benefits	\$250,000
Maximum payable for Insured Persons aged under 19	\$30,000
Weekly Injury Benefit	\$0
Broken / Fractured Bones Benefits	\$0
Accidental HIV Infection Lump Sum Benefit	\$20,000
Bed Care Benefit	\$3,000
Daily Benefit	\$42.86
Benefit Period	70 Days
Domestic Help Benefit	\$0
Family Accommodation and Transport Expenses Benefit	\$10,000
Funeral Expenses Benefit	\$7,500
Home and Vehicle Modification Benefit	\$10,000
Non-Medicare Medical Expenses	\$3,000
Expense Limitation	85%
Excess	\$50
Out of Pocket Expenses Benefit	\$1,000
Retraining and Rehabilitation Expenses Benefit	\$500
Student Tutorial Benefit	\$500
Benefit Period	52 Weeks
Unexpired Membership Benefit	\$500

Partner Employment Training Benefit	\$15,000
Premature Birth/Miscarriage Benefit	\$2,500

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### Non-Medicare Medical Expenses

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**NON-MEDICARE MEDICAL EXPENSES** means expenses certified as necessary by a Medical Practitioner, incurred by the Insured Person up to three hundred and sixty-five (365) consecutive days from the date of the Injury, provided the expenses:

1. are for private Hospital fees (including accommodation), Prescription Medicines, dental services, ambulance or emergency transport services, orthotists services prescribed by a surgeon, or services provided by an Allied Health Care Provider after referral by the treating Medical Practitioner;
2. are incurred as a direct result of an Injury covered by this Policy which occurs while the Insured Person is:
  - a. acting as a volunteer without payment, providing services to an educational, religious, charitable or benevolent organisation; or
  - b. acting as an official without payment at, or otherwise assisting in, the conduct of a volunteer activity for an educational, religious, charitable or benevolent organisation; or
  - c. acting in his or her capacity, without payment, as an elected or appointed official of an educational, religious, charitable or benevolent organisation; or
  - d. engaged in a sporting activity (in the capacity of a participant, adjudicator, judge, referee or umpire or in a similar capacity); or
  - e. acting as an official at, or otherwise assisting in the conduct of, a sporting activity; or
  - f. acting in his or her capacity as an elected or appointed official of a sporting organisation; or
  - g. is travelling to or from any of the activities listed above.
3. are incurred during the period that the Insured Person is certified by a Medical Practitioner as suffering Temporary Total Disablement.
4. do not include expenses:
  - a. payable in respect of the Medicare Gap;
  - b. that are not incurred as a direct result of the Injury or are not certified as necessary by a Medical Practitioner in the recovery from the Injury;
  - c. for the prevention of future Injury(ies);
  - d. recoverable from any private health insurance fund, ambulance service or from any other source; and
  - e. that We are prohibited from paying by either the Private Health Insurance Act 2007 (Cth) or the Health Insurance Act 1973 (Cth) or any similar legislation.

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## Endorsements

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### Changes to Death and Capital Benefits Extent of Cover

The following Extent of Cover against Death and Capital Benefits shall read as follows and not as stated in the Policy Wording:

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in any of the following Insured Events which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

#### Insured Events | Percentage of Benefit Payable

- Death | 60%
- Permanent Total Disablement | 100%
- Paraplegia/Quadriplegia | 60%
- Permanent and incurable paralysis of all limbs | 60%
- Permanent and incurable insanity | 60%
- Permanent total loss of sight in:
  - a. Both eyes | 60%
  - b. One (1) eye | 60%
- Permanent total Loss of Use of:
  - a. Two (2) limbs | 60%
  - b. One (1) limb | 60%
- Permanent total Loss of Use of:
  - a. The lens in both eyes | 60%
  - b. Hearing in both ears | 60%
- Permanent total Loss of Use four fingers and thumb of either hand | 48%
- Permanent total Loss of Use of four fingers of either hand | 30%
- Permanent total Loss of Use of:
  - a. The lens in one (1) eye | 36%
  - b. Hearing in one (1) ear | 12%
- Burns:
  - a. Third degree burns and/or resultant disfigurement which covers more than 40% of the entire external body | 30%
  - b. Second degree burns and/or resultant disfigurement which covers more than 40% of the entire external body | 15%
- Permanent total Loss of Use of one thumb of either hand:
  - a. both joints | 18%
  - b. one (1) joint | 9%
- Permanent total Loss of Use of fingers of either hand:
  - a. three (3) joints | 6%
  - b. two (2) joints | 4.8%
  - c. one (1) joint | 3%
- Permanent total Loss of Use of toes of either foot:
  - a. all – one (1) foot | 9%
  - b. great - both joints | 3%
  - c. great – one (1) joint | 1.8%
  - d. other than great, each toe | 0.6%
- Fractured leg or patella with established non-union | 6%
- Shortening of leg by at least 5cm | 4.5%
- Permanent total Loss of Use of liver | 45%
- Permanent total Loss of Use of;
  - a. two (2) kidneys | 45%
  - b. one (1) kidney | 21%
- Permanent total Loss of Use of sexual organs | 27%
- Permanent total Loss of Use of;
  - a. two (2) testicles | 24%

- b. one (1) testicle | 4.5%
- Permanent total Loss of Use of spleen | 18%
- Permanent disfigurement to 100% of the surface of the head and neck | 30%
- Permanent disfigurement to 100% of the surface of the remainder of the body | 15%

### **Changes to Death and Capital Benefits Extent of Cover**

The following Extent of Cover against Death and Capital Benefits shall read as follows and not as stated in the Policy Wording **for Insured Person's aged under 12 years only**:

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in any of the following Insured Events which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

#### Insured Events | Percentage of Benefit Payable

- Death | 60%
- Permanent Total Disablement | 200%
- Paraplegia/Quadriplegia | 120%
- Permanent and incurable paralysis of all limbs | 60%
- Permanent and incurable insanity | 60%
- Permanent total loss of sight in:
  - a. Both eyes | 60%
  - b. One (1) eye | 60%
- Permanent total Loss of Use of:
  - a. Two (2) limbs | 60%
  - b. One (1) limb | 60%
- Permanent total Loss of Use of:
  - a. The lens in both eyes | 60%
  - b. Hearing in both ears | 60%
- Permanent total Loss of Use four fingers and thumb of either hand | 48%
- Permanent total Loss of Use of four fingers of either hand | 30%
- Permanent total Loss of Use of:
  - a. The lens in one (1) eye | 36%
  - b. Hearing in one (1) ear | 12%
- Burns:
  - a. Third degree burns and/or resultant disfigurement which covers more than 40% of the entire external body | 30%
  - b. Second degree burns and/or resultant disfigurement which covers more than 40% of the entire external body | 15%
- Permanent total Loss of Use of one thumb of either hand:
  - a. both joints | 18%
  - b. one (1) joint | 9%
- Permanent total Loss of Use of fingers of either hand:
  - a. three (3) joints | 6%
  - b. two (2) joints | 4.8%
  - c. one (1) joint | 3%
- Permanent total Loss of Use of toes of either foot:
  - a. all – one (1) foot | 9%
  - b. great - both joints | 3%
  - c. great – one (1) joint | 1.8%
  - d. other than great, each toe | 0.6%
- Fractured leg or patella with established non-union | 6%
- Shortening of leg by at least 5cm | 4.5%
- Permanent total Loss of Use of liver | 45%
- Permanent total Loss of Use of;
  - a. two (2) kidneys | 45%
  - b. one (1) kidney | 21%
- Permanent total Loss of Use of sexual organs | 27%
- Permanent total Loss of Use of;
  - a. two (2) testicles | 24%

- b. one (1) testicle | 4.5%
- Permanent total Loss of Use of spleen | 18%
- Permanent disfigurement to 100% of the surface of the head and neck | 30%
- Permanent disfigurement to 100% of the surface of the remainder of the body | 15%

### **Partner Training Benefit**

#### Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury which results in a Claim which We accept against this Policy for one of the following Insured Events under Death and Capital Benefits:

- Death; or
- Permanent Total Disablement,

and subsequently the Insured Person's Partner incurs expenses for training or retraining for the purpose of:

1. obtaining gainful employment; or
2. improving the Partner's potential for employment; or
3. if the Insured Person has suffered Permanent Total Disablement, improving the quality of care the Partner can provide to the Insured Person,

which are not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

#### Compensation

We will reimburse the reasonable expenses as described in the Extent of Cover. The maximum amount We will pay is shown in the Policy Schedule against "Partner Training Benefit".

The Compensation is subject to any Benefit Limits applicable to this Benefit.

#### Conditions

1. The Partner must be aged under seventy (70) at the commencement of the training.
2. The training must be provided by a legally recognised training organisation or institution with the qualification(s) to provide such training.
3. All such training expenses must be incurred within three hundred and sixty-five (365) consecutive days from the date of the Insured Person's Injury.
4. This Benefit is only payable if the Insured Person's Partner is not already employed.

### **Premature Birth/Miscarriage Benefit**

#### Extent of Cover

If, during the Period of Insurance and occurring within the Scope of Cover, an Insured Person sustains an Injury, which as a direct result causes premature childbirth (prior to twenty-six (26) weeks gestation) or miscarriage, which is not otherwise excluded in this Benefit, We will pay the Compensation in accordance with the terms set out in this Benefit.

#### Compensation

We will pay the amount shown in the Policy Schedule against "Premature Birth/Miscarriage Benefit".

#### Conditions

1. A Medical Practitioner must certify that the premature birth or miscarriage was caused by the Injury.



# Contacts

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## About Aon

Aon plc (NYSE:AON) is a leading global professional services firm providing a broad range of risk, retirement and health solutions. Our 50,000 colleagues in 120 countries empower results for clients by using proprietary data and analytics to deliver insights that reduce volatility and improve performance.

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