

HARNESS RACING AUSTRALIA

PERSONAL ACCIDENT INSURANCE UPGRADE INCOME PROTECTION APPLICATION 2016/2017



INTRODUCTION

All Harness Racing Australia (HRA) licence holders are covered by the HRA National Risk Management Program. The insurance is designed to provide a broad range of cover at the lowest possible cost to licence holders. HRA licence holders and other insured persons have the option to take out an individual Personal Accident insurance policy to pay over and above the standard HRA Personal Accident Loss of Income cover limit.

WHO IS INSURED VIA THE HRA POLICY?

HRA's Personal Accident insurance policy covers all Licensed Trainers, Drivers, Stable Hands (voluntary workers only) of the Australian Harness Racing Industry including monte race riders, New Zealand Harness licensed visitors and all other licensed visitors and Australian Mini Trotting Club Junior Member Participants.

WHAT IS COVERED VIA THE HRA POLICY?

Coverage applies whilst licence holders and other insured persons whilst participating in any recognised and sanctioned activity directly associated with the sport of harness racing, including necessary travel to and from such activities.

This policy provides cover for members aged up to 85 years of age. Coverage limitations apply for the under 18 and over 75 year olds (please see the policy schedule and wording for details).

BENEFITS

The main benefits under the Personal Accident Policy as listed below:

1) DEATH & PERMANENT INJURIES

A lump sum benefit is payable in the event of a Death or a Permanent Disability. The Scale of benefits is defined in the policy. The maximum benefit payable is \$250,000.

2) NON-MEDICARE MEDICAL EXPENSES

This covers insured persons for NON-MEDICARE medical expenses. The policy is for reimbursement only. That is, the member must pay the account and then claim reimbursement under this insurance cover.

Note: Only NON-MEDICARE items are claimable (i.e. the "Medicare gap" is not claimable due to government legislation).

The most common "Non-Medicare" expenses include:

- Private Hospital Bed & Theatre Fees
- Dental
- Ambulance
- Chiropractic
- Physiotherapy
- Osteopathy

Medical expenses that are covered by Medicare (i.e. not covered by this sports injury policy) include:

- Doctor's Fees
- Surgeon's Fees
- Anaesthetist's Fees
- X-rays

BENEFIT

Reimbursement up to 100% of Non-Medicare medical costs, up to a maximum of \$10,000 per injury.

EXCESS

\$50 excess applies to each injury. Nil excess applies if you claim on a Private Health fund.

CONDITIONS

- If a member belongs to a private health fund, they must claim from that fund first.
- Non-Medicare medical costs are only reimbursed by this policy if incurred within 52 weeks from the date of injury.

3) LOSS OF INCOME

This benefit provides cover for insured persons who are disabled from an injury relating to events covered and are unable to work.

BENEFIT

85% of your salary up to a maximum of \$750 per week, whichever is the lesser.

EXCESS

There is no benefit claimable for the first 7 days that you are away from work as a result of injury.

BENEFIT PERIOD

104 weeks from the date of injury.

OTHER BENEFITS AVAILABLE BUT NOT LISTED INCLUDE:

- Home Modification Benefit
- Funeral Expense Benefit
- Parental Assistance Benefit
- Domestic Home Help - Non Income Earners
- Student Help Weekly Benefit
- Broken Bones
- Counselling Support Benefit

Further details relating to the above benefits as well as the policy conditions are contained in the Accident & Health International for and on behalf of CGU Insurance Personal Accident Product Disclosure Statement & Policy Wording. To obtain a copy of the wording, please contact HRA or visit www.vinsurancegroup.com/HRA

CONTINUED OVERLEAF >



Call 1300 945 547 or +61 2 8599 8660 Fax +61 2 8599 8661
Address Level 28 Angel Place, 123 Pitt Street, Sydney NSW 2000
Email sports@vinsurancegroup.com www.vinsurancegroup.com/HRA



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CORPORATE AUTHORISED REPRESENTATIVE OF Willis

WHAT COVER CAN I OBTAIN HIGHER LIMITS ON WITH MY OWN PERSONAL ACCIDENT INSURANCE POLICY?

You can increase your level of cover over and above the standard HRA Personal Accident insurance cover on the following section;

- Loss of Income

WHAT DOES UPGRADING PERSONAL ACCIDENT COVER MEAN?

All licence holders and other insured persons receive a basic level of cover for Loss of Income. Individuals can choose to upgrade to a higher level of cover to provide increased benefits for Loss of Income. Upgrading cover is optional. For details regarding cover, including important information, terms and conditions, please refer to www.vinsurancegroup.com/HRA

Note: the Health Insurance Act (Cth) 1973 does not permit the Insurer to contribute to any charges covered by Medicare (including the Medicare Gap).

WHAT DO I DO TO OBTAIN A HIGHER LEVEL OF INSURANCE COVERAGE?

1. Complete the following application form.
2. Forward your completed application form to V-Insurance Group.
3. Consider the quotation from V-Insurance Group once it has been received. If you believe it is right for your needs, confirm to V-Insurance you would like to proceed with the additional cover.
4. Cover is valid from the date V-Insurance Group receives instruction to proceed with your quotation to the common expiry date of the HRA insurance policies on 1 September 2017.

HOW TO MAKE A CLAIM?

PERSONAL ACCIDENT

A claim form will need to be completed and submitted as soon as possible, you can download this claim form by visiting www.vinsurancegroup.com/HRA

- Once you have completed your claim form and attached all original receipts (unless retained by your health fund), send the documentation to Accident & Health International, who will arrange payment to you.

WHO IS THE INSURER?

The Insurer for your policy is CGU Insurance Limited. Accident & Health International Underwriting Pty Limited are an agent acting on behalf of the Insurer under an authority (binding agreement) agreed by the Insurer.

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.

INSURER (Accident & Health International) PRIVACY STATEMENT

We are committed to protecting your privacy. We use the information you provide us to quote on your application for a policy, to provide the insurance, administer the policy and assess and manage any claims. We only provide personal information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy.

If you do not provide us with full information, we cannot properly quote for your insurance and we cannot insure you. You can check the personal information we hold about you at any time. Such application should be directed to Accident & Health International in writing where it will be considered by their internal Privacy Disputes Department.

If you provide us with personal information about anyone else, we rely on you to have their consent if you will be providing their information to us, and that you have told them to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, please visit our website to obtain a copy: www.acchealth.com.au

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.



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APPLICATION FORM

INDIVIDUAL PERSONAL ACCIDENT INCOME PROTECTION INSURANCE UPGRADE

HOW TO FILL OUT THIS FORM

Please fill out every question neatly and clearly. This will assist the insurer in evaluating your application. If they are unable to read the information you have given us, they may not be able to provide your insurance.

Full Name of Insured Person _____ HRA Licence No. _____

Address _____

Date of Birth _____ Sex _____ Height _____ Weight _____

What is your licence type? Driver Trainer Driver/Trainer

INSURED PERSONS ACKNOWLEDGEMENT

If "Yes" please provide details below

- | | No | Yes | |
|---|--------------------------|--------------------------|-------|
| a. Have you ever been declined Personal Accident or life insurance, or been issued such insurance which has been postponed, modified, rated up, cancelled or renewal refused? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b. Have you ever claimed for benefits under any personal accident insurance? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c. Will the total amount of your weekly compensation during disablement from this and all other sources exceed your weekly salary or income? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Are you at present insured under any Personal Accident insurance? If so, give details

No Yes

Name of Insurer Weekly Sum Insured

SUM INSURED APPLIED FOR

Please nominate the sum insured you are applying for, which will include the cover under HRA's Personal Accident insurance policy (Please note that all policy terms and conditions, including the scope of cover will be the same as those under the HRA policy. Please visit www.vinsurancegroup.com/HRA for further information on policy terms and conditions). The policy will take effect after this application is accepted by the insurer and payment has been received. The policy will have a common expiry date of 1 September 2017.

Sum Insured: Please tick your requested sum insured and applicable premium (this amount includes the cover you have from HRA)

Loss of Income Benefit Limit (per week)	\$750 pw	\$2,000 pw	\$3,500 pw	Other \$ _____
Loss of Income Benefit Additional Premium (Including all fees and charges)*	(Standard cover) \$0.00	<input type="checkbox"/> \$1,254.00	<input type="checkbox"/> \$2,403.50	<input type="checkbox"/> Send in for a quote

* Additional premium based on 10% Stamp Duty. The applicable Stamp Duty rate varies for residents of Queensland & South Australia

Period of Insurance From: ____/____/____ To: 1 September 2017

DECLARATION

I HEREBY DECLARE AND WARRANT that the answers given above are in every respect true and correct, and that I have not withheld any information within my knowledge likely to affect the decision of the Insurance Company as to my eligibility for Insurance. The application and declaration shall be the basis of the contract between the Insurance Company and Myself, and I agree to accept the Insurance Company's policy subject to the terms and conditions to be contained therein.

I further authorise the Company to consult my doctor regarding any condition declared on this application and authorise my doctor to release any information relevant to same.

Date: ____/____/____ Signature of the Insured Person _____

(Or their legal guardian in the event the insured person is under 18 years of age)

IMPORTANT NOTES

- This summary of cover provides factual information about the HRA Insurance Program. This information is only a summary of the cover provided. The policies with full conditions are available by contacting HRA or visiting www.vinsurancegroup.com/HRA.
- This insurance program commenced on 1 September 2016 and expires on 1 September 2017.
- V-Insurance has arranged the Personal Accident insurance program on a group basis without taking into account individual circumstances. This policy provides benefits to members of Harness Racing Australia's State Controlling Bodies, who through injury or accident, incur financial loss and who would otherwise not have received assistance. The program seeks to provide benefits to those most exposed and to maintain protection at the lowest possible cost to membership. It therefore cannot provide 100% cover of a benefit for every loss that occurs. Federal Government Legislation prevents insurance companies from paying any insurance benefit for a medical service that is covered by Medicare. This legislation also applies to the Medicare gap. In addition to this Personal Accident insurance all members are encouraged to consider taking out Private Health insurance, Income Protection Insurance and Life insurance if their individual circumstances require it.
- HRA is not and does not represent itself as a licensed insurance broker by endorsing the products outlined in this brochure. V-Insurance Group Pty Ltd ABN 67 160 126 509, Authorised Representative No. 432898, is a corporate authorised representative of Willis Australia Limited ABN 90 000 321 237 AFSI No: 240600

ENQUIRIES?

Should you have any enquiries about this insurance program please contact V-Insurance Group Pty Ltd;
Level 28 Angel Place, 123 Pitt Street,
SYDNEY NSW 2000
Phone: (02) 8599 8660
or local call cost only 1300 945 547
Fax: (02) 8599 8661
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