

**General Enquiries:**

1300 130 373

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# AFL MASTERS / VETERANS

## PERSONAL ACCIDENT APPLICATION FORM

FOR PERIOD: 1<sup>ST</sup> NOVEMBER 2009 TO 1<sup>ST</sup> NOVEMBER 2010**PLEASE NOTE: COVER IS EFFECTIVE FROM RECEIPT OF THIS FORM AND PAYMENT.**

To view the Policy Wordings, Summary of Covers and other important information, terms and conditions (including the Product Disclosure Statement), please refer to:

[www.jltsport.com.au/afl](http://www.jltsport.com.au/afl)

Please send your completed form with payment to:

<b>JLT Sport</b> <b>Level 17/607 Bourke St, Melbourne, VIC 3000</b>	<b>OR</b>	<b>Fax:</b> <b>(03) 9614 3600</b>
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## STANDARD COVERS WITHIN THE PROGRAM:

### WHAT ARE WE COVERED FOR WITHIN THE NATIONAL RISK PROTECTION PROGRAMME?

All AFL Masters affiliated Clubs, Leagues and Associations receive **General Public and Products Liability** (including Professional Indemnity) as standard cover within the Australian Football National Risk Programme ('the Programme') as per the policy wordings, terms and conditions outlined at [www.jltsport.com.au/afl](http://www.jltsport.com.au/afl).

Currently there is **no Personal Accident coverage** for AFL Masters affiliates under this Programme.

## NON-MEDICARE MEDICAL & CAPITAL BENEFIT OPTIONAL COVER

### (INCLUDING PARAPLEGIA AND QUADRIPLÉGIA EVENTS)

From 1<sup>st</sup> November 2009, all AFL Masters teams have been granted the opportunity to purchase Non-Medicare Medical coverage under the Programme for reimbursement of Non-Medicare Medical Expenses.

For details regarding cover, including important information, terms and conditions, please refer to [www.jltsport.com.au/afl](http://www.jltsport.com.au/afl).

### HOW DO WE TAKE OUT NON-MEDICARE MEDICAL COVER?

1. Complete Section A and Section B of this Form.
2. Attach your payment to this Form and forward it JLT Sport.
3. Coverage is valid from the date JLT Sport receives this form and payment.

It should be noted that at this point in time no further additional Personal Accident coverage options are being offered under the Programme to AFL Masters teams (e.g. Loss of income, higher personal accident coverage).

*Please note: the advice contained in this form is general. To help you decide if the cover suits you, please read the Product Disclosure Statement. We are also happy to provide you with further information.*



## AFL MASTERS APPLICATION FORM

# SECTION A – GENERAL DETAILS

### Step 1: Club Details

1 _____ <small>Club Name</small>	2 <u>AFL Masters</u> <small>Association/League</small>	
3 _____ <small>Contact Person</small>	4 _____ <small>Contact Phone Number</small>	
5 _____ <small>Postal Address</small>	_____ <small>State</small>	_____ <small>Post Code</small>
6 _____ <small>Email Address</small>		

### Step 2: Total Amount Payable

Total

Grand Total – Total Amount Payable

\$ \_\_\_\_\_

### Step 3: Club Declaration

I, the undersigned, declare that I am an authorised representative of \_\_\_\_\_

Name of Club

(a) I have read the PDS and agree to be bound by the Rules. I am aware that the withdrawal from the JDT Arrangement as a Member does not entitle the Member to a refund of the Total Membership Contribution in full or in part, other than any applicable return Membership Contribution in respect of the unexpired portion of the Insurance Cover.

(b) I agree to receive the PDS, FSG and annual report for this product online at [www.iltssport.com.au/afi](http://www.iltssport.com.au/afi) or I have obtained a hard copy of the PDS and FSG. I have reviewed those documents including the "Important Information" section of the FSG.

(c) Privacy Act implications: Upon joining the JDT Arrangement, you as a Member, acknowledge that, as part of the financial reports, the Trustee will be declaring Members' detailed Claims data to all Members and service providers performing specific tasks on behalf of the Trust.

 \_\_\_\_\_  
 Authorised Club/League/Association Representative's Name (please print)

 \_\_\_\_\_  
 Authorised Club/League/Association Representative's Title/Position

 \_\_\_\_\_  
 Authorised Club/League/Association Representative's Signature

 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date

### Step 4: Payment options

You must choose one of the following options to make payment to JLT Sport. Please select one and attach payment details:

 **OPTION 1: Cheque / Money Order**

Please make cheque or money order payable to JLT Sport, attach payment to this Upgrade Form and forward to the address provided below.

 **OPTION 2: Credit Card**

Please select one of the following credit card options:  Mastercard  Visa

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Expiry Date: \_\_\_\_ / \_\_\_\_

Card Holder's Name: \_\_\_\_\_      Signature: \_\_\_\_\_

Please print

*Please note – a surcharge of 1.25% (including GST) applies to all credit card payments.* When calculating your total upgrade amount JLT Sport will include this surcharge and will add 1.25% to your grand total. For example, if your total amount payable came to \$500, to pay by credit card will incur the additional 1.25% surcharge and we will charge your credit card \$506.25. Please contact JLT Sport for further information.

 **OPTION 3: Direct Deposit**

Please deposit payment as per the account details below. You must insert "AUSTFB" and your club name into the payment description. To confirm the transaction, please print your bank's receipt of payment and attach a copy to this Upgrade Form.

Account Name: Jardine Lloyd Thompson Insurance Broking Account  
 Bank: ANZ  
 BSB Number: 012 003  
 Account Number: 837 262 862  
 Reference: AFL + your club name **OR** 30 + the last 4 digits of your contact number

*Please note – upgraded cover is valid from the date of payment receipt*

 **OPTION 4: Pay by the Month – Funding Contract**

If the total amount payable of your club's upgrade is over \$500, you may choose to pay for your total amount in monthly instalments via a funding contract. Fees, charges and conditions apply to all funding contracts. Please contact JLT Sport for details.

To obtain a funding contract, please forward this Upgrade form to JLT Sport, and your contract will be forwarded to you by email or post.

*Please note - upgraded cover is valid from the date JLT Sport receives your signed funding contract*

**AFL MASTERS APPLICATION FORM****SECTION B****NON-MEDICARE MEDICAL COVER APPLICATION**

The AFL National Risk Protection Programme JLT Discretionary Trust (JLT) Arrangement. ABN: 37 378 340 834

Before signing this form, it is essential you have read and are prepared to be bound by the Product Disclosure Statement (PDS) and Financial Services Guide (FSG). For a copy of these documents and other important information, terms and conditions, please refer to:

**[www.jltsport.com.au/afl](http://www.jltsport.com.au/afl)**

**Period of Cover****FROM:** Cover is valid from the date JLT Sport receives this form and payment**TO:** 1<sup>st</sup> November 2010

From 1<sup>st</sup> November 2009, all AFL Masters teams have the option to take out cover for Non-Medicare Medical benefits.

TABLE (A) below demonstrates the level of cover available:

**TABLE (A) Optional Cover Available to AFL Masters Teams**

<b>BRONZE COVER</b>	<b>% reimbursed</b>	<b>Maximum Coverage</b>	<b>Excess</b>	<b>Capital Benefits</b>
<b>BRONZE COVER</b>	50%	\$2,000	\$100 per claim	\$100,000

TABLE (B) below demonstrates the costs payable:

**TABLE (B) Premium Rates**

<b>Number of Teams Requiring Cover</b>	<b>Cost per team (including charges)</b>	<b>Total Cost</b>
	@ \$636 (inc GST) per team	\$

Please forward both sections to JLT Sport.

Please send your completed form with payment to:

**JLT Sport**  
**Level 17/607 Bourke St, Melbourne, VIC 3000**

**OR**

**Fax:**  
**(03) 9614 3600**

**IMPORTANT INFORMATION:**

- o All rates on this form are inclusive of all government charges, GST and fees
- o The players are only covered whilst representing the club noted on this form
- o The benefit payable is limited, subject to the Trustee's discretion, to the amounts highlighted above.
- o Players are also covered whilst training throughout the year, therefore it is important to submit this form and payment early to ensure as many sessions as possible are covered.