

REPRESENTATIVE GAMES UPGRADE FORM

FOR PERIOD: 1ST NOVEMBER 2018 TO 1ST NOVEMBER 2019

PLEASE NOTE: UPGRADES ARE EFFECTIVE FROM RECEIPT OF THIS FORM.

For General enquiries please phone 1300 130 373 and 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



Please send your completed Upgrade Form to: JLT Sport		
POST PO Box H25 AUSTRALIA SQUARE NSW 1215	EMAIL JLTSPORT@JLTA.COM.AU	FAX: (02) 8824 1690



REPRESENTATIVE TEAM COVERAGE

NON-MEDICARE MEDICAL COVER & CAPITAL BENEFITS

WHAT COVER DO I HAVE IF I PLAY A REPRESENTATIVE GAME?

All participants who play in Representative Games at a National, State, League or Association level throughout Australia are automatically afforded the Platinum level of cover. This includes participation in game, training sessions and associated activities. A summary of the benefits can be found on page 3 of this form.

QUADRIPLÉGIA & PARAPLEGIA EVENTS

All participants who play in Representative Games at a National, State, League or Association level throughout Australia are automatically afforded the highest level of Quadriplegia / Paraplegia cover - \$1,000,000.

DO I NEED TO PAY FOR THESE COVERS?

No. This is automatically included in the National Risk Protection Programme.

LOSS OF INCOME COVER

WHAT IS LOSS OF INCOME COVER?

Loss of Income Cover is OPTIONAL and must be purchased separately. Loss of Income Cover provides reimbursement for either 80% of the injured person's net weekly income or the maximum amount per week as purchased by the club/league – whichever is the lesser. Coverage is for a maximum of 52 weeks and a 14 day elimination period applies. Please note – this does not include coverage for Match Payments.

HOW DO WE PURCHASE LOSS OF INCOME COVER FOR OUR REPRESENTATIVE PLAYERS?

1. Complete Section A and Section C of the Representative Team Upgrade Form
2. Submit to JLT Sport and wait for a copy of your invoice to be emailed
3. After receiving your invoice, make payment to JLT Sport

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.

SECTION A - REPRESENTATIVE TEAM DETAILS

Step 1: League Details

1 _____
League Name

2 _____ 3 _____
Contact Person Contact Phone Number

4 _____
Postal Address State Post Code

5 _____
Email Address

Step 2: Total Amount Payable

Total

Section C (Loss of Income Purchase) Total Amount Payable

\$ _____

Step 3: Club/League 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.jltsport.com.au/afj 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: Submit your Upgrade Form

Postal Address: PO BOX H25, AUSTRALIA SQUARE NSW 1215

Email Address: jltsport@jlta.com.au

Fax: 02 8824 1690

Step 5: Making Payment

JLT Sport will provide you with a Tax Invoice AFTER we receive this application form which will detail the payment options.
Payment must be made within 14 days of receipt of the invoice.

SECTION B

NON-MEDICARE MEDICAL COVER

The AFL National Risk Protection Program 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:

Period of Cover

FROM: 1st November 2018

TO: 1st November 2019

NON-MEDICARE MEDICAL

All participants who play in Representative Games at a National, State, League or Association level throughout Australia are automatically afforded the Platinum level of Non-Medicare Medical cover.

The table below demonstrates the benefits of Platinum cover:

Table A	Platinum (Rep Games)
Non-Medicare Medical Costs <small>(examples include: Ambulance, Physio, Dental, Chiro, Private Hospital Accommodation)</small>	90% Reimbursement \$7,500 max. per claim \$50 excess per claim
Capital Benefits	\$250,000 (\$50,000 for U18)
Quad / Para Benefits	\$500,000

QUADRIPLÉGIA AND PARAPLEGIA EVENTS

All participants who play in Representative Games at a National, State, League or Association level throughout Australia are automatically provided with the highest level of Quadriplegia / Paraplegia cover - \$1,000,000.

There is no cost for these covers.

All Representative Teams automatically receive this cover.

SECTION C

LOSS OF INCOME COVER PURCHASE FOR REPRESENTATIVE TEAMS

The JLT Discretionary Trust (JDT) Arrangement. ABN: 37 378 340 834

Loss of Income Cover is OPTIONAL. Loss of Income Cover provides reimbursement for either 80% of the injured person's net weekly income or the maximum amount per week as purchased by the league – whichever is the lesser. Coverage is for a maximum of 52 weeks and a 14 day elimination period applies.

To purchase this cover, please complete Steps 1-3 below. Missing information may result in delays with your application for Loss of Income cover.

Period of Cover

FROM: Cover is valid from the date JLT Sport receives this form

TO: 1st November 2019

ELIMINATION PERIODS: The Elimination Period means that the injured person must lose the nominated number of days income (14 days) due to the injury sustained before a Loss of Income claim is payable.

TABLE (D) Loss of Income Rates for Teams

Team	Per \$50.00 Cover
Seniors and/or Reserves	\$100.00
Juniors	\$30.00

Loss of Income cover is calculated based on a weekly amount chosen by the League. To calculate the Premium to be paid please follow the instructions below:

- o Column A: Nominate the teams you wish to purchase loss of income cover for (Seniors, Reserves and/or Juniors)
- o Column B: Allocate the Weekly Amount of Cover you wish to purchase for each team (this amount must be a multiple of \$50)
- o Column C: Divide the amount in Column B by \$50.00
- o Column D: Multiply the number of number of units in Column C by the premium rate shown in Column D.
- o Column E: Enter the number of teams you wish to cover.
- o Column F: Multiply the number of teams in Column E by the Premium Rate you have entered in Column D.

For further assistance please refer to the example at the bottom of the page.

Step 1: Loss of Income Cover Calculation – refer to TABLE (D) above

Column A Grade	Column B Income Cover	Column C Number of units	Column D Premium Rate	Column E Teams	Column F Sub Total
<input type="checkbox"/> Seniors	\$ _____ Weekly Cover	÷ \$50 = _____ No. of \$50.00 units	x \$100 = \$ _____	x _____ = _____ Number of Teams	\$ _____ Premium payable
<input type="checkbox"/> Reserves	\$ _____ Weekly Cover	÷ \$50 = _____ No. of \$50.00 units	x \$100 = \$ _____	x _____ = _____ Number of Teams	\$ _____ Premium payable
<input type="checkbox"/> Juniors	\$ _____ Weekly Cover	÷ \$50 = _____ No. of \$50.00 units	x \$30 = \$ _____	x _____ = _____ Number of Teams	\$ _____ Premium payable

EXAMPLE ONLY:

A. Grade	B. Income Cover	C. Number of units	D. Premium Rate (14 day elimination period)	E. Teams	F. Sub Total
<input checked="" type="checkbox"/> Seniors	\$300.00 p/w Weekly amount of cover	÷ \$50 = 6 units No. of \$50.00 units	x \$100 = \$600	x 2 teams Number of Teams	\$1,200 Premium payable
<input checked="" type="checkbox"/> Juniors	\$200.00 p/w Weekly amount of cover	÷ \$50 = 4 units No. of \$50.00 units	x \$30 = \$120	x 3 teams Number of Teams	\$360 Premium payable

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 League noted on this form
- o The benefit payable is limited, subject to the Trustee's discretion, to the lesser of the selected amount or 80% of net weekly earnings (excluding any remuneration from participation in football). Please note that actual payments made to the claimant are made net of tax.
- o No benefit will be payable if the player is not in Permanent or Regular Casual employment at the time of receiving the injury – also subject to the Trustee's discretion.