

WEEKLY BENEFITS – INJURY PURCHASE FORM

FOR PERIOD: 31ST DECEMBER 2010 TO 31ST DECEMBER 2011

PLEASE NOTE: UPGRADES ARE EFFECTIVE FROM RECEIPT OF THIS FORM AND PAYMENT (COVER IS NOT BACK-DATED)

For General enquiries please phone 1300 130 373 and to view the Policy Wordings, Summary of Covers and other important information, terms and conditions, please refer to:

www.jltsport.com.au/fq



Please send your completed form with payment to:

JLT Sport PO Box 464, Winston Hills NSW 2153	OR	Fax: (02) 8824 1690
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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:

STANDARD COVERS WITHIN THE PROGRAMME:

WHAT ARE WE COVERED FOR WITHIN THE FQ RISK PROTECTION PROGRAMME?

All FQ affiliated leagues, associations and clubs receive the following standard covers within the FQ Risk Protection Programme as per the policy wordings, terms and conditions outlined at www.jltsport.com.au/fq

STANDARD COVERS PROVIDED:

- Combined General and Products Liability (including Errors and Omissions).
- Club Management Liability
- Personal Accident Cover including.
 - o Capital Benefits (Standard Cover)
 - o Non-Medicare Medical Benefits

PURCHASING WEEKLY BENEFITS – INJURY COVER

WHAT IS WEEKLY BENEFITS – INJURY COVER?

If an eligible player is injured whilst participating in a club activity covered under the FQ Risk Protection Programme, and unable to work full time as a result of their injury, Weekly Benefits – Injury Cover provides reimbursement for either 80% of the injured person's net weekly income or the purchased level of cover– whichever is the lesser. Coverage is for a maximum of 52 weeks and a 14 day elimination period applies.

Further details on Weekly benefits – Injury cover are available in the QBE Insurance Australia Sports Insurance policy wording, available online at www.jltsport.com.au/fq.

Clubs can choose to purchase Weekly benefits – Injury Cover to a total maximum of \$300 per week. Cover is only available in \$100 increments. Section B of this form provides a calculation table to assist.

HOW DO WE PURCHASE WEEKLY BENEFITS – INJURY COVER FOR OUR PLAYERS?

1. Complete Section A and Section B of this purchase form
2. Please attach a list of players for each team in Section C. Cover will only apply to these players.
3. Attach payment, along with your Team Lists, to this form and forward it to JLT Sport.
4. Weekly benefit – Injury cover is valid from the date JLT Sport receives this complete form and payment.

TEAM DEFINITIONS

For the purposes of purchasing Weekly benefits – Injury cover and completing this form, the term "Team" is defined as **20 Players, as well as one non-playing coach and manager**. Should you require cover for more than 20 players you should purchase cover for additional teams. Weekly benefits – Injury cover is not available for purchase by individual players. A list of players from each team to be covered is required in Section C of this form.

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 – PURCHASE DETAILS

Step 1: Club Details

1	_____	2	_____
	Club Name		Name of Competition/League/Association
3	_____	4	_____
	Contact Person		Contact Phone Number
5	_____	_____	_____
	Postal Address	State	Post Code
6	_____		
	Email Address		

Step 2: Total Amount Payable

Total

Weekly benefits – Injury Total Payable

\$ _____

Step 3: 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 purchase 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 amount payable, 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 JLT account details below. You must quote the Reference Code when making your deposit. If you are unable to quote the Reference Code, please contact JLT Sport prior to banking.

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
 Reference Code: FQ – 31-12
 Bank: ANZ
 BSB Number: 012 003
 Account Number: 837 262 862

If you bank your deposit at a branch, please provide the following details.

Bank: _____ Branch/Location: _____

Please note – Upgraded cover is valid from the date of payment receipt. Please attach you Bank's Receipt of Payment with this form.

OPTION 4: Pay by the Month – Funding Contract

If the total amount payable of your club's purchase 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 purchase 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

Step 4: Club Declaration

I, the undersigned, declare that I am an authorised representative of _____
Name of Club

I hereby acknowledge that I have read and understood the Product Disclosure Statement and Financial Service Guide at www.jlt sport.com.au/fq for the FQ Risk Protection Programme. I declare the information provided on this form is true and accurate at the time of application. I understand that purchased cover is effective from the date JLT Sport receives this form and payment.

 Authorised Club Representative's name (please print)

 Authorised Club Representative's Title/Position

 Authorised Club Representative's signature

 Date

SECTION B

WEEKLY BENEFIT – INJURY PURCHASE

Purchasing of Weekly benefit – Injury cover is OPTIONAL. This cover provides weekly income lost by players (who are in Full Time Employment at their place of occupation) should they be injured whilst involved in a club activity covered under the FQ Risk Protection Programme.

To Purchase Weekly benefit – Injury cover, please complete the following pages. Missing information may result in delays with your application for cover.

Purchasing Weekly benefit – Injury cover:

There is no standard income protection provided under the Football Queensland Risk Protection Programme in 2011. Your membership with FQ enables you to purchase Weekly benefit – Injury cover for an additional premium in \$100 units to a maximum of \$300 per week.

Each \$100 unit is charged a premium as per the rates table below. The Total Premium payable is calculated using the Premium Calculation table below.

Period of Cover	
FROM: Cover is valid from the date JLT Sport receives this form and payment (Cover is not backdated)	TO: 31 st December, 2011

Weekly benefit – Injury Rates for Teams	
	Per \$100.00 Upgrade Unit
Senior Men/Senior Women	\$445.00
Juniors	\$445.00

Premium Calculation Table							
Category	LOI Upgrade Amount		Upgrade Units	Premium per Unit	Premium Per Team	No. of Teams	Premium Sub-Total
<input type="checkbox"/> Senior Women	= \$ _____ Per Week	÷ \$100.00	= _____ Units	X \$445.00	= \$ _____ Per Team	X _____ Teams	= \$ _____ Premium
<input type="checkbox"/> Senior Men	= \$ _____ Per Week	÷ \$100.00	= _____ Units	X \$445.00	= \$ _____ Per Team	X _____ Teams	= \$ _____ Premium
<input type="checkbox"/> Juniors	= \$ _____ Per Week	÷ \$100.00	= _____ Units	X \$445.00	= \$ _____ Per Team	X _____ Teams	= \$ _____ Premium
GRAND TOTAL							= \$ _____

EXAMPLE ONLY:

<input checked="" type="checkbox"/> Senior Women	<u>\$200.00</u> Per Week	÷ \$100.00	= <u>2</u> Units	X \$445.00	= <u>\$990.00</u> Per Team	X <u>3</u> Teams	= <u>\$ 2970.00</u> Total Cost
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IMPORTANT INFORMATION:

- All rates on this form are inclusive of all government charges, GST and fees
- The Weekly benefit – Injury amount payable is limited 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 treated as assessable income and should be declared in claimant's next tax return
- Weekly benefits – Injury payments are payable only if the player is in Full Time employment at the time of receiving the injury.
- For the purposes of purchasing cover and completing this form, the term "Team" is defined as **20 Players, as well as one non-playing coach and manager**. Should you require cover for more than 20 players you should purchase additional team cover. Cover is not available for Individual Purchase. A list of players within each team should be supplied with this form.
- A list of the players (per team) must be provided in Section C of this form at the time of application. The team(s) to be covered must be nominated by the club (i.e. "A Grade") and only the players listed will be covered.
- Players are also covered whilst training throughout the year, therefore it is important to submit this form and payment early to ensure pre-season training sessions are covered.

Please send your completed form with payment to:

JLT Sport
PO Box 464, Winston Hills NSW 2153

OR Fax:
(02) 8824 1690

SECTION C

LIST OF INSURED PERSONS

For the purposes purchasing Weekly benefit – Injury cover, a team is defined as containing 20 players in addition to one non-playing coach and manager per team. For each team to be covered to the limit selected in Section B above, please provide details of the team members in the following table.

Team Name			
Coach			
Manager			
1			
2			
3			
4			
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10			
11			
12			
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15			
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19			
20			

If cover is being purchased for more than three teams, please provide further details on additional pages.