



FAITHFULNESS IN SERVICE

**BISHOP DRUITT COLLEGE**

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## STUDENT ACCIDENT INSURANCE PLAN

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The college takes out student accident insurance with Aon Risk Services Australia Limited. This covers all students against a range of events that may result in the student incurring personal injury whilst engaged in school-organised activities. The policy will provide monetary relief to assist parents with hospital fees and other expenses related to an accident.

The documents below contain detailed information on the benefits available, the range of injuries covered under the policy and the forms required when making a claim. The college covers the annual cost of the policy. As a general rule, costs that are not eligible for Medicare rebate are covered under this policy.

### Documents

- The features of Aon's Platinum Student Accident Protection Plan
- Student accident insurance claim form
- Medical practitioner's statement

**AON**

# **Student Accident Protection Plan**

Platinum



# Overview

This information relates to an insurance plan the school has in place to provide financial benefits to students and their families in the event of accidental injury. The coverage is for 24 hours a day, seven days a week.

Aon's Student Accident Protection Plan is an insurance arrangement that pays benefits for specific scenarios and incidents that may occur, such as quadriplegia and broken bones. It also offers additional benefits such as:

- Covering a child's tuition for four terms in the event of their parent or guardian's accidental death
- Financial support for tutoring, should a student be absent from school for a prolonged period
- Providing clothing, hospitalisation and other out-of-pocket expenses that relate to an accident

This document outlines the benefits paid as a result of accidents, explains how to make a claim should your child be injured and describes potential additional benefits — as well as what is not covered.

## What is Covered

Essentially, any accident resulting in the injuries listed below is covered.

Insured Events	Payment
<b>Section 1 — Accidental Death</b>	
1. Death as a result of injury	\$50,000
<b>Section 1 — Permanent Disabilities</b>	
2. Quadriplegia or paraplegia	\$1,250,000
3. Loss of mental powers	\$1,250,000
4. Loss of total sight of both eyes	\$1,000,000
5. Loss of total sight of one eye	\$500,000
6. Up to 35% partial loss of sight of one or both eyes	\$65,000
7. Between 36% and 65% partial loss of sight of one or both eyes	\$130,000
8. More than 66% partial loss of sight of one or both eyes	\$200,000
9. Loss of use of two limbs	\$1,000,000
10. Loss of use of one limb	\$500,000
11. Loss of speech	\$150,000
12. Loss of hearing in both ears	\$750,000
13. Loss of hearing in one ear	\$150,000
14. Up to 35% partial loss of hearing of one or both ears	\$32,500
15. Between 36% and 65% partial loss of hearing of one or both ears	\$10,000
16. More than 66% partial loss of hearing of one or both ears	\$65,000
17. Total loss of use of either hand	\$250,000
18. Loss of use of four fingers of either hand	\$100,000
19. Loss of use of one thumb of either hand	\$100,000
20. Loss of use of fingers of either hand	\$50,000
21. Total loss of use of the toes of either foot	\$75,000

Insured Events	Payment
22. Permanent disability not provided for above	Insurer's Discretion (up to \$125,000)
We will pay such a percentage of the benefit shown, which corresponds to the percentage reduction in whole bodily function as certified by the Covered Person's treating Doctor and a Doctor appointed by Us. If the Doctor chosen by Us forms a contrary opinion to that of the Covered Person's treating Doctor, We will seek the opinion of a third independent Doctor, who will be appointed by mutual agreement between the parties and paid for by Us. In the event of a disagreement between all three (3) Doctors, the percentage reduction in whole bodily function will be the average of the three (3) opinions.	
<b>Section 1 — Broken or Fractured Bones</b>	
23. Finger, thumb, toe, hand, foot or rib	\$200
24. Arm, elbow, wrist, leg, ankle or knee	\$500
25. Neck, skull, spine, pelvis or hip	\$5,000
26. All other breaks	\$500
27. Fractured leg or patella with established non-union	\$20,000
28. Shortening of the leg by at least five centimetres	\$15,000
The maximum amount payable for any one injury under broken or fractured bones	\$100,000
<b>Section 1 — Dislocation</b>	
29. Hip	\$500
30. Knee, elbow, shoulder blade, collarbone or jaw	\$250
31. All others	\$250
<b>Section 1 — Serious Sprain, Strain and/or Tear of a Ligament</b>	
32. Ligament — knee, ankle, hip, spine, neck, shoulder	\$3,000
33. All other ligament damage which has required surgery to repair	\$2,000
We will only pay Event 32 or Event 33 once per injured site. For example, if you injure both your anterior cruciate ligament (ACL) and medial collateral ligament (MCL) in your knee in the same bodily injury, only one lump benefit under Event 32 is payable.	
<b>Section 1 — Organ Damage</b>	
34. Organ — spleen, kidney, liver, lung, heart	\$3,000
We will only pay Event 34 once per instance of bodily injury. For example, if you injure both your spleen and kidney in the same bodily injury, only one lump benefit under Event 34 is payable.	
The maximum amount payable for any one injury under serious sprain, strain and/or tear of a ligament and organ damage	\$50,000
<b>Section 1 — Dental</b>	
35. Loss of permanent or second teeth (per tooth)	\$300
36. Loss of milk or first teeth (per tooth)	\$100
37. Crowning of damaged teeth (per tooth)	\$300
38. Other damage (per tooth)	\$150
The maximum amount payable for any one injury under Dental	\$5,000
<b>Section 1 — Burns</b>	
39. 40% of the entire body or greater	\$800,000
40. Between 20% and 40% of the entire body	\$250,000

Insured Events	Payment
<b>Section 1 — Other Benefits</b>	
41. Fee relief (accidental death only)	Up to \$20,000
42. Non-Medicare medical expenses (Institution and organised sporting activities only)	100% up to \$10,000
43. Bed care patient expenses	Up to \$750 per week; maximum 52 weeks
44. Emergency transport rescue expense	Up to \$7,500 per student, per accident
45. Clothing, educational and / or sporting	Up to \$500 per student, per accident
46. Parent / guardian visitation	Up to \$2,500
47. Air or road rage benefit	Up to \$2,500
48. Carjacking assault benefit	Up to \$2,500
49. Transport expenses	Up to \$2,500
50. Out-of-pocket expenses	Up to \$1,000
51. Emergency home help	\$250 per week, per benefit; max 52 weeks
52. Student tutorial costs	\$250 per week, per benefit; max 52 weeks
53. Independent financial advice	\$15,000
54. Concussion benefit	\$1,000
<b>Section 2</b>	
Kidnap, ransom, extortion and personal assets	Up to \$400,000
<b>Section 3</b>	
Trauma counselling benefit	Up to \$20,000

# More to Know

## Are there exclusions?

Like all insurance contracts, this one has some exclusions. In summary, these are:

- War, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power
- The student being a pilot or crew member of any aircraft, or engaging in any aerial activity, except as a passenger in any properly licensed aircraft
- Pregnancy, childbirth or miscarriage
- The student engaging in professional sport
- Deliberately self-inflicted injury
- Suicide

## What about Medicare medical expenses?

Student accident policies and other types of general insurance are not permitted by law to cover medical expenses that fall under Medicare, nor the difference between the actual expense incurred and the Medicare rebate (commonly known as the 'Medicare gap').

Medical expenses that do not fall under Medicare are likely to be claimable. Please see the first page of the claim form under 'Claims Procedure'.

## What if I need more information?

This document is written expressly for parents and guardians of students enrolled and attending our school. Insurance policies are complex legal contracts and this information is only intended as a ready reference for parents. If you would like more information, the school can provide you with a copy of our policy or give you the name of a person at Aon you can call.

## Should an accident occur, how do I make a claim?

While your first priority is your family, this plan offers the reassurance that other matters, such as the financial implications, are not an added burden. Should the need arise to make a claim, you should:

- Complete the School Student Accident Claim Form and have the school's principal or registrar complete the bottom section
- Have a doctor complete the Medical Practitioner's Statement
- Send both forms to the addresses shown on the forms

Should you have questions while the claim is being reviewed, your school can provide you with a contact at Aon.



Over and above providing a quality education, your school is protecting your child's quality of life.

# Aon's Student Accident Protection Plan

## School student accident claim form



This form should be completed and returned to ACE Insurance promptly.

ACE Insurance Limited GPO Box 4065 Sydney 2001 Phone 1800 688 640 Fax (02) 9231 3697 Email a&hclaims.au@acegroup.com

### CLAIMS PROCEDURE

To ensure that your claim is dealt with as quickly as possible, it is important to follow a few simple steps:

1. Report the accident as soon as possible to school administration.
2. Pay all medical and other accounts as the insurer will not pay those on your behalf.
3. Make Private Health insurance claims, as the insurer's obligation is only for any portion not covered by Private Health.
4. Make your Medicare claim.

Student Accident Insurance includes coverage for non-Medicare medical expenses (when the accident happened during school or organised sporting activities). Any portion of any expense for which a Medicare benefit is paid or payable, including the balance of monies you have to bear after deduction of any Medicare benefit or rebate from the actual expense incurred (commonly known as the 'Medicare gap'), is unable to be reimbursed under this or any other insurance. It is in fact a breach of the Health Insurance Act to reimburse such costs.

All claimable non-Medicare medical expenses need to be for treatment, certified necessary by a legally qualified medical practitioner, to a registered private hospital, physiotherapist, chiropractor, osteopath, nurse or similar provider of medical services excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth, excluding dentures, and is caused by the accident.

5. Fill in the School student accident claim form (note that there is a section to be completed by the school).
6. Ask the attending doctor to fill in the Medical practitioner's statement.
7. Send all completed documents and any accounts and receipts in support of out of pocket expenses claimed direct to ACE Insurance Limited at GPO Box 4065 Sydney 2001.

### PERSONAL DETAILS

Name of school

Student's full name

Street address

City

State

Postcode

Date of birth

Parent name

Parent telephone number

Parent email address

### ELECTRONIC FUNDS TRANSFER

Following ACE's approval of your claim, should you wish to have your claim settlement transferred directly into your bank account, please provide the following details.

Bank name

Account name

BSB no.

Swift code (if applicable)

## 1. INJURY DESCRIPTION

Give full description of the injury from which you are suffering. State when, where and how it happened.

Injury

How it was sustained

Where

Were you involved in school or organised sporting activities when you were injured:

Yes  No

(a) Give exact date when injury occurred

(b) When did you first consult a physician for this condition?

(c) When did you become totally disabled (unable to attend school)?

(d) When were you able to return to school?

(e) If still disabled, when do you expect your disability to terminate?

(f) Have you ever had this, or a similar condition in the past?

Yes  No

If yes, state the nature of the condition, dates of the treatment, names and addresses of treating doctors, hospitals and clinics.

Condition(s)

Date

Treated by

Name of hospital/clinic

## 2. ATTENDING PHYSICIAN(S)

Give names, addresses and telephone numbers of all attending physicians.

Name

Phone

Address

## 2. ATTENDING PHYSICIAN(S) continued...

Name

Phone

Address

Give names, addresses and telephone numbers of usual family physician.

Name

Phone

Address

**3. PRIVATE HEALTH INSURANCE**

Are you covered by private health insurance? Yes  No

If "yes", name of insurer

Give membership number and branch

Have you claimed yet? Yes  No  If "yes" please submit a Statement of Benefits from your private health insurer.

**Authorisation**

I hereby authorise any hospital, physician or other person who has attended to me to furnish ACE Insurance or its representatives, any and all information with respect to any injury, medical history, consultation, prescriptions, or treatment, copies of all hospital and medical records. I agree that a photocopy of this authorisation shall be considered as effective and valid as original. I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in any further declaration in respect of the said injury shall make any false or fraudulent statements, or suppress, conceal or falsely state any material fact whatsoever then my claim may be voided and my rights of financial recovery forfeited. I consent to the collection, use and disclosure of information by ACE Insurance and their service providers in order to assess the claim. ACE Insurance complies with the obligations of the Privacy Act 2001 and the principles laid out in our Privacy Policy, which is readily available on request.

Name (please print)

Date

Relationship to student

Signed

**TO BE COMPLETED BY SCHOOL REGISTRAR/PRINCIPAL**

Please ensure that all questions have been fully answered.

I certify that (insert student name)

was injured as stated.

Name of school

Name

Position

Phone

Address

Do you want to be copied in on the acknowledgement letter for this claim?

Yes  No

If YES, Please provide:

Contact Name

Contact email address

I hereby certify that the particulars shown on this form are to the best of my belief and knowledge, true and correct.

Date

Witness

Signed

Signed



Please complete claim form and return to:  
ACE Insurance Limited GPO Box 4065 Sydney 2001  
Phone 1800 688 640 Fax (02) 9231 3697  
Email a&hclaims.au@acegroup.com



# Aon's Student Accident Protection Plan

## Medical practitioner's statement



The claimant is responsible for any fee for this statement. This form should be completed and returned to ACE Insurance promptly.  
ACE Insurance Limited GPO Box 4065 Sydney 2001 Phone 1800 688 640 Fax (02) 9231 3697 Email a&hclaims.au@acegroup.com

### PATIENT'S DETAILS

Full name  Date of birth  /  /

Diagnosis (If fracture or dislocation, describe nature and location i.e. simple, compound)

Does the patient have any other injury that is contributing to the condition? Yes  No

If yes, give details

Was the disability accident related? Yes  No

If yes, give details

Date of accident/first symptoms  
 /  /

When did the patient first consult you for this condition?  
Date of accident/first symptoms  
 /  /

How long have you been the patient's usual doctor/medical practice?  
 years

Name of patient's usual doctor/medical practice

Has the patient had surgery or is it anticipated? Yes  No

If yes, give details

Date performed or anticipated  
 /  /

Give name of hospital

Did you provide other medical services (including pathology) to the patient? Yes  No

If yes, give details  
Date  /  /  Services provided

Date  /  /  Services provided

Was the patient referred by you or to you? Yes  No

If yes, please provide name and address of referring doctor

Name

Street address

City

State

Postcode

Date of referral

Is the patient still disabled? Yes  No

If yes, how long will the patient be:

- totally disabled (unable to return to their pre-injury education)

from  to

- partially disabled (unable to return to a substantial part of their pre-injury education)

from  to

If partially disabled, what educational activities could the patient perform and how many hours a week?

Has the patient ever had the same or similar condition? Yes  No

If yes, give details

Has the patient requested medical evidence for the current disability to be issued to any other insurance company, accident commission, sports body or any other insurance body?

Yes  No

If yes, give details

Name of company and claim number

Contact name and telephone number

Remarks

Signature of medical practitioner

Name (in print)

Date

Qualifications

Street address

City

State

Postcode

Telephone

Date of referral



Please complete claim form and return to:  
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Phone 1800 688 640 Fax (02) 9231 3697  
Email a&hclaims.au@acegroup.com

