



General Enquiries:
1300 130 373

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AFL MASTERS / VETERANS PERSONAL ACCIDENT APPLICATION FORM

FOR PERIOD: 1ST NOVEMBER 2009 TO 1ST 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

Please send your completed form with payment to:

JLT Sport	OR	Fax:
Level 17/607 Bourke St, Melbourne, VIC 3000		(03) 9614 3600

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.

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 1st 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.

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 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 (JDT) 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

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

From 1st 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

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

TABLE (B) below demonstrates the costs payable:

TABLE (B) Premium Rates

Number of Teams Requiring Cover	Cost per team (including charges)	Total Cost
	@ \$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.