



# REPRESENTATIVE TEAMS

## UPGRADE FORM

General Enquiries:  
1300 130 373

General Enquiries:  
1300 130 373

FOR PERIOD: 1<sup>ST</sup> NOVEMBER 2009 TO 1<sup>ST</sup> NOVEMBER 2010

**PLEASE NOTE: UPGRADES ARE 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><br><b>Level 17/607 Bourke St, Melbourne, VIC 3000</b> | <b>OR</b> | <b>Fax:</b><br><b>(03) 9614 3600</b> |
|--|-----------|--------------------------------------|

## STANDARD COVERS WITHIN THE PROGRAM:

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

All AFL affiliated leagues, associations and clubs receive the following standard covers within the Australian Football National Risk Programme as per the policy wordings, terms and conditions outlined at [www.jltsport.com.au/afl](http://www.jltsport.com.au/afl)

#### STANDARD COVERS PROVIDED:

- General and Products Liability (including Errors and Omissions Liability).
- Club Management Liability (for incorporated clubs only).
- Personal Accident Cover including.
  - o Capital Benefits (Bronze level)
  - o Non-Medicare Medical Benefits (Bronze level)

## UPGRADING PERSONAL ACCIDENT COVER FOR REPRESENTATIVE TEAMS

### WHAT DOES UPGRADING COVER MEAN?

Upgrading cover for representative teams will allow all players within the rep side to access Platinum level cover.

### WHEN ARE REPRESENTATIVE TEAMS COVERED?

The upgraded cover purchased by the league, applies only to players competing for official representative sides of that league (e.g. South League vs North League). Please refer to the summary of covers and policy wordings for further details.

### HOW DO WE UPGRADE OUR REPRESENTATIVE TEAMS?

1. Complete Section A and Section B of the Representative Team Upgrade Form.
2. Attach your payment to the Upgrade Form and forward it JLT Sport.
3. Upgrades are valid from the date JLT Sport receives this form and payment.

*Please Note: You may complete an Online Upgrade Application via [www.jltsport.com.au/afl](http://www.jltsport.com.au/afl). This is the quickest and most efficient way to upgrade cover.*

## LOSS OF INCOME COVER PURCHASE

### WHAT IS LOSS OF INCOME COVER?

Loss of Income Cover is OPTIONAL and must be purchased separately to all other covers. 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.

### 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. Attach your payment to the Upgrade Form and forward it to JLT Sport
3. Loss of Income Purchases are valid from the date JLT Sport receives this form and payment.

*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.*

JLT Sport is a division of Jardine Lloyd Thompson Pty Ltd,  
ABN 69 009 098 864, AFS Licence No. 226827,  
Level 17 607 Bourke Street, Melbourne, VIC, 3000.



**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 B (Non-Medicare Medical Upgrade) Sub-total |  | \$ _____        |
| Section C (Loss of Income Purchase) Sub-total      |  | \$ _____        |
| <b>Grand Total – Total Amount Payable</b>          |  | <b>\$ _____</b> |

**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.jltsport.com.au/afi](http://www.jltsport.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*



# SECTION B

## NON-MEDICARE MEDICAL COVER UPGRADE

The AFL National Risk Protection Program 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](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 clubs receive as a minimum the basic level of cover (called Bronze Cover) for Non-Medicare Medical benefits. Check with your League/Association as you may currently receive a higher level of cover (e.g., VCFL clubs receive Silver Cover for season 2010).

If your club is within **AFL Queensland**, you **may already be covered** by Platinum level cover. If unsure, please contact your League / Association to confirm.

TABLE (A) below demonstrates the benefits of Platinum cover in comparison to your league's basic level of cover:

| <b>TABLE (A) Upgrades Available</b>   |                                 |                                 |                                 |                                 |
|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
|   | Bronze (Basic Cover)            | Silver (eg VCFL Basic Cover)    | Gold (eg WRFL Basic Cover)      | Platinum (optional upgrade)     |
| Non-Medicare Medical Costs  | 50% Reimbursement               | 75% Reimbursement               | 90% Reimbursement               | 90% Reimbursement               |
| <i>(examples include: Ambulance, Physio, Dental, Chiro, Private Hospital Accommodation)</i> | \$2,000 max. per claim          | \$2,500 max. per claim          | \$3,500 max. per claim          | \$7,500 max. per claim          |
|   | \$100 excess per claim          | \$75 excess per claim           | \$50 excess per claim           | \$50 excess per claim           |
| Capital Benefits  | \$100,000<br>(\$20,000 for U18) | \$150,000<br>(\$30,000 for U18) | \$200,000<br>(\$40,000 for U18) | \$250,000<br>(\$50,000 for U18) |

Regardless of your league's basic level of cover, **the cost of upgrade for any team is the same** for both Junior and Senior/Reserve teams.

TABLE (B) below demonstrates the premium rates payable to upgrade cover:

| <b>TABLE (B) Premium Rates</b> |                                     |                             |
|--------------------------------|-------------------------------------|-----------------------------|
| Upgrade to...                  | Per GAME<br>Per Senior/Reserve Team | Per GAME<br>Per Junior Team |
| PLATINUM                       | \$28.00                             | \$28.00                     |

| <b>Step 1: Cover Upgrade Calculation as per TABLE (B)</b> |                                |                                   |                                      |                                     |
|---|--------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| Teams   | Games                          | Upgrade to                        | Cost per Game per Team               | Sub-Total                           |
| <input type="checkbox"/> Seniors                          | _____                          | <input type="checkbox"/> PLATINUM | \$28.00                              | \$ _____                            |
| <small>Number of Teams</small>                            | <small>Number of Games</small> |                                   | <small>Premium rate per team</small> | <small>Teams x Games x Rate</small> |
| <input type="checkbox"/> Reserves                         | _____                          | <input type="checkbox"/> PLATINUM | \$28.00                              | \$ _____                            |
| <small>Number of Teams</small>                            | <small>Number of Games</small> |                                   | <small>Premium rate per team</small> | <small>Teams x Games x Rate</small> |
| <input type="checkbox"/> Juniors                          | _____                          | <input type="checkbox"/> PLATINUM | \$28.00                              | \$ _____                            |
| <small>Number of Teams</small>                            | <small>Number of Games</small> |                                   | <small>Premium rate per team</small> | <small>Teams x Games x Rate</small> |

| <b>EXAMPLE ONLY:</b>                        |                                |  |                                      |                                     |
|---|--------------------------------|--|--------------------------------------|-------------------------------------|
| Teams                                       | Games                          | Upgrade to                                   | Cost per Game per Team               | Sub-Total                           |
| <input checked="" type="checkbox"/> Seniors | 1                              | <input checked="" type="checkbox"/> PLATINUM | \$ 28.00                             | \$ 112.00                           |
| <small>Number of Teams</small>              | <small>Number of Games</small> |  | <small>Premium rate per team</small> | <small>Teams x Games x Rate</small> |

| <b>Step 2: Section B Total Amount Payable</b> |  | Total    |
|---|--|----------|
| <b>Section B Total</b>                        |  | \$ _____ |

If you wish to purchase Loss of Income cover, please proceed to Section C on page 4 and forward all of Sections A, B and C to JLT Sport.

If you **do not** wish to purchase Loss of Income cover, please forward Sections A and B to JLT Sport.



# 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 and payment**TO:** 1<sup>st</sup> November 2010

**EXCESS PERIODS:** The Excess Period means that the injured person must lose 14 days income due to the injury sustained before a Loss of Income claim is payable.

### TABLE (D) Loss of Income Rates for Teams

| Team             | 14 day excess period<br>Per \$50.00 Cover |
|------------------|---|
| Seniors/Reserves | \$87.00                                   |
| Juniors          | \$25.00                                   |

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:

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

#### 14 DAY EXCESS refer to TABLE (D)

| Column A<br>Grade                 | Column B<br>Income Cover | Column C<br>Number of units            | Column D<br>Premium Rate | Column E<br>Teams                  | Column F<br>Sub Total       |
|-----------------------------------|--------------------------|--|--------------------------|------------------------------------|-----------------------------|
| <input type="checkbox"/> Seniors  | \$ _____<br>Weekly Cover | ÷ \$50 = _____<br>No. of \$50.00 units | x \$87 = \$ _____        | x _____ = _____<br>Number of Teams | \$ _____<br>Premium payable |
| <input type="checkbox"/> Reserves | \$ _____<br>Weekly Cover | ÷ \$50 = _____<br>No. of \$50.00 units | x \$87 = \$ _____        | x _____ = _____<br>Number of Teams | \$ _____<br>Premium payable |
| <input type="checkbox"/> Juniors  | \$ _____<br>Weekly Cover | ÷ \$50 = _____<br>No. of \$50.00 units | x \$25 = \$ _____        | x _____ = _____<br>Number of Teams | \$ _____<br>Premium payable |

#### EXAMPLE ONLY:

| A. Grade                                    | B. Income Cover                        | C. Number of units                       | D. Premium Rate (14 day excess) | E. Teams                     | F. Sub Total               |
|---|--|--|---------------------------------|------------------------------|----------------------------|
| <input checked="" type="checkbox"/> Seniors | \$300.00 p/w<br>Weekly amount of cover | ÷ \$50 = 6 units<br>No. of \$50.00 units | x \$87 = \$522                  | x 2 teams<br>Number of Teams | \$1,044<br>Premium payable |
| <input checked="" type="checkbox"/> Juniors | \$200.00 p/w<br>Weekly amount of cover | ÷ \$50 = 4 units<br>No. of \$50.00 units | x \$25 = \$100                  | x 3 teams<br>Number of Teams | \$300<br>Premium payable   |

Please forward all of Sections A, B and C to JLT Sport, 17/607 Bourke St, Melbourne, VIC. 3000

#### IMPORTANT INFORMATION:

- All rates on this form are inclusive of all government charges, GST and fees
- The players are only covered whilst representing the club noted on this form
- 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.
- 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.
- If you do not wish to cover all teams within the club, a list of the players (per team) must be provided at the time of application (attached to this form). The team(s) to be covered must be nominated by the club (i.e. "A Grade") and the 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.