



# VCFL OPTIONAL UPGRADE FORM

General Enquiries:  
1300 130 373

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

General Enquiries:  
1300 130 373

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

To complete an Online Upgrade Application or 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> <b>Level 17/607 Bourke St, Melbourne, VIC 3000</b>	<b>OR</b>	<b>Fax:</b> <b>(03) 9614 3600</b>
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## STANDARD COVERS WITHIN THE PROGRAMME:

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

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 Public 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 (Silver level)

**Note: AFL Masters / Veterans teams do not have Personal Accident coverage as standard.**

**Such clubs can choose the Bronze level of cover via the "AFL Masters - Optional Personal Accident Application Form"**

## NON-MEDICARE MEDICAL COVER & CAPITAL BENEFIT UPGRADES

(INCLUDING PARAPLEGIA AND QUADRIPLÉGIA EVENTS)

### WHAT DOES UPGRADING COVER MEAN?

From 1<sup>st</sup> November 2009, all VCFL clubs receive a basic level of cover for Non-Medicare Medical benefits. This basic level of cover is called "Silver". Clubs can choose to upgrade from Silver to a higher level of cover to provide their players with increased benefits and reimbursements of Non-Medicare Medical Expenses. **Upgrading cover is optional.** Clubs should consider the costs to players and inform members of all decisions made by the club in regard to Upgrading Cover. For details regarding cover, including important information, terms and conditions, please refer to [www.jltsport.com.au/afl](http://www.jltsport.com.au/afl).

**Note: The Health Insurance Act (Cth) 1973 does not permit the Insurer or the Trustee to reimburse any costs associated with medical treatments registered with Medicare (this includes the Medicare Gap).**

### HOW DO WE UPGRADE OUR CLUB'S NON-MEDICARE MEDICAL COVER?

1. Check with your League or Association whether your club currently receives a higher level of cover
2. Once you have determined your current level of cover, complete Section A and Section B of the Upgrade Form.
3. Attach your payment to the Upgrade Form and forward it to JLT Sport.
4. 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 clubs must purchase this cover 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 club – whichever is the lesser. Coverage is for a maximum of 52 weeks and a 14 or 49 day elimination period applies (as per the cover purchased).

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

1. Complete Section A, Section B (if required) and Section C of the 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.



# SECTION A – UPGRADE DETAILS

## Step 1: Club Details

1	_____	2	_____
	Club Name		Association/League
3	_____	4	_____
	Contact Person		Contact Phone Number
5	_____	_____	_____
	Postal Address	State	Post Code
6	_____		
	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/af](http://www.jltsport.com.au/af) 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 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](http://www.jltsport.com.au/afl)**Note: AFL Masters / Veterans clubs can only choose the Bronze level of cover via the separate "AFL Masters - Optional Personal Accident Application Form"**

### Period of Cover

**FROM:** Cover is valid from the date JLT Sport receives this form and payment**TO:** 1<sup>st</sup> November 2010From 1<sup>st</sup> November 2009, all VCFL clubs are automatically upgraded to the Silver level of cover for Non-Medicare Medical Benefits.

TABLE (A) below demonstrates the various levels of cover available for upgrade:

**TABLE (A) Upgrades Available**

	Silver (VCFL Basic Cover)	Gold	Platinum
Non-Medicare Medical Costs <i>(examples include: Ambulance, Physio, Dental, Chiro, Private Hospital Accommodation)</i>	75% Reimbursement	90% Reimbursement	90% Reimbursement
	\$2,500 max. per claim	\$3,500 max. per claim	\$7,500 max. per claim
	\$75 excess per claim	\$50 excess per claim	\$50 excess per claim
Capital Benefits	\$150,000 (\$30,000 for U18)	\$200,000 (\$40,000 for U18)	\$250,000 (\$50,000 for U18)

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

**TABLE (B) Premium Rates**

Upgrade from...	Per Senior/Reserve Team	Per Junior Team
Silver to GOLD	\$218.00	\$59.00
Silver to PLATINUM	\$378.00	\$82.00
<i>If your club/league has already upgraded in 2009 to the Gold level of cover you may choose to increase cover from...</i>		
Gold to PLATINUM	\$204.00	\$58.00

### CAPITAL BENEFITS UPGRADE

From 1<sup>st</sup> November 2009, all VCFL clubs receive as a minimum the basic level of cover (Silver Cover) for Capital Benefits (as per TABLE (A) above). Clubs/Leagues/Associations can increase the level of Capital Benefits Cover for Quadriplegia and Paraplegia Events. Please refer to [www.jltsport.com.au/afl](http://www.jltsport.com.au/afl) for a Summary of Covers.

TABLE (C) below demonstrates the premium rates payable to upgrade Quadriplegia and Paraplegia cover:

**TABLE (C) Quadriplegia and Paraplegia Rates**

Team...	Upgrade to...	Cost per Team...	Team...	Upgrade to...	Cost per Team...
Juniors*	\$50,000	\$12.10	Seniors/Reserves/U19	\$500,000	\$121.00
Juniors*	\$75,000	\$14.52	Seniors/Reserves/U19	\$750,000	\$145.20
Juniors*	\$100,000	\$24.20	Seniors/Reserves/U19	\$1,000,000	\$169.40
Juniors*	\$150,000	\$29.05			
Juniors*	\$200,000	\$48.40			

\*U19 teams included in Senior Rate Upgrade for Capital Benefits Upgrades Only

\*Upgraded Cover for Junior Teams applies only to players under 18 years of age.

PLEASE CONTINUE TO PAGE 4.

**SECTION B (CONTINUED)****NON-MEDICARE MEDICAL COVER UPGRADE**

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](http://www.jltsport.com.au/afl)

Note: AFL Masters / Veterans clubs can only choose the Bronze level cover via the separate "AFL Masters - Optional Personal Accident Application Form"

**Step 1: Cover Upgrade Calculation as per TABLE (B)**

Teams	Upgrading to	Cost per team	Sub-Total
<input type="checkbox"/> Seniors _____ <small>Number of Teams</small>	<input type="checkbox"/> GOLD <input type="checkbox"/> PLATINUM	\$ _____ <small>Premium rate per team</small>	\$ _____ <small>No. of Teams x Rate</small>
<input type="checkbox"/> Reserves _____ <small>Number of Teams</small>	<input type="checkbox"/> GOLD <input type="checkbox"/> PLATINUM	\$ _____ <small>Premium rate per team</small>	\$ _____ <small>No. of Teams x Rate</small>
<input type="checkbox"/> Juniors _____ <small>Number of Teams</small>	<input type="checkbox"/> GOLD <input type="checkbox"/> PLATINUM	\$ _____ <small>Premium rate per team</small>	\$ _____ <small>No. of Teams x Rate</small>

**EXAMPLE ONLY:**

Teams	Upgrading to	Cost per team	Sub-Total
<input checked="" type="checkbox"/> Seniors <u>3</u> <small>Number of Teams</small>	<input checked="" type="checkbox"/> GOLD <input type="checkbox"/> PLATINUM	\$ 218.00 <small>Premium rate per team</small>	\$ 654.00 <small>No. of Teams x Rate</small>

**Step 2: Quadriplegia/Paraplegia Cover Upgrade Calculation as per TABLE (C)**

Teams	Upgrading to:	Cost per team	Sub-Total
<input type="checkbox"/> Seniors _____ <small>Number of Teams</small>	<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000	\$ _____ <small>Premium rate per team</small>	\$ _____ <small>No. of Teams x Rate</small>
<input type="checkbox"/> Reserves _____ <small>Number of Teams</small>	<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000	\$ _____ <small>Premium rate per team</small>	\$ _____ <small>No. of Teams x Rate</small>
<input type="checkbox"/> Juniors _____ <small>Number of Team</small>	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000	\$ _____ <small>Premium rate per team</small>	\$ _____ <small>No. of Teams x Rate</small>

**EXAMPLE ONLY:**

Teams	Upgrading to:	Cost per team	Sub-Total
<input checked="" type="checkbox"/> Juniors <u>2</u> <small>Number of Teams</small>	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input checked="" type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000	\$ 48.40 <small>Premium rate per team</small>	\$ 96.80 <small>No. of Teams x Rate</small>

**Step 3: Section B Total Amount Payable**

	Total
Cover upgrades (total of Step 1)	\$ _____
Quadriplegia/Paraplegia Upgrades (total of Step 2)	\$ _____
<b>Section B Total</b>	<b>\$ _____</b>

If you wish to purchase Loss of Income cover, please proceed to Section C on page 5 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, as per the following details.

Please send your completed form with payment to:

<b>JLT Sport</b> <b>Level 17/607 Bourke St, Melbourne, VIC 3000</b>	<b>OR</b>	<b>Fax:</b> <b>(03) 9614 3600</b>
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# SECTION C

## LOSS OF INCOME COVER PURCHASE

The AFL National Risk Protection Programme JLT Discretionary Trust (JDT) Arrangement. ABN: 37 378 340 834

Loss of Income Cover is **OPTIONAL**. It provides weekly income lost by players, officials, volunteers, trainers, coaches, umpires, directors, officers, committees, sub-committees, members and work experience students should they be injured whilst involved in a football related activity.**Note:** This coverage is not currently available to AFL Masters / Veterans Teams.

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 the nominated number of days income (14 or 49 days) due to the injury sustained before a Loss of Income claim is payable. Please choose an Excess Period using TABLE (D) below:**TABLE (D) Loss of Income Rates for Teams**

Team	14 day excess period Per \$50.00 Cover	49 day excess period Per \$50.00 Cover
Seniors/Reserves	\$240.00	\$120.00
Juniors	\$70.00	\$35.00

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

- Choose the Excess Period you would like to purchase for your team - 14 or 49 day excess as per TABLE (D)
- Column A: Nominate the teams you wish to purchase loss of income cover for (Seniors, Reserves and/or Juniors)
- Column B: Allocate the Gross 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 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 OPTION ONLY refer to TABLE (D)

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 \$240 = \$ _____	x _____ = _____ Number of Teams	\$ _____ Premium payable
<input type="checkbox"/> Reserves	\$ _____ Weekly Cover	÷ \$50 = _____ No. of \$50.00 units	x \$240 = \$ _____	x _____ = _____ Number of Teams	\$ _____ Premium payable
<input type="checkbox"/> Juniors	\$ _____ Weekly Cover	÷ \$50 = _____ No. of \$50.00 units	x \$70 = \$ _____	x _____ = _____ Number of Teams	\$ _____ Premium payable

#### 49 DAY EXCESS OPTION ONLY refer to TABLE (D)

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 \$120 = \$ _____	x _____ = _____ Number of Teams	\$ _____ Premium payable
<input type="checkbox"/> Reserves	\$ _____ Weekly Cover	÷ \$50 = _____ No. of \$50.00 units	x \$120 = \$ _____	x _____ = _____ Number of Teams	\$ _____ Premium payable
<input type="checkbox"/> Juniors	\$ _____ Weekly Cover	÷ \$50 = _____ No. of \$50.00 units	x \$35 = \$ _____	x _____ = _____ Number of Teams	\$ _____ 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 Weekly amount of cover	÷ \$50 = 6 units No. of \$50.00 units	x \$240 = \$1,440	x 2 teams Number of Teams	\$2,880 Premium payable
<input checked="" type="checkbox"/> Juniors	\$200.00 p/w Weekly amount of cover	÷ \$50 = 4 units No. of \$50.00 units	x \$70 = \$280	x 3 teams Number of Teams	\$840 Premium payable

Please proceed to page 6 to complete Step 2 and Step 3 of your Loss of Income purchase.

**SECTION C (CONTINUED)****LOSS OF INCOME COVER PURCHASE**

The AFL National Risk Protection Programme JLT Discretionary Trust (JDT) Arrangement. ABN: 37 378 340 834

Loss of Income Cover for Individuals may be purchased in addition to the team cover on page 5.  
The amount selected below will be in addition to any coverage taken out by the club and a 14 day excess period will apply.

<b>TABLE (E) Loss of Income Rates for Individuals</b>	
<i>Grade</i>	<i>Per \$50.00 Cover 14 day excess period*</i>
Senior/Reserve Players	\$50.00
Junior Players	\$17.50

<b>Step 2: Loss of Income Cover Calculation for Individual Players</b>						
<b>14 DAY EXCESS ONLY refer to TABLE (E)</b>						
<i>Grade</i>	<i>Player's Full Name</i>	<i>Date of Birth</i>	<i>Player's Occupation</i>	<i>Income Cover</i>	<i>Number of units</i>	<i>Sub Total</i>
Senior	John Smith	11/07/1975	Bricklayer	\$500.00 per week	10 units	\$500.00
Junior	Joe Bloggs	07/11/1991	Apprentice Carpenter	\$300.00 per week	6 units	\$105.00

<b>Step 3: Section C Total Amount Payable</b>		<i>Total</i>
Loss of Income Team Purchase (Step 1)		\$ _____
Loss of Income Individual Purchase (Step 2)		\$ _____
<b>Section C Total</b>		<b>\$ _____</b>

Please forward all of Sections A, B and C to JLT Sport.

<b>Please send your completed form with payment to:</b>		
<b>JLT Sport</b>	<b>OR</b>	<b>Fax:</b>
<b>Level 17/607 Bourke St, Melbourne, VIC 3000</b>		<b>(03) 9614 3600</b>

**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 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.
- o 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.
- o 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.