

# UPGRADE FORM

**General Enquiries:**  
**1300 130 373**

**FOR POLICY 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.**

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/ffv](http://www.jltsport.com.au/ffv)**

Please send your completed form with payment to:

<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>

## STANDARD COVERS WITHIN THE PROGRAMME:

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

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

#### STANDARD COVERS PROVIDED:

- Public and Products Liability (including Professional Indemnity).
- Club Management Liability
- Personal Accident Cover including.
  - o Capital Benefits (Standard Cover)
  - o Non-Medicare Medical Benefits (Upgrade available)
  - o Loss of Income (Upgrade available)

## UPGRADING NON-MEDICARE MEDICAL COVER

### WHAT DOES UPGRADING COVER MEAN?

From 1<sup>st</sup> November 2009, all clubs receive a basic level of cover for Non-Medicare Medical benefits. Clubs can choose to upgrade from Basic Cover 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/ffv](http://www.jltsport.com.au/ffv)

**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. Complete Section A and Section B of this Upgrade Form\*.
2. If you are not upgrading all teams within your club, please attach a list of players for each team. Upgrade Cover will only apply to these players.
3. Attach payment, along with your Team Lists (if applicable), to this form and forward it to JLT Sport.
4. Upgrades are valid from the date JLT Sport receives this form and payment.

## UPGRADING LOSS OF INCOME COVER

### WHAT IS LOSS OF INCOME COVER?

If a player is injured whilst participating in a club activity and unable to work full time as a result of their injury, the Loss of Income Cover provides reimbursement for either 75% of the injured person's net weekly income or \$200 per week – whichever is the lesser. Coverage is for a maximum of 52 weeks and a 14 day elimination period applies.

Clubs can choose to Upgrade Loss of Income Cover to any amount to a maximum of \$1,000 per week. Upgrades are only available in \$100 increments. Section C of this form provides calculation tables to assist.

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

1. Complete Section A and Section C of this Upgrade Form\*
2. If you are not upgrading all teams within your club, please attach a list of players for each team. Upgrade Cover will only apply to these players.
3. Attach payment, along with your Team Lists (if applicable), to this form and forward it to JLT Sport.
4. Loss of Income Purchases are valid from the date JLT Sport receives this form and payment.

## TEAM DEFINITIONS

For the purposes of Upgrading Cover and completing this form, the term "Team" is defined as **20 Players**. Should you require cover for more than 20 players you should purchase additional team cover. Upgrading Cover is not available for Individual Purchase. A list of players within each team should be supplied with 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.*

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# SECTION A – UPGRADE 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
Section B (Non-Medicare Medical Upgrade) Sub-total	\$ _____
Section C (Loss of Income Upgrade) Sub-total	\$ _____
<b>Grand Total – Total Amount Payable</b>	<b>\$ _____</b>

## 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 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 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: FFV-30-01  
 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 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*

## 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.iltssport.com.au/ffv](http://www.iltssport.com.au/ffv) for the FFV Risk Protection Programme. I declare the information provided on this form is true and accurate at the time of application. I understand that upgraded 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

# NON-MEDICARE MEDICAL COVER UPGRADE

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

### Period of Cover

**FROM:** Upgraded 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 for Non-Medicare Medical benefits.

### Upgrade Cover Available

	Basic Cover (Standard cover for all clubs)	Upgrade Cover @ \$90.00 per Team*
Non-Medicare Medical Expenses	80% Reimbursement \$2,000 max. per claim	90% Reimbursement \$4,000 max. per claim

Please note: "Team" refers to up to 20 players. If you wish to upgrade more than 20 players please purchase cover for additional teams.

### Upgrade Cover Calculation

Category	Teams	Cost per team	Sub-Total
<input type="checkbox"/> Seniors	<u>                    </u> Number of Teams	x <u>\$90.00</u> Premium rate per team	= <u>\$</u> No. of Teams x Rate
<input type="checkbox"/> Thirds	<u>                    </u> Number of Teams	x <u>\$90.00</u> Premium rate per team	= <u>\$</u> No. of Teams x Rate
<input type="checkbox"/> Juniors	<u>                    </u> Number of Teams	x <u>\$90.00</u> Premium rate per team	= <u>\$</u> No. of Teams x Rate
<input type="checkbox"/> Womens	<u>                    </u> Number of Teams	x <u>\$90.00</u> Premium rate per team	= <u>\$</u> No. of Teams x Rate
<input type="checkbox"/> Masters (35+)	<u>                    </u> Number of Teams	x <u>\$90.00</u> Premium rate per team	= <u>\$</u> No. of Teams x Rate
<b>Total Cost</b>			<u>\$</u>
<i>EXAMPLE ONLY:</i>			
<input checked="" type="checkbox"/> Seniors	<u>3</u> Number of Teams	x <u>\$90.00</u> Premium rate per team	= <u>\$270.00</u> No. of Teams x Rate

#### 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 For the purposes of Upgrading Cover and completing this form, the term "Team" is defined as 20 Players. Should you require cover for more than 20 players you should purchase additional team cover. Upgrading Cover is not available for Individual Purchase. A list of players within each team should be supplied with this form.
- o If you do not wish to upgrade all teams within your 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 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 out-of-season training sessions are covered.

If you wish to Upgrade Loss of Income cover, please proceed to Section C.

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

Upgrading Loss of Income 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.

To Upgrade Loss of Income Cover, please complete Steps 1-9 below. Missing information may result in delays with your application for Loss of Income Upgrade.

### UPGRADING LOSS OF INCOME COVER:

The standard Loss of Income cover provides 75% of the insured person's weekly income to a maximum of \$200 per week (please refer to JLT Sport's web site for policy wording, terms and conditions). Your membership with FFV entitles you to this standard cover and no additional premium is required. However, you may upgrade this cover for an additional premium in \$100 units to a maximum of \$1,000.00 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. When calculating the total premium, please ensure you nominate the **Total Loss of Income Required**, then deduct the **Standard Cover (\$200)** from this figure. The result will provide you with the **Loss of Income Upgrade Amount** and enable you to calculate the additional premium to be charged.

### Period of Cover

**FROM:** Upgraded Cover is valid from the date JLT Sport receives this form and payment **TO:** 1<sup>st</sup> November, 2010

### Loss of Income Rates for Teams

	Per \$100.00 Upgrade Unit
Seniors/Thirds/Womens/Masters	\$190.00
Juniors	\$65.00

### Premium Calculation Table

Category	Total Loss of Income Req.	Standard Cover	LOI Upgrade Amount	Upgrade Units	Premium per Unit	Premium Per Team	No. of Teams	Premium Sub-Total
<input type="checkbox"/> Seniors	\$ _____ Per Week	-\$200.00	= \$ _____ Per Week	÷ \$100.00 = _____ Units	X \$190.00	= \$ _____ Per Team	X _____ Teams	= \$ _____ Premium
<input type="checkbox"/> Thirds	\$ _____ Per Week	-\$200.00	= \$ _____ Per Week	÷ \$100.00 = _____ Units	X \$190.00	= \$ _____ Per Team	X _____ Teams	= \$ _____ Premium
<input type="checkbox"/> Womens	\$ _____ Per Week	-\$200.00	= \$ _____ Per Week	÷ \$100.00 = _____ Units	X \$190.00	= \$ _____ Per Team	X _____ Teams	= \$ _____ Premium
<input type="checkbox"/> Masters (35+)	\$ _____ Per Week	-\$200.00	= \$ _____ Per Week	÷ \$100.00 = _____ Units	X \$190.00	= \$ _____ Per Team	X _____ Teams	= \$ _____ Premium
<input type="checkbox"/> Juniors	\$ _____ Per Week	-\$200.00	= \$ _____ Per Week	÷ \$100.00 = _____ Units	X \$65.00	= \$ _____ Per Team	X _____ Teams	= \$ _____ Premium
<b>GRAND TOTAL</b>								<b>\$ _____</b>

### EXAMPLE ONLY:

<input checked="" type="checkbox"/> Seniors	\$600.00 Per Week	-\$200.00	= \$400.00 Per Week	÷ \$100.00 = 4 Units	X \$190.00	= \$760.00 Per Team	X 3 Teams	= \$2,280.00 Premium
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### IMPORTANT INFORMATION:

- o All rates on this form are inclusive of all government charges, GST and fees
- o The Loss of Income benefit payable is limited to the lesser of the selected amount or 75% 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 Loss of Income benefits are payable only if the player is in Full Time employment at the time of receiving the injury.
- o For the purposes of Upgrading Cover and completing this form, the term "Team" is defined as 20 Players. Should you require cover for more than 20 players you should purchase additional team cover. Upgrading Cover is not available for Individual Purchase. A list of players within each team should be supplied with this form.
- o If you do not wish to upgrade all teams within your 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 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.

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