

Contents

About the Plan	1
What do I do if I need to make a claim	3
Schedule of benefits	6



About the Plan

Please read the following pages carefully so that you can make the best possible use of this Plan. This booklet is a summary only. To determine whether or not a particular claim or circumstance would be covered, please contact Corporate Services Network (CSN) on +61 2 8256 1780.

The information contained in this document is confidential and should not be disclosed to any third parties without Aon's prior written consent.

Introduction

Welcome to the Volleyball Australia Group Personal Accident Plan (the Plan). The Plan has been established for all registered members of Volleyball Australia, to provide financial support for you in the event of an injury as per the Operative Time of cover (page 6)

Plan rules

This booklet is a summary only of how the Plan works and what benefits you can expect to receive whilst you are covered as an Insured Person. However, all benefits payable are subject to the terms and conditions of the insurance policy issued by AHI. The full terms and conditions of the policy wording should be referred to in order to determine whether or not a particular claim or circumstance would be covered. The policy wording supersedes any information provided in this booklet.

Volleyball Australia reserves the right to modify or discontinue the Plan or otherwise revise the current arrangements should circumstances require. The information and Plan benefits presented are subject to change at any time due to any changes in legislation and/or policy and Plan terms, conditions, exclusions, etc.

Currency

References to any dollar amounts within this booklet are in Australian dollar currency unless advised otherwise.

The Insurer

The Plan, which commenced on 31 March 2021, is underwritten by Accident & Health International Underwriting Pty Ltd.

Covered persons

All registered members of the Insured:

- Volleyball Australia Ltd;
- State Volleyball NSW Inc;
- Volleyball Norther Territory Inc;
- ACT Volleyball Inc;
- Volleyball Victoria Inc;
- Queensland Volleyball Association Inc;
- Volleyball Tasmania Inc;
- Western Australia Volleyball Association Inc;
- Volleyball SA Inc;

All affiliated league/club associations, members, players, coaches, referees, officials, first aid personnel, administrators and voluntary workers.

Operative Time of cover

The coverage afforded by this Policy shall only apply whilst an Insured Person is playing in club and representative games, competitions or performances, participating in training, practice sessions or official functions authorised by and under the control of the Insured (Volleyball Australia) including direct uninterrupted travel to and from.

Cover also extends to include Insured Persons engaged in activities connected with the sport whilst an Insured Person is staying away from their home during a tour for the purposes of participating in representative matches or engaged on organised social or administrative activities of the Insured

What do I do if I need to make a claim

All claims, claim enquiries and complaints are to be directed to Corporate Services Network (CSN). All claim documentation is to be faxed, posted or emailed to CSN, following which they will confirm receipt and process the claim in accordance with the terms and conditions of the insurance policy. This can take up to a maximum of ten (10) working days once CSN have confirmed receipt of a claim. CSN details are as follows:

Corporate Services Network GPO Box 4276 Sydney NSW 2001 Phone: +61 2 8256 1780

Fax: +61 2 8256 1775 Email: claims@csnet.com.au

Corporate Services Network (CSN) cannot finalise claims unless all relevant documentation has been completed and submitted as outlined above.

Please check the claim form to ensure it has been fully completed and that you have included all relevant invoices and receipts and any other relevant information. AHI requests that you retain all original medical invoices and receipts and forward only copies with the completed claim form. It would be in your best interest to keep photocopies of all documents pending processing of the claim.

Each claim is processed separately and assessed on its merits. It is not acceptable for you to exclude information on the basis that it can be accessed by AHI through reference to a prior claim.

To obtain a claim form, please click on the form icon below or alternatively please contact your Representative below directly.

Step 1: Complete Claim form (link within icon):



Step 2: BEFORE submitting your claim to CSN, you must have your membership verified via your respective state representative below:

Verification Contact details:



Nick Kaiser

ceo@volleyballact.com.au



Briianka Nest

briianka.nest@volleyballnsw.com.au



Jacqueline Hunt

info@volleyballwa.com.au



Shannon Lennie

memberships@volleyballvictoria.org.au



David Stokes

clubs@vq.org.au



Steve Ibbott

president@volleyballtasmania.com.au



Luke Seib

president@volleyballnt.com.au



Jason Rivett

participation@volleyballsa.com.au

Step 3: Submit claim with your confirmed membership verification to CSN, along with any relevant documentation.

Corporate Services Network GPO Box 4276 Sydney NSW 2001 Phone: +61 2 8256 1780

Email: claims@csnet.com.au

Fax: +61 2 8256 1775

level/category of cover below, may not represent the level of cover provided by your respective state.

Disclaimer: Please note, the

Schedule of benefits

Please liaise with your state contact for further information.

What does the Policy cover?

The following pages provide a list of benefits that are payable under Volleyball Australia's Group Personal Accident policy.

General Limits

Limit type	Limitation
Maximum Age Limit (sub-limits may apply)	85
Aggregate Limit of Liability	\$1,000,000
Aggregate Limit of Liability per Event for Charter Flights / Non-Scheduled Flights	\$1,000,000 Policy

Level 1 - National Platinum and Full Platinum Members

Benefits/Benefit Limits		Sum Insured / Limit
Dooth and Conital Banefite		#250.000
Death and Capital Benefits		\$250,000
Maximum payable for Insured Persons aged under 19 Weekly Injury Benefit		\$30,000 \$500
Income Limitation		100%
Deferral Period		7 Days
Benefit Period		52 Weeks
Broken / Fractured Bones Benefits		\$0
Non-Medicare Medical Expenses		\$5,000
Expense Limitation		85%
Accidental HIV Infection Lump Sum Benefit		\$20,000
Bed Care Benefit		\$3,000
Daily Benefit		\$42.86
Benefit Period	70 Days Domestic Help	o Benefit
		\$500
Benefit Period		52 Weeks
Family Accommodation and Transport Expenses Benefit		\$10,000
Funeral Expenses Benefit		\$7,500
Home and Vehicle Modification Benefit		\$10,000
Out of Pocket Expenses Benefit		\$1,000
Retraining and Rehabilitation Expenses Benefit		\$500
Student Tutorial Benefit	50.14/ 1 11	\$500
Benefit Period	52 Weeks Unexpired M	
Inium. Assistance Function Page 11		\$500 \$500
Injury Assistance Expenses Benefit		\$500 \$15,000 Promoture
Partner Employment Training Benefit		\$15,000 Premature
Birth/Miscarriage Benefit		\$2,500

Level 2 - Gold and Silver Members

Benefits/Benefit Limits		Sum Insured / Limit
Death and Capital Benefits		\$250,000
Maximum payable for Insured Persons aged ur	nder 19	\$30,000
Weekly Injury Benefit		\$250
Income Limitation		100%
Deferral Period		21 Days
Benefit Period		26 Weeks
Broken / Fractured Bones Benefits		\$0
Non-Medicare Medical Expenses		\$5,000
Expense Limitation		85%
Accidental HIV Infection Lump Sum Benefit		\$20,000
Bed Care Benefit		\$3,000
Daily Benefit		\$42.86
Benefit Period	70 Days Domestic Help	
D (%) D		\$250
Benefit Period		52 Weeks
Family Accommodation and Transport Expenses Benefit		\$10,000 \$7,500
Funeral Expenses Benefit Home and Vehicle Modification Benefit		\$7,500 \$40,000
Out of Pocket Expenses Benefit		\$10,000 \$1,000
Retraining and Rehabilitation Expenses Benefit		\$500
Student Tutorial Benefit		\$500 \$500
Benefit Period	52 Weeks Unexpired N	•
Bottoni i Citod	02 Weeks Offexpired it	\$500
Injury Assistance Expenses Benefit		\$500
Partner Employment Training Benefit		\$15,000 Premature
Birth/Miscarriage Benefit		\$2,500
		+ /

Level 3 - Bronze Members

Benefits/Benefit Limits		Sum Insured / Limit
Death and Capital Benefits		\$250,000
Maximum payable for Insured Persons aged un	der 19	\$30,000
Weekly Injury Benefit		\$0
Broken / Fractured Bones Benefits		\$0
Non-Medicare Medical Expenses		\$5,000
Expense Limitation		85%
Accidental HIV Infection Lump Sum Benefit		\$20,000
Bed Care Benefit		\$3,000
Daily Benefit		\$42.86
Benefit Period	70 Days Domestic He	p Benefit
		\$0
Family Accommodation and Transport Expenses Benefit		\$10,000
Funeral Expenses Benefit		\$7,500
Home and Vehicle Modification Benefit		\$10,000
Out of Pocket Expenses Benefit		\$1,000
Retraining and Rehabilitation Expenses Benefit		\$500
Student Tutorial Benefit		\$500
Benefit Period 52 Weeks Unexpired Membership Benefi	t	\$500
Injury Assistance Expenses Benefit		\$500
Partner Employment Training Benefit		\$15,000
Premature Birth/Miscarriage Benefit	\$2,500	

Non-Medicare Medical Expenses

3.22 Non-Medicare Medical Expenses

If:

- (a) during the Period of Insurance; and
- (b) whilst the person is a Covered Person,
- the Covered Person sustains Bodily Injury, We will reimburse the cost of:
- (c) an ambulance;
- (d) hospital accommodation and theatre fees;
- (e) orthotics, splints and prosthesis;
- (f) treatment given by a dentist; and
- (g) if given on the advice of a registered medical doctor treatment given by a chiropractor, masseur, naturopath, osteopath or physiotherapist, provided that We will not pay:
- (h) for costs that are covered by Medicare, private health insurance, a statutory insurance scheme (such as workers' compensation), or which can only be covered by a registered health insurer. This includes costs which, at law, We cannot cover, such as Medicare 'gaps';
- (i) for treatment that takes place later than twelve (12) months after the Accident, unless the delay is on the advice of a registered medical doctor or dentist;
- (i) for more than:
 - (1) for National Platinum Covered Persons, up to eighty-five percent (85%) of actual costs incurred, to a maximum of \$5,000:
 - (2) for Full Platinum Covered Persons, up to eighty-five percent (85%) of actual costs incurred, to a maximum of \$5,000;
 - (3) for Gold/Silver Covered Persons, up to eighty-five percent (85%) of actual costs incurred, to a maximum of \$3,000; and
 - (4) for Bronze Covered Persons, up to eighty-five percent (85%) of actual costs incurred, to a maximum of \$3,000;

per Bodily Injury.

An Excess of \$50 is applicable to each and every claim if a Covered Person does not have private health insurance.

In addition to the other benefits paid under this Extension 3.22, where a Covered Person is hospitalised more than two hundred kilometres (200km) from their normal place of residence for more than three (3) days as a result of Bodily Injury, We will pay up to:

- (k) for National Platinum Covered Persons, up to \$5,000; and
- (I) for Full Platinum Covered Persons, up to \$5,000; and
- (m) for Gold/Silver Covered Persons, up to \$3,000; and
- (n) for Bronze Covered persons, up to \$3,000,

for the cost of repatriation to a suitable medical facility of the Covered Person's choice, closer to their normal place of residence.

IN SUMMARY, Non-Medicare Medical Expenses means expenses certified as necessary by a Medical Practitioner (as per the policy terms and conditions).

Contacts

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About Aon

Aon plc (NYSE:AON) is a leading global professional services firm providing a broad range of risk, retirement and health solutions. Our 50,000 colleagues in 120 countries empower results for clients by using proprietary data and analytics to deliver insights that reduce volatility and improve performance.

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