



Schoolcare Basic Policy

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IN CONSIDERATION of the payment of the premium stated in the Schedule and subject to the terms and conditions contained in or endorsed on this Policy, We agree that if during the Period of Insurance:

1. any of the Events referred to in Section 1 shall happen to a Nominated Person, We will pay the benefits set out in the Table of Benefits in Section 1;
2. a Nominated Person suffers Bodily Injury as a result of an accident, We will pay the benefits set out in Section 2;
3. a Nominated Person suffers Bodily Injury as a result of an accident or witnesses an accident as a result of which a person suffers Bodily Injury, We will pay the benefit as set out in Section 3;
4. the person who pays the Nominated Person's school fees dies as the result of an accident, We will pay the benefit set out in Section 4.

DEFINITIONS

Wherever used in this Policy:

1. **"Bodily Injury"** means bodily injury caused by an accident but does not include any Illness.
2. **"Illness"** means any sickness or disease.
3. **"Insured"** means the person or body named as the insured on the Schedule.
4. **"Nominated Person"** means a person in respect of whom a premium for this insurance has been paid by the Insured and who is a full-time student enrolled at a school conducted by the Insured and referred to in the Schedule.
5. **"Period of Insurance"** means the period referred to in the Schedule.
6. **"Permanent"** means lasting one year and at the end of that period being beyond hope of improvement.
7. **"We," "Our" and "Us"** means Catholic Church Insurances Limited (ABN 76 000 005 210)

SPECIAL PROVISIONS

1. Benefits shall not be payable for more than one of the Events 1 to 43 in the Table of Benefits in Section 1 in respect of the same Bodily Injury. We will pay for only one Event being that which pays the highest amount.
2. In respect of Events 2 to 14 and Events 28 and 29 We shall not be obliged to effect settlement until a period of one year has lapsed from the date on which the Event occurred and no liability shall attach to Us for Events 2 to 14 and Events 28 and 29 if the Nominated Person dies prior to the expiration of the said period or the date of settlement by Us.
3. In respect of Events 33 to 43, We will pay for only one of each such Event that happens to a Nominated Person during the Period of Insurance.
4. Our liability under this Policy in respect of all claims arising out of the one occurrence shall not exceed \$2,500,000.
5. This Policy will provide cover for an accident occurring:
 - (a) during school activities only; or
 - (b) at any time as shown in the Schedule.

Attach Schedule of Insurance here

SECTION I – TABLE OF BENEFITS

THE BENEFITS

Bodily Injury resulting solely and directly and independently of any other cause in:

1.	Death	\$10,000
2.	Total and permanent disablement from engaging in any profession business or occupation whatsoever	\$200,000
3.	Permanent and incurable quadriplegia	\$200,000
4.	Permanent and incurable paraplegia	\$200,000
5.	Permanent and incurable loss of mental powers resulting in total inability to work except in a sheltered workshop or in occupations reserved for handicapped persons	\$75,000
6.	Permanent and incurable loss of speech resulting in total inability to work except in a sheltered workshop or in occupations reserved for handicapped persons	\$75,000
7.	Total and permanent loss of sight of both eyes	\$40,000
8.	Total and permanent loss of sight in one eye	\$20,000
9.	Total and permanent loss of use of both hands	\$40,000
10.	Total and permanent loss of use of both feet	\$40,000
11.	Total and permanent loss of use of one hand	\$20,000
12.	Total and permanent loss of use of one foot	\$20,000
13.	Total and permanent loss of hearing in both ears	\$20,000
14.	Total and permanent loss of hearing in one ear	\$10,000
15.	The fracture of the skull or spine	\$2,500
16.	The fracture of the neck or pelvis or hip	\$2,500
17.	The fracture of a jaw	\$750
18.	The fracture of a shoulder	\$300
19.	The fracture of a rib (one or more)	\$200
20.	The fracture of a breastbone	\$300
21.	The fracture of a collarbone	\$200
22.	The fracture of an arm or an elbow or a wrist or a leg or a knee or an ankle	
	a) Simple (closed) fractures (one or more)	\$100
	b) Compound open fractures (one or more)	\$500
23.	The fracture of a finger or a thumb or a toe	\$150
24.	The fracture of a hand or a foot	\$200
25.	The fracture of a facial bone or bones (other than jaw)	\$300
26.	Loss of or damage to teeth	
	a) Permanent or second teeth (not being dentures or dental fittings)	
	(i) loss of teeth	\$250 per tooth
	(ii) full capping of damaged teeth	\$250 per tooth
	(iii) partial capping or repair of damaged teeth	\$100 per tooth
	(iv) damage to teeth not provided for in (ii) or (iii) above	\$35 per Accident
	b) Milk or first teeth: loss of teeth	\$35 per tooth
	The total benefits payable in respect of this Event 26 shall not exceed \$1,000.	
27.	Third degree burns and/or resultant disfigurement due to fire or chemical reaction which extends to more than 40% of the entire body	\$40,000
28.	Total and permanent loss of use of two limbs	\$40,000
29.	Total and permanent loss of use of one limb	\$20,000

SECTION I – TABLE OF BENEFITS (continued)

		THE BENEFITS
30.	Total and permanent loss of use of one thumb of either hand	
	a) both joints	\$10,000
	b) one joint	\$5,000
31.	Total and permanent loss of use of fingers of either hand	
	a) three joints	\$6,000
	b) two joints	\$4,000
	c) one joint	\$2,000
32.	Total and permanent loss of use of toes of either foot	
	a) all of one foot	\$6,000
	b) great, both joints	\$4,000
	c) great, one joint	\$2,000
	d) other than great, each toe	\$800
33.	Dislocation of the hip	\$300
34.	Dislocation of the knee	\$200
35.	Dislocation of the shoulder blade	\$200
36.	Dislocation of the collarbone	\$200
37.	Dislocation of the jaw	\$200
38.	Dislocation of the ankle	\$100
39.	Dislocation of the elbow	\$100
40.	Dislocation of the wrist	\$100
41.	A knee reconstruction	\$500
42.	A torn ligament	\$100
43.	A ruptured internal organ	\$200

SECTION 2 – OTHER BENEFITS

If a Nominated Person suffers Bodily Injury as a result of an accident, We will pay or reimburse (as the case may be):

(A) Non-Medicare Medical Fees

1. the fees necessarily incurred as the result of such injury and paid to a registered medical practitioner, dentist, nurse, chemist, hospital, chiropractor, osteopath or physiotherapist;
2. the cost necessarily incurred as the result of such injury for the hire of surgical aids and appliances;
3. the cost of replacing prescribed glasses or contact lenses lost or damaged as a result of such injury.

Provided that:

- (i) Our total liability under this Benefit (A) shall not exceed \$5,000;
- (ii) no payment or reimbursement shall be made for fees or costs where legislation prohibits in Australia the payment or reimbursement of such fees or costs.

Benefit A is limited by legislation

General insurance companies are prohibited by law from covering:

1. the cost of any medical service for which a Medicare benefit is payable,
2. the cost of any hospital treatment or ancillary health benefit, unless the cost arises from an injury that happens whilst taking part in certain activities such as:
 - attending school
 - engaging in a sporting activity;
 - undertaking a work experience program (secondary students only)
 - providing services, without pay, to a religious, educational, charitable or benevolent organisation;
 - engaged in youth activities organised by a voluntary association, such as Guides or Scouts;
 - travelling to or from the above activities.

(B) Emergency Transport

The cost of emergency transport necessarily incurred as the result of such injury.

Our total liability under this Benefit (B) shall not exceed \$5,000 per accident per Nominated Person.

(C) Tuition Fees

The cost of home tuition necessarily incurred if as a result of such injury the Nominated Person is unable in the opinion of a medical practitioner to attend school for more than 5 full consecutive days.

Our total liability under this Benefit (C) shall not exceed \$1,000 per accident per Nominated Person.

(D) Hospital Inconvenience Allowance

\$25 for each day the Nominated Person is confined as a patient in a hospital as the result of such injury. This benefit is not payable unless the Nominated Person is hospitalised for more than 3 consecutive days. We will require a certificate from a qualified medical practitioner stating that the Nominated Person has been hospitalised for the period concerned as the result of such injury.

Our total liability under this Benefit (D) shall not exceed \$2,000 per accident per Nominated Person.

(E) Nursing Allowance

\$25 for each day the Nominated Person requires domestic nursing assistance whilst residing at the person's usual home as the result of such injury. This benefit is not payable unless the Nominated Person is confined to home for more than 3 consecutive days. We will require a certificate from a qualified medical practitioner stating that the Nominated Person requires domestic nursing assistance for the period concerned as the result of such injury.

Our total liability under this Benefit (E) is limited to \$500 per accident per Nominated Person.

(F) Clothing Allowance

A maximum benefit of \$300 is payable for clothing lost or damaged as a result of an accident for which medical treatment was required and administered by a qualified medical practitioner.

(G) Emergency Accommodation

\$50 for each day that a member of the Nominated Person's immediate family is accommodated at a location more than 100 kms from his or her normal place of residence while the Nominated Person is confined as a patient in a hospital as the result of such injury.

Our total liability under this Benefit (G) shall not exceed \$1,000 per accident per Nominated Person.

(H) Travel Expenses

\$25 for each day the Nominated Person must travel more than 50kms from his or her normal place of residence to seek medical treatment by a qualified medical practitioner as a result of such injury.

Our total liability under this Benefit (H) shall not exceed \$500 per accident per Nominated Person.

SECTION 3 – PROFESSIONAL COUNSELLING COSTS

If the Nominated Person suffers Bodily Injury as the result of an accident or if the Nominated Person witnesses an accident as a result of which a person suffers Bodily Injury, We will refund the cost of professional counselling fees. We will require a certificate from a qualified medical practitioner stating that the Nominated Person requires professional counselling as a result of such Bodily Injury or as a result of witnessing an accident as a result of which a person suffers Bodily Injury.

Our total liability under Section 3 is limited to \$1,000 per Nominated Person per accident and shall not exceed \$50,000 per Insured per accident.

SECTION 4 – SCHOOL FEE RELIEF

If the person who pays the Nominated person's school fees, dies as a result of an accident We will pay the Nominated Person's school fees.

Our total liability under Section 4 shall not exceed \$15,000.

EXCLUSIONS

1. We shall not pay benefits in respect of any Event, Bodily Injury or death which:
 - (a) is directly or indirectly attributable to or consequential upon:
 - (i) intentional self-injury or suicide (whether felonious or not) or any attempt at or threat of self injury or suicide;
 - (ii) war, invasion, acts of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power;
 - (iii) the use, existence or escape of nuclear weapons material or ionizing radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel;
 - (b) happens to the Nominated Person while:
 - (i) under the influence of intoxicating liquor or of a drug other than a drug taken or administered by or in accordance with the advice of a duly qualified medical practitioner;
 - (ii) taking part in a riot or civil commotion;
 - (iii) acting maliciously;
 - (iv) engaging in any form of aerial flight or aerial activity other than travelling as a passenger in a fully licensed standard type aircraft;
 - (v) engaging in motor cycling whether as driver or passenger.
2. Notwithstanding any provision to the contrary within this policy or any endorsement thereto it is agreed that this policy excludes death, injury, illness, loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any Act of Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this exclusion Act of Terrorism means an act, including but not limited to the use of force or violence and/or threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s) which from its nature or context is done for, or in connection with, political, religious, ideological, ethnic or similar purposes or reasons, including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This policy also excludes death, injury, illness, loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any Act of Terrorism.

CONDITIONS

1. Written notice containing full particulars of any Event, Bodily Injury or death in respect of which a claim is to be made shall be given to us as soon as possible but in any case within 35 days of the happening of such Event, Bodily Injury or death.
2. All certificates and evidence required by Us shall be furnished by the Nominated Person and shall be in such form and such nature as We shall prescribe.
3. The Nominated Person when and as often as reasonably required shall submit to medical examination on Our behalf at Our own expense.

4. We shall in the case of the death of a Nominated Person be entitled to have a post mortem examination at Our own expense.
5. All benefits will be paid to the parents or guardian of the Nominated Person, except for benefits under Section 4 which will be paid to the Insured.
6. (a) This Policy may be cancelled at any time by the Insured notifying us in writing in which case We will be entitled to a part of the premium for the period during which this Policy has been in force and a fee for cancellation.
(b) This Policy may be cancelled by us in any of the circumstances set out in any applicable Act or Regulation whether of a State or of the Commonwealth of Australia. We will refund the unexpired portion of the premium.

HOW TO MAKE A CLAIM

To ensure prompt and simplified processing of your claim, contact us and tell us what has happened. We will tell you the steps that need to be taken to settle your claim.

GENERAL CODE OF PRACTICE

The General Insurance Industry has developed a Code of Practice for use by all insurers. Catholic Church Insurances Limited has adopted and enthusiastically supports the Code because it:

- Provides high standards of good practice and service;
- Provides more relevant and useful information to consumers;
- Promotes understanding of your rights and obligations under our insurance contracts;
- Promotes informed and effective relationships between consumers, insurers and agents;
- Provides a process for the resolution of disputes.

HOW TO MAKE A COMPLAINT

Either phone or write to Catholic Church Insurances. Complaints will be handled by a senior person with the appropriate powers to deal with your complaint.

If you are still not satisfied with the outcome then you can lodge a dispute with our Disputes Resolution Committee. This committee is a group of senior Catholic Church Insurances executives with the authority to make a final decision on behalf of the company.

If you are not satisfied with our response, you may refer your complaint to the insurance industry's review body:

Insurance Ombudsman Service Limited
The toll free number is 1300 363 683

PRIVACY

Personal information is collected to enable us to assess your application for new Insurance, change your existing Insurance or correct your details.

From time to time we may offer you other insurance products apart from your original policy. If you do not wish to receive this information please advise us.

If you have a Privacy issue or wish to obtain a copy of our Privacy Policy or make a complaint please write to us at GPO Box 180 Melbourne VIC 3001 or call us on 1300 655 001.

Postal address
GPO Box 180 Melbourne VIC 3001
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Catholic Church Insurances offices are located in each state:

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