



Catholic Church Insurances Limited

ABN 76 000 005 210

SchoolCare Helpline 1300 138 498

Fax number: (03) 9934 3468

Your Claim Number: _____
(Office Use Only)

SchoolCare Claim Form

SchoolCare Claim Form

Important Information - How to make a claim

Catholic Church Insurances Limited will act on your claim as soon as we receive this form.

You can help us to act quickly for you by following the procedures listed below:

- Complete all details
- Attach original Doctor's Certificate. The Certificate must show:
 - Name of injured Child
 - Date, nature and extent of injury
- Dental Claims, your dentist must provide a written statement confirming:
 - The treatment was due to an accident
 - The extent of treatment
 - Any future treatment
- Supplying us with the original itemised Accounts or Receipts for claimable expenses.

NOTE: CCI SCHOOLCARE CANNOT PAY FOR ANY MEDICARE SERVICE INCLUDING THE MEDICARE GAP.

- Forward completed claim form to school/institution for signing. Forms must be signed by both school and parents.
- Post completed claim form and documentation to:
Catholic Church Insurances Limited
GPO Box 180B, Melbourne 3001

If you require any help in completing this form, please contact us on our

SchoolCare Helpline 1300 138 498

“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.

CCI does not pay for the cost of obtaining documentation to support a claim.

IF THERE IS INSUFFICIENT SPACE FOR ANSWERS PLEASE ATTACH FURTHER DETAILS

TO BE COMPLETED BY PARENT OR GUARDIAN

Personal Details

Child's Surname: Given Name/s:

Parent/Guardian's Name Mr/Mrs/Ms:.....

Postal Address:

..... Postcode:

Phone: Private:..... Business: Fax:

Child's Date of Birth:...../...../.....

Name of School or Institution:

Address of School:

..... Postcode:

- Kindergarten Primary Secondary Other

INCIDENT DETAILS

Date of Incident: Timeam/pm

Date Reported to CCI:

- Place of Incident Home School Excursion/Camp
 Road Sports Venue Other

- Occurrence Period School Hours School Holidays Public Holidays
 Weekend Before School After School

Describe how the Accident Occurred:
.....
.....

Date of First Treatment:

Further Treatment Required: Yes No

LUMP SUM BENEFITS - NOT ALL INJURY TYPES ATTRACT A LUMP SUM BENEFIT

Bodily injury caused solely and directly by violent accidental external and visible means and resulting solely and directly and independently of any other cause in:

The Events

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Death 2. Total and permanent disablement from engaging in any profession, business or occupation whatsoever 3. Permanent and incurable quadriplegia 4. Permanent and incurable paraplegia 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. 6. Total and permanent loss of sight of both eyes 7. Total and permanent loss of sight of one eye 8. Total and permanent loss of use of both hands 9. Total and permanent loss of use of both feet 10. Total and permanent loss of use of one hand 11. Total and permanent loss of use of one foot 12. Total Loss of Hearing both ears 13. Total Loss of Hearing one ear 14. The fracture of the skull or spine 15. The fracture of the neck or pelvis 16. The fracture of a hip or a jaw (one or more) 17. The fracture of a shoulder 18. The fracture of a rib (one or more) 19. The fracture of a breastbone 20. The fracture of a collarbone 21. Simple (closed) fractures (one or more) leg, arm, elbow ankle or knee 22. Compound (open) fractures (one or more) leg, arm, elbow, ankle or knee 23. The fracture of a finger or a thumb or a toe 24. The fracture of a hand or foot | <ol style="list-style-type: none"> 25. (a) Permanent or Second Teeth (not being dentures or dental fittings): <ol style="list-style-type: none"> (i) Loss of teeth (ii) Full capping of damaged teeth (iii) Partial capping or repair of damaged teeth <p>Damage to teeth not provided for in (ii) or (iii) above</p> <ol style="list-style-type: none"> (b) Milk or first teeth: loss of teeth 26. Third degree burns and/or resultant disfigurement due to fire or chemical reaction which extends to more than 50% of the entire body 27. The fracture of a facial bone or bones (other than jaw) 28. Total and permanent loss of use of two limbs 29. Total and permanent loss of use of one limb 30. Total and permanent loss of use of one thumb of either hand <ol style="list-style-type: none"> (a) both joints (b) one joint 31. Total and permanent loss of use of fingers of either hand <ol style="list-style-type: none"> (a) three joints (b) two joints (c) one joint 32. Total and permanent loss of use to toes of either foot <ol style="list-style-type: none"> (a) all of one foot (b) great, both joints (c) great, one joint (d) other than great each toe |
|---|--|

LUMP SUM BENEFITS FOR TYPE OF INJURY - NOT ALL INJURY TYPES ATTRACT A LUMP SUM BENEFIT

Please record the number describing the event (listed above) in the boxes provided:

Any multiple injuries (eg 4 capped teeth or 2 fractured legs) should be marked in the comment space provided.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

17 18 19 20 21 22 23 24 25a(i) 25a(ii) 25a(iii) 25b

26 27 28 29 30a 30b 31a 31b 31c 32a 32b 32c 32d

Type of Injury:

.....

.....

OTHER BENEFITS

If a Nominated person suffers bodily injury as a result of an accident we will refund to the Nominated Person:

- A) Non Medicare Medical Fees** (itemised invoice(s) from service provider(s) need to be supplied to substantiate this claim)
1. The fees necessarily incurred for the attendance at or by a registered nurse, chemist, private hospital, chiropractor, osteopath, physiotherapist
 2. The hiring of surgical aids and appliances
 3. The cost of replacing prescribed glasses or contact lenses lost or damaged as a result of such
- Provided that our total liability under this benefit (A) shall not exceed \$5,000.
- B) Emergency Transport** (eg Ambulance costs) (invoice(s) for any service(s) provided need to be supplied to substantiate this claim)
 Provided that our total liability under this benefit shall not exceed \$5,000.
- C) Tuition Fees** (invoice(s) for tuition and absence certificate from school need to be supplied to substantiate this claim)
 If the Nominated Person is unable to attend school for more than 5 consecutive full days.
 Provided that our total liability under this benefit shall not exceed \$1,000.
- D) School Fee Relief** (Death Certificate needs to be provided to substantiate this claim.)
 Following the accidental death of the person who pays the Nominated Person's school fees.
 Provided that our total liability under this benefit shall not exceed \$10000.
- E) Hospital Inconvenience Allowance** (Hospital Certificate needs to be provided to substantiate this claim.)
 The cost of \$25 per day (maximum of \$500 per Accident), for each day the Nominated Person is confined to a hospital. The person must be hospitalised for more than 3 consecutive days.
- F) Nursing Allowance** (Doctor's Certificate needs to be provided to substantiate this claim.)
 The cost of \$25 per day (maximum of \$500 per Accident), for each day the Nominated Person requires domestic nursing assistance whilst residing at home. The person must be confined to home for more than 3 consecutive days.
- G) Professional Counselling Fees** (Doctor's Certificate needs to be provided to substantiate this claim.)
 We will pay for up to \$1,000 per student for professional counselling fees incurred as the result of the Nominated Person witnessing or being involved in an accident.

PLEASE CLAIM HERE FOR OTHER BENEFITS

Benefit (A,B,C,D,E,F,G)	*Provider of Service	Nature of Service Provided	Amount Claimed from CCI after any other rebate
			\$
			\$
			\$
			\$
			\$

* CCI is prohibited by Federal Health Legislation from paying for any Medicare service including the Medicare gap.

PARENTS / GUARDIAN DECLARATION

- I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.
- I consent to Catholic Church Insurances Limited using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however Catholic Church Insurances Limited may not be able to process my claim.
- I consent to Catholic Church Insurances Limited disclosing my personal information to other insurers, an Insurance Reference Service, reinsurers, claims investigators, assessors, legal professionals or as required by law. I consent to Catholic Church Insurances Limited also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Parent or Guardian’s Signature:

Date / /

TO BE COMPLETED BY SCHOOL / COLLEGE (refer to policy information as supplied in SchoolCare Kit)

School Details

School’s/College’s Name:

School’s/College’s Address:

..... Post Code:.....

Phone: (.....) Fax: (.....).....

Contact Name:

Position:

Policy Number: Period of Cover:/...../..... to...../...../.....

SCHOOL / COLLEGE DECLARATION

Did the accident occur during a school activity? Yes No

Do you consider the information given by the parents on this claim form to be accurate? Yes No

If no, please comment:

.....

Do you wish to make any further comment in relation to this claim?

.....

Your Signature: Date: / /

GENERAL INSURANCE 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 relative 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 CCI. 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 CCI 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 Enquiries and Complaints Limited.
The toll free number is 1300 363 683.

Upon completion of this form please return to:

Catholic Church Insurances Ltd
GPO Box 180B
Melbourne 3001

CCI Offices are located in each state:

www.ccinsurances.com.au

VIC 324 St Kilda Road Melbourne 3004 Phone 03 9934 3000 Fax 03 9934 3464	SA 45 Wakefield Street Adelaide 5000 Phone 08 8215 0166 Fax 08 8223 1946
NSW 45 Clarence Street Sydney 2000 Phone 02 9273 2800 Fax 02 9273 2880	WA 263 Adelaide Terrace Perth 6000 Phone 08 9325 4788 Fax 08 9325 4965
ACT 1 Ballumbir Street Braddon 2612 Phone 02 6201 9884 Fax 02 6257 8239	TAS 5 Emmett Place Newtown 7008 Phone 1300 655 001 Fax 03 9934 3464
QLD 143 Edward Street Brisbane 4000 Phone 07 3229 3894 Fax 07 3229 9262	NT 16A Geranium Street The Gardens 0820 Phone 08 8941 1244 Fax 08 8941 2101