



## State Volleyball NSW Insurance Program Summary

Dear SVNSW Registered Players

We are pleased to present this quick guide to the 2008 SVNSW Insurance Program.

The purpose of this quick guide is to provide an overview of some of the main covers of the policies as well as instructions on how to make a claim. For full details of cover, please refer to the policy documents available on:

[www.oamps.com.au/statevolleyballnsw](http://www.oamps.com.au/statevolleyballnsw)

You may also call OAMPS on 1800 SPORT 1 (1800 776 781).

The cover provided is not "comprehensive" and as such we encourage all participants to take out Private Health, Life and Income Protection Insurance according to their own individual needs and circumstances. It is an individual's responsibility to ensure that he/she has adequate insurance cover for his/her needs.

We wish all participants a safe and enjoyable 2008 State Volleyball NSW season.

Yours sincerely

Geoff Rigby	Bob
Development	Konakoff
Account Manager	General
OAMPS Insurance	Manager
Brokers	State
	Volleyball
	NSW

### NAME OF INSURED:

All registered players of State Volleyball NSW Inc.

### SCOPE OF COVER:

The sports Personal Accident policy provides cover to the insured for death, disability or injury due to an accident that occurs whilst they are:

- (a) Taking part in a competition, game, performance or training session.
- (b) Attending a training session.

- (c) Travelling to or from a competition, game, performance, social function, training session, administrative, fundraising or volunteer activity. (Note: Benefits for Death and Permanent Disability are restricted to 20% of the Capital Sum Insured for accidents that occur whilst travelling).
- (d) Staying away from home to take part in a competition, game, performance, social function, training session or administrative activity.
- (e) Engaged in administrative, fundraising or volunteer activities.

**ACCIDENT means:**

A sudden, unexpected specific event which occurs at an identifiable time and place causing injury or disability which is not any sickness or disease or degenerative condition.

**PERSONAL INJURY: means**

Death, bodily injury, disability, disease, sickness, shock, fright, mental anguish and mental injury. The effects of: a) Assault or battery that is not committed by you or at your direction. b) Assault or battery that is due to you using, or someone at your direction using, reasonable force necessary to prevent.

Harm to a person or property.

- c) Eviction.
- d) False arrest, wrongful restraint, wrongful eviction, denial of liberty, malicious prosecution and humiliation.
- e) Libel, slander, defamation of character or invasion of right of privacy.
- f) Malicious prosecution.
- g) Wrongful entry.

**Sports Injury – Policy Schedule**

Capital Benefits	The percentage of this amount which is Payable for each of Events 1 to 32 is set out in the policy	\$50,000
Medical Benefits	The percentage of the Medical Expenses covered under this section	85%
The Excess payable for each claim under Medical Benefits section is \$50 Excess The maximum amount payable per claim for Medical Benefits is \$2,000		
Loss of Income	The amount payable is 100% of the member's actual weekly income, up to	\$350 Per Week
	The Maximum Benefit Period is	52 weeks

Student Help		See overleaf
Home Help		See overleaf
The Excess Period under the above 3 sections is		7 days
All benefits excluding 4.4.1		See overleaf
Ancillary Non Medical Expenses	The maximum amount payable is	\$1,500 Limit

## BENEFITS

### CAPITAL BENEFITS

Maximum Capital Benefit \$50,000

Events:

Permanent total disablement 100%

Permanent paralysis of all limbs 100%

Permanent loss of use of two limbs 100%

Permanent loss of use of one limb 100%

Permanent total loss of sight 100%

Permanent total loss of sight in a eye remaining 100%

Permanent total loss of sight or the lens in one eye 50%

Permanent total loss of hearing 75%

Permanent total loss of hearing in one ear 25%

Permanent Total Loss of : - Liver 75%

Two kidneys 75%

One kidney 35%

Sexual function 45%

Two testicles 40%

One testicle 7.5%

Spleen 30%

Permanent disfigurement to 100% of the surface of the head and neck 50%

Permanent disfigurement to 100% of the surface of the remainder of the body 25%

Permanent total loss of use of a thumb and all fingers on one hand 70%

Permanent total loss of use of all the fingers on one hand 40%

Permanent total loss of use of a thumb 30%

Permanent total loss of use of one joint of a thumb 15%

Permanent total loss of use of a finger 10%

Permanent total loss of use of two joints of a finger 7.5%

Permanent total loss of use of one joint of a finger 5%

Permanent total loss of use of a foot 15%

Permanent total loss of use of a big toe 5%

Permanent total loss of use of one joint of a big toe 3%

Permanent total loss of use of each other toe 3%

Broken leg or kneecap that will not join 10%

Shortening of a leg by at least 5 centimetres 7.5%

Any Permanent Disability or Disfigurement that is not total or is not listed under Events 7 to 31, will be paid for in proportion to the degree of Permanent Disability as compared with the cases as listed in the Schedule of Capital Benefits without taking into account the occupation of the Member.

**MEDICAL AND DENTAL COSTS**

This section reimburses 85% of non-Medicare Medical treatment including:

- Hospital Accommodation
- Ambulance
- Physiotherapist
- Theatre Fees
- Orthotics
- Osteopath
- Splints
- Prosthesis
- Naturopath
- Treatments given by a dentist
- Chiropractor
- Masseur

The maximum benefit for this section is \$2,000.

All treatment must be certified by a registered medical practitioner and not subject to any Medicare rebate.

All claims are subject to a \$50 excess if no private health cover.

Any expenses must be incurred within 12 months of the insured person sustaining the injury.

**WEEKLY BENEFITS**

Loss of Earnings Student Help Home Help

Weekly benefit limit	\$350
Benefit %	100%
Maximum Benefit period	52 weeks
Excess	7 days

Weekly benefit limit	\$350
Benefit %	100%
Maximum Benefit period	52 weeks
Excess	7 days

Weekly benefit limit	\$350
Benefit %	100%
Maximum Benefit period	52 weeks

Excess	7 days
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#### OTHER BENEFITS

Modification Expenses – Up to \$10,000 if Member is entitled to 100% of the Capital Benefit

Funeral Expenses – Up to a maximum of \$5,000

In Memoriam Expenses – Up to a maximum of \$1,000

Parents Allowance - \$25 per day up to \$1,500

Dependant Children's Allowance – Limit of \$500

Home Nursing Care – Up to \$300 per week

Ancillary Non Medical Expenses – Up to \$1,500

Rehabilitation Benefits – Up to \$500

Unexpired Membership Reimbursement – Up to \$500

Miscarriage and Premature Childbirth – Up to \$2,500

HIV – 10% of Permanent Total Disability Benefit 1

Kidnapping -10% of Permanent Total Disability

Benefit 1

Double Capital Sum Insured – for persons under 12 years of age who suffers permanent total disablement or permanent paralysis of all limbs

How do I make a claim?

To make a claim for injury, take the following steps within 30 days of the injury occurring.

Step 1:

Obtain a claim form from OAMPS Insurance Brokers by calling 1800 SPORT 1 (1800 776 781) or download by visiting: [www.oamps.com.au/statevolleyballnsw](http://www.oamps.com.au/statevolleyballnsw)

Step 2:

Arrange for your doctor to complete the "Medical Statement"

Step 3:

Arrange for your club secretary to complete "The Club's Declaration"

If claiming loss of income have the employer complete "The member's Employment Details".

Step 4:

Return the completed claim form to OAMPS Insurance Brokers within 30 days of the injury occurring.

How do I find out more?

OAMPS Insurance Brokers Ltd - Affinity Business Unit Level 1, 25 Grose St PO Box 2481 North Parramatta NSW 2151 North Parramatta NSW 1750

Phone: (02) 8838 5795

Fax: (02) 8838 5701

Email: [geoff.rigby@oamps.com.au](mailto:geoff.rigby@oamps.com.au)

[www.oamps.com.au/statevolleyballnsw](http://www.oamps.com.au/statevolleyballnsw)

NOTE: PLEASE REFER TO POLICY WORDING FOR FULL TERMS, CONDITIONS, AND EXCLUSIONS.