

2009

INSURANCE GUIDE

Statement of Intent

The University recognises its responsibility towards our post graduate students for assistance should they experience an injury whilst enrolled with the University.

This guide has been produced to act as a resource to students in understanding the insurance cover available to them providing 24 hour cover for full time students and for part time students cover for any injury arising from activities associated with their University studies.

Legal and Risk
Division of Services and Resources

POST GRADUATE
Personal Accident

1. INTRODUCTION

Legal & Risk have been able to negotiate the purchase of a policy of insurance providing a level of personal accident cover for:

Full time postgraduate student of the University who suffers an injury during the period of their enrolment on a 24 hour 7day basis

Part time postgraduate students are provided with the same level of insurance but restricted to any injury arising as a result of participation in a University activity

This guide has been produced to assist postgraduate students and staff in understanding what level of insurance is available to a student and how to make a claim in the event of an injury.

Note: This insurance is for injury only which is supported by a medical certificate provided by a registered medical practitioner who is not a family member and does not provide for any disability arising from illness.

2. ELIGIBILITY

To be eligible to claim against the policy a person must be an enrolled as a postgraduate student of Adelaide University.

3. GENERAL EXCLUSIONS

3.1 The policy will not provide an insurance payment for an injury or disability arising from:

3.1.1 Illness

3.1.2 Travelling in an unlicensed aircraft or flying or engaging in any aerial activity as part of the aircraft's crew.

3.1.3 Participating in or training for any professional sport.

3.1.4 Being exposed to radiation or radioactivity from any nuclear fuel or nuclear waste.

3.1.5 Who is pregnant, undergoing childbirth or complications arising from childbirth.

3.1.6 Contracting any sexually transmitted disease.

3.1.7 Engaged in any criminal act or intentional illegal act.

3.1.8 Any expense for which a [Medicare](#) benefit is paid or is payable.

3.1.9 Any expense payable after deduction of any [Medicare](#) benefit or rebate ([Medicare Gap](#)).

4. SCHEDULE OF BENEFITS

Coverage Section 1 - Capital Benefits		
The Events Accidental Bodily Injury resulting in:		The Benefit Amount (each Insured Person)
1.	Death	\$100,000 flat
	Disablement Benefit (Benefit is a percentage of maximum sums insured)	\$100,000 but \$20,000 if under 18 years of age
2.	Permanent Total Disablement	100%
3.	Permanent and incurable paralysis of all limbs	100%
4.	Permanent Total loss of sight of one or both eyes	100%
5.	Permanent Total loss of use of one or more limbs	100%
6.	Permanent Total loss of the lens of	
(a)	both eyes	100%
(b)	one eye	50%
7.	Permanent Total loss of hearing of	
(a)	both ears	100%
(b)	one ear	50%
8.	Third degree burns and/or resultant disfigurement which cover more than 40% of the entire external body	50%
9.	Permanent Total loss of use of four fingers and thumb of either hand	70%
10.	Permanent Total loss of use of four fingers of either hand	40%
11.	Permanent Total loss of use of the thumb of either hand	
(a)	both joints	30%
(b)	one joint	15%
12.	Permanent Total loss of use of fingers of either hand	
(a)	three joints	10%
(b)	two joints	7%
(c)	one joint	5%
13.	Permanent Total loss of use of toes of either foot	
(a)	all - one foot	15%
(b)	great - both joints	5%
(c)	great - one joint	3%
(d)	other than great - each toe	1%
14.	Shortening of leg by at least 5cm	7%
15.	Permanent Partial Disablement not otherwise provided for under Events 5 to 14	Such percentage of the Personal Injury sum insured as the insurer at its absolute discretion determines being in their opinion not inconsistent with the Benefit Amount provided under Events 7 to 14. The maximum sum Insured under event 15 is 50,000.

Coverage Section 2 - Weekly Injury Benefit		
The Events Accidental Bodily Injury resulting in:		Benefit Amount
	Weekly Sum Benefit	Max of \$1,000 per week subject to 85% of earnings and Nil if under 18 years of age
16.	Temporary Total Disablement	The Weekly Benefit Amount stated above or the Insured Person's Income , whichever is less
17.	Temporary Partial Disablement	(a) If the Insured Person returns to work in a reduced capacity, The Benefit Amount payable shall be the difference between the Compensation payable for the Event 16 per week and the weekly Income earned from personal exertion per week; or (b) If the Insured Person does not return to work, The Benefit Amount payable shall be 25% of the Compensation payable for Event 16 per week.

Coverage Section 4 - Broken Bones Benefit		
Accidental Bodily Injury resulting in:		
20	Broken Bone Benefits - Accidental Bodily Injury	
(a)	Neck or spine (full break)	\$3,000
(b)	Hip, pelvis	\$2,000
(c)	Skull, shoulder blade	\$600
(d)	Collar bone, upper leg	\$500
(e)	Upper arm, kneecap, forearm, elbow	\$500
(f)	Lower leg, jaw, wrist, cheek, ankle, hand, foot	\$200
(g)	Ribs (per rib)	\$200
(h)	Thumb, Finger, Toes (per thumb, Finger, Toe)	\$150
	Maximum Compensation any one Accident.	\$3,000

Non - Medicare Medical Expenses		
21	<p>Non Medicare Medical Expenses means expenses that are not subject to any full or partial Medicare rebate nor recoverable by You or by the Insured from any other source and incurred within twelve (12) calendar months of You sustaining Injury and paid by You or the Insured on Your behalf for treatment, certified necessary by a legally qualified medical practitioner, to a registered Private Hospital, physiotherapist, chiropractor, osteopath, nurse or similar provider of medical services excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth, excluding dentures, and is caused by Injury.</p> <p>Non Medicare Medical Expenses does not include any or part of any expenses for which a Medicare benefit is paid or is payable including the balance of monies due or payable by You after deduction of any Medicare benefit or rebate from the actual expense incurred. (Commonly known as the "Medicare Gap").</p> <p>Provided that We shall not be liable to make any refund in respect of:</p> <ol style="list-style-type: none"> 1. Any expenses recoverable by You or by the Insured from any other insurance scheme or any plan providing medical/physiotherapy or similar coverage or from any other source except for the excess of the amount recoverable from such other insurance/plan or source; 2. Any expense to which Section 67 of the National Health Act 1953 (as amended) or any of the regulations made there under apply; 3. More than 85 percent (%) of each claim made under this Section after deduction of policy deductible 	<p>Maximum benefit \$5,000</p> <p>Excess \$50 each claim</p>
Third Degree Burns		
22	Third degree burns and/or resultant disfigurement received from fire or chemical reaction which cover more than 40% of the entire external body	\$20,000
Bed Care Patient		
23	"BED CARE PATIENT" means You are necessarily confined to bed (such confinement commencing during a period of Insurance) for a continuous period of not less than 24 hours and Your confinement is certified as necessary by a legally qualified and registered medical practitioner to be under the continuous care of a registered nurse (other than Yourself or a member of Your immediate family). Bed Care does not include You as a patient in any institution used primarily as a nursing or convalescent home, a place of rest, a geriatric ward, a mental institution, a rehabilitation or extended care facility or a place for the care of treatment of alcoholics or drug addicts.	<p>\$200 Per Week</p> <p>Maximum Benefit 52 weeks</p>
Dental Benefits		
24	<p>Loss or Damage to Sound and Natural teeth. Lump Sum Payment, regardless of Actual Costs involved, provided the event occurs within 5 years from the date of injury.</p> <p>Permanent or Second Teeth (not being dentures or dental fillings)</p> <ol style="list-style-type: none"> a) Loss of Teeth b) Capping of Damaged Teeth c) Other damage 	<p>\$250 per tooth</p> <p>\$250 per tooth</p> <p>\$50 per accident</p>
Maximum amount Payable any one event <u>\$1,000</u>		

Injury Assistance Benefit		
25	Where an Injury, as defined, results in Temporary Total Disablement, We will reimburse 100% of actual public transport expenses incurred by the Insured Person for the procurement of medical services/treatment certified as necessary by a legally qualified and registered medical practitioner (not being the Insured Person or a family member) subject to a maximum Weekly Benefit of \$150, an Aggregate Benefit Period of 16 weeks and an Elimination Period of 14 days.	\$150 Per Week Maximum Benefit 16 weeks
	Domestic Help (Non-Income Earners) If the Insured Person is a non-income earner and as a result of an Injury they are wholly and continuously prevented from attending to all of their usual duties and activities, We will pay the lesser of the Compensation specified for Event 20 or 85% of the actual cost of Domestic Help certified as necessary by their attending medical practitioner, subject to a maximum of \$150 per week for each week they are continuously prevented from attending their usual duties.	\$150 Per Week Maximum Benefit 52 weeks 7 day excess
	Home tutorial benefit (full time students) If the Insured Person is a full time student the Compensation payable under Event 20 (Weekly Injury Benefit) will be limited to 85% of the actual cost of Home Tutorial Expenses certified as necessary by the attending legally qualified medical practitioner subject to a maximum of \$150 per week for each week of Temporary Total Disablement not exceeding 52 weeks for any one event.	\$150 Per Week Maximum Benefit 52 weeks

Emergency Transport (Ambulance)		
26	Emergency Transport Costs (required as the result of an Injury as defined)	maximum amount any one Event is \$1,000

HeCS / Pels Relief Benefit		
27	Where an Insured Person suffers an Injury resulting in a payment of a benefit under the Table of Events Section A - Capital Benefits, Events 2 - 10, We will pay a proportion of any outstanding balance of the Insured Person's HECS and/or PELS as at the date of the Injury, should the Insured Person be unable to undertake any further studies whatsoever as a result of the Injury. The proportion We pay will be in accordance with the Schedule of Benefits for the Table of Events Section A - Capital Benefits, based on the percentage applicable to the claim payment,	maximum payment amount of \$6,000

5. DEDUCTIBLE:

Item 21 - Restricted to University activities:

For non Medicare expenses \$50

Item 21 - 24 hour cover Outside University activities (full time students only)

For non Medicare expenses \$150

Item 25 – Injury Assistance Benefit Elimination Period 14 days

Item 25 – Domestic Help 7 days

6. **TO MAKE A CLAIM**

Contact Legal & Risk and request a claim form. Complete the claim form enclosing all supporting documentation and send it attention Bob Reilly or Tom Pontt Room G07 Mitchell Building

7. **LEGAL & RISK CONTACTS**

For advice or notification of a claim

Bob Reilly - Risk Management & Insurance - 35804
Tom Pontt – Finance & Insurance Officer– 33878
Fax Number 34667