

School Student Accident Insurance

Policy summary and claims procedures

Insurer:	Berkshire Hathaway Specialty Insurance (BHSI)
Broker:	Willis Australia Limited (WAL)
Policy Number:	47-ZAH-004202-05
Period of Insurance:	From: 4:00pm 31 October 2020 To: 4.00pm 31 October 2021 both local standard time
Insured Persons:	All registered students of Mount Alvernia College
Cover Option:	Option 1
Sums Insured:	As per schedule of events and compensation
Aggregate Limits:	\$10,000,000
Scope of Cover:	24 hours, 365 days per year
Situation:	Worldwide
Principal Exclusions:	<ul style="list-style-type: none">■ Intentional self-injury or suicide■ Criminal or intentional illegal acts■ Training or participation in professional sports■ Air travel except as passenger in properly licensed aircraft■ Deliberate exposure to exceptional danger■ Driving or riding in any race or on any motor powered conveyance■ Sickness, disease or any kind of infection (except for Emergency Transport benefit and as described in Event 34)■ Pregnancy, childbirth or miscarriage■ Sexually transmitted disease, AIDS or HIV infection■ Medical expenses prohibited by law and Medicare GAP expenses■ Non-Medicare medical expenses which are recoverable from other sources■ Radioactive contamination or radioactivity■ Various other exclusions and uninsured areas apply to all parts of this policy. Refer policy document for all details.

Student Accident Claim Procedures

Student accident claims are managed by the insurer, BHSI. Claims forms can be obtained from your school.

Completed claim forms and supporting documentation should be submitted, **preferably by email**, to the following address. **Please keep a copy of documents submitted.**

Email: ahclaimsaustralia@bhspecialty.com

What can we claim for?

The policy has been designed to protect students worldwide for 24 hours a day, 365 days a year* (except where restricted by law) against Injury (as defined by the policy) – a physical injury caused by violent, external and visible means which occurs fortuitously whilst this insurance is in force and which results solely and directly and independently of any pre-existing conditions or other cause.

Benefits listed in the following schedule of events and compensation have been designed to protect students against a broad range of exposures and situations. An area that can sometimes cause some confusion relates to non-Medicare medical expenses item.

Please note in relation to non-Medicare medical and dental expenses:

- Health Insurance Act (Cth) 1973 prevents insurers from paying medical expenses which are subject to full or partial rebate from Medicare, including the Medicare gap. All Medicare items will be identified by an Item number. **Medicare expenses should not be submitted as part of your claim.**
- Before returning the completed claim form with attachments all **non-Medicare medical expenses** and invoices must be presented to your private health fund or other applicable insurance (registered club or association) before you present the invoices to the student accident insurer, BHSI.
- Legislation (Private Health Insurance Act 2007) means that insurers can only pay **non-Medicare medical expenses** (including dental expenses) resulting from injuries to students who are:
 - ✓ Taking part in organised sporting and official youth activities
 - ✓ Participating in organised / supervised school activities
- The Policy provides cover for expenses incurred for a period of 24 months from the date of the accident / injury.

Any other aspects that require clarification should be referred to Willis Towers Watson or by reference to the insurance policy document held by the school.

Schedule of Events and Compensation

The events and injury as defined, resulting in:		Option 1
1.	Permanent Quadriplegia	\$ 750,000
2.	Permanent Paraplegia	\$ 750,000
3.	Death	\$ 50,000
4.	Permanent Loss of Independent Existence	\$ 750,000
5.	Permanent Total Loss of Entire Sight of Both Eyes	\$ 350,000
6.	Permanent Total Loss of Entire Sight of One Eye	\$ 150,000
7.	Permanent Total Loss of use of two Limbs	\$ 300,000
8.	Permanent Total Loss of Speech	\$ 100,000
9.	Permanent Total Loss of use of one Limb	\$ 150,000
10.	Permanent Total Loss of Hearing in both Ears	\$ 150,000
11.	Permanent Total Loss of Hearing in one Ear	\$ 50,000
12.	Permanent Total Loss of use of four Fingers and Thumb of either Hand	\$ 80,000
13.	Permanent Total Loss of use of four Fingers of either Hand	\$ 50,000
14.	Permanent Total Loss of use of one Thumb of either Hand	
	14.1 Both Joints	\$ 30,000
	14.2 One Joint	\$ 15,000
15.	Permanent Total Loss of use of Fingers of either Hand	
	15.1 Three Joints	\$ 50,000
	15.2 Two Joints	\$ 20,000
	15.3 One Joint	\$ 10,000
16.	Permanent Total Loss of use of Toes of either Foot	
	16.1 All – one Foot	\$ 20,000
	16.2 Great – both Joints	\$ 15,000
	16.3 Great – one Joint	\$ 10,000
	16.4 Other than great, each Toe	\$ 5,000
17.	Shortening of Leg by at least 5cm	\$ 10,000
18.	Fractured Leg or Knee Cap with Established Non-Union	\$ 20,000
19.	Third degree burns and/or resultant disfigurement due to fire or chemical burns which extend	
	(a) to more than 20 to 40% of the entire body	\$ 250,000
	(b) to more than 40% of the entire body	\$ 350,000
20.	Permanent Partial Disability not otherwise provided for under Events 4-19 inclusive and 23-25 inclusive.	Such percentage of the maximum compensation which corresponds to the percentage reduction in whole bodily function as certified by not less than two (2) legally qualified medical practitioners one of whom shall be the insured persons' treating doctor and the other shall be nominated by us. In the event of a disagreement between them, a third legally qualified medical practitioner's opinion shall be obtained and the percentage awarded shall be the average of the three options
21.	Bed Care Patient benefit for a period of more than 24 hours as a result of Injury Aggregate Period of this Benefit is up to 52 weeks	\$750 per week
22.	Injury Assistance Benefit – In the event of an Insured Persons suffering Temporary Total Disablement, we will reimburse Domestic Help and Child Minding Services and/or Extra Public	Up to \$450 per week

The events and injury as defined, resulting in:		Option 1
	Transport Expenses certified as necessary by the Insured Persons' legally qualified and registered medical practitioner. Elimination Period is 7 days per Injury. Aggregate Period for this Benefit is up to 52 weeks.	
23.	Injury as defined resulting broken and/or fractured bones of the (a) Finger or Toe (each) (b) Hand or Foot (c) Arm, Elbow, Wrist, Leg, Ankle or Knee (i) simple fractures (ii) compound or complicated factures (d) Collarbone (e) Breastbone (f) Rib (each) (g) Shoulder, Cheekbone or Nose (h) Jaw (i) Skull, Pelvis, Hip, Vertebrae of the Neck or Spine (j) Concussion The maximum amount payable any one Injury is	\$ 200 \$ 200 \$ 500 \$ 1,000 \$ 500 \$ 500 \$ 200 \$ 500 \$ 500 \$ 3,000 \$ 2,000 \$ 75,000
24.	Internal Injuries (a) Torn ligament or ruptured internal organ (b) Knee reconstruction	\$ 2,000 \$ 2,500
25.	Injury as defined resulting in a dislocation of the: (a) Hip (b) Knee (c) Shoulder Blade (d) Collarbone or Jaw (e) Ankle, Elbow or Wrist	\$ 500 \$ 250 \$ 250 \$ 250 \$ 150
26.	(a) Dental Expenses Benefit – Second Teeth (except where such payment is prohibited by law) 100% of the actual cost incurred for loss of teeth or crowning of damaged teeth with cast metal or porcelain or similar restorations, provided that this occurs within 24 calendar months from the date of Injury to permanent or second teeth (No cover is provided for milk or first teeth, dentures or fillings) (b) Dental Cash Benefit – Only applicable where expenses are not reimbursed under 26 (a) (i) Lump sum payment for loss of teeth, full or partial capping or repair of damaged teeth (ii) Lump sum payment for chipped or broken teeth The maximum combined amount payable under benefit 26 (a) and (b) is:	Up to \$5,000 \$300 per tooth \$150 per tooth \$5,000 Maximum per injury
27.	Dental Cash Benefit – Milk Teeth Lump sum payment, provided the Event occurs within 24 calendar months from the date of Injury to milk or first teeth	\$100 per tooth
28.	Student Tutoring Expenses Benefits Elimination Period is 7 days per Injury Aggregate Period for this Benefit is up to 52 weeks	Up to \$350 per week
29.	Fee Relief following death by injury of the insured person's parent, guardian or benefactor, we will pay the insured person's school tuition fees for a maximum of four (4) consecutive terms while the insured person remains enrolled in a school between early learning and year 12 inclusive (Student Only)	Up to \$20,000 maximum four (4) Terms per insured person
30.	Overseas Medical Expenses Benefit Excess each and every loss is \$Nil	\$ 7,500
31.	Emergency Transport Benefit (due to Injury or illness)	\$5,000 maximum per Injury or Illness
32.	Non-Medicare Medical Expenses, (except where such reimbursement is prohibited by law) 100% of the actual cost incurred after deduction of the Policy Excess to the maximum amount specified.	\$7,500 maximum per Injury

The events and injury as defined, resulting in:		Option 1
33.	Clothing including spectacles and/or Sports Equipment. We will pay for clothing (including spectacles) worn and/or Sporting equipment being used by the Insured Person that has been lost or damaged in the course of an Injury or in the course of treating the Injury.	\$500 per Injury
34.	<p>Psychological Trauma Expenses</p> <p>We will pay for psychological trauma expenses incurred as a result of an Insured Person suffering a Temporary Total Disablement caused by a Traumatic Event provided:</p> <p>(a) the temporary total disablement occurs as a result of a sudden Traumatic Event; and</p> <p>(b) such Insured Person is under the continuous care of a legally qualified registered psychiatrist or psychologist who is not the insured person or his/her family member;</p> <p>Traumatic Event means:</p> <p>(a) accidental death of an insured person's relative or</p> <p>(b) serious accident involving the insured person and/or the insured person's relative that necessitated a period of hospitalization exceeding 10 consecutive days or</p> <p>(c) unexpected and sudden serious sickness (as defined) of the insured person's relative or</p> <p>(d) the insured person witnesses an accident or unexpected and sudden serious sickness involving another person and as a result the insured person requires professional counselling</p>	\$30,000 Any one event
35.	Parent / Guardian Visitation - Necessary and reasonable travel and accommodation expenses incurred by an Insured Person's parent(s) and/or guardian(s) as a result of travelling a distance greater than 50 km from their normal place of residence to visit the Insured Person, provided always that the Insured Person is hospitalized for at least 24 hours due to an Injury or Illness covered by this Policy. Cover is provided whilst on School Activities only	\$ 2,500
36.	Accidental H.I.V. Infection Benefit (conditions apply)	\$ 25,000
37.	Loss of Income – actual loss of Income of an Insured Person's parent or legal guardian who, on the advice of a registered medical professional, is required to care for the Insured Person following a covered Injury (Cover is only available for one parent/legal guardian per event)	100% of Income up to \$1,500 per week for a maximum 10 Weeks
38.	Surgical Benefit – Injury, not covered elsewhere in this policy, resulting directly in a surgical procedure for treatment of the Injury (excluding any claim which arises directly or indirectly from or is caused by any type of illness, disease, infection or contagion even if contracted through an Injury, or an elective or cosmetic procedure.)	\$ 2,000
39.	Kidnap, Ransom and Extortion	\$ 300,000

Please note the Benefit Limits applicable under Events 1, 2, 4 and 5 to 20 in relation to all accidents occurring outside of any authorised and organised school activities = 25% of the full Benefit Limits specified in the Schedule

The information contained in this document is factual and does not constitute advice. While all reasonable skill and care has been taken in preparation of this document, it should not be construed or relied upon as a substitute for specific advice on your insurance needs. No warranty or liability is accepted by Willis Australia Limited, its shareholders, directors, employees, other affiliated companies for any statement, error or omission. Please contact us for full terms and conditions on the insurance product/s, including exclusions, limitations and endorsements applicable. Willis Australia Limited - ABN: 90 000 321 237, AFSL No: 240600