



SchoolCare Insurance

Policy



Attach Schedule of Insurance here

SchoolCare Insurance Policy

In return for 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 benefit set out in the table of benefits in section 1 and applicable to:
 - a. the standard cover option if that option is shown in the Schedule as having been selected by **you**; or
 - b. the basic cover option if that option is shown in the Schedule as having been selected by **you**;
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 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.

All benefits will be paid to the parents or guardian of the **nominated person**, except for benefits under Section 4 fee relief which will be paid to the **insured**.

Definitions

Wherever these words are used and appear in bold in this policy, they have the following meaning:

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.

bodily injury means **bodily injury** caused by an accident but does not include any illness.

illness means any sickness or disease.

insured means the person or body named as the **insured** on the schedule.

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.

paraplegia means total paralysis of both legs and part of or the whole of the lower half of the body.

period of insurance means the period referred to in the schedule.

permanent means lasting one year and at the end of that period being beyond hope of improvement.

quadriplegia means total paralysis of both arms and legs.

we, our and **us** means Catholic Church Insurance Limited

you and **your** means the **insured** named in the schedule.

Special provisions

1. If more than one of the events 1 to 47 in the Table of Benefits section happens to a **nominated person** in respect of the same **bodily injury, we** will pay:
 - a. only the benefit for event 1 if one of those events includes event 1;
 - b. in all other cases, the benefit for each of those events but up to a total aggregate limit of:
 - i. \$750,000 if the standard cover option is shown in the schedule to have been selected by **you**;
or
 - ii. \$275,000 if the basic cover option is shown in the schedule to have been selected by **you**.
2. In respect of events 2 to 16, **we** shall not be obliged to effect settlement until a period of one year has elapsed from the date on which the event occurred and no liability shall attach to **us** for events 2 to 16 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 35 to 46, **we** will pay for only one of each such event that happens to a **nominated person** during the **period of insurance**.
4. In respect of event 47, **we** shall not be obliged to pay any benefit but **we** may pay such amount as **we** in **our** sole and absolute discretion determine and which is in **our** opinion consistent with the benefits set out in the Table of Benefits.
5. **Our** liability under this policy in respect of all claims arising out of the one occurrence shall not exceed \$2,500,000.
6. This policy will provide cover for an accident occurring:
 - a. during school activities only if this cover option is shown in the schedule to have been selected by **you**;
or
 - b. at any time if this cover option is shown in the schedule to have been selected by **you**.

Section 1 – Table of benefits

The event		The benefit	
Bodily injury resulting solely and directly and independently of any other cause in:		Standard Cover	Basic Cover
PERMANENT DISABILITY	1. Death	\$30,000	\$15,000
	2. Total and permanent disablement from engaging in any profession business or occupation whatsoever	\$750,000	\$275,000
	3. Permanent and incurable quadriplegia	\$750,000	\$275,000
	4. Permanent and incurable paraplegia	\$750,000	\$275,000
	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	\$375,000	\$125,000
	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	\$375,000	\$125,000
	7. Total and permanent loss of sight of both eyes	\$300,000	\$100,000
	8. Total and permanent loss of sight in one eye	\$150,000	\$50,000
	9. Total and permanent loss of use of both hands	\$100,000	\$60,000
	10. Total and permanent loss of use of both feet	\$100,000	\$60,000
	11. Total and permanent loss of use of one hand	\$70,000	\$40,000

Table of benefits (continued)

The event		The benefit	
Bodily injury resulting solely and directly and independently of any other cause in:		Standard Cover	Basic Cover
PERMANENT DISABILITY	12. Total and permanent loss of use of one foot	\$50,000	\$30,000
	13. Total and permanent loss of hearing in both ears	\$150,000	\$30,000
	14. Total and permanent loss of hearing in one ear	\$45,000	\$15,000
	15. Total and permanent loss of use of two limbs	\$300,000	\$100,000
	16. Total and permanent loss of use of one limb	\$150,000	\$50,000
	17. Total and permanent loss of use of one thumb of either hand		
	a. both joints	\$50,000	\$20,000
	b. one joint	\$25,000	\$10,000
	18. Total and permanent loss of use of fingers of either hand		
	a. three joints	\$30,000	\$10,000
b. two joints	\$15,000	\$5,000	
c. one joint	\$10,000	\$3,000	
BURNS	19. Total and permanent loss of use of toes of either foot		
	a. all of one foot	\$25,000	\$10,000
	b. great, both joints	\$15,000	\$7,500
	c. great, one joint	\$10,000	\$5,000
	d. other than great, each toe	\$5,000	\$2,500
20. Third degree burns and/or resultant disfigurement due to fire or chemical reaction which extends to between 20% and 40% of the entire body	\$250,000	\$75,000	
21. Third degree burns and/or resultant disfigurement due to fire or chemical reaction which extends to more than 40% of the entire body	\$375,000	\$125,000	
FRACTURES	22. The fracture of a leg or knee cap with established non-union	\$10,000	\$7,500
	23. The fracture of the skull or spine	\$3,000	\$3,000
	24. The fracture of the neck or pelvis or hip	\$3,000	\$3,000
	25. The fracture of a jaw	\$750	\$750
	26. The fracture of a shoulder	\$500	\$500
	27. The fracture of a rib (one or more)	\$200	\$200
	28. The fracture of a breastbone	\$500	\$500
	29. The fracture of a collarbone	\$500	\$500
	30. 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)	\$250	\$250
	b. Compound open fractures (one or more)	\$1,000	\$1,000
	31. The fracture of a finger or a thumb or a toe	\$200	\$200
	32. The fracture of a hand or a foot	\$250	\$250
33. The fracture of a facial bone or bones (other than jaw)	\$500	\$500	

Table of benefits (continued)

The event		The benefit		
Bodily injury resulting solely and directly and independently of any other cause in:		Standard Cover	Basic Cover	
DENTAL	34. Loss of or damage to teeth			
	a. Permanent or second teeth (not being dentures or dental fittings)			
	i. loss of teeth	\$300 per tooth	\$250 per tooth	
	ii. full capping of damaged teeth	\$300 per tooth	\$250 per tooth	
	iii. partial capping or repair of damaged teeth	\$300 per tooth	\$250 per tooth	
	iv. Damage to teeth not provided for in (ii) or (iii) above	\$50 per accident	\$50 per accident	
	b. Milk or first teeth: loss of teeth	\$50 per tooth	\$50 per tooth	
	The total benefits payable in respect of this event 34 shall not exceed \$2,500.			
	DISLOCATIONS/TEARS/RUPTURES	35. Dislocation of the hip	\$500	\$350
		36. Dislocation of the knee	\$250	\$250
37. Dislocation of the shoulder blade		\$250	\$250	
38. Dislocation of the collarbone		\$250	\$250	
39. Dislocation of the jaw		\$250	\$250	
40. Dislocation of the ankle		\$250	\$150	
41. Dislocation of the elbow		\$250	\$150	
42. Dislocation of the wrist		\$250	\$150	
43. A knee reconstruction		\$2,000	\$1,000	
44. A torn ligament or tendon		\$2,000	\$1,000	
45. A ruptured internal organ		\$2,000	\$1,000	
OTHER	46. Loss of testicle	\$1,000 per testicle	\$750 per testicle	
	47. Any permanent disability, burns, fractures, dislocations/tears/ruptures not otherwise provided for in this table of benefits	Such amount as we in our sole and absolute discretion may determine and which is in our opinion consistent with the listed benefits.	Such amount as we in our sole and absolute discretion may determine and which is in our opinion consistent with the listed benefits.	

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):

Non-Medicare medical fees

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

PROVIDED THAT:

- i. **our** total liability for non-medicare medical fees shall not exceed \$7,500;
- 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.

This Non-Medicare medical fees benefit is limited by legislation

General insurance companies are prohibited by Federal Health Legislation (including the *Health Insurance Act 1973*) from covering:

- a. the cost of any medical service for which a Medicare benefit is payable;
- b. 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:
 - i. attending school;
 - ii. engaging in a sporting activity;
 - iii. undertaking a work experience program (secondary students only);
 - iv. providing services, without pay, to a religious, educational, charitable or benevolent organisation;
 - v. engaged in youth activities organised by a voluntary association, such as Guides or Scouts;
 - vi. travelling to or from the above activities.

Emergency transport

- 2 The cost of emergency transport necessarily incurred as the result of such **bodily injury**.
Our total liability for emergency transport shall not exceed \$7,500 per accident per **nominated person**.

Tuition fees

- 3 The cost of home tuition necessarily incurred if as a result of such **bodily 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 for tuition fees shall not exceed \$2,500 per accident per **nominated person**.

Other benefits (continued)

- Hospital inconvenience allowance** 4 \$35 for each day the **nominated person** is confined as a patient in a hospital as the result of such **bodily 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 **bodily injury**.
- Our** total liability for hospital inconvenience allowance shall not exceed \$3,500 per accident per **nominated person**.
- Nursing allowance** 5 \$35 for each day the **nominated person** requires domestic nursing assistance whilst residing at the person's usual home as the result of such **bodily 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 **bodily injury**.
- Our** total liability for nursing allowance is limited to \$2,000 per accident per **nominated person**.
- Clothing allowance** 6 A maximum benefit of \$500 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.
- Emergency accommodation** 7 \$75 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 **bodily injury**.
- Our** total liability for emergency accommodation shall not exceed \$3,500 per accident per **nominated person**.
- Travel expenses** 8 \$35 for each day the **nominated person** must travel more than 50 kms from his or her normal place of residence to seek medical treatment by a qualified medical practitioner as a result of such **bodily injury**.
- Our** total liability for travel expenses shall not exceed \$2,000 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 for Professional Counselling Cost is limited to \$2,500 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 for school fee relief shall not exceed \$15,000.

Exclusions

We shall not pay benefits in respect of any event referred to in section 1, **bodily injury**, death or loss which:

1. is directly or indirectly attributable to or consequential upon:
 - a. intentional self-injury or suicide (whether felonious or not) or any attempt at or threat of self-injury or suicide;
 - b. war, invasion, acts of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power;
 - c. 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.
2. happens to the **nominated person** while:
 - a. 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;
 - b. taking part in a riot or civil commotion;
 - c. acting maliciously;
 - d. engaging in any form of aerial flight or aerial activity other than travelling as a passenger in a fully licensed standard type aircraft;
 - e. engaging in motor cycling whether as driver or passenger.
3. arises out of or in connection with any **act of terrorism** regardless of any other cause or event contributing concurrently or in any other sequence to such event, **bodily injury**, death or loss. This policy also excludes cover for any claim in respect of 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 referred to in section 1, **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. This policy may be cancelled:
 - a. 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. by **us** in any of the circumstances set out in any applicable Act or Regulation whether of a State, or Territory of the Commonwealth of Australia. **We** will refund the unexpired portion of the premium.

Important Notice to Policyholder

The information set out above describes the terms and conditions of the contract you have arranged with us. We would like to be sure that you understand the cover provided and that it meets your requirements. If you have any queries, our staff will be happy to give you any further information you may require.

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.

This page has been intentionally left blank.

How to Contact Us

Mail Catholic Church Insurance Limited
GPO Box 180 Melbourne 3001

Email underwriting@ccinsurance.org.au

Website www.ccinsurance.org.au

Telephone 1300 655 001

Facsimile 03 9934 3462

Catholic Church Insurance Limited ABN 76 000 005 210 AFSL no. 235415

CCI894 03/14

© Catholic Church Insurance Limited 2014. Copyright in all content of this document, including all text, images and logos, is owned by Catholic Church Insurance Limited or its licensors. The insured, or any prospective insured to whom this document is provided by or on behalf of Catholic Church Insurance Limited, is granted a revocable, non-exclusive licence to reproduce the whole of this document or any part of it (including by electronically storing, communicating or transmitting any of the content of this document) for the purposes of deciding whether or not to take out the insurance described in this document and of managing its policy (including making claims and seeking legal and other professional advice about any such claims). This licence does not entitle any person to use any of Catholic Church Insurance's trade marks (whether registered or unregistered) except as part of a reproduction of all or part of this document that also includes other content. Other than as set out in the foregoing or as permitted under the Copyright Act 1968 (Cth), no person is entitled to reproduce, publish, communicate, adapt or otherwise exercise any of the rights comprised in the copyright in the contents of this document, except with the prior written consent of Catholic Church Insurance Limited.