

Community Rugby Union Application Form – Loss of Income & Non-Medicare Medical Benefit Top Up

This application is for Teams or Players who are registered in U16 competitions and above. Below you may elect to pay an additional contribution should you wish to increase the current weekly loss of income benefit from \$300 per week (28 day excess) and/or increase the non-Medicare Medical Benefit. Of note, to be entitled to the loss of income benefit the Insured Persons must satisfy the policy definition of Income. To receive the full benefit amount the Insured Person's income must be GREATER than the benefit under the extra benefit cover purchased. Please complete the form and email to sport@ajg.com.au and we will provide you with your invoice for payment. If you have any questions when completing the form, feel free to contact Gallagher Sport either by telephone **1800 776 780** or email sport@ajg.com.au.

Note – any additional cover nominated below is only effective from the date of payment of your invoice.

General details of Team / Player Requiring Top Up Cover

Name of club			Team Name	
Player Name(s)				
Postal address				
Contact details	Name			
	Phone			
	Email			

Individual Player - Top Up Loss of Income Option/above **\$300 pw benefit** (please tick option to proceed)

Extra Benefit	Base Levy	GST	Stamp Duty	Total	Option
\$200 per week	\$183.49	\$18.35	\$18.17	\$220.00	
\$300 per week	\$216.85	\$21.68	\$21.47	\$260.00	
\$400 per week	\$291.91	\$29.19	\$28.90	\$350.00	
\$500 per week	\$362.80	\$36.28	\$35.92	\$435.00	
\$700 per week	\$567.14	\$56.71	\$56.15	\$680.00	

Individual Player - Top Up Non-Medicare Medical Benefits/above **\$3,000 benefit** (please tick option to proceed)

Extra Benefit	Base Levy	GST	Stamp Duty	Total	Option
Increase by \$500	\$41.70	\$4.17	\$4.13	\$50.00	
Increase by \$1,000	\$62.55	\$6.26	\$6.19	\$75.00	

Team XVs - Top Up Loss of Income and Non-Medicare Medical Benefits (please tick option to proceed)

Extra Benefit	Base Levy	GST	Stamp Duty	Total	Option
Increase of standard Event 18 Weekly Benefit for Income Earner from \$300 per week to \$400 per week and increase of standard C-1. Non-Medicare Medical Expenses benefit limit from \$3,000 to \$4,000.	\$750.63	\$75.06	\$74.31	\$900.00	
Increase of standard Event 18 Weekly Benefit for Income Earner from \$300 per week to \$500 per week and increase of standard C-1. Non-Medicare Medical Expenses benefit limit from \$3,000 to \$ 5,000.	\$1,167.64	\$116.76	\$115.60	\$1,400.00	
Increase of standard Event 18 Weekly Benefit for Income Earner from \$300 per week to \$1,000 per week.	\$4,086.74	\$408.67	\$404.59	\$4,900.00	

Your Duty of Disclosure

Before you enter into an insurance contract with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose information to the insurer. The Duty of Disclosure applies until the insurer agrees to insure you or renew your insurance. The Duty of Disclosure also applies before you extend, vary or reinstate your insurance. If you are applying for or renewing insurance in relation to your motor vehicle, home building and/or contents, residential strata, travel, personal accident or sickness and/or consumer credit products, you must answer the specific questions asked by the insurer truthfully and accurately. In answering those questions, you must tell the insurer all information that's known to you and that a reasonable person would be expected to provide in answer to the questions. At renewal, the insurer may ask you to advise it of any changes to something you have previously disclosed, or may give you a copy of the information you previously disclosed and ask you to advise the insurer if there has been a change. If you do not tell the insurer about a change, you will be taken to have told the insurer there is no change. If you are applying for or renewing any other insurance, you must tell the insurer all information that is known to you that a reasonable person could be expected to know or that is relevant to the insurer's decision to insure you and on what terms. You do not need to tell the insurer anything: that reduces the risk it insures you for; is common knowledge; that the insurer knows or should know; or which the insurer waived your duty to tell it about.

Non-Disclosure

If you fail to comply with your Duty of Disclosure, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to comply with the Duty of Disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed. If you are in doubt about whether or not a particular matter should be disclosed, please contact your Gallagher broker.

Declaration

I represent that the following statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not bind coverage. The company's acceptance of this proposal form is required before cover may be bound and the policy issued. Furthermore, I have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me; have read and understood the information concerning claims made cover, important notices and duty of disclosure; agree to the Insurer obtaining from my previous insurer(s) any information it may need about prior claims or insurance history; agree to the Insurer making enquiries from any third party to verify claims history and other information disclosed herein or statements made by myself in making this application; agree to the Insurer disclosing to any insurance intermediary appointed by myself or to any former or future insurer of myself the claims history or any other information as may be determined.

Name

Signed

Date