

OPTIONAL UPGRADE FORM

FOR PERIOD: 1ST NOVEMBER 2011 TO 1ST NOVEMBER 2012

PLEASE NOTE: UPGRADES ARE EFFECTIVE FROM RECEIPT OF THIS FORM AND PAYMENT.

For General enquiries please phone 1300 130 373 and to view the Policy Wordings, Summary of Covers and other important information, terms and conditions (including the Product Disclosure Statement), please refer to:

www.jltsport.com.au/afl



Please send your completed form with payment to:

JLT Sport
PO Box 464, Winston Hills NSW 2153

OR

Fax:
(02) 8824 1690



STANDARD COVERS WITHIN THE PROGRAMME:

WHAT ARE WE COVERED FOR WITHIN THE NATIONAL RISK PROTECTION PROGRAMME?

All AFL affiliated leagues, associations and clubs receive the following standard covers within the Australian Football National Risk Programme as per the policy wordings, terms and conditions outlined at www.jltsport.com.au/afl

STANDARD COVERS PROVIDED:

- General Public & Products Liability (including Errors and Omissions Liability)
- Club Management Liability (for incorporated clubs only)
- Personal Accident Cover including
 - o Capital Benefits (Bronze level)
 - o Non-Medicare Medical Benefits (Bronze level)

Note: AFL Masters / Veterans teams do not have Personal Accident coverage as standard.

Such clubs can choose the Bronze level of cover via the "AFL Masters - Personal Accident Application Form"

NON-MEDICARE MEDICAL COVER & CAPITAL BENEFITS UPGRADES

(INCLUDING PARAPLEGIA AND QUADRIPLÉGIA EVENTS)

WHAT DOES UPGRADING COVER MEAN?

From 1st November 2011, all clubs receive a basic level of cover for Non-Medicare Medical benefits. This basic level of cover is called "Bronze". Clubs can choose to upgrade from Bronze to a higher level of cover to provide their players with increased benefits and reimbursements of Non-Medicare Medical Expenses. **Upgrading cover is optional.** Clubs should consider the costs to players and inform members of all decisions made by the club. For details regarding cover, including important information, terms and conditions, please refer to www.jltsport.com.au/afl.

Note: The Health Insurance Act (Cth) 1973 does not permit the Insurer or the Trustee to reimburse any costs associated with medical treatments registered with Medicare (this includes the Medicare Gap).

HOW DO WE FIND OUT WHAT LEVEL OF COVER WE CURRENTLY RECEIVE?

Please check with your league or association to find out if you currently receive a higher level of cover within the National Risk Protection Programme. Some leagues and associations purchase higher levels of cover and/or loss of income cover for their clubs and players. For example, all clubs within the Victorian Country Football League receive Silver Cover and all Junior Clubs (and most Senior Clubs) within AFL Queensland receive Platinum Cover.

HOW DO WE UPGRADE OUR CLUB'S NON-MEDICARE MEDICAL COVER?

1. Check with your League or Association whether your club currently receives a higher level of cover
2. Once you have determined your current level of cover, complete Section A and Section B of the Upgrade Form.
3. Attach your payment to the Upgrade Form and forward it to JLT Sport.
4. Upgrades are valid from the date JLT Sport receives this form and payment.

LOSS OF INCOME COVER PURCHASE

WHAT IS LOSS OF INCOME COVER?

Loss of Income Cover is **OPTIONAL** and clubs must purchase this cover separately to all other covers. Loss of Income Cover provides reimbursement for either 80% of the injured person's net weekly income or the maximum amount per week as purchased by the club – whichever is the lesser. Coverage is for a maximum of 52 weeks and a 14 or 49 day elimination period applies (as purchased by the club), unless your sick leave balance exceeds this, in which you're your sick leave balance becomes your excess period. Please note - coverage for Match Payments is different (refer to Page 7 of this form for further details).

HOW DO WE PURCHASE LOSS OF INCOME COVER FOR OUR PLAYERS?

1. Complete Section A, Section B (if required) and Section C of the Upgrade Form.
2. Attach your payment to the Upgrade Form and forward it to JLT Sport.
3. Loss of Income Purchases are valid from the date JLT Sport receives this form and payment.

Please note: the advice contained in this form is general. To help you decide if the cover suits you, please read the Product Disclosure Statement. We are also happy to provide you with further information.

SECTION A - UPGRADE DETAILS

Step 1: Club Details

1	_____	2	_____
	Club Name		Association/League
3	_____	4	_____
	Contact Person		Contact Phone Number
5	_____	_____	_____
	Postal Address	State	Post Code
6	_____		
	Email Address		

Step 2: Total Amount Payable

	Total
Section B (Non-Medicare Medical Upgrade) Sub-total	\$ _____
Section C (Loss of Income Purchase) Sub-total	\$ _____
Grand Total – Total Amount Payable	\$ _____

Step 3: Club Declaration

I, the undersigned, declare that I am an authorised representative of _____
Name of Club

(a) I have read the PDS and agree to be bound by the Rules. I am aware that the withdrawal from the JDT Arrangement as a Member does not entitle the Member to a refund of the Total Membership Contribution in full or in part, other than any applicable return Membership Contribution in respect of the unexpired portion of the Insurance Cover.

(b) I agree to receive the PDS, FSG and annual report for this product online at www.iltssport.com.au/afi or I have obtained a hard copy of the PDS and FSG. I have reviewed those documents including the "Important Information" section of the FSG.

(c) Privacy Act implications: Upon joining the JDT Arrangement, you as a Member, acknowledge that, as part of the financial reports, the Trustee will be declaring Members' detailed Claims data to all Members and service providers performing specific tasks on behalf of the Trust.

_____ Authorised Club/League/Association Representative's Name (please print)	_____ Authorised Club/League/Association Representative's Title/Position
_____ Authorised Club/League/Association Representative's Signature	_____/_____/_____ Date

Step 4: Payment options

You must choose one of the following options to make payment to JLT Sport. Please select one and attach payment details:

OPTION 1: Cheque / Money Order

Please make cheque or money order payable to JLT Sport, attach payment to this Upgrade Form and forward to the address provided below.

OPTION 2: Credit Card

Please select one of the following credit card options: Mastercard Visa

Card Number: _____/_____/_____/_____
 Expiry Date: ____/____

Card Holder's Name: _____
Please print Signature: _____

Please note – a surcharge of 1.25% (including GST) applies to all credit card payments. When calculating your total upgrade amount JLT Sport will include this surcharge and will add 1.25% to your grand total. For example, if your total amount payable came to \$500, to pay by credit card will incur the additional 1.25% surcharge and we will charge your credit card \$506.25. Please contact JLT Sport for further information.

OPTION 3: Direct Deposit

Please deposit payment as per the account details below.

You **must** fax or email a copy of the payment advice to our office in order for us to match your payment with this upgrade form.

Account Name: Jardine Lloyd Thompson Insurance Broking Account
 Bank: ANZ
 BSB Number: 012 003
 Account Number: 837 262 862
 Reference: 30 + phone number + Club Name (if bank allows)

Please note – upgraded cover is valid from the date of payment receipt

OPTION 4: Pay by the Month – Funding Contract

If the total amount payable of your club's upgrade is over \$500, you may choose to pay for your total amount in monthly instalments via a funding contract. Fees, charges and conditions apply to all funding contracts. Please contact JLT Sport for details.

To obtain a funding contract, please forward this Upgrade form to JLT Sport, and your contract will be forwarded to you by email or post.

SECTION B

NON-MEDICARE MEDICAL COVER UPGRADE

The AFL National Risk Protection Programme JLT Discretionary Trust (JLT) Arrangement. ABN: 37 378 340 834

Before signing this form, it is essential you have read and are prepared to be bound by the Product Disclosure Statement (PDS) and Financial Services Guide (FSG). For a copy of these documents and other important information, terms and conditions, please refer to:

www.jltsport.com.au/afl

Note: AFL Masters / Veterans clubs can only choose the Bronze level of cover via the separate "AFL Masters - Personal Accident Application Form"

Period of Cover

FROM: Cover is valid from the date JLT Sport receives this form and payment

TO: 1st November 2012

From 1st November 2011, all clubs receive as a minimum the basic level of cover (Bronze Cover) for Non-Medicare Medical benefits. Check with your league/association as you may currently receive a higher level of cover (for example, VCFL clubs receive Silver Cover for season 2012).

TABLE (A) below demonstrates the various levels of cover available for upgrade:

	Bronze (Basic Cover)	Silver	Gold	Platinum
Non-Medicare Medical Costs <i>(examples include: Ambulance, Physio, Dental, Chiro, Private Hospital Accommodation)</i>	50% Reimbursement	75% Reimbursement	90% Reimbursement	90% Reimbursement
	\$2,000 max. per claim	\$2,500 max. per claim	\$3,500 max. per claim	\$7,500 max. per claim
	\$100 excess per claim	\$75 excess per claim	\$50 excess per claim	\$50 excess per claim
Capital Benefits	\$100,000 (\$20,000 for U18)	\$150,000 (\$30,000 for U18)	\$200,000 (\$40,000 for U18)	\$250,000 (\$50,000 for U18)

TABLE (B) below demonstrates the premium rates payable to upgrade cover:

Upgrade from...	Per Senior/Reserve Team	Per Junior Team
Bronze to SILVER	\$292.00	\$45.00
Bronze to GOLD	\$488.00	\$71.00
Bronze to PLATINUM	\$659.00	\$96.00
Silver to GOLD	\$231.00	\$59.00
Silver to PLATINUM	\$403.00	\$82.00
Gold to PLATINUM	\$217.00	\$58.00

CAPITAL BENEFITS UPGRADE

From 1st November 2011, all clubs receive as a minimum the basic level of cover (Bronze Cover) for Capital Benefits (as per TABLE (A) above). Clubs/Leagues/Associations can increase the level of Capital Benefits Cover for Quadriplegia and Paraplegia Events.

TABLE (C) below demonstrates the premium rates payable to upgrade Quadriplegia and Paraplegia cover:

Team...	Upgrade to...	Cost per Team...	Team...	Upgrade to...	Cost per Team...
Juniors*	\$50,000	\$12.10	Seniors/Reserves/U19	\$500,000	\$121.00
Juniors*	\$75,000	\$14.52	Seniors/Reserves/U19	\$750,000	\$145.20
Juniors*	\$100,000	\$24.20	Seniors/Reserves/U19	\$1,000,000	\$169.40
Juniors*	\$150,000	\$29.05			
Juniors*	\$200,000	\$48.40			

*U19 teams included in Senior Rate Upgrade for Capital Benefits Upgrades Only

*Upgraded Cover for Junior Teams applies only to players under 18 years of age.

PLEASE CONTINUE TO PAGE 4.

SECTION B (CONTINUED)

NON-MEDICARE MEDICAL COVER UPGRADE

The AFL National Risk Protection Programme JLT Discretionary Trust (JLT) Arrangement. ABN: 37 378 340 834

Before signing this form, it is essential you have read and are prepared to be bound by the Product Disclosure Statement (PDS) and Financial Services Guide (FSG). For a copy of these documents and other important information, terms and conditions, please refer to:

www.jltsport.com.au/afl

Note: AFL Masters / Veterans clubs can only choose the Bronze level cover via the separate "AFL Masters - Personal Accident Application Form"

Step 1: Cover Upgrade Calculation as per TABLE (B)

Teams		Upgrading to	Cost per team	Sub-Total
<input type="checkbox"/> Seniors	_____	<input type="checkbox"/> SILVER <input type="checkbox"/> GOLD <input type="checkbox"/> PLATINUM	\$ _____	\$ _____
	Number of Teams		Premium rate per team	No. of Teams x Rate
<input type="checkbox"/> Reserves	_____	<input type="checkbox"/> SILVER <input type="checkbox"/> GOLD <input type="checkbox"/> PLATINUM	\$ _____	\$ _____
	Number of Teams		Premium rate per team	No. of Teams x Rate
<input type="checkbox"/> Juniors	_____	<input type="checkbox"/> SILVER <input type="checkbox"/> GOLD <input type="checkbox"/> PLATINUM	\$ _____	\$ _____
	Number of Teams		Premium rate per team	No. of Teams x Rate

EXAMPLE ONLY:

Teams		Upgrading to	Cost per team	Sub-Total
<input checked="" type="checkbox"/> Seniors	3	<input type="checkbox"/> SILVER <input checked="" type="checkbox"/> GOLD <input type="checkbox"/> PLATINUM	\$ 488.00	\$ 1,464.00
	Number of Teams		Premium rate per team	No. of Teams x Rate

Step 2: Quadriplegia/Paraplegia Cover Upgrade Calculation as per TABLE (C)

Teams		Upgrading to:	Cost per team	Sub-Total
<input type="checkbox"/> Seniors	_____	<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000	\$ _____	\$ _____
	Number of Teams		Premium rate per team	No. of Teams x Rate
<input type="checkbox"/> Reserves	_____	<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000	\$ _____	\$ _____
	Number of Teams		Premium rate per team	No. of Teams x Rate
<input type="checkbox"/> Juniors	_____	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000	\$ _____	\$ _____
	Number of Team		Premium rate per team	No. of Teams x Rate

EXAMPLE ONLY:

Teams		Upgrading to:	Cost per team	Sub-Total
<input checked="" type="checkbox"/> Juniors	2	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input checked="" type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000	\$ 48.40	\$ 96.80
	Number of Teams		Premium rate per team	No. of Teams x Rate

Step 3: Section B Total Amount Payable

	Total
Cover upgrades (total of Step 1)	\$ _____
Quadriplegia/Paraplegia Upgrades (total of Step 2)	\$ _____
Section B Total	\$ _____

If you wish to purchase Loss of Income cover, please proceed to Section C on page 5 and forward all of Sections A, B and C to JLT Sport.

If you **do not** wish to purchase Loss of Income cover, please forward Sections A and B to JLT Sport, as per the following details.

Please send your completed form with payment to:

JLT Sport
PO Box 464, Winston Hills NSW 2153

OR

Fax:
(02) 8824 1690

SECTION C

LOSS OF INCOME COVER PURCHASE - TEAMS

The AFL National Risk Protection Programme JLT Discretionary Trust (JLT) Arrangement. ABN: 37 378 340 834

Loss of Income Cover is **OPTIONAL**. It provides weekly income lost by players, officials, volunteers, trainers, coaches, umpires, directors, officers, committees, sub-committees, members and work experience students should they be injured whilst involved in a football related activity.

Note: This coverage is not currently available to AFL Masters / Veterans Teams.

To purchase this cover, please complete Steps 1-3 below. Missing information may result in delays with your application for Loss of Income cover.

IMPORTANT INFORMATION:

- o All rates on this form are inclusive of all government charges, GST and fees
- o The players are only covered whilst representing the club noted on this form
- o The benefit payable is limited, subject to the Trustee's discretion, to the lesser of the selected amount or **80% of net weekly earnings** (excluding any remuneration from participation in football). Please note that actual payments made to the claimant are made net of tax.
- o No benefit will be payable if the player is not in Permanent or Regular Casual employment at the time of receiving the injury - also subject to the Trustee's discretion.
- o The excess applicable is 14 or 49 days (as purchased by the club), unless your sick leave balance exceeds this, in which case your sick leave balance becomes your excess period
- o If you do not wish to cover all teams within the club, a list of the players (per team) must be provided at the time of application (attached to this form). The team(s) to be covered must be nominated by the club (i.e. "A Grade") and the only the players listed will be covered.
- o Players are also covered whilst training, therefore it is important to submit this form and payment early to ensure pre-season training sessions are covered.

Period of Cover

FROM: Cover is valid from the date JLT Sport receives this form and payment

TO: 1st November 2012

EXCESS PERIODS: The Excess Period means that the injured person must lose the nominated number of days income (14 or 49 days) due to the injury sustained before a Loss of Income claim is payable. Please choose an Excess Period using TABLE (D) below:

TABLE (D) Loss of Income Rates for Teams

Team	14 day excess period Per \$50.00 Cover	49 day excess period Per \$50.00 Cover
Seniors/Reserves	\$375.00	\$180.00
Juniors	\$105.00	\$55.00

Step 1: Loss of Income Cover Calculation

14 DAY EXCESS OPTION ONLY refer to TABLE (D)

14 DAY EXCESS

Column A Grade	Column B Income Cover	Column C Number of units	Column D Premium Rate	Column E Teams	Column F Sub Total
<input type="checkbox"/> Seniors	\$ _____ Weekly Cover	÷ \$50 = _____ No. of \$50.00 units	x \$375 = \$ _____	x _____ = _____ Number of Teams	\$ _____ Premium payable
<input type="checkbox"/> Reserves	\$ _____ Weekly Cover	÷ \$50 = _____ No. of \$50.00 units	x \$375 = \$ _____	x _____ = _____ Number of Teams	\$ _____ Premium payable
<input type="checkbox"/> Juniors	\$ _____ Weekly Cover	÷ \$50 = _____ No. of \$50.00 units	x \$105 = \$ _____	x _____ = _____ Number of Teams	\$ _____ Premium payable

49 DAY EXCESS OPTION ONLY refer to TABLE (D)

49 DAY EXCESS

Column A Grade	Column B Income Cover	Column C Number of units	Column D Premium Rate	Column E Teams	Column F Sub Total
<input type="checkbox"/> Seniors	\$ _____ Weekly Cover	÷ \$50 = _____ No. of \$50.00 units	x \$180 = \$ _____	x _____ = _____ Number of Teams	\$ _____ Premium payable
<input type="checkbox"/> Reserves	\$ _____ Weekly Cover	÷ \$50 = _____ No. of \$50.00 units	x \$180 = \$ _____	x _____ = _____ Number of Teams	\$ _____ Premium payable
<input type="checkbox"/> Juniors	\$ _____ Weekly Cover	÷ \$50 = _____ No. of \$50.00 units	x \$55 = \$ _____	x _____ = _____ Number of Teams	\$ _____ Premium payable

EXAMPLE ONLY:

A. Grade	B. Income Cover	C. Number of units	D. Premium Rate (14 day excess)	E. Teams	F. Sub Total
<input checked="" type="checkbox"/> Seniors	\$300.00 p/w Weekly amount of cover	÷ \$50 = 6 units No. of \$50.00 units	x \$375 = \$2,250	x 2 teams Number of Teams	\$4,500 Premium payable
<input checked="" type="checkbox"/> Juniors	\$200.00 p/w Weekly amount of cover	÷ \$50 = 4 units No. of \$50.00 units	x \$105 = \$420	x 3 teams Number of Teams	\$1,260 Premium payable

Please proceed to page 6 to complete Step 2 and Step 3 of your Loss of Income purchase.

SECTION C (CONTINUED)



LOSS OF INCOME COVER PURCHASE - INDIVIDUALS NON-FOOTBALL RELATED INCOME



The AFL National Risk Protection Programme JLT Discretionary Trust (JLT) Arrangement. ABN: 37 378 340 834

Loss of Income Cover for Individuals may be purchased in addition to the team cover on page 5.

The amount selected below will be in addition to any coverage taken out by the club and a **14 day elimination** period will apply.

This section of cover provides coverage for Non-Football Related Income only (i.e. income earned from full-time, part-time or casual employment).

TABLE (E) Loss of Income Rates for Individuals (non-football related income)

Grade	Per \$50.00 Cover 14 day excess period
Senior/Reserve Players	\$75.00
Junior Players	\$26.50

Step 2: Loss of Income Cover Calculation for Individual Players (non-football related income)

14 DAY EXCESS ONLY refer to TABLE (E)

Grade	Player's Full Name	Date of Birth	Player's Occupation	Income Cover	Number of units	Sub Total
Senior	John Smith	11/07/1975	Bricklayer	\$500.00 per week	10 units	\$750.00
Junior	Joe Bloggs	07/11/1991	Apprentice Carpenter	\$300.00 per week	6 units	\$159.00

Section C Total Amount Payable	Total
Loss of Income Team Purchase (Step 1)	\$ _____
Loss of Income Individual Purchase – Non Football Related Income (Step 2)	\$ _____
Section C Total	\$ _____

Please forward all of Sections A, B and C to JLT Sport.

Please send your completed form with payment to:

JLT Sport
PO Box 464, Winston Hills NSW 2153

OR

Fax:
(02) 8824 1690

IMPORTANT INFORMATION:

- o All rates on this form are inclusive of all government charges, GST and fees
- o The players are only covered whilst representing the club noted on this form
- o The benefit payable is limited, subject to the Trustee's discretion, to the lesser of the selected amount or 80% of net weekly earnings (excluding any remuneration from participation in football). Please note that actual payments made to the claimant are made net of tax.
- o No benefit will be payable if the player is not in Permanent or Regular Casual employment at the time of receiving the injury - also subject to the Trustee's discretion.
- o The excess applicable is 14 or 49 days (as purchased by the club), unless your sick leave balance exceeds this, in which case your sick leave balance becomes your excess period
- o If you do not wish to cover all teams within the club, a list of the players (per team) must be provided at the time of application (attached to this form). The team(s) to be covered must be nominated by the club (i.e. "A Grade") and the only the players listed will be covered.
- o Players are also covered whilst training, therefore it is important to submit this form and payment early to ensure pre-season training sessions are covered.

SECTION C (CONTINUED)



LOSS OF INCOME COVER PURCHASE - INDIVIDUALS FOOTBALL INCOME - MATCH PAYMENTS



The AFL National Risk Protection Programme JLT Discretionary Trust (JLT) Arrangement. ABN: 37 378 340 834

Loss of Income Cover is now available for Individuals who earn money from playing football (i.e. match payments).
Five coverage options are available (refer below). Please tick the level of cover that you require.

IMPORTANT INFORMATION – PLEASE READ

A 21 day elimination period applies for this section of cover
The maximum amount that can be covered is \$500 per week (gross earnings)
The benefit period is for the 2012 football season only

TABLE (F) Loss of Income Rates for Individuals (football income)

	Weekly Cover (gross earnings)	Cost (per season)
Option 1	\$100 cover per week	\$150
Option 2	\$200 cover per week	\$300
Option 3	\$300 cover per week	\$450
Option 4	\$400 cover per week	\$600
Option 5	\$500 cover per week	\$750

Step 3: Loss of Income Cover Calculation for Individual Players (football income – match payments)

Player's Full Name	Date of Birth	Option 1 \$100 / week	Option 2 \$200 / week	Option 3 \$300 / week	Option 4 \$400 / week	Option 5 \$500 / week
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C Total Amount Payable

Total

Loss of Income Team Purchase (Step 1)	\$ _____
Loss of Income Individual Purchase – Non Football Related Income (Step 2)	\$ _____
Loss of Income Individual Purchase – Football Income (Step 3)	\$ _____
Section C Total	\$ _____

Please forward all of Sections A, B and C to JLT Sport.

Please send your completed form with payment to:

JLT Sport
PO Box 464, Winston Hills NSW 2153

OR

Fax:
(02) 8824 1690

IMPORTANT INFORMATION:

- o All rates on this form are inclusive of all government charges, GST and fees
- o The players are only covered whilst representing the club noted on this form
- o The benefit payable is limited, subject to the Trustee's discretion, to the lesser of the selected amount or 80% of net weekly football match payments. Please note that actual payments made to the claimant are made net of tax.
- o The excess applicable is 14 or 49 days (as purchased by the club), unless your sick leave balance exceeds this, in which case your sick leave balance becomes your excess period
- o Players are also covered whilst training, therefore it is important to submit this form and payment early to ensure pre-season training sessions are covered.