



Family Cover Insurance Plan Renewal Application 2016

As a PSA member, you automatically have personal cover which is included in your subscription fee. **This form is to be completed only if you wish to take up additional family coverage.**

The additional annual cost for the Family Extension cover is **\$11.00** (including Stamp Duty & GST). This cost is fixed regardless of the number of Insured Persons.

Coverage under this policy runs from 31 December 2015 until 31 December 2016. If your family joins mid-year, the cost is \$11.00 from the date joined to 31 December 2016.

Your details

PSA Membership Number (if known): _____ Date of birth: _____
Surname: _____ Given names: _____
Address: _____ Suburb: _____
State: _____ Postcode: _____ Phone No: _____ Email: _____

Details of persons to be insured under your nominated Plan

Spouse name: _____ Date of birth: _____
Dependant: _____ Date of birth: _____
Dependant: _____ Date of birth: _____
Dependant: _____ Date of birth: _____
Dependant: _____ Date of birth: _____

(If insufficient space please provide details on a separate sheet.)

Important Information

1. The Accident Insurance Policy is issued by AIG Australia Limited ABN 93 004 727 753 (AFSL 381686).
2. I have read the Product Disclosure Statement & Policy Wording pertaining to the above product/s and understand my duty of disclosure. To view the PDS & Policy Wording please consult the PSA website (www.psa.asn.au/resources/member-insurance/personal-injury-insurance-for-the-immediate-family-of-members) or telephone Michael Burns at Coverforce Insurance Broking on (02) 9376 7826 or email michael_burns@coverforce.com.au
3. By signing this application form I consent to the use of my personal information as disclosed by AIG in the Product Disclosure Statement.
4. I understand and accept that coverage will immediately cease if I cease to be a financial member of the Public Service Association of NSW.
5. I understand that the total cost to cover insurance for both myself & my family members is \$16.50 of which \$5.50 has been paid to the PSA by way of subscriptions.

Authorisation by Insured

I wish to join/continue my participation in the Public Service Association of NSW Personal Accident Family Plan and enclose my completed application form together with my **cheque/money order for \$11.00 made payable to the Public Service Association of NSW.**

Signed (PSA Member): _____ Date: _____

PLEASE NOTE: Your present family coverage expires on the 31st December 2015 at 4pm. Please note due to the holiday season cover has been extended automatically to 31st January 2016. Should we not receive your insurance premium on or prior to the 31st January 2016 cover will cease. Cover can be reinstated by payment of the \$11.00 premium and will re-commence from the date payment is received by the PSA.

Please send the completed form (along with payment of \$11.00) to:

Public Service Association of NSW
GPO Box 3365
Sydney, NSW 2001

All cheques and money orders are to be made payable to **Public Service Association of NSW.**

Please see over

Family Members Personal Injury Insurance

Frequently Asked Questions

Where do I send my application form?

You should send your completed form together with a **cheque or money order** for \$11.00 to the PSA at the address provided below. Please note credit card payments are not available.

Public Service Association of NSW
GPO Box 3365
Sydney NSW 2001

Where can I obtain a copy of the Policy Wording?

The Policy Wording is available on the PSA website www.psa.asn.au/resources/member-insurance/personal-injury-insurance-for-the-immediate-family-of-members. However you can also request a copy from Michael Burns at Coverforce Insurance Broking on (02) 9376 7826 or email michael_burns@coverforce.com.au and have the Wording emailed or posted to you.

What does the policy cover?

You should refer to the Product Disclosure Statement and Policy Wording for full details of coverage, however in brief the policy covers insured persons for permanent disability or death as a result of an accident. It does not cover sickness, medical expenses or income protection/salary continuance. The policy also includes a 'Bed Care Benefit' which is a payment calculated daily for the time you are hospitalised (for more than 24 consecutive hours) as a result of an accident only. Subject to policy terms and conditions.

How much am I covered for?

You should refer to the "Table of Events" which is on page 4 of the Product Disclosure Statement and Policy Wording for full details, however in brief the sum insured for each adult as a result of death is \$30,000 along with a number of other benefits which are outlined in the "Table of Events". The maximum benefit payable on the policy is in respect to Quadriplegia and Paraplegia, which is \$60,000. The Bed Care Benefit is \$50 for each day you are hospitalised. Subject to policy terms and conditions.

What is the definition of "Dependant Children"?

This is explained on page 10 of the Product Disclosure Statement and Policy Wording under the heading 'Dependent Children', however Dependent Children means your unmarried Children who are:

- (a) over six (6) months of age and under nineteen (19) years of age; or
 - (b) under twenty-five (25) years of age while they are full-time students at an accredited institution of higher learning;
- and at the time of an Event giving rise to a claim are primarily dependent on You for maintenance and support.

Dependant Children includes step or legally adopted children.

How do I lodge a claim?

You should contact Jennifer Armodoros at Coverforce to obtain the appropriate claim form. Her contact details are as follows:

Jennifer Armodoros
Coverforce Insurance
Broking Level 12, 9
Castlereagh Street Sydney
NSW 2000

Phone: 02 9376 7864

Email: jennifer_armodoros@coverforce.com.au

You should refer to the Product Disclosure Statement & Policy Wording which is available on the PSA website for the full terms and conditions of the policy (www.psa.asn.au/resources/member-insurance/personal-injury-insurance-for-the-immediate-family-of-members)