



FAMILY COVER INSURANCE PLAN



RENEWAL FORM 2024

As a PSA CPSU NSW member, you automatically have personal cover which is included in your membership fee. 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 1 January 2024 until 1 January 2025.

YOUR DETAILS	
PSA CPSU NSW Member Number (if known):	
Surname:	
Given names:	
Address:	
Suburb:	
State:	Postcode:
Phone number:	
Email:	
Date of birth:	

Important Information

- The Family Accident Insurance Policy is arranged by: WageCover a division of Aviso Broking Pty Ltd ABN 44 010 468 818 AFSL 239041 and is issued by: Dual Australia ABN 16 107 553 257 AFSL 280193
- I have read the Product Disclosure Statement & Policy Wording pertaining to the above product/s and understand my duty of disclosure. To view the Product Disclosure Statement & Policy Wording please consult the PSA or CPSU NSW website (www.psa.asn.au or www.cpsunsw.org.au) or email admin@wagecover.com.au
- By signing this application form I consent to the use of my personal information as disclosed by DUAL in the Product Disclosure Statement
- I understand and accept that coverage will immediately cease if I cease to be a financial member of the Public Service Association of NSW
- To ensure continuity of coverage, your policy will be automatically renewed at the end of January every year.**

Authorisation by Insured

I wish to continue my participation in the Public Service Association of NSW Personal Accident Family Plan and enclose my completed application form together with my completed payment for **\$11.00**.

PLEASE SIGN HERE
SIGNATURE (PSA/CPSU NSW MEMBER):
DATE:

PLEASE NOTE: Your present family coverage expires on 1 January 2024 at 4:00pm. Please note due to the holiday season cover has been extended automatically to 31 January 2024. Should we not receive your insurance premium on or prior to 31 January 2024 cover will cease. Cover can be reinstated by payment of the **\$11.00** premium and will recommence from the date payment is received by the PSA.

Please email the completed form to Public Service Association of NSW: familyinsurance@psa.asn.au

- Use my regular pay method
(direct debit or credit card members only)
- Credit/debit card **(members currently on payroll)**

CREDIT/DEBIT CARD PAYMENT DETAILS	
Card type:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Card number:	
Cardholder name:	
Expiry date:	Amount \$11.00
PLEASE SIGN HERE 	
CARDHOLDER'S SIGNATURE:	
DATE:	

CONTINUED OVERLEAF



FREQUENTLY ASKED QUESTIONS

Where do I send my application form?

You should send your completed form together with a cheque/money order or credit card payment for **\$11.00** to the PSA/CPSU NSW at the address provided below:

Public Service Association of NSW
familyinsurance@psa.asn.au

Where can I obtain a copy of the Policy Wording?

The Policy Wording is available on the PSA and CPSU NSW websites **www.psa.asn.au** and **www.cpsunsw.org.au**

You can also request a copy from WageCover Insurance Brokers by email: **admin@wagecover.com.au** and have the wording emailed or posted to you.

What does the policy cover?

You should refer to the Policy Schedule, 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.

How much am I covered for?

You should refer to the "Table of Events" which is outlined on the Policy Schedule and defined in the Product Disclosure Statement and Policy Wording. In brief, the Sum Insured for each defined 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 11 of the Product Disclosure Statement and Policy Wording under the heading 'Dependent Children'. 'Dependent Children' means your unmarried children who are:

- (a) over six months of age and under 19 years of age; or
- (b) under 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.

Age limits apply to this policy.

You must be between the ages of 16 to 75 to take out this Insurance and

Your Spouse must be between ages of 16 to 70.

Dependant Children must be over six months of age and under 19 years of age; or under 25 years of age while they are full-time students at an accredited institution of higher learning.

How do I lodge a claim?

You should contact WageCover Broking Claims to obtain the appropriate claim form. Contact details are as follows:

WageCover
Phone 02 9970 8411
claims@wagecover.com.au

You should refer to the Product Disclosure Statement & Policy Wording which is available on the PSA and CPSU NSW website for the full terms and conditions of the policy **www.psa.asn.au** and **www.cpsunsw.org.au**

The information contained in this document is general advice. That is, your personal objectives, needs or financial situations were not taken into account when preparing this information.

Accordingly, you should consider the appropriateness of any general advice we have given you, having regard to your own objectives, financial situation and needs before acting on it.

Where the information relates to a particular financial product, you should obtain and consider the relevant product disclosure statement before making any decision to purchase that financial product.

