Date of Issue April 2026

WAGECOVER ACCIDENT AND SICKNESS INSURANCE POLICY FOR PSA MEMBERS / EMPLOYEES.

Product Overview / Application Form

WAGECOVER ACCIDENT & SICKNESS POLICY

WageCover has partnered with the Public Service Association to provide a market leading Accident & Sickness policy for members. With WageCover, it's fast and easy to secure your income and when you need support our Australian-based team will be there to help.

Occupation Definition

This cover is provided for all PSA Financial Members. Members who work for Corrective Services & Justice, or work in a high risk occupation which includes but is not limited to Sheriffs, Special Constables, SES & RFS non-clerical must take out the Corrective Services & Justice Income Protection policy.

Please contact WageCover on 02 9970 8411 or email admin@wagecover.com.au to obtain the application form or for further queries or for more information.

Temporary Total Disablement

The Policy provides cover for up to 90% of your income or the Weekly Benefit you chose, whichever is the lesser.

Benefit Period

- 104 weeks (Ages 16 years to 64 years inclusive)
- 52 weeks (Ages 65 years to 70 years inclusive)

Age Limit

Accident and Sickness - 16 years of age up to 70 years of age.

Please refer to the table of cover and benefits for the different premium options.

Waiting Period

- 14 days
- 14 days Amateur Sports

Additional Benefits

- Accidental Death Benefit - $25,000 (Accident only)
- Funeral Benefit - $5,000 (Accident only - this cover only applies if your Accidental Death occurs more than 90 days after the original Policy Period.)
- Personal Motor Vehicle Excess - $500
- Non-Medicare Medical Expenses - $1,000
- Out-of-Pocket Expenses - $3,000
- Rehab, Return to Work Assistance - $10,000

*Please refer to PDS for full terms and conditions

Policy Exclusions

This policy contains specific exclusions and does not cover all risks.
Please refer to the Product Disclosure Statement (PDS) for full details.

Pre-Existing Conditions

Pre-existing sicknesses, illnesses, diseases, injuries and conditions are not covered under the policy (refer to PDS for full details).

Sporting Injuries

Amateur sporting injuries are covered after a 14 day Waiting Period, subject to the terms and conditions of the PDS.

- Some hazardous sports are excluded (refer to PDS for full details) Professional sporting activities excluded.
- Training for combat sports covered. No cover for competing.

Tax Returns

All premiums are Tax Deductible.

WORKERS COMPENSATION TOP-UP COVER

Salary Benefit

This policy provides cover for loss of salary while you are on a payable Workers Compensation claim, from week 13 onwards, when your income reduces from 95% to 80% of your pre-injury earnings.

The benefit payable is 10% of your salary (inclusive of overtime and allowances), bringing your total income up to 90% of your salary. This is capped at the applicable PIAWE and is payable for a maximum benefit period of 104 weeks.

Please note that the Terms and Conditions provided under the WageCover 24/7 Accident and Sickness policy remains unchanged.

Waiting Period

13 weeks

Benefit Period

104 weeks

26 weeks (for all mental health related claims)

Age Limit

Accident and Sickness - 16 years of age up to 70 years of age.

Exclusions and Terms and Conditions

All claims are subject to the terms and conditions of the policy. Please refer to the PDS for full terms and conditions.

Pre-Existing Medical Conditions

There is no cover under the policy for any pre-existing medical conditions (refer to PDS for full details).

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WAGECOVER ACCIDENT & SICKNESS POLICY - PREMIUM OPTIONS

24 Hour Accident & Sickness Cover
Ages 16 - 59 inclusive

$800	$14.00 pw
$1000	$18.50 pw
$1250	$21.50 pw
$1500	$24.00 pw
$1750	$26.50 pw
$2000	$29.00 pw
$2500	$35.50 pw
$3000	$42.50 pw
$3500	$49.50 pw

24 Hour Accident & Sickness Cover
Ages 65 - 70 inclusive

$800	$25.50 pw
$1000	$30.00 pw
$1250	$33.00 pw
$1500	$35.50 pw
$1750	$38.00 pw
$2000	$40.50 pw
$2500	$48.50 pw
$3000	$56.50 pw
$3500	$64.50 pw

24 Hour Accident & Sickness Cover
Ages 60 - 64 inclusive

$800	$20.50 pw
$1000	$25.00 pw
$1250	$28.00 pw
$1500	$30.50 pw
$1750	$33.00 pw
$2000	$35.50 pw
$2500	$43.50 pw
$3000	$51.50 pw
$3500	$57.50 pw

Accident Only
Ages 16 - 70 inclusive

$800	$14.50 pw
$1000	$16.50 pw
$1250	$17.25 pw
$1500	$18.00 pw
$1750	$18.50 pw
$2000	$19.00 pw
$2500	$24.00 pw
$3000	$29.00 pw
$3500	$34.00 pw

All premiums above include the PSA Workers Compensation Top-Up cover as defined above.

WAGECOVER ACCIDENT & SICKNESS POLICY - APPLICATION FORM

PRIMARY APPLICANT

Title

Full Name of Applicant (Person to be Insured)

Full Postal Address

Suburb/Town

Postcode

State

Date of Birth

Occupation Definition

Employer/Company Name

Staff Number

Mobile

Email

Are you currently engaged in secondary employment?

YES ☐ NO ☐

If yes, please provide the name of your employer:

If you were referred to Wagecover, please provide the name of the person:

CHOOSE YOUR COVER

OPTION 1: **Accident Only**

Choose Your Weekly Benefit:

☐ **$800** ☐ **$1,000** ☐ **$1,250** ☐ **$1,500** ☐ **$1,750**
☐ **$2,000** ☐ **$2,500** ☐ **$3,000** ☐ **$3,500**

All premium amounts are expressed as a weekly cost.

OPTION 2: **Accident & Sickness**

Choose Your Weekly Benefit:

☐ **$800** ☐ **$1,000** ☐ **$1,250** ☐ **$1,500** ☐ **$1,750**
☐ **$2,000** ☐ **$2,500** ☐ **$3,000** ☐ **$3,500**

Includes PSA Workers Compensation Top-Up Cover

All premium amounts are expressed as a weekly cost.

Full Name in place of signature

Date

DIRECT DEBIT

I/We authorise and request WageCover to arrange funds to be debited from my/our account as described below, until further notice is received in writing.

Given Name(s)

Surname

Account to be Debited

Name of Financial Institution

BSB

Account

Name of Account Holder(s)

Credit Card

Credit Card Number

Expiry (MM/YY)

Name on Card

Payment

I/We acknowledge that this Direct Debit Request Authority is governed by the terms of the direct debit request service agreement and the terms and conditions of my policy. Credit Card Fees apply: Visa/Mastercard 2.44% Amex/Diners 3.15% (Min $1.49) Dishonour Fee $9.90.
I/We have read and agree to the terms and conditions.

Please tick one box:

☐ Weekly ☐ Monthly
☐ Fortnightly ☐ Annually

Signature of Account Holder 1

Date

Signature of Account Holder 2

Date

COOLING OFF PERIOD: you may return this Policy to us within 14 Days of the date we enter into it provided that no right or power under your Policy has been exercised (e.g. no claim has been made). When you return it within the above 14 day period we will cancel the Policy and give you a full refund of premium. Please note you still have cancellation rights that you can use after this period expires.

DECLARATION: I am the person applying for the insurance and my signature is below. I have read and understood the Wagecover Personal Accident & Sickness Insurance Policy Product Disclosure Statement and my decision to apply for this insurance is based upon my understanding of the information contained in the PDS. I have read and understood the questions in this application form; in particular I understand the **Duty Not to Misrepresent** as outlined in the PDS. I acknowledge that the insurer will have no liability whatsoever, until it accepts this application by issuing a Policy Schedule and that I have a duty to take reasonable care not to make a misrepresentation to enable the Insurer to determine whether to issue a Policy, and if so on what terms, I understand my duty continues until the Insurer has issued the Policy Schedule. I declare that each statement I make to the Insurer in relation to this insurance and this Application Form is true and correct.

Please return completed application form to:
admin@wagecover.com.au
GPO Box 250, Sydney NSW 2001
T: 02 9970 8411 I
E: admin@wagecover.com.au I **W:** wagecover.com.au

DIRECT DEBIT REQUEST

WageCover is a Division of Aviso Broking Pty Ltd
The Direct Debit Request (DDR) Service Agreement is used by WageCover User ID 227472. This service agreement and the Authority contain the terms and conditions on which you authorise WageCover to debit money from your account and the obligations of WageCover and you under this agreement. You should read through the Service Agreement and Authority carefully to ensure you understand these terms and conditions before signing the Authority.

Ezidebit AU Direct Debit Request (DDR) Service Agreement (Version 1.12)

Please retain a copy for your records. This Direct Debit Request Service Agreement (Agreement) forms part of the terms and conditions of your Direct Debit Request (DDR).

Debiting Your Account

1. By agreeing to the DDR you authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 342190, 342191, 428198) (referred to as Ezidebit) to make debits to your nominated account.
2. The debit will be processed on the next business day after the direct debit date if:
   a. a payment request is received by Ezidebit after Ezidebit's usual cut off time, being 3:00pm QLD time, Monday to Friday;
   b. there is a public or bank holiday on the day when the debit transaction is due to be processed or on any of the following days until the debit is processed.
3. You authorise Ezidebit to attempt to re-debit any unsuccessful payments. You will also be responsible for any fees and charges applied by your financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.
4. Ezidebit may charge you certain fees (including setup, variation, SMS or processing fees) where applicable under your debit arrangement.

Your Responsibilities

5. It is your responsibility to:
   a. Ensure that your nominated account can accept direct debits;
   b. Ensure that the details on the DDR are correct, and the bank account has been verified against a recent bank statement;
   c. Ensure that all authorised signatories nominated on the financial institution account to be debited authorise the DDR;
   d. Ensure that there are sufficient cleared funds in the nominated account, as a failed payment fee may be charged by Ezidebit if a debit is returned
   e. by your financial institution as unpaid;
   f. Advise immediately if the nominated account is transferred or closed or your account details change;
   g. Arrange a suitable payment method if Ezidebit or WageCover cancels the drawing arrangements.

Cancelling or Changing Direct Debits

6. Subject to the terms and conditions of your agreement with WageCover, you may cancel, alter or defer the debit arrangement by contacting WageCover a reasonable time before the date that the drawing is to be made.
7. You authorised Ezidebit to vary the amount of the payments from time to time upon receiving instructions from WageCover of a variation provided for within your agreement with WageCover. In all other cases, changes to the amounts or dates of a series of direct debits require 14 days' prior notice.
8. If you believe that there has been an error in debiting your account, you should notify WageCover as soon as possible. WageCover will notify you of its determination and the amount of any adjustment that will be made to your nominated account (if any). Upon receiving instructions from WageCover, Ezidebit will arrange for your financial institution to adjust your nominated account by the applicable amount (if any). Alternatively, you can also contact your financial institution.
9. You agree that Ezidebit will not be liable for any disputed transactions resulting from the supply or non-supply of goods and/or services by WageCover and that all disputes will be directed to WageCover (as Ezidebit is acting only as an agent for WageCover).

Confidentiality

10. We will keep your account details and direct debit records confidential in accordance with Ezidebit's Privacy Policy, except where the disclosure of certain information to your financial institution is necessary to enable us to act in accordance with your drawing arrangements. We may disclose the information in the event of an alleged incorrect or wrongful debit, in relation to a claim, or otherwise as required by law.

Contact

If you wish to contact us about anything relating to this Agreement, you should contact:
WageCover (a Division of Aviso Broking Pty Ltd
ABN 44 010 468 818
GPO Box 250, Sydney NSW 2001
Ph: 02 9970 8411 Email: admin@wagecover.com.au

GENERAL ADVICE WARNING

This document is a summary of the cover available and provides general advice only. We have not taken into account your individual objectives, needs or financial situation. We recommend you read the Wagecover Accident & Sickness Insurance Policy Product Disclosure Statement and Policy Document to ensure the policy meets your requirements as it sets out the terms, limitations, conditions and exclusions of the policy and should be taken into account before making a decision to purchase the product. For a copy of the Wagecover Accident & Sickness Insurance Policy Product Disclosure Statement and Policy Document (PDS) and our Financial Services Guide (FSG), please go to our website or call our office.

As part of standard communications you will receive relevant information from WageCover and our partners. To opt-out please use the contact details below.

ALL CORRESPONDENCE TO:
WageCover
GPO Box 250, Sydney NSW 2001
T: 02 9970 8411 E: admin@wagecover.com.au

W: wagecover.com.au
WageCover is a Division of Aviso Broking Pty Ltd
ABN: 44 010 468 818 AFSL: 239041

We are committed to protecting your privacy and ensure the privacy and security of your personal information. Should you wish to obtain a copy of our Privacy Policy it is available upon request.