

24 Hour Accident & Sickness Income Protection

Corrective Services & Justice Workers – Spouse/Partner
We're there for you. Just in case.

Underwritten by certain Underwriters at Lloyd's

POLICY BENEFITS

24 Hour Accident & Sickness Income Protection Cover Salary Benefit

You will be covered for 90% of your gross weekly income up to the amount nominated, whichever is the lesser, in the event you are unable to work due to your total temporary disablement arising from accident and/or sickness. Your gross weekly income includes your basic pay plus equalisation and all other allowances and payments that make up a your regular gross weekly income. We offer a range of Weekly Benefit options; from \$800 through to \$2,000. Higher benefits may be available upon request.

Benefit Period

- 104 weeks (Ages 16 years to 59 years inclusive)
- 52 weeks (Ages 60 years to 70 years inclusive)

Age Limit

Accident and Sickness (Over 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

Death Benefit - \$25,000 Lump Sum Payment

Accidental Death Benefit outside working hours as a result of an Injury.

Funeral Benefit \$5,000 Reimbursement

Accidental Death Benefit outside working hours as a result of an Injury.

Policy Exclusions

This policy does not cover all possible risks. The Policy contains exclusions to ensure that premiums remain affordable. This means that we will not pay claims arising from certain causes. A full list of exclusions can be located within the Policy Disclosure Statement and it is important you read these before taking out cover. Some common policy exclusions are listed below:

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 and not limited to the below:

- 14 days
- 14 days Amateur Sports
- Some hazardous sports are excluded (refer to PDS for full details)
- Professional sporting activities excluded

Motor Cycling

Covered only when riding on a sealed road. No cover for unlicensed riders and/or when riding on a racetrack and/or engaging in any form of competition, race or trial (refer to PDS for full details).

PROTECT YOUR INCOME

Spouse Cover: 24 Hour Accident & Sickness

Ages 16 - 59 inclusive

\$800	\$23.00 _{pw}
\$1000	\$34.00 _{pw}
\$1500	\$47.00 _{pw}
\$2000	\$53.75 _{pw}

Spouse Cover: Accident Only

Ages 16 - 70 inclusive

\$800	\$16.50 _{pw}
\$1000	\$17.50 _{pw}
\$1500	\$21.75 _{pw}
\$2000	\$27.00 _{pw}



Title Full Name of Applicant (Person to be Insured)

Date of Birth / / Employed Self Employed

Occupation

Employer/Company Name

Staff Number Mobile

Email

Full Name in place of signature Date / /

CHOOSE YOUR COVER

OPTION 1: Accident

Choose Your Weekly Benefit:

\$800 \$1,000 \$1,500 \$2,000

All premium amounts are expressed as a weekly cost.

OPTION 2: Accident & Sickness

Choose Your Weekly Benefit:

\$800 \$1,000 \$1,500 \$2,000

All premium amounts are expressed as a weekly cost.

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 insured person and my signature is below. I have read and understood the Wagecover 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 of Disclosure (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 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

WageCover PO Box 110, St Leonards NSW 1590

(ABN 44 010 468 818 AFSL 239041)

T: 02 9970 8411 | E: admin@wagecover.com.au | W: wagecover.com.au

DIRECT DEBIT REQUEST AUTHORITY

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 Name of account to be debited per week

BSB Account

Name of Financial Institution account holder(s)

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. Fees apply: 1.75% + \$0.30 for domestic cards; 2.9% + \$0.30 for international cards.

I/We have read and agree to the terms and conditions.

7th day of the month or 22nd day of the month (please tick one box)

Signature of Financial Institution account holder(s)

Full Name in place of signature Date / /

Full Name in place of signature Date / /

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.

1. Our Commitment to you

WageCover gives you at least 14 days notice in writing if there are any changes to the drawing arrangements (except where you have nominated automatic increases for WageCover). WageCover will not disclose any details of your direct debit request to any person or corporation unless required to do so by law or unless the information is required in relation to a disputed transaction. Where our direct debit falls on a weekend or a public holiday WageCover will process it on the next business day in accordance with the terms and conditions of your Insurance Policy.

2. Your Commitment to us

It is your responsibility to;

- Ensure your nominated account can accept direct debits
- Ensure there are sufficient funds available in the nominated account to meet each drawing on the due date
- Advise us if the nominated account is transferred or closed or the account details change
- Arrange an alternative payment method acceptable to WageCover if WageCover cancels the drawing arrangements
- Ensure that all account holders on the nominated financial institution account sign the DDR Authority.

3. Your Rights

You may defer, alter, stop or cancel your direct debit at any time by providing at least seven (7) business days notice in writing to us at: WageCover, PO Box 110, St Leonards NSW 1590. All requests to vary the details of the account to be debited must be in writing and in terms of the operating authority for the account.

If you wish to dispute a direct debit transaction, you should first contact WageCover on 02 9970 8411, who will arrange for your complaint to be investigated and a correction made where appropriate. If you are not satisfied with the response, please write to us. Your letter should be marked "Notice of Complaint" and addressed to WageCover, PO Box 110, St Leonards NSW 1590.

WageCover will respond within 7 days of receiving your letter. WageCover has formal procedures for dealing with your complaint but if we are unable to resolve the dispute to your satisfaction you should contact your financial institution and lodge a direct debit customer claim form. You may defer, alter, stop or cancel your direct debit at any time by providing at least seven (7) business days notice in writing to us at: WageCover, PO Box 110, St Leonards NSW 1590. All requests to vary the details of the account to be debited must be in writing and in terms of the operating authority for the account.

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WageCover will respond within 7 days of receiving your letter. WageCover has formal procedures for dealing with your complaint but if we are unable to resolve the dispute to your satisfaction you should contact your financial institution and lodge a direct debit customer claim form.

4. Other Information

The details of your drawing arrangements are contained in the DDR Authority. WageCover reserves the right to cancel drawing arrangements if drawings are dishonoured by your financial institution. If your account dishonours, your financial institution may charge you a fee.

Your drawing arrangements are also governed by the terms and conditions of your 24 Hour Accident and Sickness Insurance Policy.

You should be aware that there are some financial institutions that may not allow direct debit transactions on specific accounts. It is your responsibility to check your account details against your statements or to check your financial institution to ensure that the direct debit facility is available for your nominated account.

You cannot claim under this policy at any time if any instalment of premium remains unpaid for 14 days or more. We may cancel this policy by giving notice if any instalment of premium has remained unpaid for 1 month or more. Other than in the above circumstances, we may deduct from any claim paid or payable any unpaid premium or instalment of premium.

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 24 Hour Accident & Sickness 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 24 Hour Accident & Sickness Product Disclosure Statement and Policy Document (PDS) and our Financial Services Guide (FSG) please contact us, and full Product Disclosure, 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:
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T: 02 9970 8411 E: admin@wagecover.com.au

W: wagecover.com.au
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