Covered Persons / Categories 1 to 4:
1. The University of Melbourne, its servants, agents, employees and governing body, honorary research fellows and all affiliated bodies including colleges, halls of residence, unions, clubs, society, foundations, centres and institutes affiliated to and/or operating within the framework of the institution and formed by/or with the consent of the institution and any corporation wholly or majority owned or controlled by the institution.
2. Full and/or part time students (including post graduates) who are members of the Policyholder’s organization.
3. Affiliated member of Melbourne University Sport.
4. Non-University of Melbourne students who reside at University of Melbourne colleges and participate in University of Melbourne affiliated clubs/competitions.

Scope of Cover – Categories 1 to 4:
Cover under the Policy applies for 24 hours per day, whilst on the business of the Policyholder, including direct travel to and from such activities.

University of Melbourne – Office Contacts:
UoM - Insurance Office: ins-offices@unimelb.edu.au +61 3 834 43444 Melbourne University Sport: http://www.sport.unimelb.edu.au/Contact +61 3 834 45405

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**Policy – Sections of Cover**

<table>
<thead>
<tr>
<th>1. Schedule of Benefits</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSONAL ACCIDENT AND SICKNESS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PART A – LUMP SUM BENEFITS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Event 1 - Accidental Death (Part A - Lump Sum Benefits)</td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
</tr>
<tr>
<td>Event 2 - 19</td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
</tr>
<tr>
<td><strong>PART B – BODILY INJURY – RESULTING IN SURGERY – BENEFITS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Events 20 - 24 - Part B - Bodily Injury Resulting in Surgery – Benefits</td>
<td>Not Insured</td>
<td>Not Insured</td>
<td>Not Insured</td>
<td>Not Insured</td>
</tr>
<tr>
<td>Events 20 - 24 - Part B - Weekly Benefits Injury (156 wks) (85% of salary)/(7 day XS.)</td>
<td>400</td>
<td>400</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td><strong>PART C – WEEKLY BENEFITS - SICKNESS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Events 27 - 28 - Part C - Weekly Benefits Sickness</td>
<td>Not Insured</td>
<td>Not Insured</td>
<td>Not Insured</td>
<td>Not Insured</td>
</tr>
<tr>
<td>Events 29 - 32 - Part C - Sickness Resulting in Surgery – Benefits</td>
<td>Not Insured</td>
<td>Not Insured</td>
<td>Not Insured</td>
<td>Not Insured</td>
</tr>
<tr>
<td><strong>PART D – FRACTURED BONES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Events 33 - 41 - Part D - Injury Resulting in Fractured Bones</td>
<td>Not Insured</td>
<td>Not Insured</td>
<td>Not Insured</td>
<td>Not Insured</td>
</tr>
<tr>
<td><strong>PART E – LOSS OF TEETH OR DENTAL PROCEDURES – LUMP SUM BENEFITS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Events 42 - 43 - Part E - Loss of Teeth or Dental Procedures (Lump Sum Benefit)</td>
<td>2,500</td>
<td>2,500</td>
<td>2,500</td>
<td>1,500</td>
</tr>
<tr>
<td>Events 42 - 43 - Part E - Loss of Teeth or Dental Procedures (Limit Per Tooth)</td>
<td>250</td>
<td>250</td>
<td>250</td>
<td>250</td>
</tr>
</tbody>
</table>

**Additional Cover Under Section 1:**

| | 15,000 | 15,000 | 15,000 | 15,000 |
| Corporate Image Protection | 10,000 | 10,000 | 7,500 | 7,500 |
| Funeral Expenses | 25,000 | 25,000 | 25,000 | 25,000 |
| Modifications Expenses | 2,500 | 2,500 | 2,500 | 2,500 |
| Chauffer Services | 25,000 | 25,000 | 25,000 | 25,000 |
| Executor Emergency Cash Advance | 300 | 300 | 300 | 300 |
| Emergency Home Help (Max. Weeks 26) – max. per week / Excess 7 Days | 315 | 315 | 315 | 175 |
| Student Tutorial Costs (Maximum 26 weeks) | 5,000 | 5,000 | 5,000 | 5,000 |
| Premature Birth / Miscarriage Benefit | 45,000 | 45,000 | 45,000 | 45,000 |
| Bed Care (Max. Weeks, 26.) | 250 | 250 | 250 | 250 |

**ENDORSEMENTS**

- **Non-Medicare Medical Expenses**
  - **Excess:** $100 – Deducted from Insurer Payment
  - 10,000

**Non-Medicare Medical Expenses**

  a) incurred within twelve (12) months of sustaining a Bodily Injury; and
  b) paid by a Covered Person or by the Policyholder for Doctor, physician, surgeon, nurse, physiotherapist, chiropractor, osteopath, hospital and/or ambulance services for the following treatments: / Medical / Surgical / X-ray / Chiropractor / Osteopathic / Physiotherapy / Hospital / Nursing Treatment but does not include Dental Treatment, unless such treatment is necessarily required, to teeth other than dentures and is caused by the Bodily Injury referred to in (a) above.

**Conditions Applying to Non-Medicare Medical Expenses**

1. The benefit payable is less any recovery made from any private health insurance fund with respect to the expense.
2. No benefit is payable in respect of the Medicare gap, being the difference between the payment made by Medicare and the Medicare Benefits Schedule fee for the expense.

**Exclusions Applying to Non-Medicare Medical Expenses**

1. No cover is provided for Covered Persons engaging in voluntary work experience with the Policyholder (except to the extent that they are engaged in providing services, without payment, to an educational, religious, charitable or benevolent organization on behalf of Policyholder).
2. How to Claim

1. Firstly, as the receiver of Medical / Hospital and / or Ancillary (eg: physio) treatment – Claimants must first pay the Accounts;

2. Secondly, it is necessary – to classify the Medical Account(s) – into either –

   A. “Medicare Item” Medical Expense
   • Here – if it is an Overseas Student – then they can only claim against their “OSHC” (Overseas Student Health Cover) policy, purchased as per their Visa requirements;
   • Alternatively, an Australian resident Student can only claim against Medicare.(Ideally, the Student has sought treatment from a doctor that “bulk-bills”, which eliminates any “out of pocket” Medicare gap expense.).
   • Note, any remaining “out of pocket” balance cannot be claimed against UoM’s Personal Accident Insurance policy.

   B. “NON-Medicare” – Medical Expenses (such as physiotherapy)
   • Hospital and Ancillary Expenses can be claimed against UoM’s Personal Accident Insurance – Policy: 02.PO.012009.
   • It excludes any medical expenses with a “Medicare Item No” (such as the Surgeon’s Fee, or an X-ray) –
   • Cover is only available AFTER you have first claimed your own Private Health Insurance cover (where applicable).
   • The applicable $100 Excess will be deducted (once only) from Claim payment – to your nominated Bank Account.
   • [The deduction of this excess is only deducted once, per injury, irrespective as to the no. of consultations.]

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Personal Injury – Claim Submission Process

A. ["ACE INS."] Personal Injury Claim Form – (Attached).
   • Please complete, noting:
     – The Policy Holder is The University of Melbourne
     – The name of Broker is “Aon Risk Services (Melbourne)”
     – “You” are the “The Claimant”
     – Only Record “GST” details – “if” you are registered for GST
     – The Medical Practitioner’s Statement should only be completed by a qualified Doctor
       (It will be up to ACE Insurance, as to whether they require you to see a Medical Practitioner.)
   • Where applicable, you need to attach:
     – If claiming for Weekly Benefits – provide Proof of Income (Salary)

B. INCIDENT REPORT
   – This Form should be completed and signed by your University of Melbourne representative Staff member, to verify the place and time that you were injured. Alternatively, an email confirmation of cover from your Melbourne University Sport representative will be sufficient.

C. Claim Lodgement – DIRECT to Fullerton Health Corporate Services (refer below)
   – All Personal Injury claims are now processed by ACE Insurance’s NEW CLAIMS ADMINISTRATOR – “Fullerton Health Corporate Services” (who acquired the previous Claims Agent “CSN”).
   – Please collate, with (your own) brief covering letter, the above claim documents (including original Tax Invoices, Receipts, etc.)
   – “Fullerton” will guide you through the process of your claim.

1. SEND BY EMAIL – TO: claims@fullertonhealthcs.com.au
   WITH A – COPY – TO: ins-office@unimelb.edu.au
   2. POST ORIGINAL DOCUMENTS – TO: Fullerton Health Corporate Services Pty Ltd
      Level 10, 33 York St, Sydney, NSW. 2000.

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General Information - Fullerton Health Corporate Services:
- Claims Process: Claims-Process (PDF)
- How to Complain: Complaints_Process (PDF)
- Privacy Policy: Privacy Policy (PDF)

ALWAYS keep a copy of all your documentation, for safe-keeping.