CCI Catholic Church Insurance

Personal Accident Voluntary Workers

Claim Form

Claim Number _____
(office use only)

How to Get Quick Action on Your Claim Form

Catholic Church Insurance Limited will act on your claim as soon as we receive this form.
You can help us to act quickly for you by:

- Providing an original doctor's certificate. The certificate must show:
  - Name of the voluntary worker
  - Date, nature and extent of injury
- Providing original itemised accounts or receipts for claimable expenses.
- Ensuring the declaration on page 8 is completed by your church/school/organisation.

Catholic Church Insurance Limited does not pay for the cost of obtaining documentation to support a claim.

IMPORTANT: CATHOLIC CHURCH INSURANCE LIMITED IS PROHIBITED BY FEDERAL HEALTH LEGISLATION (INCLUDING THE *HEALTH INSURANCE ACT 1973* (Cth)) FROM PAYING ANY MEDICARE REBATE INCLUDING THE MEDICARE GAP

STOP

For Example:
A student breaks their arm whist playing on the school playground

Doctor's Fee	$100.00
Less Medicare Refund	$60.00
Medicare Gap	**$40.00**

***The Medicare Gap is NOT claimable under this policy**

Checklist for Voluntary Workers

Please check

- ☐ That all questions have been answered
- ☐ That you have not included any Medicare claimable items
- ☐ That all supporting documentation is attached
- ☐ That the church/school/organisation has signed the declaration on page 8

Checklist for church/school/organisation

Please check

- ☐ That all questions have been answered
- ☐ That all supporting documentation is attached
- ☐ That the voluntary worker has signed the declaration on page 7
- ☐ That the church/school/organisation has signed the declaration on page 8

To be completed by a voluntary worker

Personal Details

Title | Surname | Given name(s)

Address

Postcode

Phone: Work | Home | Mobile | Fax

Voluntary Worker's date of birth (dd/mm/yyyy)

/ /

Email

Please complete if in paid employment at the time of the accident

Employer's name

Employer's address

Postcode

Your normal weekly wages (excluding overtime)

$

Your usual occupation

Please give details of any weekly payments received during the period of disablement e.g. wages, compensation, social services etc.

Are you making or entitled to make any other insurance or compensation claim in respect to this disablement

i. sick leave/annual

ii. workers compensation

What injury/injuries did you sustain?

Names and address of witness(es)

1. Name

Address

Postcode

2. Name

Address

Postcode

Please advise name and address of doctor who treated you after the accident and details of treatment given

Have you lodged a claim through private health insurance in relation to this claim? ☐ Yes ☐ No

If YES, please provide all relevant proof of benefits paid by your health insurer. This Personal Accident Voluntary Workers Policy will pay the difference between the Insured's non-medicare rebate and the cost of the health service.

If you are totally disabled from attending your normal employment, please give dates of disablement:

☐☐ / ☐☐ / ☐☐☐☐ to ☐☐ / ☐☐ / ☐☐☐☐

The original certificate from a qualified medical practicioner must be submitted for all periods of disablement claimed.

Please give details of any weekly payments received during the period of disablement (eg: wages, compensation, social services, etc.)

Please detail your non Medicare related costs

Are you claiming for total disablement for domestic home duties? ☐ Yes ☐ No

If YES, we require a medical certificate confirming the period you are unfit to perform domestic duties, receipts/invoices from the home help provider.

Authority for Medical Information

I_____hereby authorise Hospitals, Medical Practitioners and Specialists who treated me as a result of my injuries to provide medical information (including Xrays if appropriate) to Catholic Church Insurance Limited upon request in support of my claim for Policy benefits.

Payment

If you would like the claims settlement to be paid via EFT into your account, please complete your details below:

Account name

Bank

Branch

BSB number

Account number

Privacy

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information. Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs. A copy of our Privacy Policy is located on our website at **www.ccinsurance.org.au**

General Insurance Code of Practice

CCI is a signatory to the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry. Further information about the Code can be obtained from **www.codeofpractice.com.au**

Complaints and Dispute Resolution

If you are unhappy with our service, a decision or the process, you may make a complaint in accordance with our complaints handling procedure. Details of our insurance complaints handling procedure can be obtained from our website at **www.ccinsurance.org.au**

Declaration (Voluntary Worker)

I declare that the information given is true and correct, and that I suffered incapacity and/or expenses in the Accident refered to above.

Voluntary Worker's signature

Date (dd/mm/yyyy)

Please print name

Church/School/Organisation Name

Policy number

Client number

Name of injured Voluntary Worker

Address

Postcode

Date of accident

Details of occurrence

Name of treating doctor

Address

Postcode

Give details of voluntary work being performed at the time of incident

Declaration (church/school/organisation)

Do you consider the information on this form to be accurate? ☐ Yes ☐ No

If NO, please comment

Do you wish to make further comment in relation to this claim?

Church/school/organisation signature

Date (dd/mm/yyyy) ☐☐ / ☐☐ / ☐☐☐☐

Please print name

Upon completion of the claim form please return to:
GPO Box 180 Melbourne 3001 or via email to liabilityclaims@ccinsurance.org.au

How to Contact Us

Mail	Catholic Church Insurance Limited GPO Box 180 Melbourne 3001
Email	liabilityclaims@ccinsurance.org.au
Website	www.ccinsurance.org.au
Telephone	1300 655 001
Facsimile	03 9934 3468

Catholic Church Insurance Limited ABN 76 000 005 210, AFSL no. 235415

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