



AFL MASTERS / VETERANS PERSONAL ACCIDENT APPLICATION FORM

For Period: 1st November 2022 to 1st November 2023 Please note: Cover is effective from date jlt sport receives this form.

To view the Policy Wordings, Summary of Covers and other important information, terms and conditions (including the Product Disclosure Statement), please refer to:

https://au.marsh.com/sport/afl/player-masters.html

Please send your completed Upgrade Form to: Marsh Sport

EMAIL

sport@marsh.com

TEL: 1300 130 373

Currently there is <u>no Personal Injury coverage</u> for AFL Masters affiliates under this Programme.

All AFL Masters teams do have the option to purchase Non-Medicare Medical coverage under the Programme for reimbursement of Non-Medicare Medical Expenses.

NON-MEDICARE MEDICAL & CAPITAL BENEFIT OPTIONAL COVER

(INCLUDING PARAPLEGIA AND QUADRIPLEGIA EVENTS)

For details regarding cover, including important information, terms and conditions, please refer to www.jltsport.com.au/afl.

HOW DO WE TAKE OUT NON-MEDICARE MEDICAL COVER?

- 1. Complete Section A and Section B of this Form.
- 2. Forward the completed form to Marsh Sport.
- 3. Coverage is valid from the date Marsh Sport receives this form and is subject to 14 day credit terms.

Please note: the advice contained in this form is general. To help you decide if the cover suits you, please read the Product Disclosure Statement. We are also happy to provide you with further information.



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AFL MASTERS APPLICATION FORM SECTION A – GENERAL DETAILS

1	2 AFL Masters
Club Name	Association/League
3	4 Contact Phone Number
Contact Person	Contact Phone Number
5 Postal Address	State Post Code
6	
6 Email Address	
Step 2: Total Amount Payable	Total
Grand Total – Total Amount Payable	\$
Step 3: Club Declaration	
I, the undersigned, declare that I am an authorised representative of	
 (a) I have read the PDS and agree to be bound by the Rules. I am aware that the with refund of the Total Membership Contribution in full or in part, other than any applica Insurance Cover. (b) I agree to receive the PDS, FSG and annual report for this product online at https://thePDS and FSG. I have reviewed those documents including the "Important Informa (c) Privacy Act implications: Upon joining the JDT Arrangement, you as a Member, ac Members' detailed Claims data to all Members and service providers performing spe Authorised Club/League/Association Representative's Name (please print) Authorised Club/League/Association Representative's Signature 	able return Membership Contribution in respect of the unexpired portion of the <u>//au marsh com/sport/afl/player-masters.html</u> or I have obtained a hard copy of ation" section of the FSG. knowledge that, as part of the financial reports, the Trustee will be declaring
Email Address: <u>sport@marsh.com</u>	
Fax: 1300 130 373	
Step 4: Making Payment	
Marsh Sport will provide you with a Tax Invo ice AF TER we receive tions. Payment must be made within 14 days of receipt of the in	
If you would like to make payment via monthly instalments, plea Month contract for your review. If acceptable and you wish to ta to us as soon as possible.	
Pay by the Month	





AFL MASTERS APPLICATION FORM SECTION B NON-MEDICARE MEDICAL COVER

The AFL National Risk Protection Programme JLT Discretionary Trust (JDT) Arrangement. ABN: 37 378 340 834

Before signing this form, it is essential you have read and are prepared to be bound by the Product Disclosure Statement (PDS) and Financial Services Guide (FSG). For a copy of these documents and other important information, terms and conditions, please refer to:

https://au.marsh.com/sport/afl/player-masters.html

Period of Cover			
FROM:	Cover is valid from the date JLT Sport receives this form and payment	TO:	1 st November 2023

All AFL Masters teams have the option to take out cover for Non-Medicare Medical benefits.

TABLE (A) below demonstrates the level of cover available:

TABLE (A) Optional Cover Available to AFL Masters Teams				
BRONZE COVER	% reimbursed	Maximum Coverage	Excess	Capital Benefits
BRONZE COVER	50%	\$2,000	\$100 per claim	\$100,000

TABLE (B) below demonstrates the costs payable:

TABLE (B) Premium Rates					
Number of Teams Requiring Cover	Cost per team (including charges)	Total Cost			
	@ \$875.00 (inc GST) per team	\$			

Please forward both sections to Marsh Sport.

Please send your completed Upgrade Form to: Marsh Sport		
EMAIL	TEL:	
sport@marsh.com	1300 130 373	

IMPORTANT INFORMATION:

- o All rates on this form are inclusive of all government charges, GST and fees
- o The players are only covered whilst representing the club noted on this form
- o The benefit payable is limited, subject to the Trustee's discretion, to the amounts highlighted above.
- Players are also covered whilst training throughout the year, therefore it is important to submit this form and payment early to ensure as many sessions as possible are covered.