

Insurance Benefits

Football Queensland has arranged personal accident insurance cover for its registered players. Full details of the cover can be obtained from the club with which you are registering or from Football Queensland. A summary of the cover is as follows:

Death and Capital Benefits

(Death and/or partial disablement caused by injury - as per Table of Events)	
Insured Persons	\$100,000
Insured Persons Under 18 years	\$20,000
Permanent & Incurable Quadriplegia/Paraplegia	\$250,000

Non-Medicare Medical Expenses

Injury sustained by an Insured Person which within twelve calendar months results in:

- Private Hospital Accommodation
- Dental Services (to sound whole teeth only)
- Physiotherapy and Chiropractic
- Ancillary Medical Procedures

The percentage of the expenses covered under this section is 80%

The excess payable for each claim under this section is \$50

The maximum amount payable per claim under this section is limited to \$2000

Funeral Expenses

Reimbursement of funeral expenses to a maximum of \$5000 per player/official following accepted Event 1 claim under Death and Capital Benefits Section

Loss of Income Benefits (Not applicable for Senior Male Players)

Temporary Total Disablement 80% net weekly income
Weekly Amount: \$300
Elimination Period: 14 Days or sick leave entitlement which ever is the greater.
Benefit Period: 52 Weeks

Injury Assistance Benefits (Not applicable for Senior Male Players)

Where the Insured Person is not entitled to compensation under the Accident Weekly Benefits section being not in receipt of income. Receipts must be provided for expenses incurred.

Student Assistance Benefit

Weekly Amount: \$300 Benefit Period: 52 weeks

Domestic Home Help Expenses

Weekly Amount: \$300 Benefit Period: 52 weeks

Parents Inconvenience Allowance

Maximum per claim: \$1,500 Benefit Period: 52 weeks

The following are examples of expenses that are covered under the Personal Accident Policy. Expenditure must be incurred within 12 months from the date of the accident.	The following items are claimable through Medicare and therefore cannot be claimed under the Personal Accident Policy (even the gap).	The following items are excluded from the Personal Accident Policy
Physiotherapy – Acupuncture – Chiropractic - Dental Ambulance - Private Hospital Accommodation MRIs that are not claimable through Medicare.	Doctors, Surgeons and Anesthetist's Fees X-Rays and Ultrasounds	Theatre Fees Pharmaceutical Items and Braces Bandages and Strapping.

COACH AND OFFICIALS TERMS OF REGISTRATION

Applicant's Declaration (Parent/Guardian on behalf of Team Official who has not attained the age of 18) – Warning, Indemnity and Release, Consent to Disclosure and Privacy Act

I give consent to participate solely under the jurisdiction of Football Queensland Limited (the Company) or any of its associated entities and pledge to abide by the rules and regulations of such organisation.

By registering with the Company it is agreed that:

- (a) the Company may use my or my child's personal information for statistical purposes, for determining annual fees payable to the Company and for communication, promotion and marketing purposes;
- (b) from time to time, the Company may send me information about its programs and events;
- (c) the Company may disclose my or my child's personal information to its sponsors and partners for promotional and sponsorship purposes;
- (d) the Company's privacy policy, as amended from time to time, may be found on its website at www.footballqueensland.com.au;
- (e) if I choose not to provide the personal information requested, the Company will not be able to accept and process my registration with the Company.
- (f) To abide by FFA Code of Conduct available in full at www.footbballaustralia.com.au

The Company may also share my details with other organisations with similar goals and services. If I do not want the Company to do so, I will indicate in the box provided:

In consideration of being allowed to participate in the game of football acknowledge, I agree and confirm the following:

- (a) There are **inherent risks** associated with football matches, training and associated activities ("Activities") which may result in personal injury (even of a serious nature) to participants. I fully accept and agree to bear the risks.
- (b) To the full extent permitted by law, I agree to absolve, indemnify, release and discharge the Company, its associated entities and their officers, employees, representatives and agents ("Indemnitees") from any and all liability for any injury, loss or damage however caused arising out of my participation in the Activities including without limitation as a result of acts of negligence by the Indemnitees.
- (c) That whilst sports injury insurance cover may be arranged by the Indemnitees, I accept that it is my responsibility to satisfy myself as to the adequacy of the sports injury insurance arrangement. If I am unable to satisfy myself that adequate sports injury insurance has been arranged for me then it is my obligation to arrange additional insurance cover to meet my requirements.
- (d) I acknowledge that acceptance by the Indemnitees of the application for registration is not evidence of or acknowledgement that sports injury insurance cover has been arranged for me.
- (e) I acknowledge that, in the event that it is arranged, the sports injury insurance cover shall be as is set out in Participant Insurance Benefits Table on the reverse side of this application.

TABLE OF EVENTS

EVENT	% of Max Capital Sum payable
1. Death If you are under 18 years of age	100% \$20,000
2. Permanent & Incurable Quadriplegia	100%
3. Permanent & Incurable Paraplegia	100%
4. (a) Permanent Loss of Sight in both eyes (b) Total Loss of Sight in one eye	100% 50%
5. (a) Total Loss of Hearing in two ears (b) Total Loss of Hearing in one ear	75% 25%
6. (a) Total Loss of use of two arms (b) Total Loss of use of one arm	75% 35%
7. (a) Total Loss of use of two legs (b) Total Loss of use of one leg	75% 35%
8. (a) Loss of or Permanent Loss of use of two + fingers of either hand (b) Loss of or Permanent Loss of use of two fingers of either hand (c) Loss of or Permanent Loss of use of one finger of either hand (d) Loss of or Permanent Loss of use of one thumb of either hand	40% 14% 4% 5%
9. (a) Loss of or Permanent Loss of use of two + toes of either foot (b) Loss of or Permanent Loss of use of two toes of either foot (c) Loss of or Permanent Loss of use of one toe of either foot	40% 14% 4%
10. (a) Loss of or Permanent Loss of two kidneys (b) Loss of or Permanent Loss of one kidney (c) Loss of or Permanent Loss of spleen (d) Loss of or Permanent Loss of liver (e) Loss of or Permanent Loss of two testicles (f) Loss of or Permanent Loss of one testicle (g) Loss of or Permanent Loss of sexual function	75% 30% 25% 70% 40% 6% 45%
11. Total and Permanent Disfigurement Shortening of leg For the purposes of Event 11 only, Disfigurement means disfigurement that extends to more than 20% of the entire external body. The total percentage paid to be at the Insurers sole and absolute discretion.	Up to 45% 7%
12. Any permanent total disability or permanent total loss of use of any body part not shown above will be compensated at a percentage of the Capital Benefit as determined at the sole and absolute discretion of the Underwriters. Such determination will be inconsistent with the benefits provided under events 4-11 inclusive.	Up to 90%
13. Becoming HIV positive but cover for this Event is only provided if the infection was a direct result of playing or participating in the Sport nominated in The Schedule.	10%
14. Actual Non Medicare Medical Expenses incurred following Accidental miscarriage or premature childbirth up to max 26 weeks of pregnancy. Cover For this Event is only provided if the miscarriage or childbirth was a direct result of playing or participating in the Sport nominated in The Schedule. Event 14 is subject to deduction of the Excess specified in The Schedule for Medical Benefits.	Up to 5%