

Student Care

Claim Form

Claim Number _____
(office use only)

How to Get Quick Action on Your Claim

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:

- ◆ **Original Doctor's certificate.** The certificate must show:
 - Name of injured student
 - Date, nature and extent of injury
- ◆ **Dental claims.** Your dentist must provide a written statement confirming:
 - The treatment was due to an accident
 - The extent of treatment
 - Any future treatment
- ◆ **Original itemised accounts or receipts for claimable expenses.**
- ◆ **Declaration on page 4 to be completed by Student/Parent.**
- ◆ **Declaration on page 5 to be completed by School/College.**

Catholic Church Insurance Limited does not generally 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



For Example:

A student breaks their arm whilst 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

If you require assistance please contact us on the Student Care Helpline: 1300 138 498

Check List For Students/Parents

Please check

- That all questions have been answered
- That you have not included any Medicare claimable items or Medicare "gap" items
- That all supporting documentation is attached
- That you have signed the declaration on page 4

Check List For Schools & Colleges

Please check

- That all questions have been answered
- That all supporting documentation is attached
- That the parents have signed the declaration on page 4
- That the school/college has signed the declaration on page 5

To Be Completed By Student or Parent

Personal Details

Student Title Surname Given name/s

Student's date of birth (dd/mm/yyyy)

/ /

Parent/guardian

Title Surname Given name/s

Parent/guardian email address

Postal address

 Postcode

Phone - Work

Home

Mobile

Fax

School / College / University name

School / College / University address

 Postcode

Kindergarten

Primary

Secondary

University

Other

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

-

Incident Details (must be completed)

This policy is designed to provide specified benefits to students suffering bodily injury as a result of an accident. No benefits are provided for illness related incidents or costs.

Date of incident

 / /

Time

 am/pm

Place of incident (Please tick ✓)

- Home
 School
 Excursion/camp
 Road
 Sports venue (school)
 Sports venue (other)
 Other (Please give details below)

Occurrence period (Please tick ✓)

- School hours
 School holidays
 Public holidays
 Weekend
 Before school
 After school

Describe how the accident occurred

Date of first treatment

 / /

Further treatment required

- Yes
 No

Please Claim Here For Non-Medicare Costs

Provider of service	Nature of service provided	Amount claimed from CCI after any other rebate
		\$
		\$
		\$
		\$
		\$
		\$

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Parent/Guardian Declaration

- ◆ I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.
- ◆ I consent to Catholic Church Insurance Limited using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however Catholic Church Insurance Limited may not be able to process my claim.
- ◆ I consent to Catholic Church Insurance Limited disclosing my personal information in some instance to other insurers, an Insurance Reference Service, reinsurers, claims investigators, assessors, legal professionals or as required by law. I consent to Catholic Church Insurance Limited also disclosing my personal information to and/or collecting additional information about me from investigators or legal advisors.

Parent's or guardian's signature

Date: (dd/mm/yyyy)

 / /

Print name

Additional Comments/Notes if Required

Declaration (to be completed by School/College/University)

School/College/University Details

School/College/University name

School/College/University address

Postcode

School/College/University Phone

Fax

Contact name (and title)

Position

Policy number

Client number

Period of cover

 / / to / /

Did the accident occur during a school activity?

Yes No

Do you consider the information given by the parents/guardians on this claim form to be accurate?

Yes No

If no, please comment

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

Signature of Authorised Representative

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Date: (dd/mm/yyyy)

		/			/				
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Print name

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Position

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Upon completion of the claim form please return to:

GPO Box 180 Melbourne 3001 or via email to claims@ccinsurance.org.au

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

How to Contact Us

Mail	Catholic Church Insurance Limited GPO Box 180 Melbourne 3001
Email	claims@ccinsurance.org.au
Website	www.ccinsurance.org.au
Telephone	1300 138 498
Facsimile	03 9934 3468

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

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