

**Country Rugby League of NSW
Official Application for 2019 Season
Top Up Personal Injury Cover**

Full Name:			
Mailing Address:			
		Postcode:	
Club Name:		Group:	
Phone Number:			

Should you wish to increase the policy Income benefit threshold from \$300 per week the following extra benefits and additional premiums apply:

Extra Benefit	Premium + GST + Stamp Duty	TOTAL	Tick
\$200 per week	\$421.85 + \$42.19 + \$23.20 =	\$487.24	<input type="checkbox"/>
\$300 per week	\$604.65 + \$60.47 + \$33.26 =	\$698.38	<input type="checkbox"/>
\$400 per week	\$801.55 + \$80.16 + \$44.09 =	\$925.80	<input type="checkbox"/>

Please complete by placing a tick in the box beside the extra benefit required and return this signed and dated form together with the applicable premium selected. Premiums can be paid by cheque, money order or bank transfer.

How Top Up Cover Works

Top Up Personal Injury cover is designed to provide an additional loss of income benefit on top of the Temporary Total Disablement (TTD) entitlement under Event 18 of the Country Rugby League of NSW Group Personal Injury Insurance for Amateur sports policy Schedule of compensation. Currently the maximum TTD entitlement under Event 18 of the CRL policy Schedule is 80% of your Weekly Income (as defined) up to \$300.00 per week.

For example by purchasing \$200.00 per week extra benefit cover this will increase the TTD benefit threshold from \$300.00 to \$500.00 per week. So if an Insured Person earns a weekly income of \$650.00 per week and he or she decides to purchase the Top Up cover of \$200.00 per week extra benefit, this will increase his or her TTD benefit to \$500.00 per week. Therefore based on the income declared the TTD benefit will then be assessed at 80% of declared Income, (\$650.00 per week x 80% = \$520.00 per week). Therefore under Event 18 the revised Weekly Income benefit would be \$500.00 per week-

Importantly, to be entitled to the above cover the Insured Person must satisfy the policy definition of Income. To receive the full benefit amount the Insured Person's Income must be **GREATER** than the combined benefit under Event 18 and the extra benefit cover purchased (as per the above example).

Note, the additional cover commences from the date the Top Up form is completed and the premium has been paid to SLE Worldwide Australia Pty Limited. **Cover cannot be backdated.**

COOLING OFF PERIOD

Even after an Insured Person is issued with the additional benefit cover, they still have cooling off rights. The Insured Person can cancel the additional cover by notifying Us in writing at the address below or via email, within 14 days from the date the Insured Person signed the form. If the Insured Person decides to cancel the additional cover within the cooling off period, We will refund the Premium paid (except any amounts of tax or duties which We are unable to recover), unless during this period the Insured Person has made a claim under the Policy.

Cheque & Money Order

Please make cheques and money orders out to: SLE Worldwide Australia Pty Limited

Please send to: SLE Worldwide Australia Pty Limited
PO Box H308
Australia Square NSW 1215

Bank Transfer

Please transfer to:
Account Name: SLE Worldwide Australia Pty Ltd – Premium Account
BSB: 182 222
Account Number: 303 189 591
Bank: Macquarie Bank

Email completed form and bank confirmation to jade.gray@sleworldwide.com.au or mail to the address above.

If you are interested in the additional insurance cover we offer then **please refer to the enclosed policy Product Disclosure Statement and Financial Services Guide** which describes the services we provide and explains our relationship with the Insurers of the product offered. (SLE Worldwide Australia Pty Limited for and on behalf of Certain underwriters of Lloyd's of London).

Also you may contact our claims department on 1800 002 676 or visit our website www.sleworldwide.com.au and click on the CRL logo to log in. ***Please note we can only provide advice about this product in general terms; we cannot provide advice about an Insured Person's individual circumstances.***

I acknowledge I have read the Product Disclosure Statement and Financial Service Guide.

Insured Person's Signature

Date