



## Acknowledgement of Insurance provided for Volunteers involved in Authorised Activities

Voluntary workers of the University may be covered under the University's Personal Accident Insurance Policy for injuries sustained whilst involved in authorised activities.

### Cover under this policy is limited to Australia and may only be provided where:

- the School/Department/Area has approved the voluntary work; and
- the voluntary worker is not a student of the Department of Education or private school/college undertaking work/field experience (if this is the case, the School/ Department/ Area should seek an indemnity from the referring institution)

### The Personal Accident insurance provides the following benefits:

- Death and capital benefits:
  - (a) Volunteers aged 6 months to 17 years inclusive \$15,000
  - (b) Volunteers 18 years and over, up to 80 years \$105,000
- Loss of income (if employed): \$200 per week
- Domestic help: \$200 per week (maximum of 52 weeks)
- Non-Medicare medical expenses (if applicable): \$10,000 (**except in respect of physiotherapy, chiropractic, or osteopathic expenses which are limited to \$500 any one injury**).
- Funeral expenses: \$5,000 (included within the death and capital benefits)

### Principal exclusions:

The policy is restricted to injuries sustained in Australia and is subject otherwise to the following principal exclusions:

- Intentional self injury or suicide or any attempt at suicide
- Flying or other aerial activity unless as a passenger in a properly licensed aircraft
- The injured persons criminal or illegal act
- Participation in or training for any professional sport
- Pregnancy, childbirth or miscarriage
- Sexually transmitted disease, or A.I.D.S. disease or H.I.V. infection (This exclusion does not apply to the Accidental H.I.V. infection benefit.)
- War whether declared or not, invasion or civil war
- Nuclear weapons material or ionising radiation.

### Non-Medicare Medical Expenses

This benefit is defined as:

- Expenses that are not subject to any full or partial Medicare rebate, nor recoverable from any other source and incurred within twelve (12) calendar months of sustaining the injury.
- Expenses must be paid by the student or the University on their behalf for treatment certified necessary by a legally qualified medical practitioner, to a registered private hospital, physiotherapist, chiropractor, osteopath, nurse or similar provider of medical services.
- The benefit includes the cost of medical supplies or ambulance hire.
- The benefit does not cover the cost of dental treatment unless it is necessarily incurred to sound and natural teeth and is caused by injury.

*Note: Non-Medicare medical expenses does not include any or part of any expenses for which a Medicare benefit is paid or is payable, nor does it include the balance of monies due or payable by you after deduction of any Medicare benefit or rebate (commonly known as the "Medicare Gap").*

## Personal Accident Claims

In the event of injury to a voluntary worker, which may entitle the voluntary worker to a claim under the Personal Accident policy, a claim form available at <http://riskmanagement.curtin.edu.au/forms/index.cfm> should be completed by the relevant School/Department/Area and forwarded to Risk Management together with any supporting certificates or documentation. The initial recovery of medical expenses must be made through the volunteer's Private Health Fund or Medicare, whichever is applicable.

The Head of Faculty/School must confirm in writing that the injury occurred whilst the person was undertaking an activity in a volunteer capacity with or on behalf of the University, and attach that confirmation to the claim form.

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## Volunteer declaration acknowledging insurance provided for authorised activities

I hereby acknowledge

- that I have read, and understand the nature of Curtin's insurance cover provided for authorised University activities;
- that in the event of injury which may entitle me to make a claim under the Personal Accident policy, I am responsible for furnishing all relevant details/documentation relating to the injury to my School/Department/Area so as to facilitate the claim process; and
- that I am responsible for the payment of initial medical expenses through my private health fund or Medicare.

Volunteer's First Name: \_\_\_\_\_

Volunteer's Surname: \_\_\_\_\_

Signature of Voluntary Worker\*: \_\_\_\_\_ Date: \_\_\_\_\_

### \* Alternative if the Volunteer is a Minor

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_