30 JUNE 2026

# Group Personal Accident & Sickness Policy Schedule

## Thank you for choosing Allianz

Your cover is set out in this Schedule and the attached Policy Wording.  Please read the Policy Wording together with the Policy Schedule and any other document We tell You forms part of Your Policy as these set out the terms and conditions of Your Policy. Please check that the information that We have on record is correct. Your Policy Schedule is based on information You have given to Us. It is important that You comply with the Your Duty of Disclosure. Your Duty of Disclosure obligations are set out in the Policy Wording. See Your Policy Wording for full details.

You should read the Policy Wording and this Schedule, which includes the applicable endorsements, as these form the terms and conditions of the cover, and it contains important information about the Your rights and obligations.

The definition of the terms used in this Schedule are as specified in the Policy Wording (unless otherwise defined within this Schedule). Please refer to the Policy Wording for the exact meanings and interpretation.

# Group Personal Accident & Sickness Policy Endorsement Schedule

This Schedule, the Policy Wording and any Endorsements are to be read together as one contract.

| | |
|---|---|
| **Policy Number:** | AAH0958644 |
| **Insured:** | Touch Football Australia Limited and their affiliated Associations, Clubs, members, coaches, referees, officials, voluntary workers, first aid persons and administration personnel and/or subsidiary companies and financial Institutions and other corporations having an insurable interest herein and subsidiary and/or related corporations (as defined under the Australian Corporations Law) now existing or hereafter constituted or acquired and social and sports clubs (including their committees and officers from time to time) and the trustees of superannuation funds and/or welfare organizations associated with the named insured; all for respective interests, rights and liabilities and to the extent that they are not more specifically insured. |
| **Insurer:** | Allianz Australia Insurance Limited (ABN 15 000 122 850) |
| **Situation:** | Suite 1/18 Napier Close, Deakin ACT |
| **Covered Persons:** | **Category A, B and C**<br>The Club, the Association or entities specified in the Policy Schedule; Coaches and Referees; Any of Your directors, executive officers, committee members, office-holders, Employees or Office Bearers but only whilst acting within the scope of their duties in such capacity; Any of Your registered Members or voluntary workers but only whilst acting in connection with Your Business activities and whilst conforming to Your rules and by-laws. |
| **Cover Type:** | 24 hours |
| **Scope of Cover:** | **Category A**<br>Playing in official matches under the auspices of The Insured. Engaged in organised training or practice (including practice matches) for the Sport as noted in the Schedule. |
| | **Category B**<br>Officials acting on behalf of the Insured |
| | **Category C**<br>Volunteers (including referees) acting on behalf of the Insured |
| **Maximum Age:** | 85 years of age |
| **Geographical Limit:** | Anywhere in the Commonwealth of Australia and New Zealand and as per schedule. |
| **Period of Insurance:** | Inception Date: 30/06/2026 4PM to Expiry Date: 30/06/2027 4PM |
| **Policy Wording:** | Group Personal Accident & Sickness Insurance Policy POL1427PI 05/25 |

## Aggregate Limit of Liability

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|---|---|
| **Any one (1) Period of Insurance:** | $5,000,000 |
| **Charter Flights:** | $0 |

## Section 1 – Personal Accident and Sickness Cover

| Part A – Capital Benefits | |
|---|---|
| Capital Benefits 1-18 | |
| Category A | $100,000 |

| Part B – Bodily Injury Resulting In Surgery outside Australia | |
|---|---|
| Events 20 – 24: | |
| Category A | Not Insured |
| **Part B – Weekly Benefits – Injury** | |
| Events 25 – 26: | |
| Category A | Not Insured |

| Part C – Sickness Resulting in Surgery Outside Australia | |
|---|---|
| Events 27 – 30: | |
| Category A | Not Insured |
| **Part C – Weekly Benefits – Sickness** | |
| Events 31 – 32: | |
| Category A | Not Insured |

| Part D – Fractured Bones | |
|---|---|
| Events 33 – 42: | |
| Category A | Not Insured |

| Part E – Loss of Teeth or Dental Procedures | |
|---|---|
| Events 43 – 44: | |
| Category A | Not Insured |

## Section 2 – Additional Benefits

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|---|---|
| 1. Accidental HIV | $10,000 |
| 2. Accommodation and Transport Expenses | $0 |
| 3. Bed Care | $300 per day up to a maximum of 12 weeks |
| 4. Cancer | $0 |
| 5. Carjacking Assault Benefit | $0 |
| 6. Carjacking Excess | $0 |
| 7. Chauffeur/Driver Benefit | $0 |
| 8. Childcare | $0 |
| 9. Coma | $0 |
| 10. Corporate Image | $0 |
| 11. Dependent Child Assistance | |
| a) Education Benefit | $500 per child up to a maximum of $500 |
| b) Orphan Benefit | $500 per child up to a maximum of $500 |
| 12. Disappearance | Not taken |
| 13. Escalation of Claims Benefit | Not taken |
| 14. Executor emergency cash advance | $0 |
| 15. Exposure | Not taken |
| 16. Funeral | $5,000 |
| 17. Advance Payment | Not taken |
| 18. Home and/or motor vehicle modification benefit | $10,000 |
| 19. Independent financial advice | $0 |
| 20. Miscarriage/premature childbirth benefit | $1,000 |
| 21. Out of pocket expenses | $0 |
| 22. Partner retraining benefit | $0 |
| 23. Replacement Staff/Recruitment costs | $0 |
| 24. Reconstructive/cosmetic surgery benefit | $0 |
| 25. Return to Work | $0 |
| 26. Road or Air rage benefit | $0 |
| 27. Terrorism injury benefit | Not taken |
| 28. Tuition Expenses | $0 |
| 29. Unexpired membership benefit | $500 per week for maximum of 12 weeks |
| 30. Visitors' benefit | $0 |
| 31. Workplace assault benefit | $0 |
| 32. Work experience benefit | $0 |
| 33. Workplace Trauma benefit | $0 |

# Endorsements:

## Covered person under Category A,B and C extends to :

Any member of The Insured, or any other person actively engaged in and appropriately registered for the purpose of playing the Sport of The Insured. This includes any officials and/or co-opted volunteers acting for and on behalf of The Insured.

**Cover will be in-effect as below:**

If during the Period of Insurance, an Insured Person suffers Bodily Injury within the Scope of Cover as a result of an Accident then subject to the terms and conditions set out below, including in particular the Exclusions, and receipt

by Us of the Premium(s), We shall pay the benefits as stated in Your policy Schedule.

a) Playing in official matches under the auspices of The Insured.

b) Engaged in organised training or practice (including practice matches) for the Sport as noted in the Schedule.

c) Travelling directly to or from or between activities described in (a) or (b) above and the Insured Person's Normal Place of Residence or place of employment.

d) Staying away from the Insured Person's home district including overseas travel during a tour for the purpose of participating in representative matches and/or any other games duly authorised by The Insured.

e) Actually engaged in administrative or organised social activities of The Insured.

## Extension of Section 1 – Capital Benefits are replaced for the following

| | |
|---|---|
| 3. Paraplegia/Quadriplegia of incurable paralysis of all limbs | $250,000 |
| 19. Permananet Partial Disablement (not otherwise provided for under 2-18) | Such percentage of the Capital Benefit insured which corresponds to the percentage reduction in whole bodily function as certified by a Medical Practitioner<br>The maximum amount We will pay for this benefit is seventy-five percent (90%) of the Capital Benefit. |

| 20. **Permanent loss of use of:** | |
|---|---|
| Two kidneys | $75,000 |
| One kidney | $30,000 |
| Spleen | $25,00 |
| Liver | $70,000 |
| Two testicles | $40,000 |
| One testicle | $6,000 |
| Sexual function | $45,000 |

| 21. **Total and permanent disfigurement** | $45,000 |
|---|---|

For the purposes of this Event 21 only, disfigurement means disfigurement that extends to more than 20% of the entire external body.

## Extension of Section 2 – Additional benefits

34. **Rehabilitation benefit** - We will pay all reasonable costs incurred for the rehabilitation of a Bodily Injury which have been incurred following a referral from a Medical Practitioner to a rehabilitation provider including but not limited to a Gymnasium, Pilates Studio or physical trainer to a maximum amount of $500. In addition to this We will pay the expenses incurred for tuition or advice from a licensed vocational school provided such tuition is undertaken with the Company's prior written agreement and deemed required by the Insured Person's regular Medical Practitioner up to a maximum of $3,000. We will not cover any costs that an Insured was already incurring and would have continued to incur had they never sustained an injury.
35. **In Memoriam Benefit** - If, as a direct result of Bodily Injury, a Covered Person suffers Event 1 of Section 1 – Part A – Capital Benefits (Accidental Death) We will pay to The Insured all reasonable costs associated with the proper observance of the passing of a club member to a maximum of $1,000.
36. **Kidnapping Benefit** - If a Covered Person is kidnapped during the Scope of Cover, We will pay $1,000 per event.

## Medical Benefits

**Non-Medicare Medical Expenses**

If during the Period of Insurance and within the Scope of Cover a Eligible Covered Person sustains an Injury, We will pay the Non-Medicare Medical Expenses incurred by the Eligible Covered Person. Our liability shall not exceed the Percentage for each expense or the Aggregate Annual Limit specified in this Endorsement during the Period of Insurance.

Non-Medicare Medical Expenses means expenses for professional services that are not subject to any full or partial Medicare benefit or rebate, nor recoverable from any other source by a Covered Person, and incurred within twelve (12) calendar months of a Covered Person sustaining Injury for treatment certified necessary by a Medical Practitioner.

Any Non-Medicare Medical Expenses benefit payable is less any recovery made from any private health insurance fund, or any other source or scheme, with respect to the expense. We will only be liable for the excess of the amount recoverable from such other source.

Eligible Covered Person means a Covered Person who, at the time of the Injury, falls within any class described in Rule 15(3) to (8) of the *Private Health Insurance (Health Insurance Business) Rules 2015* (Cth), or any successor instrument.

Exclusions to this Benefit

No benefit is payable if:

1. the expense is in respect of the rendering of a professional service for which a Medicare benefit is, or would be, payable in accordance with the Health Insurance Act 1973 (Cth). For the avoidance of doubt, this includes any balance due or payable after deduction of any Medicare benefit or rebate.
2. any dental treatment and expense, unless it relates to Injury to sound and natural teeth. No benefit is payable for first teeth, dentures, implants, crowns, prosthetic teeth or dental filling
3. any expense relates to pharmaceutical items that are listed on the Pharmaceutical Benefits Scheme (PBS) established under the National Health Act 1953 (Cth), as updated from time to time.
4. we are prohibited by law or regulations from paying such a benefit.

**Benefit Limits and Excess for Non-Medical Expenses**

Percentage: 80% of non-medicare medical costs

Limit: $3,000 per injury

Excess: $50

Nil ($) excess applies for Insured Persons who have private health insurance.

**Benefit Limits and Excess for Physiotherapy**

Percentage: 100%

Aggregate Annual Limit: $7,000 in any one period of insurance per claim

Excess: $50 each and every claim

The annual aggregate limit noted in the schedule shall apply to this endorsement.

## Removal of Sporting Exclusions:

Exclusion 9 is hereby deleted from this policy

All other terms and conditions shall remain unaltered.

Exclusion 10 is hereby deleted from this policy

All other terms and conditions shall remain unaltered.