



# NetCover Accident Income Protection Plan Application for access

Under the NetCover Accident Income Protection Plan Arrangement you can access an insurance benefit under an insurance policy that NSW Netball Association Limited has entered into with its insurer by following the process set out below.

**APPLYING TO ACCESS THE INSURANCE ARRANGEMENT**

Before you apply you must read the Product Disclosure Statement & Policy Document (PDS) and schedule to ensure you understand the features, benefits and risks of the insurance policy you are accessing. If you have not been provided with this PDS or the schedule please ask a WageCover Australia Pty Limited representative.

To access the insurance benefit you need to properly complete and sign the application below, have it signed by and pay the required amount to WageCover Australia Pty Limited.

The amount is specified in your application below and is used to pay the premium that NSW Netball Association Limited, as the contracting insured, is obliged to pay the insurer and takes into account the administrative expenses (and a profit component received by WageCover Pty Limited).

On doing the above you will automatically become an insured person able to access the insurance benefits described in the PDS and schedule.

The NetCover Accident Income Protection Plan Arrangement is not compulsory and you can arrange your own alternative insurance cover.

**DETAILS:**

Full Name of Applicant (Person to be Insured)  
please print clearly

Mr/Mrs/Miss/Ms:.....  
.....

Full Postal Address:.....  
.....  
.....State:..... Postcode:.....

Date of Birth...../...../..... Sex: (Please tick) Male:  Female:

Home Phone: ( ).....

Work Phone: ( ).....

Mobile Phone: ( ).....

Club Name:.....

E-mail Address: .....

Occupation/Classification: .....

**DECLARATION:** (to be completed by the Insured Person).

I wish to apply to become an insured person in order to access the benefits under the PDS and schedule and declare and agree that:

- The above information is true and correct and I have read and understood the terms conditions and limitations of the PDS and schedule provided to me before signing this application;
- No advice (i.e. a recommendation or opinion) has been provided by NSW Netball Association Limited, WageCover Australia Pty Ltd or its representatives in relation to this policy.
- Once I have signed and properly completed this application and paid the required amount to WageCover Australia Pty Ltd I become an insured person entitled to cover under the NetCover policy pursuant to section 48 of the Insurance Contracts Act. I am not entering into any agreement with the insurer as its agreement is with NSW Netball Association Limited.
- I understand that if any of the information I have disclosed in this form is inaccurate and I fraudulently did this, the insurer may refuse to pay a claim. If it was not fraudulent, the liability of the insurer in respect of any claim may be reduced to an amount to place the insurer in the same position in which it would have been placed had the correct information been disclosed; and
- On the date shown below with my signature I am actively performing my occupation duties with:

.....  
.....  
.....

By signing the following, I confirm ALL of the matters stated above:

If you are unable to sign this document confirming all of the above matters contained in it you do not get automatic access to cover. You need to contact AFA (See the PDS for details).

Signature of Insured Person:  .....

Print name: .....

Date: ...../...../.....

Signature of WageCover Australia Pty Limited:  .....

Print name: .....

Date: ...../...../.....



# NetCover Income Protection Plan Direct Debit Request Form

## DIRECT DEBIT REQUEST SCHEDULE

I/We:

Surname:

Given Name:

request WageCover Australia Pty Ltd ABN 31 070 231 748

### Account to be Debited

Note: direct debiting is not available on the full range of financial institutional accounts. If in doubt, please refer to your financial institution before completing the schedule.

Name of financial institution:

Name of account to be debited:

BSB:

Account No:

### Payment Details

Policy No:

I/We acknowledge that this direct debit request schedule is governed by the terms of the direct debit request service agreement and the terms and conditions of my Policy. I have read and agree to the terms and conditions.

If possible I/We would prefer the direct debits to take place on the:


7th day of the month, **OR**  22nd day of the month

Please tick one box above

Name(s) of financial institution account holder(s):

Customer address:

Signature of financial institution account holder(s):

Signature(s):  \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

 \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
(Are both signatures required for a joint account?)

Business telephone: ( ) \_\_\_\_\_

Home telephone: ( ) \_\_\_\_\_

**WageCover Australia Pty Ltd ABN 31 070 231 748**  
**Direct Debit Request User ID No: 227472**

## DIRECT DEBIT REQUEST

### Service Agreement with WageCover Australia Pty. Limited

This Direct Debit Request (DDR) Service Agreement is used by WageCover User ID 227472. This Service Agreement and the Schedule contain the terms and conditions on which you authorise WageCover to debit money from your account and the obligations of WageCover and you under this agreement. You should read through the Service Agreement and Schedule carefully to ensure you understand these terms and conditions before signing the Schedule.

### 1. Our commitment to you

WageCover will give you at least 14 days notice in writing if there are any changes to the drawing arrangements (except where you have nominated automatic increases for WageCover).

WageCover will not disclose any details of your direct debit request to any person or corporation unless required to do so by law or unless the information is required in relation to a disputed transaction.

Where our direct debit falls due on a weekend or a public holiday WageCover will process it on the next business day in accordance with the terms and conditions of your Insurance Policy.

### 2. Your commitment to us

It is your responsibility to:

- Ensure your nominated account can accept direct debits.
- Ensure there are sufficient funds available in the nominated account to meet each drawing on the due date.
- Advise us if the nominated account is transferred or closed or the account details change.
- Arrange an alternative payment method acceptable to WageCover if WageCover cancels the drawing arrangements.
- Ensure that all account holders on the nominated financial institution account sign the DDR schedule.

### 3. Your rights

You may defer, alter, stop or cancel Your direct debit at any time by providing at least (10) ten business days notice in writing to Us at:

WageCover Australia Pty Ltd, PO Box 590 Newport NSW 2106.

All requests to vary the details of the account to be debited must be in writing and in terms of the operating authority for the account.

If you wish to dispute a direct debit transaction, You should first contact WageCover on (02) 9979 8366, who will arrange for Your complaint to be investigated and a correction made where appropriate. If You are not satisfied with the response, please write to Us. Your letter should be marked "Notice of Complaint" and addressed to:

WageCover Australia Pty Ltd, PO Box 590 Newport NSW 2106

WageCover will respond within 7 days of receiving your letter. WageCover has formal procedures for dealing with a complaint but if We are unable to resolve the dispute to your satisfaction You should contact Your financial institution and lodge a direct debit customer claim form.

### 4. Other information

The details of your drawing arrangements are contained in the DDR schedule.

WageCover reserves the right to cancel drawing arrangements if drawings are dishonoured by your financial institution.

If your account dishonours, your financial institution may charge you a fee.

Your drawing arrangements are also governed by the terms and conditions of your AFA Policy.

You should be aware that there are some financial institutions that may not allow direct debit transactions on specified accounts. It is Your responsibility to check Your account details against Your statements or to check with Your financial institution to ensure that the direct debit facility is available for Your nominated account.

You cannot claim under this Policy if at any time the Injury occurred or the Sickness manifested itself if any instalment of premium remained unpaid for 14 days or more.

We may cancel this policy by giving notice if any instalment of premium has remained unpaid for 1 month or more. Other than in the above circumstances, We may deduct from any claim paid or payable any unpaid premium or instalment of premium.

You should direct all enquiries about your direct debit to:  
WageCover on (02) 9979 8366

**ALL CORRESPONDENCE TO: WageCover Australia Pty Limited ABN 31 070 231 748**  
**PO Box 590 NEWPORT NSW 2106 T: 02 9979 8366 F: 02-9979-7902 E: admin@wagecover.com.au**