



Protect your income from illness as well as injury.

QBE Personal Accident and Illness can look after your livelihood 24/7.





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The premier Income Protection cover for leading jockeys.

As a licensed jockey in Australia, you are already covered for accidents and injuries under our Racing Australia Group Personal Accident policy. The cover is designed to replace your lost pre-disability earnings in the event of disablement resulting from injury.

But what if you were hit with a debilitating illness? How would you manage without your income? What about the medical and rehabilitation bills?

It's why Racing Australia has partnered with Marsh and QBE to enable you to top-up your policy with additional benefits such as cover against illness that takes you out of the saddle. This Elective Top-Up scheme also covers you for a higher level of income because many jockeys earn more than the benefits received through Workers Compensation payments and the Group Personal Accident policy.

You need your health to win races and maintain your income, so it isn't something to gamble with. Protect yourself before and after you race with QBE's Elective Top-Up Cover.





Key benefits

These are key benefits under the Racing Australia Group Personal Accident policy:

Jockeys and Apprentice Jockeys







Capital benefits

You will receive a lump sum payment in the event of your death, permanent disablement or a career-ending injury.

Weekly benefits - injury

This replaces a percentage of your pre-disability earnings up to a maximum of 52 weeks, if you suffer disablement as a result of an injury.

Elective Top-Up Cover

Provides an additional top-up payment to the Group Personal Accident policy if you suffer disablement as a result of an injury. It replaces a percentage of your pre-disability earnings up to a maximum of 52 weeks, if you suffer disablement as a result of an illness.

Picnic Jockeys and Amateur Riders





Capital benefits

You will receive a lump sum payment in the event of your death, permanent disablement or a career-ending injury due to an injury incurred whilst you are engaged in official trials, trackwork or a sanctioned picnic race day activity.

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Weekly benefits - injury

This replaces a percentage of your pre-disability earnings up to a maximum of 52 weeks if you suffer disablement as a result of an injury incurred whilst you are engaged in official trials, trackwork or a sanctioned picnic race day activity.



Elective Top-Up Cover

This cover is not available for Picnic Jockeys and Amateur Riders.

Compensation

Compensation under the Racing Australia Group Personal Accident policy:

Jockeys and Apprentice Jockeys







Capital benefits

Up to \$350,000 for death, paraplegia, quadriplegia or any permanent disablement as defined in the PDS, and up to \$125,000 for a career-ending injury.

Weekly benefits - injury

100% of your pre-disability earnings up to a maximum of \$500 per week. Your pre-disability earnings are calculated as your gross weekly income averaged over the 12 months immediately prior to your date of injury.

Elective Top-Up Cover

You can elect to cover yourself for an additional \$500, \$700 or \$1,000 per week, as well as elect to cover yourself for lost pre-disability earnings in the event of disablement resulting from illness.

Picnic Jockeys and Amateur Riders





Capital benefits

Up to \$350,000 for death, paraplegia, quadriplegia or any permanent disablement as defined in the PDS, and up to \$125,000 for a career-ending injury.

Weekly benefits - injury

100% of your pre-disability earnings up to a maximum of \$500 per week. Your pre-disability earnings are calculated as your gross weekly income averaged over the 12 months immediately prior to your date of injury.



Elective Top-Up Cover

This cover is not available for Picnic Jockeys and Amateur Riders.

Benefit period

Whilst you are suffering disablement from injury or illness, we will pay a percentage of your pre-disability earnings up to a maximum of 52 weeks.

You must submit a claim form, certification of your disablemen from your medical practitioner and any other documentation to support your claim in order for it to be assessed.

The maximum period you can claim for disablement arising from any one injury or illness, reoccurrence of or subsequent conditions directly or indirectly related to that injury or illness is 52 weeks.

Cover for disablement from illness is only available through the Elective Top-Up Cover.

Excluded period of claim

There is an excluded period of claim, in other words a waiting period. The length of your waiting period under the Racing Australia Group Personal Accident policy is 7 days. Under the Elective Top-Up Cover, you can elect a waiting period of 14 days or 28 days.

Who certifies the disability?

A medical practitioner.

What if my injury or illness has previously caused me to be disabled?

Racing Australia Group Personal Accident policy

You are not covered for pre-existing conditions. Under the PDS, we consider any illness, injury, disability or other condition including any symptoms or side effects that:

- You are aware of (or would be expected to be aware of) or
- For which you sought or received medical attention, have undergone tests or taken prescribed medicines in the 12 months immediately prior to your individual effective date of cover under this Policy.

If you experience successive periods of disablement resulting from the same injury which are not separated by a return to active full-time employment for six (6) months or more, it will be treated as one claim and you can receive benefits up to an accumulative maximum of 52 weeks.

Elective Top-Up Cover

You are not covered for pre-existing conditions including any injury, illness, disease, sickness, degenerative condition, medical condition and any other condition or symptoms thereof, for which you have received any form of medical or prescribed treatment, advice or attention from a registered medical practitioner, chiropractor, physiotherapist, psychiatrist or naturopath, at any time prior to the commencement of each period of insurance. This does not include the common cold or flu viruses.

Successive periods of disablement resulting from the same injury or illness which are not separated by a return to active full-time employment for six (6) months or more, will be treated as one claim and you can receive benefits up to an accumulative maximum of 52 weeks.





Standard benefits

There are standard benefits under the Racing Australia Group Personal Accident policy:





Lifestyle modification benefit

If you sustain a permanent total disablement, permanent paraplegia, permanent quadriplegia or permanent and incurable paralysis of all limbs due to an injury covered under the policy, you may be able to access funds to modify your motor vehicle or home, or to help you relocate to a suitable home.

Rehabilitation benefit

If you suffer total disablement due to an injury covered under the policy, you may be able to access funds to assist in the costs incurred by you for your participation in a return to work program.

How can I apply for the Elective Top-Up Cover?

Don't risk illness taking away your ability to earn an income. Would you like the reassurance of knowing that your livelihood is protected even if you couldn't race?

Simply complete the application form at the end of this brochure and return to:



Fmail sport@marsh.com



Phone 1300 130 373

Claims contacts

Racing Australia Group Personal Accident claims

Please return your completed claim form to the Marsh Claims Manager for Racing Australia:



Email sportsclaims@echelonaustralia.com.au



Phone 1300 130 373

Elective Top-Up claims

Please return your completed claim form to QBE Insurance Accident and Health Claims:



Email accidentandhealth@qbe.com



Phone +61 (0)2 9375 4874

The policy booklet



Pricing that is as competitive as you are.

Racing Australia has worked closely with Marsh and QBE Insurance to put together a policy that delivers you reassurance at a competitive price.

New and existing business

Age under 30

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Accident 24 ho	ur		Accident & Illness 24 hour				
Weekly Benefit	Base Premium 14 day excess	2400		Base Premium 14 day excess	Base Premium 28 day excess		
\$ 500.00	\$ 1,989.21	\$ 1,752.66	\$ 500.00	\$ 2,649.21	\$ 2,313.66		
\$ 700.00	\$ 2,784.90	\$ 2,462.32	\$ 700.00	\$ 3,708.90	\$ 3,248.82		
\$ 1,000.00	\$ 3,989.18	\$ 3,526.82	\$ 1,000.00	\$ 5,309.18	\$ 4,648.82		

Age 30-39

Accident 24 Ho	ur		Accident & Illness 24 hour			
Weekly Benefit	Base Premium 14 day excess			Base Premium 14 day excess	Base Premium 28 day excess	
\$ 500.00	\$ 2,483.83	\$ 2,204.26	\$ 500.00	\$ 3,308.83	\$ 2,902.76	
\$ 700.00	\$ 3,494.56	\$ 3,075.22	\$ 700.00	\$ 4,649.56	\$ 4,059.72	
\$1,000.00	\$ 4,989.16	\$ 4,419.28	\$ 1,000.00	\$ 6,639.16	\$ 5,821.78	

Age 40-49

Accident 24 Ho	ur		Accident & Illness 24 hour				
Weekly Base Premium Base Premium Benefit 14 day excess 28 day excess		Weekly Benefit	Base Premium 14 day excess	Base Premium 28 day excess			
\$ 500.00	\$ 3,774.13	\$ 3,344.03	\$ 4,764.13	\$ 4,185.53	\$ 2,902.76		
\$ 700.00	\$ 5,279.48	\$ 4,677.34	\$ 6,665.48	\$ 5,854.34	\$ 4,059.72		
\$ 1,000.00	\$ 7,548.26	\$ 6,677.30	\$ 1,000.00	\$ 9,528.26	\$ 8,360.30		

Existing business only

Age 50-54

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Accident 24 Ho	our	Accident & Illness 24 hour				
Weekly Benefit	Base Premium 28 day excess	Weekly Benefit	Base Premium 28 day excess			
\$ 500.00	\$ 3,892.41	\$ 500.00	\$ 4,876.91			
\$ 700.00	\$ 5,451.52	\$ 700.00	\$ 6,825.97			
\$ 1,000.00	\$ 7,795.56	\$1,000.00	\$ 9,759.06			

All rates are effective as of 1 January 2021 to 31 December 2021 and inclusive of 20% commission.

Application for Injury/Illness Elective Top-Up Cover

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



Details of the applicant												
Your name												
Postal address	State							Postcode				
Private phone No.		phone No.						Busines	ss No.			
Contact number(s)	Fax No.							Email				
Date of birth					Height	cm	Weig	ht	kg			
Sex	Male	e Female				Are you a sm	noker?	² No	Yes			
Please confirm categor	ry of em	ployment:	Empl	loyee	Self	employed	W	orking dii	rector			
Your secondary occupa	ation (pa	art time Jockeys	s)									
Describe your duties												
Are you a permanent res	sident of	Australia? No	Y	/es								
Will you be working outs	side of Au	ıstralia at any tim	ne dur	ring the p	oolicy peri	iod? No Ye	es	If 'Yes', ple	ease give de	etails: (ie where,	when, period an	d duties)
Name and address of en	nployer d	or business										
									State		Postcode	
Period of insurance	From				То							
Earnings												
Please refer to the defini	tion of Ea	arnings in the pol	licy ar	nd comp	lete the fo	ollowing:						
If you are an employee			ı	If you ha	ve a seco	ondary occupa	ation	and you	are a self	employed pe	erson or a wo	rking director
Gross weekly income		\$	Average weekly gross income						\$			
l accounting banks					enses inc siness Exp	urred in earning penses*	g you	r income,	other tha			
Less overtime, bonuses, commission and allowar	nces	\$	*Note: Definition of Fixed Business Expenses is contained in					in \$	\$			
			policy wording									
Net weekly earnings \$			Net weekly earnings					\$				
Benefits required (Electiv											
Type of cover	Type of cover 24 Hours (365 Days)											
Sum insured												
Weekly benefit - injury			\$300	0 \$	\$500	\$700	\$1,00	0				
Weekly benefit - illness			\$300 \$500 \$700 \$1,000									
Benefit period		52	52 Weeks									
Excluded period of claim	Excluded period of claim 14 Days 28 Days											

Insurance details							
Are you entitled to claim benefits from Workcover?	No	Yes					
Are you entitled to claim benefits from any other existing or intended injury or illness insurance policy?	No	Yes					
Have you ever had any policy or application for injury or illness or disability insurance declined, modified, accepted at an increased premium, cancelled or refused renewal?							
Have you ever claimed benefits from Workcover?							
Have you ever claimed benefits under any injury or illness insurance policy?	No	Yes					
If the answer is 'Yes' to any of the above questions concerning other insurance or past claims, you must provide the following details before your application can be considered:							
Other insurance - details of insurer, policy type and current benefits:							
Past claims - you must provide the following details for each claim before your application can be considered:							
Date of injury							
Diagnosis of attending medical practitioner: Please provide specific details of injury or illness for example "incomplete fracture of the right	tibia"						
Did you undergo surgery? No Yes If 'Yes', please provide details:							
Were you unable to work for a period of more than 7 days? No Yes If 'Yes', how many weeks were you unable to work?		Weeks					
Were you unable to work for a period of more than 7 days? No Yes If 'Yes', how many weeks were you unable to work? If there is insufficient space to detail all claims, please attach on a separate sheet.		Weeks					
If there is insufficient space to detail all claims, please attach on a separate sheet. Medical details	loctor.	Weeks					
If there is insufficient space to detail all claims, please attach on a separate sheet.	doctor,	Weeks					
If there is insufficient space to detail all claims, please attach on a separate sheet. Medical details Have you in the last 10 years received treatment or advice from a Registered Medical Practitioner (including but not limited to a detail of the last 10 years received treatment or advice from the last 10 years received treat	doctor,	Weeks					
If there is insufficient space to detail all claims, please attach on a separate sheet. Medical details Have you in the last 10 years received treatment or advice from a Registered Medical Practitioner (including but not limited to a chiropractor, physiotherapist, psychiatrist or naturopath) in relation to:							
Medical details Have you in the last 10 years received treatment or advice from a Registered Medical Practitioner (including but not limited to a chiropractor, physiotherapist, psychiatrist or naturopath) in relation to: Heart, arteries, high cholesterol or high blood pressure or disorders of the circulatory system?	No	Yes					
Medical details Have you in the last 10 years received treatment or advice from a Registered Medical Practitioner (including but not limited to a chiropractor, physiotherapist, psychiatrist or naturopath) in relation to: Heart, arteries, high cholesterol or high blood pressure or disorders of the circulatory system? Lungs, asthma, tuberculosis or disorders of the respiratory system?	No No	Yes Yes					
Medical details Have you in the last 10 years received treatment or advice from a Registered Medical Practitioner (including but not limited to a chiropractor, physiotherapist, psychiatrist or naturopath) in relation to: Heart, arteries, high cholesterol or high blood pressure or disorders of the circulatory system? Lungs, asthma, tuberculosis or disorders of the respiratory system? Kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system?	No No	Yes Yes Yes					
Medical details Have you in the last 10 years received treatment or advice from a Registered Medical Practitioner (including but not limited to a chiropractor, physiotherapist, psychiatrist or naturopath) in relation to: Heart, arteries, high cholesterol or high blood pressure or disorders of the circulatory system? Lungs, asthma, tuberculosis or disorders of the respiratory system? Kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system? Brain, epilepsy or disorder of the central nervous system?	No No No	Yes Yes Yes Yes					
Medical details Have you in the last 10 years received treatment or advice from a Registered Medical Practitioner (including but not limited to a chiropractor, physiotherapist, psychiatrist or naturopath) in relation to: Heart, arteries, high cholesterol or high blood pressure or disorders of the circulatory system? Lungs, asthma, tuberculosis or disorders of the respiratory system? Kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system? Brain, epilepsy or disorder of the central nervous system? Stomach, oesophagus or disorders of the digestive system?	No No No No	Yes Yes Yes Yes Yes					
Medical details Have you in the last 10 years received treatment or advice from a Registered Medical Practitioner (including but not limited to a chiropractor, physiotherapist, psychiatrist or naturopath) in relation to: Heart, arteries, high cholesterol or high blood pressure or disorders of the circulatory system? Lungs, asthma, tuberculosis or disorders of the respiratory system? Kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system? Brain, epilepsy or disorder of the central nervous system? Stomach, oesophagus or disorders of the digestive system? Head, back, neck or spine or any disorder of the musculoskeletal system?	No No No No No	Yes Yes Yes Yes Yes Yes					
Medical details Have you in the last 10 years received treatment or advice from a Registered Medical Practitioner (including but not limited to a chiropractor, physiotherapist, psychiatrist or naturopath) in relation to: Heart, arteries, high cholesterol or high blood pressure or disorders of the circulatory system? Lungs, asthma, tuberculosis or disorders of the respiratory system? Kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system? Brain, epilepsy or disorder of the central nervous system? Stomach, oesophagus or disorders of the digestive system? Head, back, neck or spine or any disorder of the musculoskeletal system? Depression, psychological, psychiatric or personality disorder?	No No No No No No No No No	Yes Yes Yes Yes Yes Yes Yes					
Medical details Have you in the last 10 years received treatment or advice from a Registered Medical Practitioner (including but not limited to a chiropractor, physiotherapist, psychiatrist or naturopath) in relation to: Heart, arteries, high cholesterol or high blood pressure or disorders of the circulatory system? Lungs, asthma, tuberculosis or disorders of the respiratory system? Kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system? Brain, epilepsy or disorder of the central nervous system? Stomach, oesophagus or disorders of the digestive system? Head, back, neck or spine or any disorder of the musculoskeletal system? Depression, psychological, psychiatric or personality disorder? Drug or alcohol dependence?	No	Yes Yes Yes Yes Yes Yes Yes Yes					
Medical details Have you in the last 10 years received treatment or advice from a Registered Medical Practitioner (including but not limited to a chiropractor, physiotherapist, psychiatrist or naturopath) in relation to: Heart, arteries, high cholesterol or high blood pressure or disorders of the circulatory system? Lungs, asthma, tuberculosis or disorders of the respiratory system? Kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system? Brain, epilepsy or disorder of the central nervous system? Stomach, oesophagus or disorders of the digestive system? Head, back, neck or spine or any disorder of the musculoskeletal system? Depression, psychological, psychiatric or personality disorder? Drug or alcohol dependence? Cancer or turnour?	No	Yes Yes Yes Yes Yes Yes Yes Yes Yes					
Medical details Have you in the last 10 years received treatment or advice from a Registered Medical Practitioner (including but not limited to a chiropractor, physiotherapist, psychiatrist or naturopath) in relation to: Heart, arteries, high cholesterol or high blood pressure or disorders of the circulatory system? Lungs, asthma, tuberculosis or disorders of the respiratory system? Kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system? Brain, epilepsy or disorder of the central nervous system? Stomach, oesophagus or disorders of the digestive system? Head, back, neck or spine or any disorder of the musculoskeletal system? Depression, psychological, psychiatric or personality disorder? Drug or alcohol dependence? Cancer or tumour? Diabetes?	No	Yes					
Medical details Have you in the last 10 years received treatment or advice from a Registered Medical Practitioner (Including but not limited to a chiropractor, physiotherapist, psychiatrist or naturopath) in relation to: Heart, arteries, high cholesterol or high blood pressure or disorders of the circulatory system? Lungs, asthma, tuberculosis or disorders of the respiratory system? Kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system? Brain, epilepsy or disorder of the central nervous system? Stomach, oesophagus or disorders of the digestive system? Head, back, neck or spine or any disorder of the musculoskeletal system? Depression, psychological, psychiatric or personality disorder? Drug or alcohol dependence? Cancer or tumour? Diabetes? HIV, AIDS or AIDS related conditions?	No N	Yes					

Medical details (Continued)			
Ulcers?		No	Yes
Arthritis or rheumatism?		No	Yes
Physical impairment or deformity?		No	Yes
If the answer is 'Yes' to any of the above, please provide details as to the nature of the illness or in When identified and treated, duration, cause, nature of treatment, current condition, name and addresse (if there is insufficient space, please attach details).			n, including:
Do you currently have any symptoms of ill health or injury? (Note: It is not necessary to answer 'Yes If 'Yes', please provide details below:	if only for colds or flu)	No Yes	
Are you taking any prescription medications? (Note: It is not necessary to answer 'Yes' if only for cold If 'Yes', please state name of medication, dosage (if known) and the condition it is treating:	ds or flu) No Yes		
Activity details			
Other than horse riding, do you participate in any hazardous pursuits or activities, including but not limi	ted to motor sports in an	v form. rock cli	mbina or
mountaineering, water skiing, snow skiing, snow boarding, canyoning, motor cycling, parachuting, abse football of any code or any other body contact sports? No Yes If 'Yes', please provide details:	iling, kite surfing, mountai	•	_

Duty of disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. The Act requires that before a Policy is entered into, you must give us certain information we need to decide whether to insure you and anyone else to be insured under the Policy, and on what terms. Your Duty of Disclosure is different, depending on whether this is a new Policy or not.

New business

Where you are entering into this Policy for the first time (that is, it is new business and is not being renewed, varied, extended or reinstated) you must tell us everything you know and that a reasonable person in the circumstances could be expected to tell us, in answer to the specific questions we ask.

When answering our questions you must be honest.

If you do not tell us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having worked.

You do not have to tell us about any matter:

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

If you do not tell us

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your policy. If your non-disclosure is fraudulent we may treat this policy as never having worked.

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website **www.qbe.com** or contact in writing, to The Compliance Manager, QBE Insurance (Australia) Limited, GPO Box 82 Sydney NSW 2001 or email: **compliance.manager@qbe.com.**

D	Declaration and authorisation								
1.	I have received a copy of the combined PDS and Policy Terms and Conditions.								
2.	I declare that all answers a	nd statements made in the application are true, correct and complete in every respect							
3.	I authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.								
Sig	history and my credit history. ignature of Applicant X								

Office use only			
	Premium		
Total premium	\$	Occupational code	
GST	\$	Class	
Government stamp duty	\$	Part time	
Total amount payable	\$	Secondary occupation	
Accepted by		Authorisation No.	
Special attention		Replaced policy number	
Clause codes			

Please return your completed and signed application to Marsh by **Email**: sport@marsh.com **Phone**: 1300 130 373







