



INCOME PROTECTION PROGRAM OFF-SITE



ACCIDENT AND ILLNESS BENEFITS PROGRAM OFF SITE WORKERS

This brochure has been produced to assist workers in understanding the benefits that apply under the various insurance covers administered by Construction Income Protection Limited and the circumstances under which these benefits may be claimed

The information contained in this brochure is provided as a guide only. For the full terms and conditions you should refer to the full copy of the Policy.

If you have not received a copy of your policy please contact the CIPL office on **1300 261 114** or log into **BOBB** via **bobb.bert.com.au**



Income Protection

Construction Income Protection Limited (CIPL) was established in 2001 to provide financial support to workers whilst off work due to long term illness or injury.

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Conditions and Exclusions Apply

Important Disclaimer

This brochure is only intended to provide a general overview of the benefits available under the Accident & Illness/WorkCover Top-Up Program. It does not contain all the information that may be relevant to the matters included in it. The information is provided as a guide and for interest only and does not replace or supercede the insurance policy.

Conditions apply to the benefits that may be available under the insurance policy.

These conditions are not fully set out in this brochure. You should:

- Not act in reliance on the information contained in this brochure;
- Check the accuracy, reliability and completeness of any information; and if necessary
- Obtain independent and specific advice before acting.

This brochure has been produced to assist you in understanding the benefits that may apply under the various insurance covers administered by Construction Income Protection Limited and the circumstances under which these benefits may be claimed.

PLEASE NOTE

Construction Income Protection Limited (CIPL) is the administrator of the Leisure Accident & Illness /WorkCover Top-Up Program. The insurance is arranged by Windsor Management Insurance Brokers ACN 083 775 795 AFS Licence Number 230747 and distributed by CIPL.

CIPL does not manage or process the claims.

CIPL is not a holder of an Australian financial services licence and does not give any advice in relation to the insurance policy or claims.

The CIPL Accident & Illness /WorkCover Top-Up Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFS Licence Number 239545. All claims under the CIPL Policies are managed by Total Claims Solutions ABN 42 389 515 023, who have been appointed as Claims Managers on behalf of QBE Insurance (Australia) Limited



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Your Insurance Cover

What cover applies to me?

If your employer is registered with Construction Income Protection Limited (CIPL) and is paying the agreed weekly premium contribution on your behalf and these contributions are current at the time of your injury/illness and disablement, the following covers may apply:

- Leisure Time Accident and Illness - Weekly Benefits
- Workers Compensation Top-up



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Leisure Accident and Illness/WorkCover Top Up

A. Important Definitions / Information

PLEASE NOTE: Cover is only available for those workers where the employer has agreed and continues to pay the weekly premium contributions. You can check that your payments are up to date and that your employer is paying the weekly premium contribution by logging into BOBB via bobb.bert.com.au, by phone on 1300 261 114 or email enquiries@cipq.com.au.

If a period exists where no premium has been paid on your behalf, whilst employed, then no cover will apply for such period. Gaps in premium contribution payments will mean no cover.

Where back payments have been made after a claim has been submitted, the claim will not be considered. Weekly premium contributions must be current at the time of the injury/illness. Back payments will be refunded in full.

For the full terms and conditions please refer to your copy of the Policy. If you have not received a copy of your policy please contact the CIPL office on 1300 261 114 or log into BOBB via bobb.bert.com.au.

When does cover cease?

- After a workers 70th birthday
- If a workers premium contributions are not current at the time of their injury/illness
- When a worker ceases employment with an employer (subject to continuation of cover)
- When the worker commences employment with an employer who is not registered with CIPL and not paying the premium contributions
- At the end of the thirty-one (31) consecutive days from the last recorded and paid premium contribution whilst a worker has been unemployed
- When your workers' compensation payment ceases (WorkCover Top Up only)

Who is excluded from cover provisions?

- The continuation of cover provision of thirty-one (31) days does not apply to a worker who is self employed as a sole trader or a partner in a partnership or is a director, company secretary, member shareholder or officer of a proprietary limited company.
- No payments will be made under this policy when the worker is outside Australia. If disabled overseas, payments will only commence and become effective when the worker returns to Australia, and is deemed medically unfit to work as a result of the injury/illness.
- The insurer may also be entitled to refuse to pay or reduce the amount of a claim if it is in any way fraudulent.

IMPORTANT DEFINITIONS/INFORMATION

Worker

Means a joinery, manufacturing, building or construction industry worker who is employed by a B Class Member (subject to continuation of cover), being a manual or non manual employee (non manual meaning a person who does not perform any manual physical work within their occupation and spends at least 50% of their working time in an office environment) or related employee whose insurance premium contributions are current. A worker is a PAYG employee; a casual worker or a working Director (self-employed).

Casual Worker

Means a non permanent employee, who is not guaranteed work, and not entitled to sick or annual leave. A casual worker receives an "all inclusive rate" of pay.

Continuation of Cover

Means a worker will continue to be covered for a period of thirty-one (31) consecutive days from the date of the last recorded & paid weekly premium provided they are unemployed and actively seeking work. Does not apply to a worker who is self employed or a partner, or a company secretary.

Total Disablement

Means a registered medical practitioner certifies the worker is entirely prevented from carrying out all of the normal duties of their usual occupations, businesses and professions, as a direct result of the claimed injury or illness.

Partial Disablement

Means a registered medical practitioner certifies the worker is prevented from carrying out a substantial part of the normal duties of their usual occupations, businesses and professions, as a direct result of the claimed injury or illness.

Leisure Accident and Illness/WorkCover Top Up

A. Important Definitions / Information Cont.

When we will not pay

We will not pay any claim where the claim arises directly or indirectly out of any of the following:

- Pregnancy, childbirth, miscarriage or any complication arising from any of these conditions.
- War whether declared or not, invasion or civil war, rebellion or insurrection.
- Any act of terrorism, regardless of any cause or event contributing concurrently or in any other sequence to the loss.
- Radioactivity or the use, existence or escape of any nuclear fuel, nuclear material, or nuclear waste or action of nuclear fission or fusion.
- 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 worker's criminal or illegal act.
- Training for or playing in any professional or non professional sport or activity organised by any sporting organisation, authority, club or centre.
- The worker's use of alcohol or drugs unless the drugs have been prescribed by a registered medical practitioner and used as per the registered medical practitioner's instructions.
- A period of disablement resulting from any sickness, disease or medical condition for which the worker has required medication, or any treatment or advice from a doctor, chiropractor, physiotherapist, psychologist or psychiatrist in the six (6) months before the commencement date of their cover; or the resumption of their cover following a period of at least six (6) consecutive months for which we did not receive insurance premium contributions in respect of that worker.
- Any injury or illness for which statutory worker's compensation scheme or any statutory transport accident scheme provides compensation and/or damages.
- Any time during which a worker is serving a prison sentence or remanded in custody and, if already on a claim, any period of claim during which a worker is serving a prison sentence or remanded in custody.
- An aggravation of an injury, illness or medical condition which is deemed by a legally qualified medical practitioner to be a deterioration, aggravation, acceleration or exacerbation of an injury, illness or medical condition significantly contributed to by any employment, current or previous

Note: No payments will be made where the worker does not follow medical advice or treatment, or does not make reasonable efforts to actively participate in occupational rehabilitation, assessments, return to work plans or future employment prospects.

Leisure Accident and Illness

A. Weekly Benefits

Provides cover to workers for injury and/or illness, where a worker suffers an injury and/or illness in their leisure time and prevents a worker from working - the injury or illness must:

- Occur during the period of insurance; and
- Occur outside working hours and when the worker is not engaged in any work whatsoever for remuneration; and
- Not give rise to any entitlement to compensation under any statutory workers compensation scheme or statutory transport accident scheme

Payments commence from the twenty-second (22nd) day onwards from the date a worker first seeks medical advice/treatment from a registered medical practitioner and has been disabled and continues to be disabled as a result of the injury and/or illness.

We will pay weekly benefits whilst a worker continues to suffer disablement up to a total maximum period of 104 weeks or such lesser period whilst a worker is unable to return to their occupation for any one injury or illness.

Where the employer is paying into the Construction Income Protection Limited (CIPL) program the following weekly benefits are payable:

Temporary Total Disablement

Weekly Benefit

85% of pre-disability earnings to a maximum of \$900 (gross*) per week less tax

Temporary Partial Disablement

Weekly Benefit

85% of pre-disability earnings to a maximum of \$900 (gross*) per week less tax

Less any income paid to the worker for partial work undertaken during the period of disablement

* Tax will be withheld from the gross weekly benefits by QBE as per ATO guidelines

Please Note

- The total maximum benefit period under this policy for any one injury / illness will be limited to 104 weeks.

Leisure Accident and Illness

C. Additional Benefit: Billpayer

Provides cover to the worker only, after 21 consecutive days of disablement, and is only payable with any of the following weekly benefit covers:

- Leisure Time Injury - Weekly Benefits
- Leisure Time Illness - Weekly Benefits

What we will pay:

We will reimburse up to \$250.00 per bill up to a maximum of \$5,000 for all bills (listed below) for any one period of disablement per claim.

Bills that are covered:

- Electricity Bill
- Water Bill
- Gas Bill
- Telephone Bill (landline or mobile)
- Tuition fees (for primary school, secondary school or tertiary education for a workers dependents)

Conditions / Restrictions:

- Bills must be issued by the service provider within the period of disablement.
- No benefit shall be payable for any domestic bills which are received during the first twenty one consecutive days of disablement.
- Successive periods of disablement which result from the same injury or illness and which are not separated by an active full time return to work for 24 months or more will be considered as one period of disablement.
- We will not reimburse late fees charged on any bill.
- Bills will only be reimbursed to the worker (or if in joint names where the worker is one of the named addressee) and for the worker's residential address.
- In the event of a joint mobile phone bill where there are two or more mobile services, we will only pay the portion of the bill that applies to the worker

Bill payer benefit is available for injuries or illnesses occurring on or after 1 January 2024 and where the Employer pays and continues to pay the premiums at the time of injury or illness.

WorkCover Top-Up

A. Worker's Compensation Top-Up

Provides cover to the worker, for workplace accidents which are accepted by Australian jurisdiction statutory workers compensation schemes - the injury or illness must:

- Occur during the period of insurance; and
- Occur during working hours; and
- Give rise to an entitlement to compensation under any statutory workers compensation scheme
- A waiting period of twenty six (26) weeks must be exhausted

Benefits are payable for a maximum of seventy-eight (78) weeks or lesser period whilst a worker continues to be disabled and continues to receive weekly benefits from a statutory workers compensation scheme.

Temporary Total / Partial Disablement Top-Up Benefit

Tops up the difference between what WorkCover is paying and one hundred percent (100%) of pre-disability earnings to a combined maximum of \$900 (gross*) per week less tax (i.e the policy tops up the difference of what gross payments WorkCover is paying and your gross pre-injury earnings as calculated by WorkCover to a combined maximum of \$900 gross* per week less tax.

* Tax will be withheld from the gross weekly benefits by QBE as per ATO guidelines

Please Note

- If you are not receiving workers compensation payments, you are unable to claim this 'top-up benefit'.

Frequently Asked Questions

Q. How can I get full copy of the Policy?

- A. You should have received a copy or a link to the copy of the Policy from CIPL by email or post. If you have not received a copy of your Policy you should contact the CIPL office to be provided with one or log onto BOBB.

Q. Who will assess my claim?

- A. Total Claims Solutions who are appointed as claims managers of the insurance company are CIPL's dedicated claims managers. They are responsible for assessing and managing all claims.

Q. Do I need to get all sections of the claim form completed?

- A. Yes, a claim form cannot be considered until we receive the form completed in FULL. Incomplete answers and vague information will delay the assessment of your claim.

Q. What other information do I need to submit with my claim?

- A. Copies of any medical reports and/or discharge summary, patient notes, radiologist's reports that you may have been provided with will assist with the assessment of your claim.

Q. How long does it take for a claim to be considered?

- A. The initial assessment of your claim may take six (6) to seven (7) weeks, depending on the information required on your claim (delays will occur where the forms have not been completed in full).

Q. Can I fax or email through my claim form?

- A. Yes, however we need the original claim form prior to considering a claim.

Q. Do I have to wait 21 days before having to send my claim form in?

- A. No, if it appears that you are going to be off work for more than 21 days, you should complete a claim form and send it to Total Claims Solutions immediately.

Q. What is the maximum benefit period I can claim for?

- A. Weekly benefits are only payable for a total maximum of 104 weeks whilst deemed medically unfit to work for any one injury or illness or such lesser period whilst you are able to return to work; and 78 weeks in relation to Worker's Compensation Top Up.

Frequently Asked Questions (cont)

- Q. How is my pre-disability earnings calculated in relation to my weekly injury or illness claim.**
- A. It is the base hourly rate multiplied by 40 hours by 85% to the maximum of \$900 (gross) per week.
- Q. How is my pre-disability earnings calculated if I am employed as a casual worker?**
- A. It is the actual pre-disability earnings at the time of the occurrence and is the average of the actual declared earnings of an eligible worker, over the previous twelve (12) months or lesser period if the eligible worker has worked less than twelve (12) months.
- Q. Can I claim medical bills?**
- A. No, legislation does not allow for medical bills to be covered. Cover is only for weekly benefits whilst you are medically unfit to work as a result of an injury or illness.
- Q. How are my payments made?**
- A. Payments are made fortnightly in arrears whilst we have a current medical certificate. Payments can be either made by cheque or Electronic Funds Transfer (EFT).
- Q. What is regarded as pre-disability earnings to the WorkCover Top-Up section of the policy?**
- A. The worker's gross average weekly earnings as calculated by the workers compensation insurer.
- Q. Where is Total Claims Solutions?**
- A. Total Claims Solutions is located on Level 1, 62 Astor Terrace, Spring Hill, Brisbane, Qld
- Q. Where do I get a claim form?**
- A. You will need to contact Total Claims Solutions on (07) 3230 9300 for a claim form to be sent or you can download the claim forms from the following websites:
- | | |
|--|--|
| Total Claims Solutions | www.totalclaims.com.au |
| Construction Income Protection Limited | www.cipq.com.au |
- Once the claim form is completed, it must be sent directly to Total Claims Solutions.
- Q. Once my claim assessment is completed and my claim is approved how long until benefits are paid?**
- A. Payment can be made the same day the claim has been approved as long as we have a medical certificate on file for the applicable periods and a completed Tax File Number Declaration Form. Payments are made by cheque or EFT. If payments are made by EFT, funds will appear within 48 hours. If payments are made by cheque, the cheque will be posted within 5 working days.

Frequently Asked Questions (cont)

Q. What are my obligations when I have made a claim?

- A. You must follow medical advice and treatments from your treating medical practitioner, at all times, after sustaining your injury/illness; and, at our expense, undergo any medical examination by a doctor appointed by Total Claims Solutions, if required. Failure to comply may result in your claim payments ceasing.

You must notify us of any other insurance which will or may, whether in whole or part, cover any loss insured under this Policy. If at the time of any injury, illness or loss there's any other insurance which covers the same injury, illness or loss you must provide us with reasonable assistance we require to make a claim for contribution from any other insurer(s).

Q. What if I am able to claim loss of earnings from a third party?

- A. Subrogation would apply. We may recover any amount you have received in relation to any injury or illness covered by the policy up to the amount this policy has paid.

Q. What is the Internal Dispute Resolution Process?

- A. If you have any concerns about your claim please put your reasons for dispute in writing and we will review your file. All disputes will be reviewed internally by Total Claims Solutions. If you disagree with the decision, you can request the matter be reviewed by contacting QBE's Customer Care team on 1300 650 503 or email complaints@qbe.com, they will assist you.

If you are unable to resolve your dispute you can contact the Australian Financial Complaints Authority (AFCA) on 1800 931 678 between 9am-5pm AEST/AEDT weekdays or email info@afca.org.au.

Q. Who can I talk to if I need help filling out the form?

- A. Ask to speak to one of the case managers at:

Total Claims Solutions

T: (07) 3230 9300

E: claimsQLD@totalclaims.com.au

Q. Who are my CIPL Industry Liaison Coordinators?

- A. To find out who your CIPL Industry Liaison Coordinators are contact:

CIPL

T: 1300 261 114

E: enquiries@cipq.com.au

www.cipq.com.auw

Lodging a Claim

Construction Income Protection Limited (CIPL) members may be eligible to lodge an insurance claim under CIPL's Leisure Accident and Illness/WorkCover Top-Up Program

Step 1 - Request a Claim Form

If you believe you have suffered an injury or illness that may result in an insurance claim, contact Total Claims Solutions on (07) 3230 9300 or CIPL on 1300 261 114.

Alternatively, to download the appropriate insurance claim form visit:

Total Claims Solutions

www.totalclaims.com.au

Construction Income Protection Limited

www.cipq.com.au

Step 2 - Filling in the CIPL Insurance Claim Form

Complete all sections of the claim form in FULL. To support your claim, please include copies of medical reports, discharge summary, patient notes, radiologist's reports and any other relevant information.

Step 3 - Lodging Your Claim

Once completed, the claim form must be sent to:

Total Claims Solutions

Level 1, 62 Astor Terrace

Spring Hill, Qld 4000

Ensure you double-check that ALL sections of the claim form have been completed correctly before sending. Incomplete claim forms will delay the assessment of the claim.

Step 4 - Receiving the Claim

Your claim will be assigned to a Total Claims Solutions' case manager who will contact you to discuss your claim.

Please Note: Insurance Cover is only available for those workers where the Employer continues to pay the relevant contributions. If a period exists where no contribution has been paid on your behalf while employed, then no cover will apply for such period. This also applies where there are gaps in the insurance payments.

Construction Income Protection Limited ABN 43 110 841 962



Construction Income Protection (CIPL)

Level 1, 35 Astor Terrace

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Total Claims Solutions Pty Ltd ABN 42 389 515 023 is acting as Claims Managers on behalf of QBE Insurance (Australia) Limited ABN 78 003 191 035



Total Claims Solutions

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T: (07) 3230 9300

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For all enquiries pertaining to the information supplied in this brochure please contact Windsor Management Insurance Brokers Pty Ltd AFS Licence Number 230747 ACN 083 775 795



**Windsor Management Insurance
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