

GROUP JOURNEY INSURANCE



Quick Cover Application Form

EDGE UNDERWRITING has become renowned for providing market leading insurance solutions in their chosen specialist product areas. As a Coverholder at Lloyds, Edge provides access to Lloyd's world renowned brand, security and ratings.

With Workers Compensation Insurance benefits continually changing, having a comprehensive Group Journey policy in place is vital for employers and employees. It can assist employers attract and retain staff and can assist with the financial security of employees. This is where Edge can provide you with exceptional Group Journey Insurance and peace of mind.

KEY FEATURES	
<ul style="list-style-type: none"> • Operation of Cover The benefits provided under the policy are payable when the Injury solely and directly occurs to the Insured Person whilst such person is engaged in Direct Travel between their normal residence and place of employment for the purposes of starting or ending their day's work. • Death & Capital Benefits of up to \$250,000 • Weekly Benefits – 100% of Average Weekly Earnings to a Maximum of \$2,500 per week • Fractured Bones Benefit of up to \$5,000 • Dental Benefits of up to \$2,000 	<ul style="list-style-type: none"> • Claims Edge understands the critical role of the claims handling process which is why we've engaged the AUSTRALIAN claims team of the security provider.
	<p>UNDERWRITING CRITERIA</p> <ul style="list-style-type: none"> • No air travel or off-shore travel; • The Insured's total insurance claims in respect to Group Journey Insurance over the past 2 years is below \$2,000; • The Insured is domiciled in Australia and provides an ABN. <p>If your Client requires cover outside any of the above criteria, please contact Edge on 08 9420 7900 for a Quote.</p>

BENEFIT**Section A. Weekly Benefits**

The Condition		The Benefit
1.1	Temporary Total Disablement	For each week of Temporary Total Disablement, the Weekly Benefit stated in the Certificate of Insurance or the percentage of the Insured Person's Earnings stated in the Certificate of Insurance (whichever is the lesser) payable for up to the maximum benefit period stated in the Certificate of Insurance.
1.2	Temporary Partial Disablement	For each week of Temporary Partial Disablement, the difference between the Insured Person's Temporary Total Disablement benefit as stated in Section A 1.1 above and the amount the Insured Person is earning as a direct result of Temporary Partial Disablement, payable up to the maximum benefit period stated in the Certificate of Insurance when combined with any benefit paid for the same condition under Section A. 1.1 above.

Section B. Lump Sum Benefits

The Condition		The percentage of Lump Sum Insured stated in the Certificate of Insurance as follows:
2.	Death	100%
3.	Permanent Total Disablement	100%
4.	Permanent and incurable paralysis of all limbs	100%
5.	Permanent Total Loss of sight of both eyes	100%
6.	Permanent Total Loss of sight of one eye	100%
7.	Permanent Total Loss of use of two limbs	100%
8.	Permanent Total Loss of use of one limb	100%
9.	Permanent and incurable insanity.	100%
10.	Permanent Total Loss of hearing in (a) both ears (b) one ear	80% 20%
11.	Permanent Total loss of the lens of one eye	60%
12.	Permanent Total Loss of four fingers and thumb of either hand	70%
13.	Permanent Total Loss of four fingers of either hand	50%
14.	Permanent Total Loss of use of one thumb of either hand (a) both joints (b) one joint	30% 15%
15.	Permanent Total Loss of use of fingers of either hand (a) three joints (b) two joints (c) one joint	10% 7.5% 5%
16.	Permanent Total Loss of use of toes of either foot (a) all - one foot (b) great - both joints (c) great - one joint (d) other than great, each one	15% 5% 3% 1%
17.	Shortening of leg by at least 5cm	7.5%

Section C. Fractured Bones Benefits

The Condition		The percentage of Lump Sum Insured stated in the Certificate of Insurance as follows:
18.	Complete Fracture of the neck, skull or spine	100%
19.	Complete Fracture of the hip or pelvis	75%
20.	Complete Fracture of the shoulder or shoulder blade	50%
21.	Collarbone or upper leg or simple, hairline or other fracture of neck, skull or spine	30%
22.	Upper arm, forearm, elbow or kneecap	25%
23.	Lower leg, jaw, wrist, cheek, ankle, hand or foot	20%
24.	Leg or patella with established non union	10%
25.	Rib(s)	10%
26.	Finger, thumb or toe	7.5%

Section D. Dental Benefits

The Condition		The percentage of Lump Sum Insured stated in the Certificate of Insurance as follows:
27.	Loss of Teeth resulting in prosthetic replacement	100%
28.	Damage to Teeth resulting in prosthetic restoration	50%

■ REQUEST TO ACCEPT AND BIND COVER

Name of Insured:			
Address:			
Period of Insurance	From: 4 :00pm on		To: 4 :00pm on
Lump Sum Benefit	\$100,000	\$200,000	\$250,000
Weekly Benefit Excess	0 days	7 days	14 days
Number of Employees			
Declaration	I have read and understood the underwriting criteria and confirm this risk satisfies each criterion		

General Advice Warning

The information on this application form is of a general nature only and is correct at the time of publishing (October 2015). It does not take your clients specific needs or circumstances into consideration and nothing stated herein alters the terms and conditions of the policy. The Product Disclosure Statement, policy wording and our FSG can be found on our website (<http://edgeunderwriting.com.au>).

Edge Underwriting Pty Ltd ABN 50 150 700 468 AFSL 407682.

EDGE WILL CONFIRM PREMIUM PRIOR TO BINDING

COVER & PRICING

The indicative base premiums below are annual and are **inclusive of 17.5% commission**. Our UW Agency Fee, GST on Fee, Stamp Duty and GST are additional. We will confirm full premiums details once we have assessed this application and prior to binding cover.

\$100,000 Lump Sum Benefit				
No. of Employees	Indicative Rate (Per Employee)			Indicative Minimum Base Premium
	Nil Wait	7 day Wait	14 Day wait	
1 - 10	\$58.44	\$46.75	\$42.63	\$522.50
11 - 20	\$32.14	\$23.28	\$23.14	\$574.75
21 – 50	\$14.03	\$25.61	\$10.10	\$570.00
51 – 100	\$11.69	\$9.35	\$8.42	\$627.00
110 – 200	\$9.93	\$7.95	\$7.15	\$1,045.00
201 - 500	\$9.35	\$7.48	\$6.73	\$1,567.50

\$200,000 Lump Sum Benefit				
No. of Employees	Indicative Rate (Per Employee)			Indicative Minimum Base Premium
	Nil Wait	7 day Wait	14 Day wait	
1 - 10	\$68.75	\$55.00	\$49.50	\$605.00
11 - 20	\$37.82	\$30.25	\$27.23	\$605.00
21 – 50	\$16.50	\$13.20	\$11.88	\$660.00
51 – 100	\$13.75	\$11.00	\$9.90	\$825.00
110 – 200	\$11.69	\$9.35	\$8.42	\$1,100.00
201 - 500	\$11.00	\$8.80	\$7.92	\$1,650.00

\$250,000 Lump Sum Benefit				
No. of Employees	Indicative Rate (Per Employee)			Indicative Minimum Base Premium
	Nil Wait	7 day Wait	14 Day wait	
1 - 10	\$75.63	\$60.50	\$54.45	\$632.50
11 - 20	\$41.59	\$33.28	\$29.95	\$695.75
21 – 50	\$18.15	\$14.52	\$13.07	\$759.00
51 – 100	\$15.13	\$12.10	\$10.89	\$948.75
110 – 200	\$12.86	\$10.29	\$9.30	\$1,265.00
201 - 500	\$12.10	\$9.68	\$8.71	\$1,897.50

Office Use Only	Base Premium	\$
	GST	\$
	Stamp Duty	\$
	UW Agency Fee	\$ 50.00
	GST on Fee	\$ 5.00
	Total	