



# Accident and Illness Benefits Program



**For building and construction  
workers in New South Wales**

UPDATED 1 OCTOBER 2025





Incolink was established in 1988 as the industry redundancy scheme to support workers between jobs.

As well as managing funds for workers, Incolink supports the Industry with a range of benefits and services.

Phone: 1800 337 789

Website: [incolink.org.au](http://incolink.org.au)

Address: 1 Pelham Street, Carlton VIC 3053

### IMPORTANT DISCLAIMER & COPYRIGHT

The Incolink Accident & Illness Benefits program brochure is only intended to provide a general overview of the benefits available under the various insurance policies governing the Accident and Illness Benefits program. It does not contain all the information that may be relevant to the matters included in it. The information is provided as a matter of interest only – **this information is not an insurance policy.**

Conditions apply to the benefits that may be available under those insurance policies. 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 Incolink and the circumstances under which these benefits may be claimed.



#### PLEASE NOTE:

Incolink is only the administrator of the Building and Construction Industry Accident and Illness Benefits program. The Insurance Policy is arranged by Windsor Management Insurance Brokers ACN 083 775 795 AFS Licence Number 230747 and distributed by Incolink. Incolink does not manage or process claims (except funeral claims). Incolink is not a holder of an Australian Financial Services Licence and does not give any advice in relation to those insurance policies.

The Personal Accident & Illness Leisure Time policies (being Personal Accident Leisure Time and Leisure Time Illness/WorkCover Top-Up & Workplace Death and Capital Benefits ) are underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFS Licence number 239545. All claims under these policies are managed by Total Claims Solutions, who have been appointed as Claims Manager on behalf of QBE Insurance (Australia) Limited. Total Claims Solutions Pty Ltd ACN 131 362 671 is an Authorised Representative No. 001294613 of Windsor Management Insurance Brokers Pty Ltd ACN 083 775 795 AFSL No. 230747.

The Discretionary Funeral Cover is provided via Incolink's Discretionary fund and is governed by the Discretionary Funeral Guidelines. Discretionary Funeral Cover claims are managed by Total Claims Solutions.

#### COPYRIGHT

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**Please note: The details contained herein only apply to workers whose employer is paying the applicable Incolink Redundancy (where applicable) and insurance premium for the Incolink Personal Accident & Illness program. If you are not certain about your cover you should urgently check with your employer as they may be paying into another insurance program, which means that you may not be covered under our Accident and Illness Benefits Program.**

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Incolink is the trading name of the Redundancy Payment Central Fund Ltd, a Company Incorporated in Australia. The Company acts as the Trustee of the various Trusts, which governing Trust Deeds are applicable to employers and their workers within the commercial building and construction sector.

# What cover applies to me?

**If your employer is paying and is up to date with Incolink insurance premiums**

## **Insurance Cover**

- Leisure Time Injury – Weekly Benefits
- Broken Bones
- Capital Benefits
- Bill Payer
- Pre-Term Labour & Miscarriage Benefit
- Leisure time Illness – Weekly Benefits
- Workers Compensation Top-Up
- Workplace Death & Capital Benefits

**Discretionary Cover** (redundancy contributions must be current)

- Funeral

**FAQ**

Please refer to the  
**Frequently Asked  
Questions (FAQ's)**  
on page 33.



# Personal Accident Leisure Time Insurance

## A. Important Definitions/Information

## B. Leisure Time Injury – Weekly Benefits

## C. Broken Bones

## D. Capital Benefits

## E. Bill Payer

## F. Pre-Term Labour & Miscarriage Benefit

### A. Important Definitions/Information

#### When is cover in place?

Cover is only available for those workers where the employer continues to pay the insurance premiums. You can check that your payments are up to date by logging into WorkerLink via the Incolink smartphone app, or [incolink.org.au](http://incolink.org.au) or by calling Incolink on **1800 337 789**.

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

Where back payments have been made, after an injury and a claim is submitted, the claim will not be considered. Insurance premium payments, must be current at the time of injury.

## What is not covered?

Certain events or circumstances resulting in a claim are not covered. These circumstances include but are not limited to:

1. War (whether declared or not) or other hostilities, including but not limited to acts of foreign enemies, civil war or rebellion.
2. Any act of terrorism, which involves or is connected with biological, chemical, radioactive, or nuclear pollution or contamination or explosion.
3. Radioactivity or any nuclear material or action of nuclear fission or fusion.
4. Intentional self injury or suicide or any attempt at suicide.
5. Flying or other aerial activity unless a passenger in a properly licensed aircraft.
6. A worker's criminal or illegal act.
7. Training for or playing in any professional or non-professional sport, or activity organised by any sporting organisation, authority, club or centre.
8. A 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.
9. Any medical condition for which the worker has required medication, or any treatment or advice from a doctor, chiropractor or physiotherapist on the six (6) months before:
  - The commencement of the worker's cover; or
  - The resumption of the worker's cover following a period of at least six (6) consecutive months for which no insurance premium has been paid.
10. The policy does not provide benefits or entitlements to benefits to a worker for any period when they are outside of Australia or while they are serving a prison sentence or remanded in custody.

## Worker

A worker is defined as a worker who is currently obtaining a salary and actively working for a registered Incolink Employer member whose insurance premium payments are current at the time of injury.

## Dependants

Means the worker's spouse (or partner with whom the worker has cohabited for not less than three [3] consecutive months), whose gross earnings commencing 1 January 2025 are less than \$25,000 per year in the 12 months immediately prior to the date of disablement, or the date the worker first becomes disabled from the illness, and the unmarried financially dependent children of the worker up to 16 years of age, or up to 25 years of age if a full time student.

### When does cover cease?

- Upon your 70<sup>th</sup> birthday.
- If your insurance premium payments are not current at the time of your injury.
- If you commence work for an employer who is not registered with Incolink.

We may also be entitled to refuse to pay or to reduce the amount of a claim if:

- It is in any way fraudulent.
- Fraudulent means or devices are used by you, or anyone acting on your behalf, to obtain any benefits under this policy.



**Please refer to the  
Frequently Asked  
Questions (FAQ's)  
on page 33.**

## B. Leisure Time Injury – Weekly Benefits

Provides cover to workers only, for accidents, where a worker suffers an injury in their leisure time, which prevents a worker from working. The injury must:

- Occur during the period of insurance;
- 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.

### Benefit payable period

Weekly benefits will be paid whilst a worker continues to suffer disablement up to a maximum of (or such lesser period whilst a worker is unable to return to their occupation as a result of their injury):

- 156 weeks for a worker aged up to 64 years;
- 104 weeks for a worker aged 65 years and over, and in relation to a statutory motor vehicle claim; or
- 26 weeks in respect to a claim resulting from pregnancy, childbirth or miscarriage or any complication arising from any of those conditions

for any one period of disablement as a result of injury.

The same injury cannot be claimed twice if you have been paid the maximum benefit period.

### When will payments be made?

Once a claim has been accepted payments commence from the 15<sup>th</sup> 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.

Weekly benefits will be increased from the 53<sup>rd</sup> week by 5%, whilst a worker continues to suffer total disablement as a result of the claimed injury.

**PLEASE NOTE:** If your claim is as a result of a motor vehicle accident, you must lodge a claim with the relevant statutory provider for personal injury benefits. This includes but is not limited to an event if you are a:

- Driver or passenger in a motor vehicle; or
- Rider or pillion passenger of a motorcycle; or
- Pedestrian; or
- Cyclist

Benefits will be reduced by any amount you receive under a statutory transport accident scheme.

**PLEASE NOTE:** Weekly Benefits will commence once CTP benefits are being paid and will be reduced by the statutory benefits received.

**Weekly benefits payable**

**Pre-Disability Earnings** - The average gross weekly remuneration paid to a worker over twenty-six (26) consecutive weeks (or the workers' period of employment if less) prior to the Injury that resulted in the claim:

- Including the industry standard productivity allowance (or such similar allowances) and overtime payments;
- Excluding compulsory superannuation fund contributions; and
- Excluding other performance related payment(s) and meal allowance, over award travel allowances, commission and redundancy payments.

Weekly Benefit	85% of pre-disability earnings to a maximum of \$2,200 (gross) per week
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The weekly benefit paid will be the lesser of:

- 85% of the worker's pre-disability earnings; or
- \$2,200 (gross) maximum and will be reduced by:
  - Income the worker derives from any gainful employment.
  - Any paid parental leave.
  - Weekly benefits paid under a statutory transport accident scheme.

**Any disablement must occur within 12 months from the date of injury.**

**Example 1: Calculation of benefit**

If your average pre-disability earnings is \$1,800, then 85% of your average pre-disability earnings is \$1,530 (gross) per week. The weekly benefit payable is \$1,530 (gross) per week as it is the lesser amount.

**Example 2: Calculation of benefit**

If your average pre-disability earnings is \$2,800, then 85% of your average pre-disability earnings is \$2,380. The weekly benefit payable is capped at the maximum benefit \$2,200 (gross) per week.

The net payment will depend on how much tax is withheld (subject to your tax declaration).

**Continuation of cover**

A worker will continue to be covered for a period of nine (9) consecutive months from the last recorded and paid insurance premium to Incolink unless or until they start working for an employer who is not registered with Incolink provided:

- They are unemployed;
- Remain in or are actively seeking work in the commercial building and construction industry within Australia; and
- Are registered as seeking work with Incolink's Job Support service, union job registry, Centrelink or equivalent.

The continuation of cover provision does not apply to a worker who is:

- Self employed as a sole trader;
- A partner in a partnership;
- Incolink staff members or Incolink board members;
- An office based worker of an employer member; or
- A director, company secretary, member, shareholder or officer of a proprietary limited company.

The continuation of cover does not apply to the Bill Payer benefit. Weekly benefits payable where the injury occurs in the 9 month period:

**Weekly Benefit**

With dependants	\$975
Without dependants	\$755

## C. Broken bones

Provides cover to workers only where a worker suffers injury during their leisure time, resulting in a break or hairline fracture of a bone shown below. No work related accidents or accidents during a journey are covered in this section.

	<b>Breaks</b>	<b>Hairline fractures</b>
Neck	\$8,000	\$2,400
Skull	\$8,000	\$2,400
Spine	\$8,000	\$2,400
Hip	\$6,000	\$6,000
Jaw	\$4,000	\$1,600
Pelvis	\$4,000	\$1,600
Leg	\$4,000	\$1,600
Ankle	\$4,000	\$1,600
Knee	\$4,000	\$1,600
Cheekbone	\$2,400	\$2,400
Shoulder	\$2,400	\$2,400
Arm	\$2,000	\$800
Elbow	\$2,000	\$800
Wrist	\$2,000	\$800
Nose	\$1,600	\$1,600
Collarbone	\$1,600	\$1,600
Ribs	\$800	\$800
Foot	\$600	\$600
Hand	\$600	\$600



**Please refer to the  
Frequently Asked  
Questions (FAQ's)  
on page 33.**



The type of break or hairline fracture is determined by the information detailed in the radiologist report. The following definitions apply:

**Ribs** - Means one or many. Cover of \$800 is paid whether one, two or three ribs break.

**Break** – Fracture of a bone which is complete or incomplete resulting from injury which does not include a hairline fracture and, in the opinion of a registered medical practitioner requires medical treatment.

**Hairline Fracture** – A fracture of a bone without separation of the fragments, being hairlike and, in the opinion of a registered medical practitioner requires medical treatment.

The maximum benefit payable for a broken or hairline fractured bone/s for any one injury is \$8,000.

## D. Capital Benefits

Provides cover to workers only where a worker suffers injury in their leisure time resulting in any of the following payable conditions which must occur within 12 months of the date of injury. Injury resulting in:

Payable conditions		Worker with dependants	Worker without dependants
1	Death *Additional benefit Child Care Assistance (Accidental Death)	\$40,000	\$25,000
2	Permanent paraplegia	\$40,000	\$25,000
3	Permanent quadriplegia	\$40,000	\$25,000
4	Permanent total loss of entire sight of one/ both eye/s	\$40,000	\$25,000
5	Permanent and incurable paralysis of all limbs	\$40,000	\$25,000
6	Permanent unsound mind to the extent of legal incapacity as diagnosed by a registered medical practitioner with expertise in the assessment of cognitive capacity	\$40,000	\$25,000
7	<b>Permanent total loss of hearing:</b>		
7.1	In both ears	\$32,000	\$20,000
7.2	In one ear	\$8,000	\$5,000
8	<b>Permanent total loss of the use of:</b>		
8.1	Four fingers and thumb of either hand	\$30,000	\$18,750
8.2	Four fingers of either hand	\$16,000	\$10,000
8.3	One thumb, both joints	\$12,000	\$7,500
8.4	One thumb, one joint	\$6,000	\$3,750
8.5	A finger, three joints	\$4,000	\$2,500
8.6	A finger two joints	\$3,000	\$1,875
8.7	A finger one joint	\$2,000	\$1,250
9	<b>Permanent total loss of the use of:</b>		
9.1	All the toes on one foot	\$6,000	\$3,750
9.2	Great toe, both joints	\$2,000	\$1,250
9.3	Great toe, one joint	\$1,200	\$750
9.4	Other toe (each toe)	\$400	\$250

Payable conditions		Worker with dependants	Worker without dependants
10	Permanent loss of the lens of one eye	\$24,000	\$15,000
11	<b>Third degree burns and/or resultant disfigurement which covers:</b>		
	More than 40% of the entire body	\$20,000	\$12,500
	Between 20% and 39% of the entire body	\$10,000	\$6,250
12	Fracture of a leg or patella with established non-union	\$4,000	\$2,500
13	Shortening of the leg by five (or more) centimetres	\$3,000	\$1,875

The maximum capital benefit paid for any one accident is \$40,000 for a worker with dependants and \$25,000 for a worker with no dependants.

#### \* **Additional Capital Benefit - Child Care Assistance**

In the event of the death of a worker with a dependant child for which a benefit is payable under this part of the Policy or the death of a worker's spouse (as a result of death by an accident) if they have a dependant child with the worker, we will reimburse child care expenses incurred where the care is undertaken by a registered child care facility within the twelve (12) months of the worker's or their spouse's death. The maximum amount payable under this benefit is \$30,000. For the purpose of this additional benefit a dependant child is a person who:

- Is up to and including age thirteen (13) at the time of the death of the worker or their spouse;
- Is stated on the Death Certificate to be the child of the worker or their spouse; and
- Is residing with the worker or spouse at the time of the worker's or spouse's death.

#### **What we will not pay**

- Any form of tuition fees.
- Any child care expenses for which a Government rebate can be claimed.

## **E. Bill Payer Benefits**

Provides cover to the worker only, after 14 consecutive days of disablement, and is only payable with any of the following weekly benefit covers:

- Leisure Time Injury – 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) of any one period of disablement per claim.

### **Bills are limited to:**

- Electricity
- Water
- Gas
- Telephone (landline or mobile)
- Tuition fees (for primary school, secondary school or tertiary education for a worker's dependants)

### **Bill Payer conditions:**

- Bills must be issued by the service provider within the period of disablement.
- No benefit shall be payable for any domestic bills which is received during the first fourteen consecutive days 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.

## **F. Pre-Term Labour and Miscarriage**

While you are pregnant and during the operative time of the policy you suffer premature childbirth (after 13 weeks prior to 26 weeks gestation), or stillbirth (a fetal death prior to birth of a baby of 20 or more completed weeks gestation of 400 grams or more birth weight) we will pay you a lump sum benefit of \$10,000.

# Discretionary Cover - Funeral

## A. Important Definitions/Information

## B. Benefit

### When is cover provided?

Cover is only available for those workers where the employer continues to pay the redundancy contributions. You can check that your payments are up to date by logging into WorkerLink via the Incolink smartphone app, or [incolink.org.au](http://incolink.org.au) or by calling Incolink on **1800 337 789**.

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

Where back payments have been made after the death, and a claim is submitted, the claim will not be considered. Redundancy contribution payments must be current at the time of death.

## A. Important Definitions/Information

Incolink maintains a Funeral Discretionary Fund which provides funeral cover for worker members of Incolink in accordance with the Incolink Funeral Guidelines.

### Worker

Means a worker who is currently obtaining a salary and actively working for a registered Incolink employer member whose redundancy contributions payments are current at the date of death.

## **When does cover cease?**

At the Incolink Board's absolute discretion, no cover is available where without limitation:

- The member turns 70 - that is, on their 70th birthday.
- While employed, the Member's redundancy contributions are not current at the time of death. That is, gaps in redundancy contribution payments will mean no cover.
- At the end of nine (9) months from the last recorded and paid redundancy contribution, whilst a worker has been unemployed.
- Where back payments have been made after the date of death and a claim is submitted, the claim will not be considered. Redundancy contribution payments must be current at the date of death.
- The member commences any form of employment outside the commercial building and construction industry and/or with a company this is not registered with Incolink.
- A claim is made more than 12 months after the date of death.



**Please refer to the  
Frequently Asked  
Questions (FAQ's)  
on page 33.**

## B. Benefit

Provides a benefit of \$11,000, payable to the estate/beneficiary or funeral parlour, when a worker or unemployed worker dies. Cover is provided 24 hours a day, 7 days a week.

### **What needs to be provided when submitting a claim for Funeral Cover?**

When submitting a claim form, a full certified death certificate stating the cause of death must be supplied along with proof of funeral costs paid, Probate or Letters of Administration and other supporting documentation may be required. Please contact Total Claims Solutions to find out more information about the process and the relevant supporting documentation required. Please visit Total Claims Solutions' website for the appropriate claim forms to complete.

Discretionary Funeral Cover claims are managed by Total Claims Solutions, who will assess claims promptly once all relevant paperwork is received and notify you of the decision. To assist Total Claims Solutions in assessing your claim quickly and to avoid unnecessary delays, it is important that you fully complete the relevant claim form and provide all the required supporting documentation.

All claims must be submitted within twelve (12) months from the date of death or the claim may not be accepted.

Please contact Total Claims Solutions for further assistance on **(03) 9320 8588** or via email **[claimsVIC@totalclaims.com.au](mailto:claimsVIC@totalclaims.com.au)**.

## **Continuation of cover**

A worker will continue to be covered for a period of nine (9) consecutive months from the last recorded and paid redundancy contribution unless or until they start working for an employer who is not registered with Incolink provided:

- They are unemployed;
- Remain in or are actively seeking work in the commercial building and construction industry within Australia; and
- Are registered as seeking work with Incolink's Job Support service, union job registry, Centrelink, or equivalent.

The continuation of cover provision does not apply to a worker who is:

- Self employed as a sole trader;
- A partner in a partnership;
- Incolink staff members or Incolink board members;
- An office based worker of an employer member; or
- A director, company secretary, member, shareholder or officer of a proprietary limited company.

*Please note, this is not an exhaustive guide. Contact Total Claims Solution for more information on who is covered and when, including how to and who can make a claim; and what you need to provide. A copy of the Incolink Discretionary Funeral Guidelines are available upon request.*

# Leisure Time Illness/ Workcover Top-Up & Workplace Death & Capital Benefits

## A. Important Definitions/Information

### B. (i) Leisure Time Illness – Weekly Benefits

#### (ii) Bill Payer

## C. Workers Compensation Top-Up

## D. Workplace Death & Capital Benefits

### A. Important Definitions/Information

#### When is cover in place?

Cover is only available for those workers where the employer has agreed and continues to pay the insurance premiums. You can check that your payments are up to date and that your employer is paying your weekly premium by logging into WorkerLink via the Incolink smartphone app, or [incolink.org.au](http://incolink.org.au) or by calling Incolink on **1800 337 789**.

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

Premium payments must be current at the time of illness/injury. If a period exists where no premium payments have been paid on behalf of a worker then no cover will apply for such period. No backdating of premium payments will be accepted.

## **Worker**

Means a worker, who is currently obtaining a salary and actively working for a registered Incolink employer member and whose insurance premiums payable are current at the time of illness/injury.

## **Dependants**

Means the worker's spouse (or partner with whom the worker has cohabited for not less than three [3] consecutive months), whose gross earnings commencing 1 January 2025 are less than \$25,000 per year in the 12 months immediately prior to the date of disablement, or the date the worker first becomes disabled from the illness, and the unmarried financially dependent children of the worker up to 16 years of age, or up to 25 years of age if a full time student.

### **When does cover cease?**

- Upon a worker's 70<sup>th</sup> birthday.
- If your insurance premiums are not current at the time of your illness/injury.
- You commence working for an employer who is not registered with Incolink.
- You are unemployed at the time of your illness/ injury.

## **What is not covered?**

Certain events or circumstances resulting in a claim are not covered. These circumstances include but are not limited to:

1. War (whether declared or not) or other hostilities, including but not limited to acts of foreign enemies, civil war or rebellion.
2. Any act of terrorism which involves or is connected with biological, chemical, radioactive, or nuclear pollution or contamination or explosion.
3. Radioactivity or any nuclear material or action of nuclear fission or fusion.
4. Intentional self injury or suicide or any attempt at suicide.
5. Flying or other aerial activity unless a passenger in a properly licensed aircraft.

6. A worker's criminal or illegal act.
7. Training for or playing in any professional or non- professional sport, or activity organised by any sporting organisation, authority, club or centre.
8. A 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.
9. 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 of the worker's cover; or
  - The resumption of the worker's cover following a period of a least six (6) consecutive months for which no insurance premium contributions have been paid.
10. The Policy does not provide benefits or entitlements to benefits to a worker for any period when they are outside of Australia or while they are serving a prison sentence or remanded in custody.

We may also be entitled to refuse to pay or to reduce the amount of a claim if:

- It is in any way fraudulent.
- Fraudulent means or devices are used by you, or anyone acting on your behalf to obtain any benefits under this Policy.

**FAQ**

**Please refer to the  
Frequently Asked  
Questions (FAQ's)  
on page 33.**

## **B. (i) Leisure Time Illness – Weekly Benefits**

Provides cover to workers only, where a worker suffers an illness in their leisure time which prevents a worker from working. The illness:

- Must occur and treatment is sought from a registered medical practitioner and disablement commences during the period of insurance;
- Is not an injury; and
- Does not give rise to any entitlement to compensation under any statutory workers compensation scheme.

### **When do payments commence?**

Once the claim has been accepted, payments commence from the 15th day onwards from the date a worker first seeks medical advice/treatment from a registered medical practitioner and is disabled which has not been separated by a return to work.

### **Benefit payable period**

Weekly benefits will be paid whilst a worker continues to suffer disablement up to a maximum of (or such lesser period whilst a worker is unable to return to their occupation as a result of their illness):

- 156 weeks for a worker aged up to 64 years;
- 104 weeks for a worker aged 65 years and over, and in relation to a statutory motor vehicle claim; or
- 26 weeks in respect to a claim resulting from pregnancy, childbirth or miscarriage or any complication arising from any of those conditions

for any one period of disablement as a result of illness.

The same illness cannot be claimed twice if you have been paid the maximum benefit period.

**PLEASE NOTE:** If your claim is as a result of a motor vehicle accident, you must lodge a claim with the relevant statutory provider for personal injury benefits. This includes but is not limited to an event if you are a:

- Driver or passenger in a motor vehicle; or
- Rider or pillion passenger of a motorcycle; or
- Pedestrian; or
- Cyclist

Benefits will be reduced by any amount you receive under a statutory transport accident scheme.

**PLEASE NOTE:** Weekly Benefits will commence once CTP benefits are being paid and will be reduced by the statutory benefits received.

### Weekly benefits payable

**Pre-disability earnings** - The average gross weekly remuneration paid to a worker over twenty-six (26) consecutive weeks (or the workers' period of employment if less) prior to the illness that resulted in the claim:

- Including the industry standard productivity allowance (or such similar allowances) and overtime payments;
- Excluding compulsory superannuation fund contributions; and
- Excluding other performance related payment(s) and meal allowance, over award travel allowances, commission and redundancy payments.

Weekly Benefit	85% of pre-disability earnings to a maximum of \$2,200 (gross) per week
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The weekly benefit paid will be the lesser of:

- 85% of the worker's pre-disability earnings; or
- \$2,200 (gross) maximum and will be reduced by:
  - Income the worker derives from any gainful employment.
  - Any paid parental leave.
  - Weekly benefits paid under a statutory transport accident scheme.

#### Example 1: Calculation of benefit

If your average pre-disability earnings is \$1,800, then 85% of your average pre-disability earnings is \$1,530 (gross) per week. The weekly benefit payable is \$1,530 (gross) per week as it is the lesser amount.

#### Example 2: Calculation of benefit

If your average pre-disability earnings is \$2,800, then 85% of your average pre-disability earnings is \$2,380. The weekly benefit payable is capped at the maximum benefit \$2,200 (gross) per week.

The net payment will depend on how much tax is withheld (subject to your tax declaration).

Weekly benefit will be increased from the 53rd week by 5%, whilst a worker continues to suffer total disablement as a result of the claimed Leisure Time illness.

Any disablement must occur within 12 months from the date of illness.

## **B. (ii) Bill Payer Benefits**

Provides cover to the worker only, after 14 consecutive days of disablement, and is only payable with Leisure Time Illness – Weekly Benefits cover.

### **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) of any one period of disablement per claim.

### **Bills are limited to:**

- Electricity
- Water
- Gas
- Telephone (landline or mobile)
- Tuition fees (for primary school, secondary school or tertiary education for a worker's dependants)

### **Bill Payer conditions:**

- Bills must be issued by the service provider within the period of disablement.
- No benefit shall be payable for any domestic bills which is received during the first fourteen consecutive days 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.



## C. Workers Compensation Top-Up

Provides cover to workers only, for workplace accidents which are accepted by an Australian jurisdiction statutory workers compensation scheme which;

- Occurs during the period of insurance;
- Occurs during working hours; and
- Gives rise to an entitlement to compensation under any statutory workers compensation scheme.

Benefits are provided from the 31<sup>st</sup> day of disablement whilst in receipt of WorkCover payments for a maximum period of 104 weeks, or such lesser period, whilst the worker continues to be disabled and WorkCover continues to pay benefits.

### Weekly benefits payable

The worker will be paid top up benefits being the difference between what the statutory workers' compensation scheme pays and the actual gross rate of 100% of a worker's pre-disability earnings, calculated by the statutory workers' compensation scheme to a combined maximum of \$2,780 (gross) per week. Please note, the increased maximum is effective for workplace injuries occurring on or after 1 October 2025.

Weekly Benefit	100% of pre-disability earnings determined by the statutory workers' compensation scheme to a combined maximum of \$2,780 (gross) per week*
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\*Note: 100% to a maximum of \$2,500 (gross) per week for injuries occurring before 1 January 2025, and \$2,700 (gross) per week for injuries occurring between 1 January - 30 September 2025.

### Example

- WorkCover has determined John's pre-disability earnings to be \$2,900 per week.
- We pay up to the policy limit of \$2,780, as John's pre-disability earnings are greater than the maximum benefit.
- WorkCover is paying John \$2,320 per week.
- We top up the difference between the policy limit of \$2,780 and John's WorkCover payment of \$2,320, which is \$460.
- Under this Top-up cover, John will be paid \$460 (gross) per week.

*Please note: When determining your top up entitlement, if your 100% of your pre-disability earnings is above our combined maximum of \$2,780 gross per week, your top up entitlements will be the difference of your weekly benefit paid by the statutory workers' compensation scheme and \$2,780.*

## D. Workplace Death & Capital Benefits

Provides cover to workers only, where a worker suffers a workplace injury resulting in death or permanent total disablement, as listed below, which is not an illness and is covered by a statutory workers compensation scheme.

Capital Benefits Table Payable Condition – an injury resulting in		Worker with dependants	Worker without dependants
1	Death *Additional benefit Child Care Assistance (Accidental Death)	\$400,000	\$200,000
2	Permanent quadriplegia	\$400,000	\$200,000
3	Permanent paraplegia	\$400,000	\$200,000
4	Permanent and incurable paralysis of all limbs	\$400,000	\$200,000
5	Third degree burns which cover more than 50% of the entire body	\$200,000	\$100,000
6	Permanent total loss of sight in one/both eyes	\$400,000	\$200,000
7	Permanent total loss of the hearing in both ears	\$250,000	\$150,000
8	Permanent total loss of lens of the one eye	\$100,000	\$50,000
9	Permanent total loss of the hearing in one ear	\$100,000	\$50,000
<b>Permanent total loss of the use of:</b>			
10	Both hands	\$400,000	\$200,000
11	Both arms	\$400,000	\$200,000
12	Both feet	\$400,000	\$200,000
13	Both legs	\$400,000	\$200,000
14	One hand and one foot	\$400,000	\$200,000
15	One hand or one arm	\$200,000	\$100,000
16	One foot or one leg	\$200,000	\$100,000
17	Four fingers and one thumb	\$150,000	\$75,000
18	Both joints of one thumb	\$60,000	\$30,000
19	One joint of one thumb	\$30,000	\$15,000
20	Three joints of one finger	\$30,000	\$15,000
21	Two joints of one finger	\$20,000	\$10,000
22	One joint of one finger	\$10,000	\$5,000

Capital Benefits Table Payable Condition – an injury resulting in		Worker with dependants	Worker without dependants
23	All toes of one foot	\$30,000	\$15,000
24	Great toe – both joints	\$15,000	\$7,500
25	Great toe – one joint	\$10,000	\$5,000
26	Each toe other than great	\$10,000	\$5,000
<b>Other conditions:</b>			
27	Fractured leg or patella with established non-union	\$20,000	\$10,000
28	Third degree burn which covers between 20% and 49% of the entire body	\$100,000	\$50,000
29	Loss of at least 50% of all sound and natural teeth including capped or crown teeth - per tooth	\$2,500	\$1,500
30	Permanent impairment (payable where no payment is made under items 1 to 29 for which compensation for permanent impairment is paid under the Workers Compensation Act 1987 [NSW]).	10% of a lump sum impairment benefit as paid by WorkCover to a maximum of \$50,000	5% of a lump sum impairment benefit as paid by WorkCover to a maximum of \$25,000

#### \* **Additional Capital Benefit - Child Care Assistance.**

In the event of the death of a worker with a dependant child for which a benefit is payable under this part of the Policy or the death of a worker's spouse (as a result of death by an accident) if they have a dependant child with the worker, we will reimburse child care expenses incurred where the care is undertaken by a registered child care facility within the twelve (12) months of the worker's or their spouse's death. The maximum amount payable under this benefit is \$30,000. For the purpose of this additional benefit a dependant child is a person who:

- Is up to and including age thirteen (13) at the time of the death of the worker or their spouse;
- Is stated on the Death Certificate to be the child of the worker or their spouse; and
- Is residing with the worker or spouse at the time of the worker's or spouse's death.

#### **What we will not pay**

- Any form of tuition fees.
- Any child care expenses for which a Government rebate can be claimed.

# Incolink Work Injury Management Service (Incolink WIMS)

## A. Important Information

Incolink WIMS is a specialised construction workers' compensation injury management service.

The service is only available to employers and their injured workers when the applicable levy is paid by the employer.

### **Incolink WIMS**

Incolink WIMS is provided by Total Claims Solutions who offer fully trained and highly experienced Injury Management Coordinators to support the injured worker and employer through the entire Workers' Compensation process.

They have a firm understanding of Workers' Compensation and Rehabilitation & Return-To-Work matters, as well as specific skills to assist both employees and employers when a work injury occurs.

### **The Role of Injury Management Coordinators**

The role of your injury management and return-to-work coordinator is to:

- Act on behalf of the employer to support the injured worker;
- Offer immediate assistance to both the employer and worker from experienced staff;
- Coordinate the Rehabilitation & Return-To-Work process including claim lodgement and suitable duties plans;
- Provide a liaison to ensure all WorkCover requirements are managed effectively;
- Offer support and advice to both employer and worker on all aspects of Injury Management;
- Review the employer's current Work Injury Management process;
- Deliver the best outcome for both employer and worker by taking an independent position;

- Keep everyone well informed and involved in the claim; and
- Deliver a consistent, reliable and experienced approach to managing workplace injuries as well as supporting the injured worker back to work.

### **The benefits**

Total Claims Solutions' hands-on approach delivers immediate results for both the injured worker and employer.

### **The benefits include:**

- Immediate access to experienced Injury Management Coordinators to minimize the longer term impact of injuries;
- A smooth-flowing claims process;
- A tailored Rehabilitation & Return-to Work program;
- Clear and open communication between all parties;
- Accurate and relevant notes and document keeping;
- Reduced time away from work for the worker;
- Potential reduction in Workers' Compensation costs; and
- Positive workplace culture and working relationships.

If you need assistance with a workplace injury, please contact Incolink WIMS:

Phone: **(02) 8732 8555**

Email: **[WIMS@totalclaims.com.au](mailto:WIMS@totalclaims.com.au)**



**Please refer to the  
Frequently Asked  
Questions (FAQ's)  
on page 33.**

# Steps to lodging a claim

Incolink worker members may be eligible to lodge an insurance claim under Incolink's Accident and Illness Benefits program.

## Step 1 – Request a claim form

If you believe you may have suffered an injury or illness that may result in an insurance claim, contact Incolink 1800 337 789 or Total Claims Solutions (02) 8732 8555.

Alternatively, to download the appropriate insurance claim form visit:

Incolink [incolink.org.au](http://incolink.org.au)  
Total Claims Solutions [totalclaims.com.au](http://totalclaims.com.au)

## Step 2 – Filling in the Incolink Insurance claim form

Complete all sections of the claim form in FULL.

To support your claim, please include copies of medical report/s, discharge summary, patient notes, radiologist's reports and any other relevant information. Proof of dependency will also need to be submitted if requested on the claim form to determine your weekly benefits.

## Step 3 – Lodging your claim

Once completed, send the claim form to:

Total Claims Solutions  
Ground Floor  
56 Harris Street  
Pymont NSW 2009

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:** Cover is only available for those workers where the employer continues to pay the relevant insurance premium and for funeral cover, the relevant redundancy contribution. If a period exists where no insurance premiums have been paid on a worker's behalf while employed, then no cover will apply for that period. This also applies where there are gaps in the premiums or contribution payments.



Dedicated claims team looking after Incolink members

# Frequently Asked Questions

## **Q Who will assess my claim?**

**A** Total Claims Solutions is the appointed claims manager for both the insurance company and Incolink, and is responsible for assessing all claims.

## **Q Where do I get a claim form?**

**A** Contact Total Claims Solutions on (02) 8732 8555 for a claim form to be sent or download the claim forms from the following websites:

Incolink: [incolink.org.au](http://incolink.org.au)

Total Claims Solutions: [totalclaims.com.au](http://totalclaims.com.au)

## **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** A checklist is provided on the front page of the claim form listing the documentation required to support your claim.

This includes copies of any medical reports and/or discharge summary; patient notes; radiologists' reports that you may have been given, anything which might assist with the assessment of your claim. Plus, proof of dependency will need to be submitted if requested on the claim form to determine your weekly benefits.

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

**A** The initial assessment of your claim may take between seven and eight weeks, depending on the information required and the time taken to receive requested reports. Delays will also occur where the forms have not been completed in full.

## **Q Can I email through my claim form?**

**A** Yes. However, it is important the original claim form is also sent prior to considering a claim.

**Q Is there a waiting period?**

**A** Yes.

**Outside of working hours injury/illness**

The first 14 consecutive days of disablement after the date which you first sought treatment.

**Workplace injuries**

The first 30 consecutive days of disablement whilst in receipt of WorkCover payments.

**Q Do I have to wait 14 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 14 days, you should complete a claim form and send it to Total Claims Solutions immediately.

**Q Can I claim my 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 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 providing Total Claims Solutions have a Medical Certificate on file for the applicable periods.

Payments are made by cheque or EFT. If payments are made by EFT, funds will appear within 48 hours. If payments are made via cheque, the cheque will be posted within five (5) working days.

**Q Can I claim weekly benefits as a result of a motor vehicle accident?**

**A** Yes. However, you must first lodge a claim with the relevant statutory provider for personal injury benefits. This applies to an event where you are a:

- Driver or passenger in a motor vehicle; or
- Rider or pillion passenger of a motorcycle; or
- Pedestrian; or
- Cyclist.

If you have a successful claim with the statutory provider, the weekly benefit we pay is 85% of your pre injury earnings to a maximum of \$2,200.00 gross per week. Weekly benefits are reduced by the statutory benefit you receive. Weekly benefits are payable for a maximum period of 104 weeks.

**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 Will my superannuation be paid whilst on claim?**

**A** No. Weekly benefits are exclusive of superannuation payments.

**Q What is the maximum benefit period I can claim?**

**A LEISURE TIME INJURY & LEISURE TIME ILLNESS**

Weekly benefits will be paid whilst a worker continues to suffer disablement up to a maximum of (or such lesser period whilst a worker is unable to return to their occupation as a result of their injury or illness):

- 156 weeks for a worker aged up to 64 years;
- 104 weeks for a worker aged 65 years and over; or
- 26 weeks in respect to a claim resulting from pregnancy, childbirth or miscarriage or any complication arising from any of those conditions;

for any one period of disablement as a result of injury or illness.

The same injury or illness cannot be claimed twice if you have been paid the maximum benefit period.

**WORKCOVER TOP UP BENEFITS**

Top up benefits are only payable for a maximum period of 104 weeks whilst deemed medically unfit to work as a result of your injury or such lesser period whilst you are unable to return to work and you are receiving weekly benefits from a statutory workers compensation scheme.

**Q Is tax taken out of my weekly payments from the claim?**

**A** Yes, QBE will withhold tax from weekly payments as requested by the ATO. At the end of the financial year, you will receive a Payment Summary which will show all payments and tax withheld for the year. If you need help with this, please contact your accountant, financial advisor or the ATO on 13 28 61.

**Q Am I covered for sport-related injuries or illnesses?**

**A** No. Your policy excludes any injury or illness that happens while training for or playing in any professional or non-professional sport, or during any activity organised by a sporting organisation, authority, club or centre.

**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.

**Q When can I claim Bill Payer?**

**A** Whilst you are receiving weekly benefits for an injury or illness. We will reimburse up to \$250.00 per bill up to a maximum of \$5,000 for all bills (listed below) of any one period of disablement per claim.

**Q What bills can I claim under Bill Payer?**

**A** Bills are limited to:

- Electricity
- Water
- Gas
- Telephone (landline or mobile)
- Tuition fees (for primary school, secondary school or tertiary education for a worker's dependants)

**Q If a bill is only in my spouse's name and we live at the same address, does this bill get paid under Bill Payer?**

**A** No. 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.

We will only pay the portion of the bill that applies to the worker. For example where there are joint mobile accounts, we will only consider the fees towards the workers mobile only.

**Q Is the Child Care Assistance available if my partner/spouse dies as a result of an illness?**

**A** No, it is only available as a result of an accident.

**Q How can I check that my redundancy or insurance premiums are being paid on my behalf and are current?**

**A** You can check that your payments are up to date by logging into WorkerLink via the Incolink smartphone app, or incolink.org.au or by calling Incolink on 1800 337 789.

**Q What should I do to ensure I have ongoing cover?**

**A** You can check your payments are up to date by logging into WorkerLink via the Incolink smartphone app, by visiting [incolink.org.au](http://incolink.org.au) or by calling Incolink on **1800 337 789**. By contacting Incolink of any change in your personal circumstances you can keep up to date with changes in your cover.

**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](mailto: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](mailto:info@afca.org.au).

All matters relating to Discretionary Cover - Funeral, will be referred to Incolink.

**Q Who can I talk to if I need help in filling out the claim form?**

**A** Ask to speak to one of the Case Managers at Total Claims Solutions, by:

Phone: **(02) 8732 8555**

Email: **[claimsNSW@totalclaims.com.au](mailto:claimsNSW@totalclaims.com.au)**

**Q How do I find out more about my Incolink membership?**

Phone: **1800 337 789**

Email: **[support@incolink.org.au](mailto:support@incolink.org.au)**



Entitlements Insurance Wellbeing

Ground Floor, 56 Harris Street, Pyrmont NSW 2009

Phone: **1800 337 789**

Email: **support@incolink.org.au**

**www.incolink.org.au**

**For all enquiries about the information  
supplied in this brochure or to request  
a claim form, please call:**

**Windsor Management Insurance Brokers**

Ground Floor, 56 Harris Street, Pyrmont NSW 2009

Phone: **(02) 8732 8500**

Email: **enquiries@wmib.com.au**

Website: **wmib.com.au**

**Total Claims Solutions**

Ground Floor, 56 Harris Street, Pyrmont NSW 2009

Phone: **(02) 02 8732 8555**

Email: **claimsNSW@totalclaims.com.au**

Website: **totalclaims.com.au**