



Leisure Time Accident Benefits Program



**For building and construction workers
in Tasmania**

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: **(03) 9639 3000**

Website: **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 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. 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 Leisure Time policies being Personal Accident Leisure Time Insurance 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 Covers (Dental and Funeral) is provided via Incolink's Discretionary fund and is governed by the Discretionary Guidelines. Discretionary Dental and Funeral Cover claims are managed by Total Claims Solutions.

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Incolink is the administrator of the Leisure Time Accident Benefits Program. The insurance policy is arranged by Windsor Management Insurance Brokers and distributed by Incolink. Incolink does not manage or process claims. All claims are managed and processed by Total Claims Solutions, who has been appointed as claims manager of QBE Insurance (Australia) Limited. Incolink does not give any advice in relation the insurance policy.

Incolink is the trading name of the Redundancy Payment Central Fund Ltd. Incolink is the trustee of a number of worker entitlement funds for employers and their employees within the commercial building and construction sector.

Leisure Time Accident Insurance

A. Important definitions/information

B. Leisure Time Injury

- (i) Weekly Benefits
- (ii) Broken Bones
- (iii) Capital Benefits

C. Journey Cover

- (i) Weekly Benefits
- (ii) Capital Benefits

D. Bill Payer Benefits

When is cover in place?

Cover is only available for those workers where the employer continues to pay the redundancy contributions. You can check your payments are up to date by logging into WorkerLink via the Incolink smartphone app, or incolink.org.au, or by calling Incolink on **(03) 9639 3000**.

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 an injury and a claim is submitted, the claim will not be considered. Redundancy contribution payments and/or apprentice days must be current at the time of injury.

Apprentices

Apprentice days must be recorded and current at the time of injury.

A. Important definitions/information

Worker

Means a worker who is currently obtaining a salary and actively working for a registered Incolink employer member whose redundancy contribution payments and/or apprentice days are current at the time of injury.

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 and/or apprentice days 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 building and construction industry in Australia; and
- Are registered as seeking work with a 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.

What is not covered?

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

1. Pregnancy, childbirth or miscarriage or any complication arising from any of those conditions.
2. War, whether declared or not, invasion or civil war, rebellion or insurrection.
3. Any act of terrorism, regardless of any cause or event contributing concurrently or in any other sequence to the loss.
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.

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6. A worker's criminal or illegal act.
7. Training for or playing in any professional or nonprofessional 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 a worker has required treatment or advice from a doctor, chiropractor or physiotherapist in the six (6) months before the commencement date of their cover.
10. The Policy does not provide benefits, or entitlements to benefits, to an insured person for any period when they are serving a prison sentence or whilst outside of Australia.
11. We may also be entitled to refuse to pay or to reduce the amount of a claim if:
 - It is in any way fraudulent; or
 - Fraudulent means or devices are used by you, or anyone acting on your behalf, to obtain benefits under this policy.

When does cover cease?

- Upon your 70th birthday.
- If your redundancy contributions are not current at the time of your injury.
- If your apprentice days are not current at the time of your injury.
- If you commence working for an employer who is not registered with Incolink.
- At the end of nine (9) months from the last recorded and paid redundancy contribution, or last recorded apprentice day, whilst a worker has been unemployed.

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 are as from 1st January 2025, less than \$25,000 per year in the 12 months immediately prior to the date of injury 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.

B. Leisure Time Injury

(i) 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;
- Not occur during a journey* to or from work; and
- Not give rise to any entitlement to compensation under any statutory workers compensation scheme or statutory transport accident scheme.

*Journey Cover is provided in Section C.

Benefit payable period

Weekly benefits will be paid whilst a worker continues to suffer disablement up to a maximum of 104 weeks or such lesser period whilst a worker is unable to return to their occupation as a result of the injury.

When will payments be made?

Once a 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 has been disabled and continues to be disabled as a result of the injury.

The weekly benefits payables are as follows:

With dependants	\$850
Without dependants	\$630
Apprentice with dependants	\$550
Apprentice without dependants	\$495

FAQ

Please refer to the Frequently Asked Questions (FAQ's) on page 20.

(ii) Broken Bones

Provides cover to workers only, as a lump sum benefit, where a worker suffers injury during their leisure time, resulting in a break or fracture of a bone as shown below.

	Breaks	Hairline fractures
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

The type of break or 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.

(iii) Capital Benefits

Provides cover to workers only, as a lump sum benefit 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	\$20,000	\$10,000
2	Permanent Paraplegia	\$20,000	\$10,000
3	Permanent Quadriplegia	\$20,000	\$10,000
4	Permanent total loss of entire sight of one / both eyes	\$20,000	\$10,000
5	Permanent and incurable paralysis of all limbs	\$20,000	\$10,000
6	Permanent and incurable insanity	\$20,000	\$10,000
7	Permanent total loss of hearing:		
7.1	In both ears	\$16,000	\$8,000
7.2	In one ear	\$4,000	\$2,000
8	Permanent total loss of the use of:		
8.1	Four fingers and thumb of either hand	\$15,250	\$7,500
8.2	Four fingers of either hand	\$8,000	\$4,000
8.3	One thumb, both joints	\$6,000	\$3,000
8.4	One thumb, one joint	\$3,000	\$1,500
8.5	A finger, three joints	\$2,000	\$1,000
8.6	A finger two joints	\$1,500	\$750
8.7	A finger one joint	\$1,000	\$500
9	Permanent total loss of the use of:		
9.1	All the toes of one foot	\$3,000	\$1,500
9.2	Great toe, both joints	\$1,000	\$500
9.3	Great toe, one joint	\$600	\$300
9.4	Other toe (each toe)	\$200	\$100
10	Permanent loss of the lens of one eye	\$12,000	\$6000

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Payable conditions		Worker with dependants	Worker without dependants
11	Third degree burns and/or resultant disfigurement which covers:		
11.1	More than 40% of the entire body	\$10,000	\$5,000
11.2	Between 20% and 39% of the entire body	\$5,000	\$2,500
12	Fracture of a leg or patella with established non-union	\$2,000	\$1,000
13	Shortening of the leg by five (or more) centimetres	\$1,500	\$750

The maximum Capital Benefit paid for any one accident is \$20,000 for a worker with dependants and \$10,000 for a single worker.



Please refer to the Frequently Asked Questions (FAQ's) on page 20.

C. Journey Cover

(i) Weekly Benefits

The weekly benefit under this cover is only available where a worker suffers an injury whilst in direct travel to and from work, 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;
- Occur during a journey directly to and from work; and
- Not give rise to any entitlement to compensation under any statutory workers compensation scheme or statutory transport accident scheme.

Any accidents involving registered vehicles, trams, buses, trains are not covered. These claims must be lodged with the appropriate statutory transport accident scheme.

Example

Person on a bicycle (push bike) travelling to work is:

- a. Hit by a car. This is a statutory transport claim.
- b. Hit a parked vehicle. This is an Incolink claim.
- c. Fell off push bike. This is an Incolink claim.

Weekly benefits are determined at 100% of a worker's predisability earnings, being the basic weekly rate of pay exclusive of all site allowances, overtime, bonuses or commissions at the time of injury to a maximum of \$1,000 (gross*) per week.

Benefit payable period

Weekly benefits are paid (up to a maximum of 104 weeks) whilst a worker continues to suffer disablement and is unable to return to their occupation as a result of the injury.

When do payments commence?

Once a claim has been accepted payments commence from the day a worker first seeks medical advice/treatment from a registered medical practitioner and is deemed unfit to work as a result of the injury.

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

(ii) Capital Benefits

Provides cover to the worker only, as a lump sum benefit where a worker suffers injury whilst travelling directly to and from work. Any accidents involving registered vehicles, trams, buses, trains are not covered. These claims must be lodged with the appropriate statutory transport accident scheme. Injury resulting in:

Payable conditions		Worker with dependants	Worker without dependants
1	Death	\$50,000	\$25,000
2	Permanent Paraplegia	\$50,000	\$25,000
3	Permanent Quadriplegia	\$50,000	\$25,000
4	Permanent total loss of entire sight of one / both eyes	\$50,000	\$25,000
5	Permanent and incurable paralysis of all limbs	\$50,000	\$25,000
6	Permanent and incurable insanity	\$50,000	\$25,000
7	Permanent total loss of hearing:		
7.1	In both ears	\$40,000	\$20,000
7.2	In one ear	\$10,000	\$5,000
8	Permanent total loss of the use of:		
8.1	Four fingers and thumb of either hand	\$37,500	\$18,750
8.2	Four fingers of either hand	\$20,000	\$10,000
8.3	One thumb, both joints	\$15,000	\$7,500
8.4	One thumb, one joint	\$7,500	\$3,750
8.5	A finger, three joints	\$5,000	\$2,500
8.6	A finger two joints	\$3,750	\$875
8.7	A finger one joint	\$2,500	\$250
9	Permanent total loss of the use of:		
9.1	All the toes of one foot	\$7,500	\$3,750
9.2	Great toe, both joints	\$2,500	\$1,250
9.3	Great toe, one joint	\$1,500	\$750
9.4	Other toe (each toe)	\$300	\$250
10	Permanent loss of the lens of one eye	\$30,000	\$15,000

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Payable conditions		Worker with dependants	Worker without dependants
11	Third degree burns and/or resultant disfigurement which covers:		
11.1	More than 40% of the entire body	\$25,000	\$12,500
11.2	Between 20% and 39% of the entire body	\$12,500	\$6,250
12	Fracture of a leg or patella with established non-union	\$5,000	\$2,500
13	Shortening of the leg by five (or more) centimetres	\$3,750	\$1,875

The maximum Capital Benefit paid for any one accident is \$50,000 for a Worker with Dependants and \$25,000 for a Single Worker.

D. Bill Payer Benefits

Provides cover to workers only in the event a worker is receiving a weekly benefit due to an injury. We will reimburse up to \$250 per bill up to a maximum of \$5,000 for all bills listed below for any one period of disablement per claim.

Bills are limited to:

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

Discretionary Cover – Accidental Dental

A. Important definitions/information

B. Dental, accident only

When is cover in place?

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](https://www.incolink.org.au) or by calling Incolink on **(03) 9639 3000**.

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 an injury, and a claim is submitted, the claim will not be considered.

Redundancy contribution payments must be current at the time of injury.

Apprentices

For apprentices, apprentice days must be recorded with Incolink and current at the time of the event. These covers are provided under an Incolink Discretionary Fund and are governed by the Discretionary Guidelines.



Please refer to the
Frequently Asked
Questions (FAQ's)
on page 20.

A. Important definitions/information

Worker

Means a worker who is currently obtaining a salary and actively working for a registered Incolink employer member whose redundancy contribution payments and/or apprentice days are current at the time of the incident.

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 and/or apprentice days 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 building and construction industry within Australia;
- Are registered as seeking work with Incolink's Job Support service, union job registry, Centrelink, or equivalent; and
- Is not an insured person 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.

Dependants

Means the worker's spouse (or partner with whom the worker has cohabitated for not less than three [3] consecutive months), and includes 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.

Claim period

The period of cover is 1st January to 31st December each year. Any claim received will only be considered for payment if the claim is submitted within eight (8) months after the anniversary of the period of cover – that is before 1st September the following year.

When am I not covered?

- 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 and a claim is submitted, the claim will not be considered. Redundancy contribution payments must be current at the time of the event.
- Where your employer has not paid your redundancy contributions at the time of your dental accident.

When does cover cease?

- If your redundancy contributions are not current at the time of the event.
- If your apprentice days are not current at the time of the event.
- If you commence work for an employer who is not registered with Incolink.
- At the end of nine (9) months from the last recorded and paid redundancy contribution, or last recorded apprentice days, whilst a worker has been unemployed.

B. Dental, accident only

There are set guidelines for claiming under this section. The following is a summary of those guidelines:

- Provides cover to the worker and their dependants for accidental damage to sound and healthy teeth, occurring outside working hours.

The maximum amount payable for any one accident is:

- Worker without dependants: \$2,000.
Maximum two (2) claims per year.
- Worker with dependants: \$2,250.
Maximum four (4) claims per year.

Damage to dentures, bridges and plates

Damage to dentures, bridges and plates will be covered up to 10 years old. Anything above 10 years will incur a depreciation table. Dentures, bridges and plates above 15 years old are not covered. Proof of purchase and age will need to be supplied. Where there is no proof of purchase, the damaged dentures, bridges and plates will need to be provided and reviewed by our appointed independent dentist.

What is not covered?

1. Any damage related to childbirth or pregnancy or their complications.
2. War whether declared or not, invasion or civil war, rebellion or insurrection.
3. Intentional self injury or suicide or any attempt at suicide.
4. Flying or other aerial activity unless as a passenger in a properly licensed aircraft.
5. Any damage occurring as a result of an illegal act.
6. Training for or playing in competitive club sport or activity organised by any sporting organisation, authority or club.
7. Any damage resulting from disease or sickness.
8. Any damage that is not caused by an accident.
9. Damage to filling/s only (there must be actual damage to the tooth).
10. The use of intoxicating liquor or drugs, unless they have been prescribed by a registered medical practitioner and used as per medical instructions.
11. Any damage which has been contributed to by decay.
12. Milk teeth or first teeth.
13. Extractions to wisdom teeth.
14. Any dental work which is upgrading the tooth from the condition it was in prior to the accident.
15. Any work or motor accident for which statutory insurance or compensation scheme provides compensation.
16. Dentures/Bridges/Plates that are more than 15 years old.
17. Lost Dentures, bridges or plates.
18. Any claim received will only be considered for payment if the claim is submitted to our office within 8 months of the expiry of the period of cover, as detailed above.

Continued on next page

19. Any damage or loss which occurs whilst in prison.
20. Any dental work that is covered under your travel insurance policy.
21. Failed treatment. This is not covered. Treatment proposed to correct failed treatment will be at the member's own expense.

Claim period

The period of cover is 1st January to 31st December each year. Any claim received will only be considered for payment if the claim is submitted within eight (8) months after the anniversary of the period of cover – that is before 1st September the following year.

Conditions

Where a worker has private health insurance which includes dental, all accounts must be submitted with the private health insurer first and we will only consider the gap if the claim is approved.



**Please refer to the
Frequently Asked
Questions (FAQ's)
on page 20.**

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 or by calling Incolink on **(03) 9639 3000**.

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 and a claim is submitted, the claim will not be considered. Redundancy contribution payments must be current at the time of the death.

Apprentices

Apprentice days must be recorded and current at the date 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 and/or apprentice days are current at the date of death.

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 and/or apprentice days 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 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.

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.
- While employed, the Member's apprentice days are not current at the time of death. That is, gaps in apprentice days will mean no cover.

Continued on next page

- At the end of nine (9) months from the last recorded and paid redundancy contribution, or last recorded apprentice days, whilst a worker has been unemployed.
- At the end of nine (9) months from the last recorded Incolink insurance program premium contribution, including those workers covered by the additional sum contribution.
- 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.

The icon consists of a black speech bubble with the letters 'FAQ' in white, and a blue speech bubble tail pointing downwards and to the right.

FAQ

**Please refer to the
Frequently Asked
Questions (FAQ's)
on page 20.**

B. Benefit

Provides a benefit of \$12,000 (on or after 18 September 2024), 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.

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.

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 Who will assess my discretionary claim?

A Total Claims Solutions has been appointed by Incolink to manage all discretionary claims as per the Incolink Discretionary Cover Guidelines.

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 on your claim (delays will 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 sent prior to considering a claim.

Q Is there a waiting period?

A Yes, if you are claiming weekly benefits. The first 14 consecutive days of disablement after the date which you first sought treatment.

Q When can I claim Bill Payer

A Whilst you are receiving weekly benefits for an injury.

Q What bills can i claim under bill payer

A We will reimburse up to \$250 per bill up to a maximum of \$5,000 for all bills (listed below) of any one period of disablement per claims.

Bills are limited to:

- Electricity bill
- Water bill
- Gas bill
- Telephone bill (landline or mobile)
- Tuition fees (for primary school, secondary school or tertiary education for a workers 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 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 accidental dental cover will be referred to Windsor Management Insurance Brokers.

Q Once the bill is paid, is the total amount reimbursed?

A If the bill is more than \$250, no. The maximum you get back per bill is \$250, up to a maximum of \$5,000 for all bills claimed during any one period of disablement.

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

A Weekly benefits are only payable for a maximum period of 104 weeks 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.

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

A All payments made before 14 November 2016, were gross as shown on the remittance advice and tax was not deducted. These payments are taxable and should be included in your tax return. From 14 November 2016, 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 Can I claim my medical bills?

A No, legislation does not allow cover for medical costs. Cover is only for weekly benefits whilst you are medically unfit to work as a result of an injury.

Q Where do I get a claim form?

A Download claim forms from the following locations:

Incolink: incolink.org.au

Total Claims Solutions: totalclaimssolutions.com.au

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 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 is exclusive of superannuation payments.

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

A Ask to speak to a case manager at Total Claims Solutions:
Phone: **(03) 9320 8588**
Email: **claimsVIC@totalclaims.com.au**

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

A Phone: **(03) 9639 3000**
Email: **support@incolink.org.au**

Steps to lodging a claim

Worker members of Incolink may be eligible to lodge an insurance claim under Incolink's Leisure Time Accident Benefits Program.

Step 1 – Request a claim form

If you believe you have suffered an injury that may result in an insurance claim, contact Incolink **(03) 9639 3000** or Total Claims Solutions **(03) 9320 8588**.

Alternatively, to download the appropriate insurance claim form visit Incolink at incolink.org.au or Total Claims Solutions at 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 reports, discharge summary, patient notes, radiologist's reports and any other relevant information.

Step 3 – Lodging your claim

Once completed, send the claim form to:

Total Claims Solutions
Level 1, 151 Rathdowne Street
CARLTON VIC 3053

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 redundancy contribution payments. If a period exists where no redundancy contribution payments has been paid on your behalf while employed, then no cover will apply for such period.



Dedicated claims team looking after Incolink members



1 Pelham Street, Carlton VIC 3053

Phone: **(03) 9639 3000**

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

Level 1, 151 Rathdowne Street, Carlton, VIC 3053

Phone: **(03) 9663 2411**

Facsimile: **(03) 9663 4288**

Website: **wmib.com.au**

Total Claims Solutions

Phone: **(03) 9320 8588**

Facsimile: **(03) 9663 4020**

Website: **totalclaims.com.au**