



# Accident and Illness Benefits Program



**Plumbing Industry Income Protection  
New South Wales**



UPDATED MAY 2024



The Plumbing Industry Income Protection (PIIP) Pty Ltd ACN 677 251 633 ABN 30 311 856 137 is the distributor of the Accident & Illness Benefits Program for the NSW Plumbing Industry.

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The Plumbing Industry Income Protection (PIIP) 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 Plumbing Industry Income Protection (PIIP) Pty Ltd and the circumstances under which these benefits may be claimed.



#### **PLEASE NOTE:**

Plumbing Industry Income Protection (PIIP) Pty Ltd is only the administrator of the Accident and Illness Benefits Program for the NSW Plumbing Industry. The Insurance Policy is arranged by Windsor Management Insurance Brokers ACN 083 775 795 AFS Licence Number 230747 and distributed by Plumbing Industry Income Protection (PIIP) Pty Ltd. Plumbing Industry Income Protection (PIIP) Pty Ltd does not manage or process claims. Plumbing Industry Income Protection (PIIP) Pty Ltd 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 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 Funeral Cover is provided via Plumbing & Pipe Trades Entitlement Fund's Discretionary Fund and is governed by the Discretionary Guidelines. Funeral claims are managed by the Plumbing & Pipe Trades Entitlement Fund.

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Please note: The details contained herein only apply to workers whose employer is paying into the Plumbing Industry Income Protection (PIIP) Pty Ltd insurance 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.

# Contents

Your insurance cover – what cover applies to me?	2
--	---

<b>Personal Accident Leisure Time Insurance</b>	<b>4</b>
---	----------

A. Important Definitions/Information	5
B. Leisure Time Injury – Weekly Benefits	8
C. Broken Bones	10
D. Capital Benefits	11
E. (i) Journey Cover – Weekly Benefits	13
(ii) Journey Cover – Capital Benefits	14
F. Bill Payer	16
G. Funeral Benefit (accident only)	16

<b>Discretionary Cover - Funeral</b>	<b>17</b>
--------------------------------------	-----------

A. Important Definitions/Information	17
B. Benefit	19

<b>Leisure Time Illness/WorkCover Top-Up/ TAC Top-Up &amp; Workplace Death &amp; Capital Benefits</b>	<b>20</b>
---	-----------

A. Important Definitions/Information	21
B. (i) Leisure Time Illness – Weekly Benefits	25
(ii) Bill Payer	27
C. Workers Compensation Top-Up	29
D. Workplace Death & Capital Benefits	30

<b>Steps to lodging a claim</b>	<b>32</b>
---------------------------------	-----------

<b>Frequently Asked Questions</b>	<b>34</b>
-----------------------------------	-----------

# What cover applies to me?

## **If your employer is paying the insurance premium contributions:**

### **Personal Accident Leisure Time Insurance**

- Leisure Time Injury – Weekly Benefits
- Broken Bones
- Capital Benefits
- Journey Cover – Weekly Benefits
- Journey Cover – Capital Benefits
- Bill Payer
- Funeral Benefit (accident only)

### **Leisure Time Illness Insurance**

- Leisure Time Illness – Weekly Benefits
- Workers Compensation Top-Up
- Workplace Death & Capital Benefits
- Bill Payer

### **Discretionary Cover**

- Funeral (any cause)

#### **FAQ**

**Please refer to the  
Frequently Asked  
Questions (FAQ's)  
on page 34.**



# Personal Accident Leisure Time Insurance

## A. Important Definitions/Information

## B. Leisure Time Injury – Weekly Benefits

## C. Broken Bones

## D. Capital Benefits

## E. (i) Journey Cover – Weekly Benefits

## (ii) Journey Cover – Capital Benefits

## F. Bill Payer

## G. Funeral cover (accident only)

### When is cover in place?

Cover is only available for those workers where the employer continues to pay the insurance premium contributions. You can check that your payments are up to date by logging into WorkerLink via the Plumbing & Pipe Trades Entitlement Fund website [www.plumbersfund.org.au](http://www.plumbersfund.org.au) or call **1300 346 033**.

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

Insurance premium contribution payments must be 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 employer whose insurance premium contribution payments are current at the time of injury.

### Injury

Means a bodily injury resulting from an accident, where the injury and accident occur during the policy period and the scope of cover which results in any of the events specified in the policy within twelve (12) calendar months from the accident.

It does not mean:

- Any bodily injury that arises from or is connected with the surgical treatment of a pre-existing condition;
- A sickness or a condition ordinarily described as being a sickness;
- A pre-existing condition;
- The aggravation of a condition which existed before the start of the period during which cover is provided under the policy; or
- Any degenerative or congenital condition or other condition which does not result from an accident.

### 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 1 October 2016, less than \$25,000 per year in the 12 months immediately prior to the date of disablement, and the unmarried financially dependant children of the worker up to 16 years of age, or up to 25 years of age if they are a full time student.

### Pre-existing Condition

Any injury, or physical or mental defect, condition, illness, disease or syndrome for which the insured person in the 12 months prior to their commencement date of cover under this policy or the resumption of the worker's cover following a period of at least six consecutive months for which no insurance premiums were paid in respect of that worker, has:

- Required an emergency department visit, hospitalisation or day surgery procedure;
- Required prescription medication from a medical practitioner or dentist;

- Had regular reviews or check-ups with a medical practitioner on a chronic or ongoing condition which is medically documented, under investigation, pending diagnosis and/or test results; or
- Exhibited symptoms which would cause an ordinary person to seek the advice of a medical practitioner.

## **Pre-disability Earnings**

Pre-disability earnings will be determined by the following:

1. If the worker is an employee (including a working Director), the worker's gross weekly income excluding superannuation, averaged over the twelve (12) months prior to the injury or any shorter period that they have been engaged in their occupation.
2. If the worker is contracted or employed on a casual basis, their gross weekly income from personal exertion, excluding superannuation, and less costs and expenses incurred in deriving that income averaged over the 12 months prior to the injury or any shorter period that they have been engaged in their occupation.

## **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) or other hostilities, including but not limited to acts of foreign enemies, civil war or rebellion.
3. Any act of terrorism, which involves or is connected with biological, chemical, radioactive, or nuclear pollution or contamination or explosion.
4. Radioactivity or any nuclear material or action of nuclear fission or fusion.
5. Intentional self injury or suicide or any attempt at suicide.
6. Flying or other aerial activity unless a passenger in a properly licensed aircraft.
7. A worker's criminal or illegal act.
8. Training for or playing in any professional sport.
9. 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.
10. Any injury, or physical or mental defect, condition, illness, disease or syndrome for which the insured person in the twelve months prior to their commencement date of cover under this policy or the resumption of the worker's cover following a period of at least six consecutive months for



which no insurance premiums were paid in respect of that worker has:

- Required an emergency department visit, hospitalisation or day surgery procedure;
- Required prescription medication from a medical practitioner or dentist;
- Had regular reviews or check-ups with a medical practitioner on a chronic or ongoing condition which is medically documented under investigation, pending diagnosis and/or test results; or
- Exhibited symptoms which would cause an ordinary person to seek the advice of a medical practitioner.

11. Any degenerative or congenital condition or other condition which does not result from an accident.
12. Any pre-existing condition, provided that this exclusion will not apply to any illness or disease which is a direct result of medical or surgical treatment rendered necessary by any injury.
13. 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.

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

- Upon your 70<sup>th</sup> birthday – unless where specified.
- If your insurance premium contributions are not current at the time of your injury.
- If you commence work for an employer who is not registered with Plumbing & Pipe Trades Entitlement Fund.
- After thirty days (30) days from the date the worker ceases his or her current employment provided that worker has accepted a position with another employer prior to ceasing his or her current employment. If the worker does not have a position to go to with another employer and ceases employment, then cover will cease under this policy on the date the worker ceases employment or the last recorded paid insurance premium made, whichever is the earliest.

## 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;
- Not occur during a journey\* to and from work; and
- Not give rise to any entitlement to compensation under any statutory workers' compensation scheme.

\*Journey cover is provided in Section E

### When will payments be made?

Once a claim has been accepted, payments commence from the 15<sup>th</sup> day (28 days in relation to sport) 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 payable

Where the employer is paying the insurance premium contributions, the weekly benefit for injuries is:

Member	Benefit
Workers aged to 64	90% to a maximum of \$2,200
Workers aged from 65	75% to a maximum of \$1,000
Apprentices	90% to a maximum of \$1,500

### Benefit payable period

Weekly benefits will be paid whilst a worker continues to suffer disablement up to a maximum of:

- 104 weeks for an injury that occurs to a worker up to age 59;
- 52 weeks for an injury that occurs to a worker aged over 60; or
- 26 weeks for an injury that occurs to a worker whilst training for or playing in any non-professional sport, or activity organised by any sporting organisation, authority, club or centre

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

The maximum benefit period under this section will be limited as above for the total of all weeks of disablement directly or indirectly related to the same injury for any one worker.

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

### **Continuation of cover**

Cover under this policy continues for a period of no more than thirty days (30) days from the date the worker ceases his or her current employment provided that worker has accepted a position with another employer prior to ceasing his or her current employment. If the worker does not have a position to go to with another employer and ceases employment, then cover will cease under this policy on the date the worker ceases employment or the last recorded paid insurance premium made, whichever is the earliest.

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

**FAQ**

**Please refer to the  
Frequently Asked  
Questions (FAQ's)  
on page 34.**

## 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.

		Benefit
1	Neck, skull or spine (break)	\$10,000
2	Hip (break or hairline fracture)	\$1,500
3	Jaw, pelvis, leg, ankle or knee (break)	\$1,000
4	Cheekbone, shoulder or hairline fracture of the skull or spine (break or hairline fracture)	\$600
5	Arm elbow or wrist (break)	\$500
6	Leg, ankle or knee (hairline fracture)	\$400
7	Nose or collarbone (break or hairline fracture)	\$400
8	Arm elbow, wrist, or rib (hairline fracture)	\$200
9	Finger, thumb, foot, hand, toe (break or hairline fracture)	\$150
10	In the case of established non-union of any of the above (break or hairline fracture), we will pay an additional 5% of the broken bones additional capital benefit.	

No work related accidents or accidents during a journey are covered in this section.

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

**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 \$10,000.

## 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	\$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

Payable conditions		Worker with dependants	Worker without dependants
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
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	\$1,870

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.

## E. (i) Journey Cover - 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.

### When do payments commence?

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 payable

Where the employer is paying the insurance premium contributions, the weekly benefit for injuries is:

Member	Benefit
Workers aged to 64	90% to a maximum of \$1,700
Workers aged from 65	75% to a maximum of \$1,000
Apprentices	90% to a maximum of \$1,500

### Benefit payable period

Weekly benefits will be paid whilst a worker continues to suffer disablement up to a maximum of 52 weeks for any one period of disablement as a result of injury.

The maximum benefit period under this Section will be limited as above for the total of all weeks of disablement directly or indirectly related to the same injury for any one worker.

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

## E. (ii) Journey Cover - Capital Benefits

Provides cover to the worker only, 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		
1	Death	\$100,000
2	Permanent paraplegia	\$100,000
3	Permanent quadriplegia	\$100,000
4	Permanent total loss of entire sight of one/both eye/s	\$100,000
5	Permanent and incurable paralysis of all limbs	\$100,000
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	\$100,000
7	<b>Permanent total loss of hearing:</b>	
7.1	In both ears	\$80,000
7.2	In one ear	\$20,000
8	<b>Permanent total loss of the use of:</b>	
8.1	Four fingers and thumb of either hand	\$75,000
8.2	Four fingers of either hand	\$40,000
8.3	One thumb, both joints	\$30,000
8.4	One thumb, one joint	\$15,000
8.5	A finger, three joints	\$10,000
8.6	A finger two joints	\$7,500
8.7	A finger one joint	\$5,000
9	<b>Permanent total loss of the use of:</b>	
9.1	All the toes on one foot	\$15,000
9.2	Great toe, both joints	\$5,000
9.3	Great toe, one joint	\$3,000
9.4	Other toe (each toe)	\$1,000
10	Permanent loss of the lens of one eye	\$60,000



Payable conditions		
11	<b>Third degree burns and/or resultant disfigurement which covers:</b>	
11.1	More than 40% of the entire body	\$50,000
11.2	Between 20% and 39% of the entire body	\$25,000
12	Fracture of a leg or patella with established non-union	\$10,000
13	Shortening of the leg by five (or more) centimetres	\$7,500

**FAQ**

Please refer to the  
Frequently Asked  
Questions (FAQ's)  
on page 34.

The maximum capital  
benefit paid for any one  
accident is \$100,000.

## **F. Bill Payer Benefit**

Provides cover to the worker only after 14 consecutive days of disablement (28 days in relation to sport) and is only payable with any of the following weekly benefit covers:

- Leisure Time Injury – Weekly Benefits
- Journey Cover – Weekly Benefits.

### **What we will pay:**

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 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 are 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 addressees) 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.

## **G. Funeral benefit (accident only)**

If a worker dies as a result of injury, we will reimburse expenses up to a maximum of \$7,000 for their funeral, burial or cremation or costs incurred in transporting the insured person's body or ashes and personal effects back to a place nominated by the legal representative of the insured person's estate, excluding funeral and internment costs.

# 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 Plumbing & Pipe Trades Entitlement Fund website [www.plumbersfund.org.au](http://www.plumbersfund.org.au) or call **1300 346 033**.

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

Plumbing & Pipe Trades Entitlement Fund maintains a Funeral Discretionary Fund, which provides funeral cover for worker members of the Fund, in accordance with the Funeral Discretionary Guidelines.

### Worker

Means a worker who is currently obtaining a salary and actively working for a registered Plumbing & Pipe Trades Entitlement Fund employer member whose redundancy contribution payments 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 Plumbing & Pipe Trades Entitlement Fund unless or until they start working for an employer who is not registered with Plumbing & Pipe Trades Entitlement Fund 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 Plumbing & Pipe Trades Entitlement Fund'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;
- Plumbing & Pipe Trades Entitlement Fund 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 Plumbing & Pipe Trades Entitlement Fund Board's absolute discretion, no cover is available where without limitation:

- The member turns 70 - that is, on their 70<sup>th</sup> 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.
- 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 Plumbing & Pipe Trades Entitlement Fund.
- A claim is made more than 12 months after the date of death.

## B. Benefit

Provides a benefit of \$9,000, 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 fully certified Death Certificate stating the cause of death must be supplied along with proof of funeral costs paid, Probate or Letters of Administration may be required. The Plumbing & Pipe Trades Entitlement Fund should be contacted to find out more information about the process and the relevant documentation required. PPTF's website will provide a full copy of the Funeral Guidelines and the appropriate claim forms to complete.

Once all the relevant paperwork is received, Plumbing & Pipe Trades Entitlement Fund will expeditiously assess and notify the estate/beneficiary of its decision. To assist in assessing the claim quickly and to avoid unnecessary delays, it is important that the relevant claim form is fully completed and all the required supporting documentation is provided.

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

Please contact our Member Experience team for further assistance at **[support@plumbersfund.org.au](mailto:support@plumbersfund.org.au)** or **1300 346 033**.

*Please note, this is not an exhaustive guide. For more information on who is covered and when, including how to and who can make a claim and what you need to provide to Plumbing & Pipe Trades Entitlement Fund, please go to **[www.plumbersfund.org.au](http://www.plumbersfund.org.au)** to download a copy of the Funeral Guidelines.*

# 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

Cover is only available for those workers where the employer has agreed and continues to pay the insurance premium contributions. 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 Plumbing & Pipe Trades Entitlement Fund website [www.plumbersfund.org.au](http://www.plumbersfund.org.au) or call **1300 346 033**.

If a period exists where no insurance premium contributions have been paid on behalf of a worker, then no cover will apply for such a 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 insurance premium contributions have been paid on behalf of a worker, then no cover will apply for such period. No backdating of premium payments will be accepted.

## A. Important Definitions/Information

### Worker

Means a worker, including an apprentice, who is currently obtaining a salary and actively working for a registered employer and whose insurance premium contributions are current at the time of illness/injury.

### Illness

Means an illness, sickness or disease, condition, syndrome, or mental illness that is not an injury which first manifests during the policy period and which occurs solely, directly and independently of any other cause or condition (including, but not limited to any injury or pre-existing condition, other sickness, illness, disease, syndrome, mental illness, congenital or degenerative condition) which existed prior to the policy period.

### 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 October 2016 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 dependant children of the worker up to 16 years of age, or up to 25 years of age if a full time student.

### Pre-existing Condition

Any injury, or physical or mental defect, condition, illness, disease or syndrome for which the insured person in the 12 months prior to their commencement date of cover under this policy or the resumption of the worker's cover following a period of at least six consecutive months for which no insurance premiums were paid in respect of that worker has:

- Required an emergency department visit, hospitalisation or day surgery procedure;
- Required prescription medication from a medical practitioner or dentist;
- Had regular reviews or check-ups with a medical practitioner on a chronic or ongoing condition which is medically documented, under investigation, pending diagnosis and/or test results; or
- Exhibited symptoms which would cause an ordinary person to seek the advice of a medical practitioner.

## **Manifest or manifestation**

Having:

- Required an emergency department visit, hospitalisation, or day surgery procedure;
- Required prescription medication from a medical practitioner or dentist;
- Regular reviews or check-ups with a medical practitioner;
- A chronic or ongoing condition which is medically documented, under investigation, pending diagnosis and/or test results; or
- Symptoms which would cause an ordinary person to seek the advice of a medical practitioner.

## **Pre-disability earnings**

Part 1 - For outside working hours illness benefits:

1. If the worker is an employee (including a working director), the worker's gross weekly income excluding superannuation, averaged over the twelve (12) months prior to the illness or any shorter period that they have been engaged in their occupation.
2. If the worker is contracted or employed on a casual basis, their gross weekly income from personal exertion, excluding superannuation, and less costs and expenses incurred in deriving that income averaged over the 12 months prior to the illness or any shorter period that they have been engaged in their occupation.

Part 2 - For WorkCover Top Up benefits, the worker's gross pre injury earnings, determined by the legislation governing the relevant statutory workers compensation scheme at the time of calculating a workers compensation benefit at the time weekly benefits become payable under this policy.



### When does cover cease?

- Upon a worker's 65<sup>th</sup> birthday, unless where noted terms and conditions apply.
- If your insurance premium contributions are not current at the time of your illness/injury.
- You commence working for an employer who is not registered with Plumbing & Pipe Trades Entitlement Fund.
- Cover under this policy continues for a period of no more than thirty days (30) days from the date the worker ceases his or her current employment provided that worker has accepted a position with another employer prior to ceasing his or her current employment. If the worker does not have a position to go to with another employer and ceases employment, then cover will cease under this policy on the date the worker ceases employment or the last recorded paid insurance premium made.

### 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) or other hostilities, including but not limited to acts of foreign enemies, civil war or rebellion.
3. Any act of terrorism which involves or is connected with biological, chemical, radioactive, or nuclear pollution or contamination or explosion.
4. Radioactivity or any nuclear material or action of nuclear fission or fusion.
5. Intentional self injury or suicide or any attempt at suicide.
6. Flying or other aerial activity unless a passenger in a properly licensed aircraft.
7. A worker's criminal or illegal act.
8. Training for or playing in any professional sport.
9. 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.
10. Any degenerative or congenital condition.

11. A period of disablement resulting from any injury, or physical or mental defect, condition, illness, disease or syndrome for which the insured person in the 12 months prior their commencement date of cover under this policy or the resumption of the worker's cover following a period of at least six consecutive months for which no insurance premiums were paid in respect of that worker has:
  - Required an emergency department visit, hospitalisation or day surgery procedure;
  - Required prescription medication from a medical practitioner or dentist;
  - Had regular reviews or check-ups with a medical practitioner on a chronic or ongoing condition which is medically documented, under investigation, pending diagnosis and/or test results; or
  - Exhibited symptoms which would cause an ordinary person to seek the advice of a medical practitioner.
12. Any pre-existing condition, provided that this exclusion will not apply to any illness or disease which is a direct result of medical or surgical treatment rendered necessary by any injury.
13. 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.

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

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

- 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 15<sup>th</sup> day (28 days for sport) 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.

### Weekly benefits payable

We will pay:

Member	Benefit
Workers aged to 64	90% to a maximum of \$2,200
Apprentices	90% to a maximum of \$1,500

### Important

Weekly benefits are not payable for illness that occurs or recurs after the worker's 65<sup>th</sup> birthday.

## Benefit payable period

Weekly benefits will be paid whilst a worker continues to suffer disablement up to a maximum of:

- 104 weeks for an illness that occurs to a worker up to age 59;
- 52 weeks for an illness that occurs to a worker aged over 60; or
- 26 weeks for an illness that occurs to a worker whilst training for or playing in any non-professional sport, or activity organised by any sporting organisation, authority, club or centre

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

The maximum benefit period under this section will be limited as above for the total of all weeks of disablement directly or indirectly related to the same illness for any one worker.

## Important

Weekly benefits are not payable for illness that occurs or recurs after the worker's 65<sup>th</sup> birthday.

**PLEASE NOTE:** If the illness is as a result of a motor vehicle accident, a claim must be lodged with the relevant statutory provider for personal injury benefits. This includes but is not limited to an event if the worker is 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 received 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.

## Continuation of cover

Cover under this policy continues for a period of no more than thirty days (30) days from the date the worker ceases his or her current employment provided that worker has accepted a position with another employer prior to ceasing his or her current employment. If the worker does not have a position to go to with another employer and ceases employment, then cover will cease under this policy on the date the worker ceases employment or the last recorded paid insurance premium made, whichever is the earliest.

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

## B.(ii) Bill Payer Benefit

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 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 are 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 addressees) 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.

### FAQ

Please refer to the  
Frequently Asked  
Questions (FAQ's)  
on page 34.



### 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 15<sup>th</sup> day of disablement whilst in receipt of WorkCover payments for a maximum period of 104 weeks (52 weeks from age 60), or such lesser period, whilst the worker continues to be disabled and WorkCover continues to pay benefits.

The worker will be paid a top-up being the difference of what gross payment WorkCover is paying and your gross pre-injury earnings, determined by WorkCover at the time of calculating the worker's benefit from day 15, to a combined maximum of:

Member	Benefit
Workers aged to 64	90% to combined maximum \$2,200
Workers aged from 65 (accident only)	75% to combined maximum \$1,000
Apprentices	90% to combined maximum \$1,500

#### Important

Weekly benefits are not payable for any illness that occurs or recurs after the worker's 65<sup>th</sup> birthday.

## 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)	\$200,000	\$150,000
		Benefit	
2	Permanent quadriplegia	\$100,000	
3	Permanent paraplegia	\$100,000	
4	Permanent and incurable paralysis of all limbs	\$100,000	
5	Third degree burns which cover more than 50% of the entire body	\$50,000	
6	Permanent total loss of sight in one/both eyes	\$100,000	
7	Permanent total loss of the hearing in both ears	\$75,000	
8	Permanent total loss of lens of the one eye	\$25,000	
9	Permanent total loss of the hearing in one ear	\$25,000	
Permanent total loss of the use of:			
10	Both hands	\$100,000	
11	Both arms	\$100,000	
12	Both feet	\$100,000	
13	Both legs	\$100,000	
14	One hand and one foot	\$100,000	
15	One hand or one arm	\$50,000	
16	One foot or one leg	\$50,000	
17	Four fingers and one thumb	\$37,500	
18	Both joints of one thumb	\$15,000	
19	One joint of one thumb	\$7,500	
20	Three joints of one finger Two joints of one finger	\$7,500	



Capital Benefits Table Payable Condition – an injury resulting in		Benefit	
21	Two joints of one finger	\$5,000	
22	One joint of one finger	\$2,500	
23	All toes on one foot	\$7,500	
24	Great toe – both joints	\$3,750	
25	Great toe – one joint	\$2,500	
26	Each toes other than great	\$2,500	
	Other conditions:		
27	Fractured leg or patella with established non union	\$7,500	
28	Third degree burns which cover between 20% and 49% of the entire body	\$7,500	
29	Loss of at least 50% of all sound and natural teeth including capped or crowned teeth – per tooth	\$5,000	
		Worker with dependants	Worker without dependants
30	Permanent impairment which is not a Payable condition within the meaning of 1 to 29 and for which compensation for permanent impairment is paid under the <i>NSW Workers Compensation Act 1987</i> (the Act)	10% of the compensation amount to a maximum of \$50,000	5% of the compensation amount to a maximum of \$25,000

# Steps to lodging a claim

Workers may be eligible to lodge an insurance claim under the Plumbers Industry Income Protection (PIIP) Accident & 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 Total Claims Solutions **(02) 8732 8555**.

Alternatively, to download the appropriate insurance claim form visit:

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

## Step 2 – Filling in the 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 Capital Benefit payments.

## Step 3 – Lodging your claim

Once completed, send the claim form to:

Total Claims Solutions  
Ground Floor, 56 Harris Street  
Pyrmont 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 contributions. If a period exists where no insurance premium contribution has 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 redundancy contributions, then no cover will apply in relation to the Discretionary Funeral cover.



Dedicated claims team looking after members

# Frequently Asked Questions

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

**A** Total Claims Solutions is appointed as claims manager of the insurance company, and is responsible for managing all insurance 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 website:

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 any Capital Benefits payable.

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

**Q Do I have to wait 14 days (or 28 days for sport related) 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 or 28 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 90% of your pre injury earnings to a maximum of \$2,200 gross per week. Weekly benefits are reduced by the statutory benefit you receive.

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

**A LEISURE TIME INJURY/JOURNEY & LEISURE TIME ILLNESS**

Weekly benefits are only payable for a maximum period of 104 weeks whilst deemed medically unfit to work as a result of your injury or illness or such lesser period whilst you are unable to return to work. Limited to 52 weeks if aged 60 at the time of injury/illness. Note, no illness cover from age 65.

**WORKCOVER TOP UP BENEFITS**

Top up benefits are only payable for a maximum period of 104 weeks and 52 weeks from age 60 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. Note, no illness cover from age 65.

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

**A** Yes. These payments are taxable and should be included in your tax return. 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 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 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 worker's mobile only.

**Q How can I check that my 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 Plumbing & Pipe Trades Entitlement Fund website [www.plumbersfund.org.au](http://www.plumbersfund.org.au) or call **1300 346 033**.

**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 Plumbing & Pipe Trades Entitlement Fund website [www.plumbersfund.org.au](http://www.plumbersfund.org.au) or call **1300 346 033**. By contacting the Plumbing & Pipe Trades Entitlement Fund 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) and 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 Plumbing & Pipe Trades Entitlement Fund.

**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 Plumbing & Pipe Trades Entitlement Fund membership?**

Phone: 1300 346 033

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





**Plumbing Industry Income Protection (PIIP) Pty Ltd**

Shop 1, 111-117 McEvoy Street, Alexandra NSW 2015

**Plumbing  
& Pipe Trades**  
Entitlement Fund

**For enquiries about WorkerLink, or to  
check if your redundancy and premium  
payments are current:**

**Plumbing & Pipe Trades Entitlement Fund**

Phone: **1300 346 033**

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

Website: **plumbersfund.org.au**

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

**Windsor Management Insurance Brokers**

Phone: **(02) 8732 8500**

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

Website: **wmib.com.au**

**Total Claims Solutions**

Phone: **(02) 8732 8555**

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

Website: **totalclaims.com.au**