

SICKNESS AND ACCIDENT BENEFIT

DEFINED BENEFITS SUPER



Employees who are covered under a Defined Benefits Super policy become eligible to claim after a continuous absence from work through injury or illness after 90 days. Your ASWF eligibility is from the expiration of your accrued sick leave until you become eligible for your super policy continued assistance. Please read the attached guidelines for further details.

Note: If you were employed by SAAS post 2008 you will probably have a Triple S Super policy – please check to confirm.

SECTION A: Your Details

SURNAME:		FIRST NAME:	
HOME ADDRESS:		P/CODE:	
PHONE: (H)	PHONE: (M)	PAY NO:	
EMAIL:		SUPER SA MEMBERSHIP NO:	

SECTION B: Accident and Injury Details

DATE OF COMMENCEMENT OF ILLNESS/INJURY: <i>(Medical certificate should reflect this date)</i>				/	/
FIRST DATE OF ABSENCE FROM WORK DUE TO ILLNESS OR INJURY:				/	/
FIRST FIVE ROSTERED SHIFTS:	SHIFT DATE: / /	HRS:	SHIFT DATE: / /	HRS:	
SHIFT DATE: / /	HRS:	SHIFT DATE: / /	HRS:	SHIFT DATE: / /	HRS:

A 2 shift qualifying/non payment period applies to all claims. Claims between 3-5 shifts are paid according to rostered shifts. Claims beyond 5 shifts are paid at 38 hours per week. Please refer to the attached details for further information.

HOURS CLAIMED:	HOURLY RATE: \$	R.I.R.: %
----------------	-----------------	-----------

NATURE OF ILLNESS OR INJURY:
<i>If claim is due to accident, detail exactly and explain fully.</i>

MEDICAL PRACTITIONER'S NAME:

Your sickness certificate **must state the nature of your illness or injury, or must be supported by a letter from your medical practitioner providing details of your illness or injury.** No claims will be accepted without supporting documentation.

DID YOUR ILLNESS OR INJURY ARISE IN THE COURSE OF ANY PROFESSIONAL EMPLOYMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

IF YES, PLEASE PROVIDE DETAILS:

WAS YOUR INJURY SUSTAINED DUE TO PLAYING PROFESSIONAL SPORT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

IF YES, WE ARE UNABLE TO ACCEPT YOUR CLAIM. PLEASE REFER YOUR CLAIM TO YOUR SPORTING ORGANISATION.

ARE YOU ENTITLED TO CLAIM WORKCOVER/THIRD PARTY/PUBLIC RISK DAMAGES FOR YOUR INJURY: YES NO

PLEASE STATE WITH WHOM THE CLAIM HAS OR WILL BE LODGED:

ARE YOU BEING REPRESENTED BY A LAWYER OR OTHER PARTY IN RELATION TO THIS CLAIM? YES NO

IF YES, PLEASE PROVIDE DETAILS:

NAME:

PHONE:

ADDRESS:

P/CODE:

SECTION C: Declaration

I AGREE TO BE BOUND BY THE FOLLOWING STATEMENT:

"In the event of the member concerned receiving or obtaining financial benefit of any kind including compensation from any source whatsoever in respect to the sickness or accident or disability in connection with which fund benefits are payable, such fund benefits shall be liable to be reduced by the amount received from such other source or sources excluding any benefit payable from any other contributory funds, or by such as the executive shall determine. The onus of notifying the Treasurer on receipt of such external payment shall be on the member and in default, he/she shall forfeit immediately any amount overpaid by the fund." I hereby declare that to the best of my knowledge and belief the information given is true and correct and I also authorise the fund to obtain such medical reports from time to time as deemed necessary.

I HEREBY AUTHORISE THE SA AMBULANCE SERVICE/MY EMPLOYER TO PROVIDE THE AMBULANCE SERVICE WELFARE FUND WITH THE INFORMATION NECESSARY TO COMPLETE THIS CLAIM.

I HEREBY AUTHORISE THE AMBULANCE SERVICE WELFARE FUND TO REIMBURSE SA AMBULANCE SERVICE/MY EMPLOYER FOR ANY OVERPAYMENT IN RELATION TO THIS CLAIM.

SIGNATURE:

DATE:

Privacy of Your Information: The Ambulance Service Welfare Fund (ASWF) recognises the importance of protecting your personal information. We only collect information which is necessary for the purposes of the ASWF. A copy of our privacy policy can be obtained directly from Ambulance Service Welfare Fund, PO Box 524, Hindmarsh 5007 Ph: 08 8340 1800 Fax: 08 8340 1811 Email info@aswf.net.au Web www.aswf.net.au

SECTION D: Payment Details

PLEASE NOMINATE YOUR PREFERRED PAYMENT OPTION: CHEQUE DIRECT BANK ACCOUNT DEPOSIT

NAME ON BANK ACCOUNT:

BANK:

BSB:

ACCOUNT NO:

SECTION E: Office Use Only

MEMBER NO:

MEMBER SINCE:

FIRST YEAR/76 HR MAX LIMIT: YES

DATE CLAIM RECEIVED:

EMAIL FAX POST

DATE EMAILED PAYROLL:

FURTHER INFORMATION REQUESTED:

NOTES:



GUIDELINES TO CLAIMS

These guidelines are a summary of the full terms and conditions of the ASWF Trust Deed Rules for Sickness and Accident Claim benefits. The Trust Deed can be accessed via the ASWF website at www.aswf.net.au. Some additional rules have been authorised by the ASWF Management Board and have been published via the ASWF website and newsletters.

- * Claim forms must be submitted to the ASWF within **28 days of members return to work**. **No claims** will be accepted outside the 28 day return to work period. The date that your medical certificate states you are fit to return to employment is considered the end of your certified period of sickness. You must submit your claim to the fund within 28 days of that date. This date **will not be extended** if you elect to continue to have time off on annual or other leave.
- * All claims **must now** include a copy of the timesheets authorised by your manager for the period of leave.
- * A **two shift qualifying** (nonpayment) period applies to all claims. If your sick leave covers you beyond the qualifying period then your claim will commence once your sick leave has been exhausted.
- * Each time you return to work your previous claim is considered finalized and a new claim period will commence for any further claim, regardless of whether or not it is for the same illness. Each new claim has the qualifying period applied.
- * Claims between 3-5 shifts are paid according to shift hours. Claims beyond 5 shifts are paid at 7.6 hour days/38 hour weeks.
- * ASWF will liaise with SAAS/Shared service to determine correct rates of pay and correct dates of commencement of leave etc.
- * A **period of 2 months applies to all new members** before they are eligible to claim for sickness and accident benefits.
- * **All sick leave** (not annual/ado's etc) is to be exhausted before claiming with ASWF.
- * A medical certificate **which details the illness or injury** must be provided with each claim. If the certificate does not have the nature of the illness or injury stated on it, you will need to provide a letter of explanation/supporting document from your medical practitioner of your illness or injury. Certificates which state "medical illness" or "unfit for work" will require further explanation.
- * Within their **first year of ASWF membership** (not employment with SAAS) members are eligible to claim a **maximum of 76 hours** sickness and accident benefit.
- * A maximum of 13 weeks/494 hours is claimable for each separate illness or injury (although this may be processed over a number of claims) within any 5 year period. Mental illness in any form shall be regarded as one illness.
- * If you become eligible for payment from any other source, such as your superannuation provider (Defined Benefits is 3 months) your ASWF sickness benefit will cease and you will need to lodge a continuing claim with them.
- * ASWF sickness and accident payments are paid at up to 75% of gross wage (including any applicable RIR). The ASWF is not authorised to make deductions for taxation, salary sacrifice or health insurance payments or similar deductions.
- * Payments for ongoing illness are made by direct transfer or by cheque paid fortnightly in line with SAAS wage payments.
- * Should you receive payment from a third party post claim processing (e.g insurance company) ASWF is to be reimbursed for benefits paid.

Examples of Scenarios are as follows:

a. You get ill and need to have a week off work. You have no sick leave left.

After the two shift non-payment period, you would be eligible to claim for the following 3 days.

b. You break a collarbone during a weekend recreational activity and are unable to work for six weeks. You have two weeks sick leave available.

Once your available sick leave is exhausted you would be able to claim the four week balance from the ASWF.

c. You develop a long term illness and need to have more than 3 months off work. You only have one week of sick leave available with SAAS.

In this case you would be eligible to claim the maximum entitlement of 13 weeks less your one week accrued sick leave. After 13 weeks you will need to submit a claim to the SAAS Super Fund for a temporary disability benefit. *(The 13 week period applies to those members whose Super Fund is with the Defined Benefits scheme. More recent SAAS/SA Health employees, or those who have transferred to the Super SA Scheme, are eligible for this benefit after 30 days)*

d. You have had a few weeks off, then returned to work for a few days, but then had a relapse and have had to take further time off.

Unfortunately each time you return to work this is considered the completion of your claim. So each period you have off is considered a new claim, and with each claim a 2 shift qualifying period applies, and if the illness/injury is for the same thing each time, the maximum 13 weeks (494 hours) is payable accumulatively.

e. I have used all my sick leave, but I have young children and now I need to take some time off to care for one of them who is ill.

The ASWF sickness & accident benefit is payable for the member only, and does not cover time taken for carer's leave.

f. I had a car accident and will need to have a few months off work, and will run out of sick leave during that time. Can I make a claim for sickness and accident benefits?

The Welfare Fund will cover your claim according to the usual conditions, however if you are eligible for a third party payment (as a result of an insurance claim) the Welfare Fund will register a claim to be reimbursed on settlement of your claim. This condition applies if you are eligible to receive income for the claim period from any other source.

g. You are a long term employee of SAAS who has accrued over 13 week's sick leave. You require a major operation and are unable to work for up to six months.

As this benefit is designed to minimise the impact of loss of income during extended illness/injury, you would be ineligible to claim from the Fund in this case. You would submit your claim directly to the Super Fund for continuing payment.

*** Sickness and Accident Benefits are available only to Full members. This information is provided as a guideline only and full terms and conditions are detailed in the ASWF Trust Deed.**