



14 January 2025

Certificate of Currency - Voluntary Workers Personal Accident

NAMED INSURED:	The Clubs and Members of the Kiwanis International Australia District, including the Members of the Kiwanis Australia District Board of Trustees, Kiwanis Clubs of Australia, Circle-K Clubs of Australia, Key Clubs of Australia, K-Kids Clubs of Australia, Builders Clubs of Australia, Aktion Clubs of Australia and the Kiwanis Bus Service & Kiwanis Australia District Charitable Foundation																																							
POLICY NUMBER:	COM011967-24581																																							
PERIOD OF INSURANCE:	From 4:00 pm on 31 Jan 2025 to 4:00 pm on 31 Jan 2026																																							
INTERESTED PARTIES:	The City of Newcastle																																							
INSURED PERSONS:	All Volunteer workers of the Insured whilst performing authorized Voluntary work or while they are travelling to, from or during the voluntary work. Insured person is also extended to mean any employee of the insured for weekly benefits only when such employee is not entitled to claim weekly benefits under any other insurance policy.																																							
SCOPE OF COVER:	Whilst an Insured Person is engaged in voluntary work authorised by and under the control of the Insured including whilst travelling directly to or from their place of residence to the place of the authorized voluntary work but not whilst travelling in the air.																																							
SUM INSURED:	<p>Insuring Clause 1: Capital Benefits</p> <p>Age Limits</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">Between 0-18 years</td> <td style="text-align: right;">\$25,000</td> </tr> <tr> <td>Capital Benefit 1 – Death</td> <td></td> </tr> <tr> <td>Capital Benefits 2 to 35 as per Table of Benefits</td> <td></td> </tr> <tr> <td>Between 18-75 years</td> <td style="text-align: right;">\$250,000</td> </tr> <tr> <td>Capital Benefit 1 – Death</td> <td></td> </tr> <tr> <td>Capital Benefits 2 to 35 as per Table of Benefits</td> <td></td> </tr> <tr> <td>75+ years</td> <td style="text-align: right;">\$40,000</td> </tr> <tr> <td>Capital Benefit 1 – Death</td> <td></td> </tr> <tr> <td>Capital Benefits 2 to 35 as per Table of Benefits</td> <td></td> </tr> </table> <p>Insuring Clause 2: Loss of Earnings Benefit</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">Weekly Benefit</td> <td style="text-align: right;">\$1,000</td> </tr> <tr> <td>Benefit Period</td> <td style="text-align: right;">104 weeks</td> </tr> <tr> <td>Excess</td> <td style="text-align: right;">7 days</td> </tr> </table> <p>Insuring Clause 3: Additional Benefits</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">1. Modification Expenses up to a maximum</td> <td style="text-align: right;">\$15,000</td> </tr> <tr> <td>2. Funeral Expenses up to a maximum</td> <td style="text-align: right;">\$10,000</td> </tr> <tr> <td>3. Home Help (maximum 52 weeks)</td> <td style="text-align: right;">\$500 per week</td> </tr> <tr> <td>4. Non Medicare Medical Costs</td> <td style="text-align: right;">\$10,000</td> </tr> <tr> <td>5. Rehabilitation up to a maximum</td> <td style="text-align: right;">\$5,000</td> </tr> <tr> <td>6. Broken Bones Capital Benefits up to maximum</td> <td style="text-align: right;">\$10,000</td> </tr> <tr> <td>7. Out of Pocket Expenses (including transportation, home tutorial, dependent Children, Coma Benefit, Miscarriage/premature birth, Partner Retraining, Remote Accommodation and Transport and Workplace Trauma)</td> <td style="text-align: right;">As Per Policy</td> </tr> </table>		Between 0-18 years	\$25,000	Capital Benefit 1 – Death		Capital Benefits 2 to 35 as per Table of Benefits		Between 18-75 years	\$250,000	Capital Benefit 1 – Death		Capital Benefits 2 to 35 as per Table of Benefits		75+ years	\$40,000	Capital Benefit 1 – Death		Capital Benefits 2 to 35 as per Table of Benefits		Weekly Benefit	\$1,000	Benefit Period	104 weeks	Excess	7 days	1. Modification Expenses up to a maximum	\$15,000	2. Funeral Expenses up to a maximum	\$10,000	3. Home Help (maximum 52 weeks)	\$500 per week	4. Non Medicare Medical Costs	\$10,000	5. Rehabilitation up to a maximum	\$5,000	6. Broken Bones Capital Benefits up to maximum	\$10,000	7. Out of Pocket Expenses (including transportation, home tutorial, dependent Children, Coma Benefit, Miscarriage/premature birth, Partner Retraining, Remote Accommodation and Transport and Workplace Trauma)	As Per Policy
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LIMIT OF LIABILITY	Limit of Liability in the Aggregate	\$1,000,000																																						
NUMBER OF VOLUNTEERS:	140																																							



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OPTIONAL EXTENSIONS:	4.1 Inclusion of Members, Students & Children	Not Insured
	4.1 Number of Members/Students/Children	0.00
	4.2 Inclusion of Training Program Participants	Not Insured
	4.2 Number of Training Program Participants	0.00

ISSUED BY: Community Underwriting on behalf of Mitsui Sumitomo Insurance Company Ltd

Sarogini Millott
Chief Underwriting Officer

Important Notes:

1. This certificate is issued as a matter of information only and confers no rights upon the certificate holder.
2. This certificate is a summary of cover only, does not form part of an insurance contract and does not amend, extend or alter the coverage afforded by the policy detailed above.
3. Community Underwriting Agency does not guarantee that the insurance outlined in this certificate will continue to remain in force for the period referred to as the Policy may be cancelled or altered by either party to the contract, at any time in accordance with the terms of the Policy and the Insurance Contracts Act 1984 (Cth).