

Student Claim Form

Upon completion return via email to claims@csnet.com.au

Claim Number

(office use only)

How to Get Quick Action on Your Claim

Corporate Services Network Pty Ltd will act on your claim as soon as we receive this form. You can help us to act quickly for you by providing:

- Original Doctor's certificate. The certificate must show:
 - Name of injured student
 - Date, nature and extent of injury
- Dental claims. Your dentist must provide a written statement confirming:
 - The treatment was due to an accident
 - The extent of treatment
 - Any future treatment
- Original itemised accounts or receipts for claimable expenses.
- Declaration on page 6 to be completed by Student/Parent.
- Declaration on page 6 to be completed by School/College.



Corporate Services Network Pty Ltd does not generally pay for the cost of obtaining documentation to support a claim.

IMPORTANT: CORPORATE SERVICES NETWORK Pty Ltd IS PROHIBITED BY FEDERAL HEALTH LEGISLATION (INCLUDING THE HEALTH INSURANCE ACT 1973 (Cth)) FROM PAYING ANY MEDICARE REBATE INCLUDING THE MEDICARE GAP

For Example:

A student breaks their arm whilst playing on the school playground

- Doctor's Fee \$100.00
- Less Medicare Refund \$60.00
- Medicare Gap \$40.00

**The Medicare Gap is NOT claimable under this policy*

Check List For Students/Parents

Please check

- ☐ That all questions have been answered
- ☐ That you have not included any Medicare claimable items or Medicare "gap" items
- ☐ That all supporting documentation is attached
- ☐ That you have signed the declaration on page 6

Check List For Schools & Colleges

Please check

- ☐ That all questions have been answered
- ☐ That all supporting documentation is attached
- ☐ That the parents have signed the declaration on page 6
- ☐ That the school/college has signed the declaration on page 7

To Be Completed By Student or Parent

Personal Details

Student Title

Surname

Given name/s

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Student's date of birth (dd/mm/yyyy)

/	/
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Parent/guardian

Title

Surname

Given name/s

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Parent/guardian email address

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Postal Address

Postcode

--	--

Phone – Work

Home

Mobile

Fax

--	--	--	--

School/College/University Name

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School/College/University Address Postcode

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Kindergarten

☐

Primary

☐

Secondary

☐

University

☐

Other

☐

Payment

If you would like the claims settlement to be paid via EFT into your account, please complete your details below.

Account Name		Bank
Branch	BSB Number	Account Number

Incident Details (must be completed)

This policy is designed to provide specified benefits to students suffering bodily injury as a result of an accident. No benefits are provided for illness related incidents or costs.

Date of incident	Time
/ /	am/pm

Place of incident (Please tick the appropriate box)

Home	☐	School	☐	Excursion/Camp	☐	Road	☐
Sports Venue (school)	☐	Sports Venue (other)	☐	Other (Please give details below)	☐		

Occurrence period (Please tick the appropriate box)

School hours	☐	School holidays	☐	Public holidays	☐
Weekend	☐	Before school	☐	After school	☐

Describe how the accident occurred

Date of first treatment

/ /

Further treatment required

Yes ☐ No ☐

Please Claim Here For Non-Medicare Costs

Provider of Service	Nature of Service Provided	Amount claimed from CSN after any other rebate



IMPORTANT: CORP (CSN) IS PROHIBITED BY FEDERAL HEALTH LEGISLATION (INCLUDING THE HEALTH INSURANCE ACT 1973 (Cth)) FROM PAYING ANY MEDICARE REBATE INCLUDING THE MEDICARE GAP



Privacy Statement, Medical Authority and Declaration

Corporate Services Network (CSN)

CSN is committed to complying with the Privacy Amendment (Enhancing Privacy Protection) Act 2012 which amends the Privacy Act 1988 and has resulted in the introduction of the 13 Australian Privacy Principles (APPs). CSN will ensure that all personal information held is treated in accordance with the Act and the APPs.

All personal information collected is used only for the assessment of a claim or the provision of an insurance related service. In order to affect this, your personal information may be disclosed to or requested from third parties such as an insurer, employer, broker, medical practitioner, Medicare or other parties as required by law.

Consequently, given the placement of this insurance it may be necessary to disclose your personal information to a third party in the UK. If so, we will take reasonable steps to ensure that the overseas recipient of your information will not breach the APPs.

CSN will take all reasonable steps to ensure that personal information held by CSN is secure from any misuse, interference, loss, unauthorized access, modification or disclosure.

CSN has a privacy enquiries and complaints handling procedure to deal with any enquiry or complaint you may have about how we have collected, used or managed your personal information. If you would like to make an enquiry or complaint, please complete the "Privacy Complaint or Query" form that is available on our website at www.csnet.com.au and send to privacy@csnet.com.au

Our complete Privacy Policy is located on the above website or can be obtained from us by contacting 612 8256 1770.

Medical Authority and Declaration

- I understand that by investigating my claim or by accepting proof of my claim, CSN has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy.
- I agree to CSN using and disclosing my personal information to the insurer, the Policy Holder, my employer, the insurance broker, my medical practitioners, my health providers, Medicare, or other parties as required by law. I understand this is pursuant to CSN's Privacy Policy and this document.
- In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to CSN's Privacy Officer.
- I authorise any person or entity, including those referred to above, to provide to CSN such personal information (including health information) as CSN in its absolute discretion considers relevant for its assessment of my claim or my entitlement to benefits.
- I will use my best endeavours and render all reasonable assistance and cooperation to CSN in the assessment of my claim.
- I confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim.
- I understand that if I do not consent to the terms of this authority or revoke my consent, CSN may not be able to process or assess my claim.
- I appoint CSN to do everything necessary or expedient to give effect to the transactions contemplated by the consents and authorisations in this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent and Medical Authority.

Parent's or guardian's signature:

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Date: (dd/mm/yyyy)

/	/
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Print name

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Additional Comments/Notes if Required

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Declaration (to be completed by School/College/University)

School/College/University Name

School/College/University Address

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School/College/University Phone

Fax

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Contact name (and title)

Position

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Policy Number

Client Number

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Period of cover

/	/		To	/	/	
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Did the accident occur during a school activity?

Yes ☐ No ☐

Do you consider the information given by the parents/guardians on this claim form to be accurate?

Yes ☐ No ☐

If no, please comment below:

Do you wish to make any further comment in relation to this claim?

Signature of Authorised Representative

Date: (dd/mm/yyyy)

/	/	
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Print name

Complaints and Dispute Resolution

If you are unhappy with our service, a decision or the process, you may make a complaint in accordance with our complaints handling procedure. Details of our insurance complaints handling procedure can be obtained from our website at www.csnet.com.au



How to Contact Us

- Mail GPO BOX 4276 Sydney NSW 2001
- Email claims@csnet.com.au
- Website www.csnet.com.au
- Telephone +61 2 8256 1770
- Facsimile +61 2 8256 1775

Corporate Services Network Pty Ltd ABN 30 074 864 609, CSN is an Authorised Representative (A/R # 001294637) of Gallagher Bassett Services Australia (AFSL #: 530867).