



Australian Government
Department of Education,
Skills and Employment

Insurance Readers Guide - Participants

Insurance arrangements for participants in
Employment Services activities administered by the
Department of Education, Skills and Employment





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The document must be attributed as the (Insurance Readers Guide).

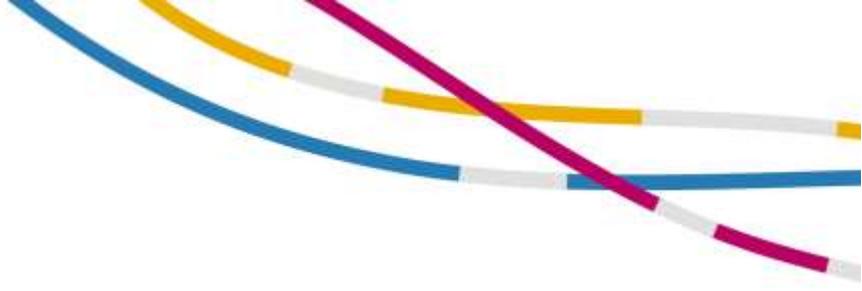
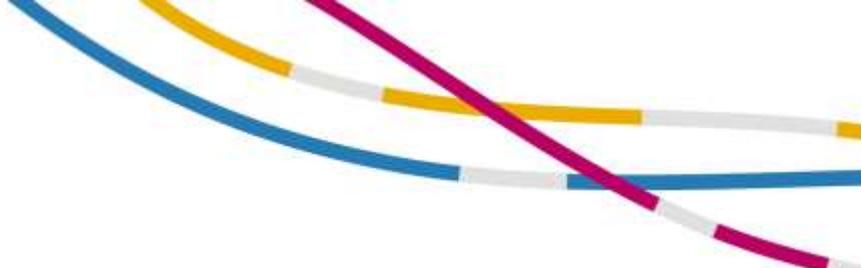


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General Advice Warning

The information in this Guide is for general information only and does not consider an individual's personal objectives, financial situation or needs. Before acting on this advice you must assess whether it is appropriate in accordance with your own objectives, financial situation or needs.

If this advice contains information about a particular financial product, you should ensure you obtain a Product Disclosure Statement (PDS) in respect of that product prior to making any decision to acquire that product.

Further information

For further information on the department's purchased insurance arrangements please contact the Department of Education, Skills and Employment's National Customer Service Line on 1800 805 260.

Introduction

The Australian Government Department of Education, Skills and Employment (the department) purchases insurance to cover participants undertaking approved employment services activities to ensure participants are covered in the event of an incident or accident.

These policies are:

Class of Insurance	Explanation of Cover
Group Personal Accident insurance	Covers the Participant in respect of personal injury or death that occurs while undertaking approved activities, including direct travel to, from or during such activities.
General and Products Liability insurance for participants	Covers the legal liability of the Participant arising out of their negligence that causes personal injury to a third party, or damage to a third party's property, while participating in approved activities.

Who is covered?

The insurance arrangements cover participants in employment assistance programs including but not limited to jobactive, Transition to Work, Online Employment Services, New Employment Services, Skills for Education and Employment, and ParentsNext.

What happens if you are injured?

The following table describes what should happen if you are injured or experience a near miss while at an approved activity.

Initial Phase

Timeframe: Incident occurs, 0-2 hours

Who	Requirements/processes
Participant	Reports the incident to your supervisor and/or provider
Host/employer	Support the participant: <ul style="list-style-type: none"> • Offer first aid (if needed) • Contact emergency services (if needed) • Make sure they are safe and comfortable • Contact the participant's provider
Host/employer	Complete the incident report form <ul style="list-style-type: none"> • Records all details of the incident, and • Supplies the form to the provider

Next Steps

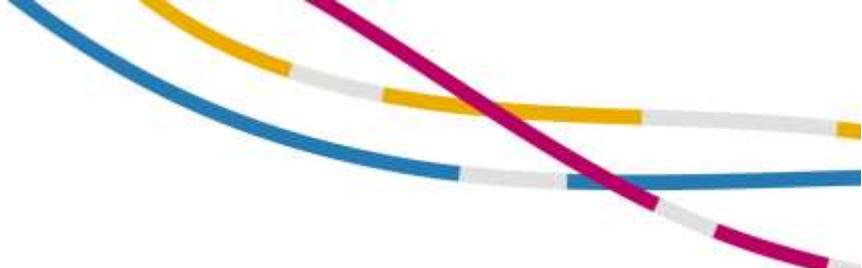
Timeframe: Within 24 hours

Who	Requirements/processes
Provider	Report the incident to the department by recording the incident in the WHS Incident screen in ESSWeb
Department	Reviews the incident report and any additional information submitted: <ul style="list-style-type: none">• Follows up with the provider to address any concerns raised by the incident and ensures the provider is giving support to the participant• Reports incidents to the department's broker and insurer• Supports providers with insurance processes

Ongoing Support

Timeframe: Day 2+

Who	Requirements/processes
Participant	<ul style="list-style-type: none">• Seeks medical treatment (if required) to assist in recovery• Retains receipts and seeks reimbursement of costs from Medicare• Submits an insurance claim if they are out of pocket in relation to the injury. <p>Note: the provider can provide assistance with completing the claim form, or with the insurer in general</p>
Provider	Support the participant: <ul style="list-style-type: none">• Review the incident form and have the participant sign it (if possible)• Support the participant to seek treatment from an appropriately qualified professional• Provide the participant with a copy of this guide and explain how and what they can claim from insurance• Assist the participant to complete insurance papers (as necessary)• Provider may offer to cover expenses not covered under insurance through the Employment Fund (as necessary)
Insurer	Considers the participant's claim and relevant information: <ul style="list-style-type: none">• Assesses claim and evidence supplied by the participant• Advises the participant of the outcome including claim processes and insurance coverage and limits (as necessary)• Reimburses eligible medical expenses in accordance with the policy and evidence supplied by the participant/provider



What should you expect from your provider?

Your employment services provider is responsible for the following:

- Giving you a copy of, or telling you where you can find, this *Insurance Readers Guide - for Participants*, and answering any questions you may have about this guide.
- Supporting and assisting you in your recovery if you are injured on an approved activity and providing you with assistance to submit an insurance claim if required.
- Adhering to insurance arrangements and incident management procedures the department has in place outlined in any applicable deeds or Guidelines.
- Reporting to the department any incidents and/or near misses that occur within the timeframes listed above and providing updates to the department on incidents as required.
- Reviewing and monitoring risk assessments associated with the activity as required.
- Arranging Mutual Obligation exemptions if needed as a result of a WHS Incident.
- Reporting ‘notifiable incidents’¹ that occur in their workplace to their jurisdiction’s Work Health and Safety Regulator. ‘Notifiable incidents’ may relate to any person—whether an employee, contractor or member of the public. Providers must advise the department **immediately** of such an event and advise if the incident has been reported to the relevant Work Health and Safety Regulator.
- Educating themselves on work health and safety legislation applicable in their jurisdiction.

¹ <https://www.safeworkaustralia.gov.au/doc/incident-notification-fact-sheet>



GROUP PERSONAL ACCIDENT INSURANCE

How do I make a claim on the insurance policy?

1. Report the incident/accident immediately to both your supervisor at the location where the incident/accident occurred, and your provider.
Note: Your host and provider will notify the department that an incident has occurred.
2. Seek medical attention, if required, from your doctor or the local medical clinic. Keep all receipts that are related to payments you have made because of the injury, for example, if you took a taxi to your GP for treatment.
3. Request a copy of the insurer's claim form from your provider or seek assistance from your provider to complete the insurer's claim form. Give your provider any receipts you have collected for reimbursement.
4. Your provider will help you submit the claim form.
5. If required, the insurer will contact you/your provider directly regarding the progress of your claim.

What is covered by the policy?

This insurance policy provides cover to participants for an injury or death that occurs while participating in approved activities including direct travel to and from, or during such activities.

Travel includes:

- from the participant's home to the approved activity
- between approved activities
- during the approved activity
- between the provider's location to the approved activity and vice versa.

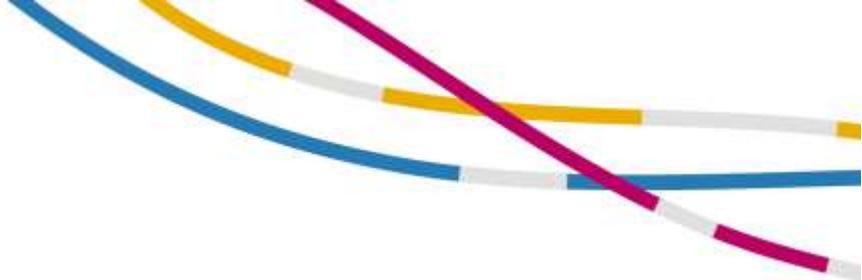
"Injury" means personal injury resulting from accident and which is not an illness as outlined under the policy.

Reimbursement for costs certified necessary, by a legally qualified medical practitioner, and incurred within twenty-four (24) months of the participant sustaining injury, for medical expenses and treatment following an accident, that do not attract a Medicare rebate. Examples of these *may* include the following, depending on the state or territory in which you live:

- ambulance service, operating theatre fees in a private hospital, bed/room charges in a private hospital, chiropractor, physiotherapist, osteopath, naturopath, masseur, nurse or similar provider of medical services.

What is NOT covered by the policy?

- **This policy will not pay doctors' bills, hospital bills, or other medical accounts that are recoverable under Medicare.**

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- **This policy will not pay for any balance of monies due or payable after deduction of any Medicare benefit, commonly referred to as the “Medicare Gap”.**
 - **The Personal Accident Policy is not a workers’ compensation policy. Participants in the approved activities covered by this policy do not qualify for workers’ compensation.**

If you do incur ‘gap’ expenses, reimbursement of these expenses by your provider may be permissible.

What if the claim is rejected by the insurer?

If the insurer rejects the claim, you may seek a review. There is a three tier review process, free of charge.

First, you may speak to an AHI staff member about the claim. Secondly, if the matter is not resolved to your satisfaction, you may access AHI’s Complaints and Dispute Resolution Process (free of charge).

Thirdly, if the matter remains unresolved, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA) (free of charge).

When does the insurance coverage start and end?

This insurance covers you while you are attending an approved activity, including travel to and from activities and between activities.

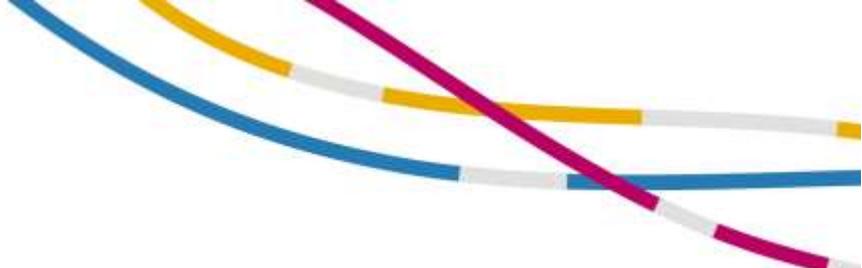
Can participants claim WorkCover?

No, participants on income support undertake placements that are recognised as ‘Approved Programs of Work’ under Social Security legislation. This means that a participant is not an employee while undertaking a placement.

As participants are not employees, they are not eligible for workers’ compensation.

Does the insurance cover illness?

No, illness or sickness is not covered under these policies.



COMBINED (PUBLIC AND/OR PRODUCTS) LIABILITY

Making a Public & Products Liability Claim

1. Report the incident/accident immediately to your supervisor at the location where the incident/accident occurred and to your provider.
2. Do not admit fault, accept responsibility or enter into any discussions or correspondence with any third parties.
3. Read, complete and sign the Liability claim form with your provider including supplying any relevant supporting documentation.
4. Your provider will then forward the Liability claim form to the insurer on your behalf.
5. If required, the insurer will contact you directly regarding the claim.

What is covered?

This policy covers participants' liability arising out of their negligence that causes personal injury to third parties or damage to third parties' property while participating in approved activities.