

Rugby Clubs' PERSONAL ACCIDENT INSURANCE 2019-2020

Please read this guide carefully

Building **better**
benefits **together**



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MID-TERM ADJUSTMENTS

Members can purchase cover at any time throughout the policy period (14th September 2019 to 13th September 2020). This can be done by sending new members' details to Lifecare in the format shown in Appendix 1

New additions MUST be sent within 30 days of joining date, as ADNIC are unable to backdate cover any further. We recommend that additions are sent at the end of each month for the whole of that month.

Whilst additions will be charged on a pro-rata basis, no refunds apply for mid-term cancellations.

PLAYING OUTSIDE UAE

Cover extends to emergency medical treatment outside the player's country of residence. The geographical scope of cover is 24 hours Worldwide for members residing in the United Arab Emirates.

Any claim outside the UAE will be settled on a reimbursement basis. Please refer to the documents required for reimbursement claims on page 4 for further information

TREATMENT OUTSIDE THE NMC NETWORK

Should members wish to visit a provider that falls outside the NMC network, they can do so on a reimbursement basis and will not be penalised with any Reasonable and Customary charges or be subject to any additional excesses or co-payments.

Claims will be settled on a reimbursement basis, please refer to page 4 for further details regarding reimbursement claims.

CLAIMS NOTIFICATION

*For injuries sustained during participation in any of the covered activities, the Club must inform Lifecare **within 5 days**, via gi@lifecareinternational.com
Please advise us of the following:*

- *Student's name & certificate number*
- *Nature of injury*
- *Date of Accident*
- *Has medical treatment already been received?*

*Following initial notification, Club MUST send Claim intimation form to Lifecare within 30 days of injury occurring. Refer to **Appendix 2** for details required.*

CLAIMS: DIRECT BILLING

At time of injury, Club or member should call NMC "First Points of Contact" (see page 5), in order for them to direct the member to nearest facility for treatment and notify the clinic/hospital

Member should carry proof of identity to match them to their Club's database on arrival to NMC facility

Following treatment, members to sign a "satisfactory treatment confirmation form" for ADNIC and NMC's records.

CLAIMS REIMBURSEMENT

Should players wish to seek treatment outside ADNIC's Direct Billing Network, please send scanned copies of the following to Lifecare and retain the originals which will be required prior to settlement:

- **Claim Form** signed by member. A copy will be sent to each Club to be used as and when required
- **Passport** copy with **Visa** page
- **Emirates ID** Copy
- Clinic/hospital **receipts** together with Doctor's **Prescription** for any treatment referred including MRIs, X-Rays, physiotherapy etc.
- **Medical report** detailing history, diagnosis and prescribed course of treatment
- **Reports** for any MRIs/X-rays

First Points of Contact

DINA FAEK (NMC)

Senior Executive - Networks, Contracting & Pricing

T: +971 2 617 9199 M: +971 50 681 9002

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M: +971 56 547 7620

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Senior Technical Manager

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NMC Direct Billing Network

Facility	Emirate	Contact	Telephone	Facility Operation Time
NMC Royal Hospital LLC	Dubai - DIP	Coordinator on Duty	056 649 1852	24 hours
NMC Royal Medical Center	RAK*	Jayaprakash Ganji RCM Manager	052 239 8368	08:00 - 23:00
Emirates Hospitals & Clinics LLC Fujairah 1	Fujairah*	Abin Abraham Branch Manager	055 831 7595	08:00 - 22:00
New Medical Center LLC	Sharjah	Giji Abraham Front Office Supervisor	050 572 5198	07:00 - 23:00
NMC Specialty Hospital LLC	Abu Dhabi	Dr. Lakshmi Prasanth Team Lead – Approvals	056 404 1032	24 hours
New Medical Center Specialty Hospital LLC	Al Ain	Pilar Pena Supervisor	056 549 4709	24 hours
NMC Specialty Hospital LLC	Al Nadha	Sachitha Suni/ Jo-Ann Alfiler Customer Care Managers	056 526 7799 04 212 2390	24 hours

***Fujairah & RAK NMC clinics do not have an inpatient treatment facility**

Where a patient has to undergo further treatment in an inpatient facility, NMC will arrange to transfer the patient to the closest NMC facility most suitable for their condition, in order for the direct billing to apply

TABLE OF BENEFITS PER MEMBER

- **ACCIDENTAL DEATH BENEFIT** - AED 20,000
- **PERMANENT TOTAL DISABILITY (ACCIDENT ONLY)** - AED 20,000
- **PERMANENT PARTIAL DISABLEMENT (ACCIDENT ONLY)**
% OF SUM INSURED AS PER CONTINENTAL SCALE OF BENEFITS
- **ACCIDENTAL MEDICAL EXPENSES** - AED 100,000 PER MEMBER
- **PHYSIOTHERAPY** - Covered within Accidental Medical Expenses limit of AED 100,000
- **REPATRIATION EXPENSES** - AED 25,000
- **DEDUCTIBLE PER CLAIM** - AED 500

EXCLUSIONS

- Illness and/or Sickness
- War, invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection, military or usurped power, riot or strike mutiny, martial law, state of siege, violence, looting, sacking or pillage and terrorism
- Use of atomic, biological or chemical material
- Unlawful or criminal acts
- Offshore activities
- Suicide
- Underwater activity
- Insanity, intoxication, alcohol or drugs not prescribed by a licensed medical practitioner, mental/nervous disorders
- Pre-existing conditions that you are currently receiving treatment for under another Personal Accident policy
- HIV or AIDS
- Dangerous sports (other than amateur rugby)
- Professional players
- Aviation, gliding or any form of aerial flight other than as a passenger in a fully licensed passenger carrying aircraft
- Self-inflicted injuries
- Workmen's Compensation claims / Work related injuries

APPENDIX 1 - MID TERM ADJUSTMENT FORMAT

Player's first name	Player's surname	DOB	Squad	Insurance Category (Over 14/Under 14)	Passport #	UAE Visa #
TEST	CASE	01/01/1983	MENS	OVER 14	123456	1234567890

APPENDIX 2 - CLUB CLAIM INTIMATION FORMAT

PLEASE ISSUE ON CLUB LETTERHEAD

Policy details:

1. NAME OF CLUB AND POLICY NO.:
2. MEMBER NAME'S AS SHOWN ON POLICY:
3. MEMBERSHIP NO. / MEMBERSHIP START DATE:

Claim details:

1. DATE OF ACCIDENT:
2. BRIEF DESCRIPTION OF WHERE AND HOW IT HAPPENED:
3. NATURE OF INJURY:
4. EXTENT OF INJURY (MILD/NORMAL/SEVERE):
5. IF MAJOR/SEVERE, GIVE ADDITIONAL DETAILS OF INJURY/TREATMENT:
6. OTHER REMARKS IF ANY INCL. COST OF TREATMENT, ANY OTHER INFO, ETC.:

I, the undersigned, hereby declare that the above information is in every respect true and complete.

Name and signature of Authorised Signatory of the Club:

Date:

Club Stamp: