

Sickness & Accident Fund

Purpose of the Fund	<p>To help Parishes to meet any short-term additional costs incurred when a Person (ordained clergy member) is unable to perform normal duties due to sickness or accident.</p> <p>To help a Person who incurs medical, hospital, rehabilitation or related expenses following an accident <i>which occurred in the course of that Person performing normal ministry duties</i>.</p>
How does it help?	<p>By offering limited financial support to Parishes for some of the additional costs of ministry while the Person is unable to carry out their normal duties (this would normally be related to locum tenens).</p>
Procedure	<p>Complete the claim application and certificate of medical attendance for each claim. Attach such other details to support your claim as are relevant e.g. claim for payment from locum tenens showing days worked, travel details, etc.</p> <p>Return the documents to—</p> <p>Sickness & Accident Fund P.O. Box Q190 QVB Post Office SYDNEY NSW 1230</p>
Restrictions to claims	<p>Total incapacity</p> <ul style="list-style-type: none">• No claim for the first 14 days of incapacity• The maximum claim period is 12 months thereafter <p>Partial incapacity</p> <ul style="list-style-type: none">• No claim for the first 28 days of incapacity• The maximum claim period is 6 months thereafter <p>Determined rate of Benefit</p> <ul style="list-style-type: none">• There is a financial limit set for the amount to be paid for the claims. This limit is a maximum determined prior to the commencement of each year, and claims will be paid to the lesser value of costs paid and that limit. If this limit causes financial difficulties to the Parish, please refer the issue to your Archdeacon.

Medical costs

- Under the terms of the **Sydney Diocesan Sickness and Accident Fund Ordinance 1969**, a claim for medical expenses can be entered if it meets the following criteria:

10. (1) Where a Person incurs medical, hospital, rehabilitation or related expenses (including any cost to the Person of travelling necessarily and reasonably incurred by the Person in obtaining treatment) **following an accident which occurred in the course of that Person performing normal ministry duties**, that Person may make a claim on the Fund for an amount being the lesser of -
 - (a) an amount equal to the Prescribed Amount less the sum of all amounts (if any) previously paid under this clause for expenses arising from that accident; and
 - (b) the amount of the expenses specified in the claim.
- (2) In this clause "Prescribed Amount" means \$5,000 or such greater amount as the Standing Committee may approve by resolution from time to time.

Conditions

11. (1) A Person may only make a claim under clause 10 if -
 - (a) that Person has not been, and is not entitled to be, reimbursed or indemnified for the expense, or paid an amount in respect of the expense, from any other source;
 - (b) such evidence of the expense as the Secretariat may require accompanies the claim;
 - (c) the amount of the claim equals or exceeds \$50 or previous claims (if any) for expenses arising from the accident equal or exceed \$50; and
 - (d) the accident occurred after the date of assent to the Sydney Diocesan Sickness and Accident Fund Ordinance 1969 Amending Ordinance 1996.
- (2) If a Person has been, or is entitled to be, reimbursed or indemnified for part of an expense to which clause 10 refers, or is paid an amount for part only of such an expense, then notwithstanding paragraph (a) of clause 11(1), but subject to the other paragraphs of that clause, the Person may make a claim under clause 10 in respect of that part of the expense for which the Person has not been, and is not entitled to be, reimbursed or indemnified or paid an amount in respect thereof.



Sydney Diocesan Sickness and Accident Fund

CLAIM APPLICATION – LOCUM TENENS COSTS (Parish)

Full name of sick or injured person _____

What is the form of illness? _____

If an injury, what was the cause? _____

Name and address of attending doctor(s). _____

(Please attach medical certificates as appropriate) _____

For what period (specific dates) was the person's incapacity:

Partial incapacity *restricted in performing their parochial duties?* _____

Total incapacity *incapable of performing their parochial duties?* _____

What assistance was obtained and what fees were paid? *(Please give full details, adding extra pages if necessary).*

Name of Locum Tenens _____

Dates of services rendered _____

Specific costs for each date
(eg. Locum fee, travelling, etc.) _____

Bank account details for reimbursement:

BSB: _____ Account Number: _____

Account Name: _____ Date _____

Warden

Warden

Warden



Sydney Diocesan Sickness and Accident Fund

CLAIM APPLICATION – MEDICAL EXPENSES (Individual)

(only when related to an accident)

Full name of sick or injured person _____

What was the nature of the injury? _____

What was the cause of the injury? _____

To claim under this fund, the injury must have been caused "in the course of performing normal ministry duties".

On what date did the injury occur? _____

Name and address of attending doctor(s).

(Please attach medical certificates as appropriate)

What treatment was received?

Amount of your medical claim _____

Please attach medical receipts and record of Medicare and medical fund refunds

Bank account details for reimbursement:

BSB: _____ Account Number: _____

Account Name: _____

Signature

Date