

Fact sheet

Claiming a TPD benefit

It is important that you understand there are strict rules about making a claim for Total & Permanent Disablement (TPD) and it can be a long process, over six months in many cases from the time you submit your application. This brochure explains when you can make a TPD claim and what will happen once you submit your claim.

What is a TPD benefit?

If you are insured for TPD and your application for a TPD benefit is approved, you will receive your account balance and any insured amount for which you may be eligible (depending on your age and the level of insurance cover you have been granted). Note that AustralianSuper allows for the release of your benefit on grounds of permanent incapacity irrespective of your insurance cover. Applying for this benefit is a separate process from making a TPD claim. For more information see section 3 overleaf.

Do I have insurance?

Not every member of a super fund is insured for TPD. Generally, you will not be insured if:

- you opted out of insurance; or
- you reached the cover expiry age; or
- your insurance cover ceased because you or your employer ceased making contributions on your behalf.

If you do not have TPD insurance, you may be able to access your super under compassionate grounds, or make a terminal illness or permanent incapacity claim. Please call AustralianSuper on **1300 667 387** for more information.

When can I make a TPD claim?

To make a claim for a TPD benefit you must meet the definition of TPD in the Fund's Group Life Insurance Policy and have become TPD while you were insured with the Fund. Being TPD usually means you must be so seriously injured or ill that you are unlikely to ever work again in your usual occupation or any other occupation for which you could reasonably be considered qualified by education, training or experience.

Definition of Total and Permanent Disablement (TPD)

Our Insurer will consider a claim if you're terminally ill or totally and permanently disabled if, while you were insured, something happens that results in one of the following situations.

If you are employed, or you've been unemployed for less than 12 months, prior to the date you're disabled:

Option 1:

• You're unable to work in any occupation

As a result of illness or injury, you have been continuously absent from employment for at least three consecutive months starting before you turn age 65. And – after the Insurer reviews medical and other evidence – they believe you're unlikely ever to be able to engage in any regular paid work for which you are reasonably suited by education, training or experience.

A detailed description of what 'any occupation' means is in our *Insurance Guide*.

Option 2:

• You suffer from certain medical conditions

If you suffer from one of a number of medical conditions and you don't meet the definition of terminal illness, you may be eligible to receive a payment if your condition is so severe that you are no longer able to work.

For example, if you suffer from multiple sclerosis or major head trauma – or one of a range of other conditions. See our *Insurance Guide* for more details and the full list of medical conditions.

You're no longer able to do simple work tasks:

If prior to the date you become disabled you haven't worked for 12 months or more and you've become so disabled by bodily injury or illness that the Insurer is satisfied that you'll never be able to perform at least two of the following five everyday working activities without someone else's help, despite the use of appropriate assistive aids:

- Mobility
- Communicating
- Vision
- Lifting
- Manual dexterity.

More detail about what's involved with each activity is listed in our *Insurance Guide*.

Permanent inability must have lasted for a continuous period of six months or more, and it is unlikely you will ever return to gainful employment.

Claiming a TPD benefit (continued)

If you've been performing full-time unpaid domestic duties just prior to the date you become disabled, and:

- you've been unable to perform your unpaid domestic duties for at least three consecutive months before you turn 65 and in the Insurer's opinion, after consideration of medical and/or other evidence, you're incapacitated to such an extent that it is unlikely that you'll ever be able to engage in your unpaid domestic duties again, or in any other occupation for which you're reasonably suited by education, training or experience, and
- you're so incapacitated that you can't leave your home without someone else's help.

Loss of limbs or sight

You've suffered:

- the loss of use of two limbs
- the complete and permanent loss of sight in both eyes, or
- the loss of use of one limb and the complete and permanent loss of sight of one eye.

By limb, the Insurer means at least an entire hand or foot.

Terminal illness

The amount you'll receive if you're diagnosed with a terminal illness is the greater of your Death cover or your TPD cover.

For more information about terminal illness and the full definition of when you may be able to receive a terminal illness insurance benefit, see our *Insurance Guide*.

Is there a waiting period?

In most cases, (other than loss of hands and/or feet or sight as set out above or terminal illness) satisfactory proof must be provided that you have been absent from work for up to six continuous months as a result of your disability.

However, Day One TPD allows for a quicker assessment and payment of a TPD benefit. You are considered TPD under the Day One definition if all of the following clauses apply:

- (a) you were, on the date of disablement, age 65 years or less;
- (b) you are continuously absent from all work as a result of suffering one or more of the following defined medical conditions: cardiomyopathy, primary pulmonary hypertension, major head trauma, motor neurone disease, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia, hemiplegia, diplegia, tetraplegia, dementia and Alzheimer's disease, Parkinson's disease, blindness, loss of speech, loss of hearing, chronic lung disease or severe rheumatoid arthritis (each as defined in the Definitions of Medical Conditions in the AustralianSuper *Insurance Guide*);

- (c) in the opinion of the Insurer, after consideration of medical and other evidence, you are unlikely ever to be able to engage in any regular paid work (for which you are reasonably suited by education, training or experience) whether or not for reward; and
- (d) you are likely to be so disabled for life.

How much will it cost?

There will be costs involved when you make a TPD claim. For example, you will need to pay the initial medical expenses, such as the cost of obtaining the Medical Attendant's Statement and any medical reports that you submit when you first make the claim. However, if the Insurer asks you to have an independent medical examination, or writes to your doctor asking for medical reports, the cost of these will be paid by the Insurer.

What is the role of my Case Manager?

The role of your Case Manager is to help you understand the claims process and to look after your claim from start to finish. When you receive this brochure and all of the initial documentation, you will have already received your Case Manager's direct contact details.

Your Case Manager will work with you to ensure that all required information is received and that your claim is processed as smoothly as possible.

If you are unable to contact your Case Manager directly, please call AustralianSuper on **1300 667 387**.

How to make a claim

There are a number of steps to go through when making a TPD claim and the process may take a long time. For instance, the Insurer may ask for an additional medical opinion, which means you may need to attend more than one medical examination. Your claim must go through the following steps before a full assessment and decision is made:

1 Contact AustralianSuper

When you notify AustralianSuper that you wish to make a claim, you will be offered an interview to assess your eligibility. Upon determining your eligibility, you will be sent the following:

- a Claim for Total and Permanent Disablement Benefit (Claimant's Statement) to complete
- a Claim for Total and Permanent Disablement Benefit – Medical Attendant's Statement and
- a list of the documents and information you need to provide for the claim to be assessed. The documents will include:
 - certified proof of your age, such as a certified copy of your Birth Certificate, Driver Licence or Passport (see the section 'What is a Certified Copy' at the end of this brochure) and
 - any existing medical reports you have and
 - any other medical evidence that may support your application.

You will have to meet the cost of providing this evidence.

2 Submit your claim

Complete and sign the Claim for Total and Permanent Disablement Benefit (Claimant's Statement), attach all the documents requested and return everything to your Case Manager. If the information you send is incomplete or you have not filled the forms in correctly you will be asked to provide the information again. This will delay the process, so please take the time to make sure all forms are correctly filled in and all necessary documents are provided.

3 Your Case Manager will coordinate your claim

Your Case Manager will check the information you provide to determine whether you are eligible to claim either an insured TPD benefit (account balance and insured amount) or a Permanent Incapacity Benefit (account balance only). For TPD claims, your Case Manager will ask your employer for a statement which will confirm your period of employment and the reasons you ceased work.

If you do not have TPD insurance through the Fund you may be able to claim your account balance by applying for a Permanent Incapacity benefit. Your Case Manager will be able to provide you with more details regarding this benefit.

4 The Insurer will assess your claim

The Insurer will use the information you provide when making its assessment, but may also:

- ask for reports from your doctor/s
- ask you to provide more information
- ask your employer for more information
- make an appointment for you to have a medical examination with an independent specialist (you may need to have more than one medical examination).

The Insurer will pay for any additional medical reports it requests and any examination it arranges for you to attend. However, if you miss your appointment, and have not advised your Case Manager, you may be asked to pay a Medical Non-Attendance fee. Any questions you have during the assessment process should be directed to your Case Manager.

5 The Insurer will decide on your claim

Once the Insurer has assessed your claim it will make a decision about whether it will be accepted, deferred or declined. If your claim is accepted, you will get a letter giving you the option to take the payment in cash or roll it over to an approved superannuation fund. If you choose to take your benefit in cash you will receive a letter with details of the payment, a cheque for the benefit amount, your final Member Statement and a Superannuation Lump Sum Benefit Summary. The Insurer may defer your claim for a period of time to determine the full extent of your disability and whether it is permanent. Your claim may be declined. This generally means the Insurer does not regard you as totally and permanently disabled according to the definition in the insurance contract.

6 Claims Review Committee

If your claim is declined or deferred the Claims Review Committee (CRC) will review the Insurer's decision on your behalf.

The CRC is set up by the AustralianSuper Trustee and meets as required. Its job is to ensure the Insurer's decisions are reasonable and comply with the conditions set out in the insurance contract and the Fund's Trust Deed. You will be advised of the outcome of its review.

7 What if the CRC disagrees with the Insurer's decision?

If the CRC disagrees with the Insurer's decision it may ask the Insurer to reconsider your claim or ask for further medical evidence to be obtained.

8 Final decision

The claim may be accepted after this review process or it may once again be deferred or declined. You will be advised, in writing, of the decision.

What if I am not satisfied?

If your claim is declined and you disagree with the decision or you are not satisfied with the way your claim has been handled, you may lodge a complaint in writing with the Fund. Your complaint will be investigated and a response forwarded as quickly as possible; however, responses may take up to 90 days.

To make a complaint contact:

The Complaints Officer
AustralianSuper
Locked Bag 999
Carlton South Vic 3053

If you are not satisfied with AustralianSuper's handling of your complaint or its resolution, you may contact the Superannuation Complaints Tribunal (SCT). The SCT is an independent body set up by the Federal Government to assist members (or their beneficiaries) to resolve certain superannuation complaints. The SCT may be able to help you resolve your complaint, but only after you have used AustralianSuper's own complaints-handling process.

You can contact the SCT on 1300 884 114 for more information.

What is a certified copy?

When making your TPD claim you will be asked to provide the Fund with certified copies of certain documents. A certified copy is one that is certified as being a true copy of the original by an authorised person in your State or Territory.

To have documents certified, please take the original documents and photocopies to any one of the following persons for him/her to certify that they are true and correct copies of the originals:

- a Justice of the Peace
- a person enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia as a legal practitioner
- a member of the Police Force
- a judge of a court
- a registrar or deputy registrar of a court
- an Australian consular officer or an Australian diplomatic officer
- a magistrate
- a Chief Executive Officer of a Commonwealth court
- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance corporations)
- an officer with, or authorised representative of, a holder of an Australian Financial Services License (AFSL) having five or more years continuous service with one or more licensees, or
- a notary public officer.

The authorised person will need to write in English: 'This is a true and correct copy of the original' on each photocopied document, as well as sign and print his or her name and stamp the document with their Official Stamp. Certification must include the name, address, the type of authority (i.e. 'magistrate' or 'police officer' and also the authorised person's contact telephone number. Faxed copies of certified documents do not comply with our identification requirements and are not acceptable. Please send the certified copy to your Case Manager with your Claim for Total and Permanent Disablement Benefit (Claimant's Statement).

Do not send the original document.

CHECKLIST – HAVE YOU?

- Completed and signed the claim for Total and Permanent Disablement Benefit (Claimant's Statement)?
An unsigned application will not be accepted.
- Provided a certified copy of proof of age (Birth Certificate, Passport or Driver Licence)?
Your application will not be accepted unless certified proof is attached.
- Provided the completed claim for Total and Permanent Disablement Benefit – Medical Attendant's Statement?
- Provided existing medical reports?
- Provided other medical evidence which may support your application?

How to contact us

If you have any questions, we're here to help.

Call: **1300 667 387**

Secure email: **www.australiansuper.com/email**

Mail: **AustralianSuper Insurance
Locked Bag 999
Carlton South Vic 3053**

This document was prepared in July 2010 by AustralianSuper Pty Ltd ABN 94 006 457 987 AFSL 233788 Trustee of AustralianSuper ABN 65 714 394 898. This document is a summary only of the main features of the Group Life insurance cover for AustralianSuper members. Further details are in the AustralianSuper Insurance Guide (or Finsuper Member Guide for Finsuper members), the AustralianSuper Trust Deed and the Group Life Insurance Policy between AustralianSuper and TOWER Australia Limited. While every care has been taken in preparing this document, benefits can only be paid in accordance with the Trust Deed and Rules of AustralianSuper and the Group Life Insurance Policy in force at the relevant time. Industry SuperFund logo used with permission of Industry Fund Services (IFS). This consent had not been withdrawn at the date of publication.