

Fact sheet

Claiming an Income Protection benefit

If you have Income Protection cover and become disabled and temporarily unable to work due to an illness or injury, you may be eligible to claim an Income Protection benefit. If you are unsure if you have this type of cover, please contact us on **1300 667 387**.

What is Income Protection cover?

Income Protection cover provides a monthly benefit for a period of up to two years when you are unable to work temporarily due to a disability caused by illness or injury. (If you are a member of the Finsuper Division you may have elected a benefit period to age 65.)

Income Protection cover in AustralianSuper is provided through a policy with TOWER Australia Limited (the Insurer).

How much is my benefit worth?

If the Insurer accepts your application for an Income Protection benefit, your monthly benefit will be the lesser of:

- \$500 for each unit of Income Protection cover you have, or
- 85% of your salary (75% salary + 10% super), subject to a maximum of \$50,000 per month.

If you are a member of the Finsuper Division and you have elected a benefit period to age 65, the maximum cover allowable is \$30,000 per month.

Income Protection benefit amounts up to 75% of your salary are paid directly to you. Any additional benefit of up to 10% will be paid to your AustralianSuper account and taxed as if it were an employer contribution.

Please note that your monthly benefit may be reduced by the amount of income you receive from other sources such as Workers' Compensation, sick leave payments and benefits payable under other Income Protection policies if you claim from both policies at the same time. It may also be reduced by the amount of income earned from working elsewhere or any income the Insurer reasonably expects you to earn if you are able to resume work at reduced hours while disabled and claiming benefits.

What are the waiting periods?

The waiting period is the time you are required to be continuously disabled before an Income Protection benefit becomes payable. You must be totally disabled for at least 14 of the first 19 consecutive days of the waiting period to qualify for a benefit. The waiting period commences on the day a medical practitioner examines you and certifies that you are (temporarily) totally disabled.

AustralianSuper Industry or Personal Plan members with Income Protection cover have either a 30 or 60 day waiting period before a claim can be lodged. (If you are a member of the Finsuper Division, you have a waiting period of the greater of 30 days or your accumulated sick leave.)

Easy steps to making a claim

Step 1 – Intention to claim

- Tell us you wish to lodge a claim for an Income Protection benefit by calling us on **1300 667 387**.
- An interview with a Claims Assessor will be set up to determine your eligibility to claim. Our assessors will assist you to lodge your claim and send you all the relevant information and documentation you and your doctor need to complete to get the process underway. Your employer will also need to provide us with relevant information before we can lodge a claim.

Step 2 – Lodging the claim

- Complete the forms and return them to us along with all necessary documentation.

Step 3 – Assessing the claim

- The Insurer assesses your claim and makes a determination as to whether you are eligible to receive benefits under the Policy. It is important to note that the Insurer may ask for additional information or for a progress medical report from your doctor.

Step 4 – Paying the benefit

- If your claim is accepted, you will be notified by the Insurer.
- The Insurer will deduct PAYG tax before paying you a monthly benefit in arrears.
- You will receive a payslip with each payment and at the end of the financial year you will receive a payment summary.
- Up to 10% of your salary will be remitted to AustralianSuper as an employer contribution.

Step 5 – Ongoing eligibility

- At the end of each assessment period (which is determined by the Insurer), you and your doctor will be required to complete a report for the Insurer to show that you are still eligible to receive the Income Protection benefit.

What will it cost to lodge a claim?

You will need to pay the cost of obtaining the initial Medical Attendant's Statement completed by your treating doctor or specialist. Should the Insurer ask for a progress medical report you may also be responsible for the cost of getting the report completed. There may also be other costs associated with claiming a benefit such as mailing claim forms to us or calling your employer.

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 the beginning to the assessment stage.

When you receive this fact sheet 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 passed onto your assessor so that your claim can be processed as smoothly as possible.

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

Additional Policy information

If you have Income Protection cover through another Fund or Insurer, please notify your Assessor during your initial interview as this may affect your decision to claim.

In addition to the above, AustralianSuper through its Insurer will also meet the cost of rehabilitation expenses for you if:

- Rehabilitation expenses are approved, in writing, before they are incurred.
- The expenses incurred will directly assist you to return to work in a gainful occupation or undertake a vocational retraining program because of your disability.

Generally, these expenses will include the cost of a rehabilitation program (other than a rehabilitation program provided for under health insurance legislation) which a medical practitioner certifies is necessary for your rehabilitation.

If you think you might be eligible for reimbursement, please mention this to your Assessor in the interview process.

What happens if my claim is declined?

If the Insurer determines that your claim is declined this generally means that the Insurer does not regard you as having met the conditions for an Income Protection benefit. In this instance your claim will be referred to the Claims Review Committee (CRC).

Claims Review Committee

The CRC is set up by the Fund Trustee. Its job is to ensure that the Insurer's decisions are reasonable and comply with the insurance contract and the Fund's Trust Deed. If the CRC disagrees with the Insurer's decision it may ask the Insurer to reconsider your claim or ask for further information. Alternatively, the CRC may agree with the Insurer's assessment. You will be notified of the outcome of the CRC meeting and given a reason for 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.

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**