AustralianSuper

An Industry SuperFund

Applying for a Total & Permanent Disablement payment

This fact sheet explains the process you need to follow when applying for a Total & Permanent Disablement (TPD) insurance payment.

We understand that not being able to work is a scary prospect and you may be anxious about your circumstances and financial security. Along with the Insurer*, we'll do our best to process your application and get a decision as quickly as possible. But it's important to understand that there are strict rules about applying for a TPD payment and it can sometimes take over six months from the time you submit your application for a decision to be made.

What is TPD insurance?

TPD insurance cover generally provides you with a lump sum payout (the amount depends on how much cover you have and on your eligibility) if you become so seriously injured or ill that you're unlikely to ever work again.

For a definition of what is considered TPD, please read our *Insurance in your super* guide available at **www.australiansuper.com/InsuranceGuide**

What is a TPD payment made up of?

If you have TPD insurance, and your application is approved, your payment may consist of:

- the amount of insurance cover for which you're eligible, and
- your AustralianSuper account balance – this could include contributions made by your employer or yourself plus any amounts rolled over from other super funds (less any appropriate fees, charges and taxes).

If you do not have TPD insurance through AustralianSuper but you're no longer able to work because of injury or illness, you may still be able to apply to have your account balance paid to you on the grounds of 'Permanent Incapacity'. This is a separate process from applying for TPD.

Your Claims Assessor can discuss this option in more detail with you.

Do you have insurance cover?

Not every member of AustralianSuper has TPD insurance. You can check if you have insurance cover by logging into your online account at **www.australiansuper.com** Having insurance cover doesn't necessarily mean you'll receive a payment – your application will help us determine if you're eligible to receive a TPD payment.

When can you apply for a TPD payment?

To apply for a TPD payment, you must meet the definition of total and permanent disablement and have become totally and permanently disabled while you were insured with us.

Being totally and permanently disabled usually means you must be so seriously injured or ill that you are unlikely to ever work again in any occupation for which you could reasonably be considered qualified by education, training or experience.

See our *Insurance in your super* guide for details.

Is there a waiting period?

The waiting period for TPD is the amount of time you may need to prove you have been absent from work for as a result of your disability. The type of disability you have will determine if you need to provide proof of absence from work. In most cases, you'll need to provide proof that you've been absent from work for up to six continuous months as a result of your disability.

In some cases if you meet certain conditions, you may be able to apply for a more immediate assessment and payment of TPD insurance. These conditions are explained in detail in our *Insurance in your super* guide.

* For most members the Insurer is TAL Life Limited. Your Claims Assessor will confirm if your insurance policy is with another Insurer and the steps you may need to follow.

How much will it cost?

When you first apply, you'll need to provide initial medical evidence which you can generally get from your treating doctor as part of your routine medical visits. You'll also need to provide some other documents which we've listed in Step 2 of 'How to apply for a TPD payment' below. You'll need to pay any costs for providing this initial information.

If the Insurer asks you to have an independent medical examination or asks for further medical reports, the Insurer will pay for these.

Your Claims Assessor

When you contact us to tell us you want to apply for a TPD payment, you'll be assigned a Claims Assessor. The role of your Claims Assessor is to help you understand the process and to look after your application from start to finish.

Your Claims Assessor will work with you to make sure we receive all the necessary information so that your application can be processed as smoothly as possible.

How to apply for a TPD payment

The steps below outline what's involved in submitting, assessing and processing your TPD application. Your application must go through each of these steps before a full assessment and decision can be made.

1. Contact AustralianSuper

- If you believe you could be eligible to apply for a TPD payment, contact us by calling **1300 667 387**. You'll need to provide the date you last worked and the date of injury/date of diagnosis of your condition.
- We'll set up a phone interview for you with a Claims Assessor to check if you're eligible to apply. Your Claims Assessor will guide you through the steps you need to take and send you the forms and list of documents you and your doctor need to complete to get the process underway (these are listed below in Step 2).

2. Submit your application

Complete the forms we send you and return them to your Claims Assessor along with all the necessary supporting documents. These include:

- *Claim for Total & Permanent Disablement Benefit (Claimant's Statement)* – to be completed by you
- *Claim for Total & Permanent Disablement Benefit (Medical Attendant's Statement)* – to be completed by your treating doctor describing the nature and extent of your disability or illness
- a certified copy of your birth certificate, driver's licence or passport to show proof of age (see page 3 for details)
- any existing medical reports you have, and any other medical evidence that may support your application. You'll need to pay any costs involved in putting together the above listed information.

3. Your Claims Assessor will coordinate your application

Your Claims Assessor will check the information you provide to determine whether you're eligible to apply for either:

- A TPD payment – made up of both your insured amount plus your account balance, or
- A Permanent Incapacity Benefit – made up of your account balance only.

4. The Insurer will assess your application

The Insurer will use the information you provide when making its assessment. It may also:

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

The Insurer will pay for any additional medical reports it requests and any examinations it arranges for you to go to. But if you miss an appointment and haven't given your Claims Assessor enough notice, you may be asked to pay a Medical Non-Attendance Fee.

If you have any questions throughout this process, speak with your Claims Assessor who can help.

5. The Insurer's decision

Once your application has been assessed, you'll be advised whether it has been accepted, deferred or declined.

Accepted

You'll be sent a letter and form giving you the option to either take your payment in cash (you can choose to be paid electronically or by cheque), or transfer your payment to an approved super fund.

If you choose to take your payment in cash, you'll receive:

- A letter with details of the payment
- A cheque or electronic bank transfer for the payment amount (depending on which option you choose).

Deferred

The Insurer may defer your application for a period of time to determine the full extent of your disability and whether it's permanent. Your application will be reviewed again at the end of this period although it may be deferred again if the Insurer is still unable to reach a decision based on the medical opinion/s provided.

Declined

Your application 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.

Your responsibilities

Once you've submitted an application for insurance payments, it's very important that you keep your Claims Assessor informed of any changes to your circumstances.

You're required by law (duty of disclosure) to answer all questions truthfully and include any information which may affect the assessment of your application.

Some examples include:

- change in contact information such as your address or phone number
- returning to work in either a part-time or full-time capacity
- claiming payments from another source such as workers compensation or compulsory third party insurance
- any issues or concerns that you have about the assessment process.

If your application is deferred or declined

If your application is deferred or declined, the AustralianSuper Trustee will review the Insurer's decision on your behalf. The Trustee's job is to make sure the Insurer's decisions are reasonable and meet the conditions set out in the Group Life Policy and AustralianSuper's Trust Deed. You'll be contacted with the outcome of the Trustee's meeting and given a reason for the decision. If the Trustee disagrees with the Insurer's decision, it may ask the Insurer to reconsider your application or ask for further medical evidence.

Final decision

After the review process, your application may be accepted or it may once again be deferred or declined. You'll get a letter advising you of the decision.

If your application is declined and you disagree with the decision, or if you're not satisfied with the way your application has been managed, you may lodge a complaint in writing with AustralianSuper. Your complaint will be investigated and a response provided to you as quickly as possible, but responses may take up to 90 days.

To make a complaint, write to:

The Complaints Officer
AustralianSuper
Locked Bag 999
Carlton South VIC 3053

If you're not satisfied with AustralianSuper's response or handling of your complaint, 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 complaints handling process.

You can contact the SCT on 1300 884 114 for more information or visit their website at www.sct.gov.au

How to get your documents certified

A certified copy of a document is one that's been verified by an authorised person as being a true and correct copy of the original. Follow these steps to get your documents certified.

1. Go to your local police station

Take both the ORIGINAL and a photocopy of your CURRENT driver's licence, passport or birth certificate and the other documents needed to your local police station. If you are using your driver's licence, you'll need to photocopy BOTH sides.

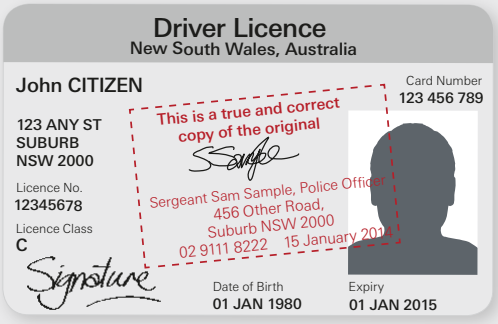
Other places to certify documents

If you can't get to a police station, there are a number of other people who can certify your documents for you. These include dentists, vets, bank branch managers, accountants, teachers and pharmacists.

2. Ask them to certify your documents

To certify your documents, the authorised person needs to compare the photocopy to the ORIGINAL and include the following details on the copy:

- stamp or write 'This is a true and correct copy of the original'
- their qualification (such as police officer)
- their name
- their address and phone number, and
- their signature and the date it was signed.



How to contact us

Call	**1300 667 387** (8.00am to 8.00pm AEST/AEDT weekdays)
Email	**claims@australiansuper.com**
Web	**www.australiansuper.com**
Mail	AustralianSuper Insurance, GPO Box 1901, MELBOURNE VIC 3001

This fact sheet was issued in March 2014 by AustralianSuper Pty Ltd ABN 94 006 457 987 AFSL 233788, Trustee of AustralianSuper ABN 65 714 394 898, and is a summary of the main features of insurance cover for AustralianSuper members. Further details are available in the *Insurance in your super* guide.

Benefits will only be paid in accordance with the Trust Deed and Rules of AustralianSuper and the Group Life Policy in force at the relevant time.

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