

Applying for a Total & Permanent Disablement payment

This fact sheet explains the information you need know and the steps 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. Working with our Insurer, we'll do our best to get a decision made as quickly as possible.

What is TPD cover?

TPD cover may provide you with a lump sum payout if you become totally and permanently disabled and can no longer work.

It can provide you and your dependants with money to live on and help you pay for medical expenses and aids, modifications to your home, or extra support you might need. The amount you receive will depend on how much cover you have and on your eligibility.

For more information about when you can claim a TPD benefit, see the Insurance in your super guide for your division available at australiansuper.com/InsuranceGuide

What is a TPD payment made up of?

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

- › the amount of cover you're eligible for, 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 don't have TPD cover through AustralianSuper but you're no longer able to work because of injury or illness, you may be able to apply to access your super early on the grounds of Permanent Incapacity. This is a separate application process. Call us to discuss this option in more detail.

Do you have TPD cover?

You can check if you have TPD cover by logging into your account at australiansuper.com and going to *My insurance*. Or call us on **1300 667 387**.

However, having cover doesn't necessarily mean you'll receive a payment. Our Insurer will need to review your application to 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.

You may also be able to apply for a TPD payment if you have a terminal illness. See our *Insurance in your super* guide for details.

To receive a TPD payment, you may need to provide evidence on how long you've been absent from work as a result of your disability.

In most cases, you'll need to provide proof that you've been absent from work for at least three months in a row as a result of your disability.

Do I have to pay?

When you apply, you'll need to provide medical evidence which you can generally get from your treating doctor as part of your routine medical visits. You'll also need to provide other documents in Step 2 of **How to apply for a TPD payment** on page 2.

You'll need to pay any costs for providing this information. However, 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

You'll be assigned a Claims Assessor when you apply for a TPD payment. They'll 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 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.

1. Contact AustralianSuper

If you believe you could be eligible to apply for a TPD payment, call us on **1300 667 387**. You'll need to provide the date you last worked and the date of injury or diagnosis of your condition.

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 (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 the **How to get your documents certified** section on page 3 for details)
- › any existing medical reports and medical evidence you have 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 payment – 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 reports 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, ask your Claims Assessor.

5. The Insurer's decision

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

If your application is accepted

We'll send you a letter and form giving you the option to either take your payment in cash 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
- › an electronic bank transfer or cheque for the payment amount (depending on which option you choose).

If your application is deferred or declined

If your application is declined, this generally means that the Insurer does not regard you as having met the conditions for TPD payments. In this instance your application will be referred to the AustralianSuper Trustee.

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.

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.

Final decision

After the review process, your application may be accepted or it may once again be deferred or declined. We'll send you a letter advising you of the outcome and reasons for the decision.

What if you're not satisfied?

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 some responses may take up to 90 days.

If an issue has not been resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA), which provides fair and independent financial services complaint resolution that is free to Fund members.

Website: www.afca.org.au

Email: info@afca.org.au

Telephone: **1800 931 678** (free call)

AFCA, GPO Box 3, Melbourne VIC 3001

To make a complaint, you can:

Write to us

The Complaints Officer
AustralianSuper
Locked Bag 999
Carlton South VIC 3053

Call us

1300 300 273

Email us

claims@australiansuper.com



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.

Go to your local police station

Take both the ORIGINAL and a photocopy of your CURRENT driver's licence or passport 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.

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.

While you're there

Police can witness statutory declarations and can witness you signing your forms.

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.

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

Call **1300 667 387**
(8.30am to 5.00pm AEST/AEDT weekdays)

Email claims@australiansuper.com

Web australiansuper.com

Mail AustralianSuper Insurance
GPO Box 1901, MELBOURNE VIC 3001



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