

Applying for Income Protection payments

This fact sheet explains the process you need to follow when applying for Income Protection insurance payments.

What is Income Protection cover?

Income Protection cover gives you a monthly income if you're unable to work because you're temporarily totally or partially disabled due to illness or injury.

Income Protection cover provides you with monthly payments for up to two years, unless you previously chose a longer benefit period of up to five years or up to age 65.

When you apply for Income Protection payments, your application is assessed by AustralianSuper and our Insurer. We'll do our best to get a decision about your application as quickly as possible.

How much will you be paid?

If your application for Income Protection payments is accepted, how much you'll be paid depends on the level of cover you have with us and if you're receiving any other payments at the same time.

Generally, your monthly payment will be the lesser of:

- > your level of cover, or
- > up to 85% of your salary before you were injured/ill, or
- > \$30,000 a month.

Income Protection payments of up to 75% of your salary are paid directly to you. Any additional payments of up to 10% will be paid to your AustralianSuper account and will count towards your before-tax contributions cap.

What happens if you're receiving any other payments?

Your monthly Income Protection payment may be reduced by the amount of income you're getting from other sources such as workers' compensation, sick leave payments and amounts 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're able to restart work at reduced hours while disabled and claiming payments.

What is the waiting period?

Your waiting period starts on the later of the date you stopped working because of an illness or injury, or the date a medical practitioner certifies you as unable to work due to illness or injury.

You must be totally disabled for the first 14 days of your waiting period to qualify for a benefit payment. No benefits are paid for the waiting period.

For more information about your waiting period see our *Insurance in your super* guide for your division at: australiansuper.com/InsuranceGuide

Returning to work during the waiting period

After you've completed the initial 14 day period (where you've been totally disabled), you can return to work at full capacity for up to five days in a row without your waiting period starting again. The number of days you returned to work will be added to the end of your waiting period.

What will it cost to lodge a claim?

You'll need to pay the cost of getting the initial Medical Attendant's Statement completed by your treating doctor or specialist. Once your benefit payments commence, the Insurer may need further reports to understand your progress and you may also need to pay the cost of getting these reports completed.

Your Claims Assessor

Once we receive your completed application forms, 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 required information so that your application can be processed as smoothly as possible.

How to apply for Income Protection payments

The steps below outline what's involved in submitting, assessing and processing your application for Income Protection payments.

1. Contact AustralianSuper

- › Tell us you wish to apply for Income Protection payments by calling us on **1300 667 387**. You'll need to provide the date you last worked and the date of injury or date of diagnosis of your condition.
- › We'll send you a list of documents you and your doctor need to complete to get the process underway (these are listed 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 Income Protection Benefit (Medical Attendant's Statement)* - to be completed by your treating Doctor describing the nature and extent of your disability or illness
- › *Electronic Funds Transfer* form
- › *Tax File Number (TFN) Declaration* form
- › a certified copy of your birth certificate, driver's licence or passport to show proof of age and confirm your identity (see the *How to get your documents certified* section on the right for details)
- › any existing medical reports you have, and
- › any other evidence that may support your application including evidence of your income to confirm your pre-disability earnings such as copies of recent payslips from before you stopped work.

3. Assessing the application

The Insurer will assess your application and make a decision about whether you're eligible to receive Income Protection payments. The Insurer may ask for additional information or for a progress medical report from your doctor.

4. Receiving payments

- › If your application is accepted, you'll be notified by the Insurer.
- › The Insurer will deduct PAYG tax before paying you a monthly payment in arrears.
- › You'll receive a letter with each payment showing the amount paid into your nominated bank account and any tax that's been deducted.
- › At the end of the financial year you'll receive a PAYG Payment Summary (formally known as a group certificate) from our Insurer summarising the tax that's been deducted.
- › While you're getting a monthly Income Protection payment you won't have to pay for the cost of Income Protection cover. But if you have Death or Total & Permanent Disablement cover with us, the cost of that cover will continue to be deducted from your super account.

5. Ongoing eligibility

Once you start receiving payments, your progress will be reviewed at regular intervals to ensure you're still eligible to receive ongoing payments. You and your doctor may need to complete progress reports but your Claims Assessor will let you know. Any delays in receiving information may cause delays to future payments.

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, 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.

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.

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.

More information about your insurance policy

Extended waiting period

Do you have two income protection insurance policies? If you do, it generally doesn't mean you get paid twice as much if you make a claim. But with AustralianSuper you can extend your waiting period while you're receiving benefit payments from another policy. This means you may get payments from us after payments from your other insurance provider stop.

To extend your waiting period:

- › you must tell us that you're claiming on another income protection policy before the end of the 30 or 60 day waiting period of your cover with AustralianSuper, and
- › you must continue to be disabled in order to receive payment.

If you have income protection cover through another fund or insurer, please tell your Assessor as soon as possible as this may affect your decision to apply.

Rehabilitation service

If you become disabled, the best outcome is that you recover and are able to return to work so you can earn your full income for the rest of your career. That's why we may ask you to take part in our Insurer's rehabilitation service if you become disabled.

This may include training, retraining or re-skilling to help you return to work. The Insurer will pay the cost of this service direct to the service provider. If you refuse to take part in the rehabilitation service or delay your participation in it, your payments may be reduced. If you think you might be eligible to have these types of expenses paid for, please mention this to your Claims Assessor.

What happens if your application is declined?

If your application is declined, this generally means that the Insurer does not regard you as having met the conditions for Income Protection 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.

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 claim 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.

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



Contact us

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



This fact sheet was issued in October 2018 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 for your division at australiansuper.com/InsuranceGuide

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.