

Applying for a terminal illness payment

This fact sheet provides information about how to apply for a benefit payment if you have a terminal medical condition.

For members who have insurance, this fact sheet will help explain:

- how a terminal illness benefit payment works,
- what happens when you claim and who's involved, and
- what happens if your application is approved.



What's a terminal illness benefit payment?

If you have Death and/or TPD cover, you're automatically covered for terminal illness. A terminal illness benefit payment consists of:

- the greater of your Death or Total & Permanent Disablement (TPD) cover, plus
- the early release of your super account balance.

You'll be able to apply for a terminal illness benefit payment if your Death or TPD cover is current and:

- two of your treating doctors (one must specialise in your condition) believe that despite reasonable medical treatment for your condition, your life expectancy is less than 24 months from the date of their written report¹, and
- it's been less than 24 months since the medical reports were provided.

¹ The medical reports must be dated prior to your date of death (if applicable). If you are not eligible for the insured portion of a terminal illness benefit payment, the policy may allow for an assessment of a death claim or a posthumous TPD claim.

Don't have insurance cover?

If you don't have Death or TPD cover but have been diagnosed with a terminal illness, you can still apply for the early release of your super account balance through Permanent Incapacity. Two of your treating doctors (one must specialise in your condition) must believe that despite reasonable medical treatment for your condition, your life expectancy is less than 24 months.

To make a claim for your super account balance due to terminal illness, please call us on **1300 667 387** 8.30am to 5pm AEST/AEDT weekdays.

What you need to tell us

When you're ready to lodge your claim, you'll need to have:

- details of your medical condition and treating doctors,
- details of your last employer, including date last worked and occupational history,
- details of any other claims, such as Workers Compensation or other insurance policies,
- any medical reports or information at hand ready to upload to your claim, and
- identification, such as Drivers License, Passport or Medicare card to validate your identity online.



What happens when you make a claim



Step	What happens
1. Claim	<p>Make a terminal illness claim in two ways:</p> <ol style="list-style-type: none"> 1. Claim online through your account online or the mobile app. Log in to your account, go to <i>Insurance</i>, then <i>Manage insurance</i>, and select <i>Make a claim</i>. In the app, go to <i>Insurance</i>, and select <i>Make a claim</i>. 2. Tele-lodgement: Call us on 1300 667 387 from 8.30am to 5pm AEST/AEDT weekdays and ask the claims consultant to lodge a claim on your behalf.
2. Documents	<p>Once you've made a claim either online or through tele-lodgement, we'll let you know what documents are required.</p> <p>There may be forms you need to take to your doctor and you'll need to pay any fees associated with this step.</p> <p>You'll also have the option of submitting existing medical information as part of your claim.</p>
3. Review	<p>The Insurer² will review your completed claim documents and assign a dedicated claims consultant to assess your claim. The Insurer may request further medical information from your doctors, and if so, will cover the cost of these reports.</p>
4. Track	<p>You can track the status of your claim anytime through the mobile app or your account online. Simply go to <i>Insurance</i>, <i>Manage insurance</i>, then go to the Actions list at the top right and select <i>Manage insurance</i>, then <i>Track your claim</i>. In the app, go to <i>Insurance</i>, <i>Manage insurance</i> and select <i>Track your claim</i>. You can also submit supporting documents and add and view payment details.</p>
5. Decision	<p>Once the Insurer makes a decision on your claim, they'll let you know in writing and confirm the benefit amount payable.</p> <p>If your claim isn't approved, the Insurer² will notify the Fund and we'll complete an independent review of the Insurer's decision. We'll contact you and let you know the outcome of our review and provide a reason for the decision.</p>
6. Payment	<p>If your application is approved, the insured benefit will be paid into your super account and form part of your account balance. Payment can then be made using the options you selected in your application.</p> <p>It's possible your terminal illness payment may result in financial or tax implications so you may also want to consider getting independent advice³.</p>

² The insurance provider may differ depending on the date of your terminal medical condition report. AustralianSuper insurance is currently provided by TAL Life Limited (the Insurer) ABN 70 050 109 450, AFSL 237848.

³ Personal financial product advice is provided under the Australian Financial Services Licence held by a third party and not by AustralianSuper Pty Ltd. Fees may apply.

Roles and responsibilities

When it comes to applying for a terminal illness benefit payment, a number of parties have a role to play in the claim process.

Party	Responsibilities
The Insurer	<ul style="list-style-type: none">• Assign a claims consultant to:<ul style="list-style-type: none">– explain the claims process to you and guide you through your claim,– respond to any queries you may have,– keep you updated on the progress of your claim.– request additional information from you if applicable and decide whether it meets the policy definitions.
You	<ul style="list-style-type: none">• Provide any further information requested by your claims consultant.• Keep your claims consultant updated of any changes to your personal or medical circumstances, such as a change in contact details, medical treatment or if you return to work.
Us	<ul style="list-style-type: none">• Oversee the claims process.• Oversee the conduct of the insurer and other service providers.• Complete an independent review when the Insurer doesn't believe an insured part of a benefit payment can be made.

How long will it take for a decision to be made?

We and the insurer will try to make a decision as quickly as possible but at a minimum, the aim is to make a decision within one month from when we receive both of your medical reports.

It may take longer if the insurer needs to request more information to work out if you're eligible or if their decision needs to be reviewed by us. If this happens, your claims consultant will provide you with progress updates at least every 20 business days. You can also track the progress of your claim at anytime by logging in to your member account or the app and selecting *Insurance*.



We're here to help

Visit australiansuper.com

Call **1300 667 387** (8.30am to 5pm AEST/AEDT weekdays)

Email claims@australiansuper.com



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