

Insurance and superannuation claims



This fact sheet provides information about making claims for total and permanent disablement, permanent incapacity, a terminal illness condition and income protection.

We have also included information about complaints, proof of identity and certification of document requirements.

The information in this fact sheet is divided into the following sections:

1. Total and permanent disablement (TPD) insurance claims
2. Terminal illness insurance claims
3. Income protection benefit insurance claims
4. The release of your account balance due to permanent incapacity or a terminal medical condition
5. Other information relevant to insurance claims procedures
6. Definitions of total and permanent disablement

More information


For information on death benefit claims, refer to the fact sheet *Claiming a death benefit*.

Separate fact sheets are available that explain procedures for claiming a benefit under Police Blue Ribbon or Ambulance Officers insurance arrangements. These fact sheets are available on the website and from customer service.

Note: Throughout this fact sheet, you will see a number of terms expressed with the first letter in upper case e.g. Incident date, Illness or Injury. These terms have a specific definition under policies issued by the Insurer, TAL Life Limited. You should refer to the Member Booklet and Member Booklet Supplement: Insurance (for your membership category) for these definitions – they have not been reproduced in this fact sheet. Any definitions that apply prior to 1 July 2014 are available upon request from First State Super customer service.

Any references to the trustee refer to the trustee of First State Super.

1. Total and permanent disablement (TPD) insurance claims

 This section gives you details about how to make an insurance claim for a TPD benefit under your First State Super insurance cover. If you don't have any TPD insurance cover, please refer to Section 4.

1.1 Definition of TPD

From time to time we change our insurance provider and the definition that will apply to any claim will depend on the **Date of Your Disablement**.

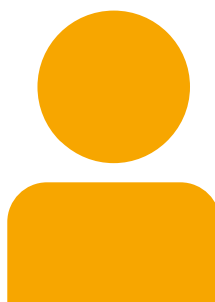
The Date of Your Disablement is expressed as the:

- Incident date being the later of the certification date of the Injury or Illness which caused TPD; or
- date on which you ceased employment due to the Injury or Illness that caused TPD.

However the full definition of TPD has several components and you will be assessed under the relevant component depending on your circumstances at the date of your disablement.

Refer to Section 6 for details of the full definition of TPD that applies from 1 July 2014. If the date of your disablement is prior to 1 July 2014 please contact customer service for the relevant definition.

Providing information about how to make an **insurance claim**



1. Total and permanent disablement (TPD) insurance claims (continued)

1.2 How to apply for a TPD benefit

You may apply for a TPD benefit if you are an insured member of First State Super by contacting customer service and advising them of the date of your disablement. Please note that the date you ceased employment refers to the date that you were physically at work, rather than the date your employment ceased.

We will check that you were covered for insurance at that date and then send out a package of forms to be completed so that your claim can be lodged with the relevant insurer in order to commence assessment of your claim.

You will receive the following forms to start your claim:

- *Member's Statement* – to be completed by you
- *Attending Doctor's Statement (TPD)* – to be completed by your treating doctor at the date of your disablement
- *Employer's Statement* – to be completed by your employer at the time you ceased work due to your illness or injury.

You may also send copies of any other existing medical reports and/or other medical evidence regarding the illness or injury that is the basis of your claim.

You should attach all completed documents requested and return them to First State Super, PO Box 1229, Wollongong, NSW 2500.

You may also be asked to complete an *Application for payment of a disablement or terminal illness benefit* form (FSS015) and you will need to provide certified copies of proof of age and identity. (Refer *Section 5.5 What is a certified copy?*)

First State Super will coordinate your claim

We will check you have provided all the necessary initial information and lodge your claim with the Insurer.

We will monitor the progress of the claim and advise you of any additional requirements that the Insurer may have. If you want to check the progress of your claim at any other time you should contact customer service.

The Insurer will assess your claim

The Insurer will use the information you provide to start the claim assessment process. The Insurer may request any or all of the following information to complete an assessment of your claim:

- medical reports/clinical notes from your treating doctors, both general practitioners and specialists
- medical reports/clinical notes from any hospital in which you were treated
- additional information from your employer including details of sick leave and annual leave taken as well as a copy of your human resources file
- workers' compensation claim details if you are in receipt of workers compensation benefits

- claim information from any other insurer, including information relating to any income protection or compulsory third party claims
- Centrelink records
- records from any other government departments, including but not limited to: the Department of Veteran Affairs, Department of Immigration, Australian Taxation Office, Medicare and Pharmaceutical Benefits Scheme
- any other information that the Insurer considers necessary in the assessment of the claim.

Costs incurred for reports that the Insurer requests (excluding the initial claim documentation) will be met by the Insurer.

The Insurer may also request:

- copies of tax returns and Notices of Assessment for the years that they nominate including, but not limited to, individual, company, partnership and/or trust tax returns
- details of work activities undertaken before and/or after you ceased employment due to your illness or injury
- completion of a detailed Vocational Questionnaire
- completion of a Daily Activities Diary for any period that the Insurer nominates.

This may include submission of additional authorities e.g. Medicare and Pharmaceutical Benefits Scheme authority, Australian Taxation Office Authority.

The assessment of your claim can be delayed or deferred if you do not provide requested information in a timely manner.

The Insurer may also ask you to attend one or more of the following:

- medical examinations
- vocational and functional assessments
- factual interviews.

If you can't attend an appointment, you should be aware that this can result in delays in the assessment of your claim, or the suspension or denial of your claim. We require 72 hours notice and an explanation as to why you are unable to attend your appointment. A non-attendance fee may also be charged to the person making the claim.

When should a claim be lodged?

You should submit your claim as soon as possible after the three-month waiting period* has expired from the Incident date. The Insurer may consider claims before the expiry of the three-month waiting period if the medical evidence shows that you are suffering from a terminal medical condition as defined in Section 2. In some circumstances the Insurer may apply a longer waiting period depending on the circumstances of your claim. If this occurs, you will be advised in writing.

* If your date of disablement is prior to 1 April 2011 you may be subject to a six-month waiting period.

2. Terminal illness insurance claims

i This section provides information about how to make an insurance claim for a terminal illness benefit under your First State Super insurance cover. You are entitled to claim this benefit if you have death and TPD cover, or death only cover.

If you don't hold any insurance cover, you may apply to have your account balance released as a terminal medical condition benefit (see Section 4).

No tax is payable on either an insurance benefit and/or account balance paid from First State Super on the basis of a terminal medical condition.

Under the insurance policy, a person will be taken to satisfy the definition of terminal illness if:

- (a) two Medical Practitioners have jointly or separately certified in writing, that you are suffering from an illness, or have incurred an Injury, that is likely to result in your death within a period ('the certification period') that ends not more than 12 months after the date of the certification;
- (b) at least one of the Medical Practitioners is a specialist practicing in an area related to the Illness or Injury suffered by you;
- (c) the certification referred to in paragraph (a) occurs while you continue to have death cover under the policy;
- (d) for each of the certifications, the certification period has not ended; and
- (e) the Insurer is satisfied, on medical or other evidence, that despite reasonable medical treatment, the Illness or Injury will lead to your death within the certification period.

To make a terminal illness Insurance claim

You may apply for a terminal illness insurance benefit if you are an insured member by contacting customer service and advising them of your intention to make a claim. We will check if you are covered for insurance benefits and then send out a package of forms to be completed so that you can lodge your claim.

To assess your claim the Insurer will ask you to complete the following forms, including statements from two of your attending doctors, one of whom is your attending specialist:

- ➔ *Application for payment of a disablement or terminal illness benefit form (FSS015)*
- ➔ *Terminal illness claim form* (to be completed by the member)
- ➔ *Attending doctor's statement* (terminal illness)
- ➔ *Attending specialist's statement* (terminal illness)

To release your superannuation account balance on the basis of a terminal illness medical condition, if you **DO NOT** have any insurance cover, refer to **Section 4.2**. In both instances, you will be requested to provide certified copies of proof of age and identity. Refer **Section 5.5 What is a certified copy?**

3. Income protection benefit insurance claims

i You may claim for an income protection benefit if you are covered for this type of insurance.

For any claims with a date of disablement after 1 July 2014 the definition of total disability means that, in the Insurer's opinion, while covered for income protection, solely as a result of an **Illness or Injury**, you are:

- ➔ unable to perform at least one **Income Producing Duty** of your regular **Occupation**;
- ➔ not working in any capacity, **Gainful Employment** or otherwise; and
- ➔ under the regular care of a **Medical Practitioner** and, in the Insurer's reasonable opinion, you are complying with the advice and treatment given by the **Medical Practitioner**.

If the date of liability for your claim is prior to 1 April 2011, details of the definition of total disability and the relevant terms and conditions that apply can be requested from customer service.

To make an income protection insurance claim

In order to make a claim, you should contact customer service on **1300 650 873** and advise the medically certified date that you were deemed totally disabled as a result of your illness or injury. We will check that you were covered at the relevant date and send you the correct set of claim forms.

The forms that you can expect to receive are:

- ➔ *Member's Statement* – to be completed by the member
- ➔ *Attending Doctor's Statement (IP)* – to be completed by your treating doctor at the date your illness or injury caused you to cease work
- ➔ *Employer's Statement* – to be completed by your employer at the time you ceased work due to your illness or injury
- ➔ *Tax file number declaration form* – to be completed by the member
- ➔ *Bank Account details form* – for payment of any benefit entitlements.

You will also be asked to provide certified copies of proof of age and identity. Refer **Section 5.5. What is a certified copy?**

You may also send copies of any other existing medical reports and/or other medical regarding the illness or injury that is the basis of your claim.

You should attach all completed documents requested, including a signed Member's Statement and return them to First State Super, PO Box 1229, Wollongong, NSW 2500.

We will lodge the claim with the Insurer and advise you if they require any further information in order to complete their initial assessment.

If the claim is accepted by the Insurer and us, ongoing benefits are assessable and payable monthly in arrears after the end of your waiting period. The Insurer will make any payments directly to you, deduct the appropriate tax and also monitor your progress by requesting a Progress Claim form and an Attending Doctor's Statement each month. Upon receipt of these forms, the Insurer will assess the information received to determine ongoing liability and the amount of the benefit payable for that period.

3. Income protection benefit insurance claims (continued)

If you no longer satisfy the definition of being **Totally Disabled** or **Partially Disabled**, payments will cease prior to the end of the potential benefit period that applies to your cover.

For full details of the terms and conditions that apply to this insurance cover, and the calculation of any benefits payable, please refer to the *Member Booklet* and the *Member Booklet Supplement: Insurance* for your membership category.

When your claim is lodged with us, we will monitor the progress of the initial assessment and advise you of any additional requirements that the Insurer may have. If you want to check the progress of your claim at any other time you should contact customer service.

4. The release of your account balance due to permanent incapacity or a terminal medical condition

i If you don't hold any insurance cover and you suffer permanent incapacity or a terminal medical condition you may apply for the release of your preserved or restricted non-preserved account balance on this basis.

In addition to the requirements below, you will be asked to provide certified copies of proof of age and identity. Refer **Section 5.5 What is a certified copy?**

4.1 The release of your account balance due to permanent incapacity

You may apply for your preserved and restricted non-preserved account balance to be released early due to permanent incapacity if:

- you have ceased gainful employment;
- the Trustee is reasonably satisfied that you are unlikely because of physical or mental ill-health, to ever again engage in gainful employment for which you are reasonably qualified by education, training or experience. "Gainful employment" means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment for 10 hours per week or more.

Please contact customer service or go to our website to obtain the following forms:

- *Application for payment of a disablement or terminal illness benefit form (FSS015)*
- *Two Confidential medical report on permanent incapacity forms (FSS028)*

4.2 The release of your account balance due to a terminal medical condition

You may apply for the release of your preserved and restricted non-preserved account balance due to a terminal medical condition. If your application is accepted, no tax will be deducted by the fund on any lump sum paid to you.

Please contact customer service or our website to obtain the following forms:

- *Application for payment of a disablement or terminal illness benefit form (FSS015)*
- *Two Confidential medical report on terminal illness forms (FSS029)*

For the purpose of releasing your account balance on this basis, a person will be taken to have a terminal medical condition if it is certified by two medical practitioners, one of whom should be a specialist practicing in an area related to the illness or injury, *that the member suffers from an illness or an injury, that is likely to result in the member's death within 24 months of the date of certification.*

Note: As at the publication date the certification period for the release of insured benefits under terminal illness is 12 months, while the release of your super account balance under terminal illness has an extended certification period of 24 months. A full withdrawal of your super benefits when you meet the 24 month certification period will result in the loss of your insurance cover and the potential to claim under the terminal illness provisions for insurance.

5. Other information relevant to insurance claims procedures

5.1 Can claims for total and permanent disablement and income protection be lodged at the same time?

If your condition is not a temporary disability and you also want to lodge a claim for a total and permanent disablement benefit as well as an income protection claim, this can be done at the same time. You do not have to wait until the end of the income protection benefit payment period.

5.2 Relevant insurance company

During the course of the assessment of your TPD or income protection claim, it may be identified that the liability to assess your claim lies with a previous or later insurance provider in which case we will redirect your claim. In the event that this happens there will be minimum interruption to the assessment.

5.3 What happens if the Insurer defers or declines my claim?

We will review the initial decisions of all claims on your behalf to ensure that the decisions are fair and reasonable. If, after this process, you are advised that the decision has been deferred or declined and you disagree with this decision you may dispute the decision.

5.4 What are the procedures if I wish to make a complaint or dispute a decision?

The procedures for making a complaint or disputing a decision are described in the Complaints handling fact sheet which you can download from our website. The time limits that apply to some types of disputes are set out in the fact sheet.

5.5 What is a certified copy?

When making any insurance claim and/or applying for the release of an account balance, you will be asked to provide a certified copy of proof of age and identity documents.

A certified copy is one that is signed, witnessed and stamped as being a 'certified true copy' by a person in your state or country qualified to witness Statutory Declarations such as a Justice of the Peace, Solicitor, Barrister, Notary Public. Please note that we will accept photocopies of the original documents that have been certified as described but will not accept photocopies of certified documents.

A full list of documents that will satisfy these requirements and the people who are authorised to provide certified true copies of these documents is provided on the application forms.

6. Definition of total and permanent disablement

After 1 July 2014

Note: if you were an insured member before 1 July 2014 and your cover has continued in force, you should contact us for the relevant definition.

The following definition of Total and Permanent Disablement applies to you if your Total and Permanent Disablement cover commenced, recommenced or was reinstated on or after 1 July 2014.

You must meet the applicable criteria below at the time of claim:

1. Part (i) below if, at the Incident Date, you:
 - (a) are less than 65; and
 - (b) are Employed or Self-employed, or have been unemployed for less than 12 months; or
2. Parts (i) and (ii) below if, at the Incident Date, you:
 - (a) have been unemployed for greater than 12 months; or
 - (b) are aged 65 or more; or
3. Parts (i) and (iii) below if, at the Incident Date, you are solely engaged in Domestic Duties.

Part (i) Unlikely to work

You:

- (a) solely because of a Medical Condition, have been absent from your Occupation from the Incident Date; or
- (b) have been absent from your Occupation through Illness or Injury for three consecutive months from the Incident Date; and
- (c) have become incapacitated through Illness or Injury to such an extent as to render yourself unlikely ever to engage in or work for gain or reward in any Occupation or employment for which you are reasonably qualified by reason of education, training or experience;

Part (ii) Activities of Daily Living

You, through Illness or Injury, are permanently unable to perform two of the following six 'activities of daily living' unaided:

- (a) Bathing – to shower or bathe;
- (b) Dressing – to dress or undress;
- (c) Toileting – to use the toilet, including getting on and off;
- (d) Feeding – to eat and drink;
- (e) Mobility – to get out of bed or chair or wheelchair; or
- (f) Continence – to control bladder and bowel function.

If you can perform the activity by using special equipment you will be considered able to undertake that activity unaided;

Part (iii) Domestic Duties

You, as a result of Illness or Injury:

- (a) are under the regular care of a Medical Practitioner; and
- (b) are unable to perform normal Domestic Duties;
- (c) are unable to leave your home unaided; and
- (d) have not engaged in any employment for a period of six consecutive months; and
- (e) at the end of six months, you have become incapacitated to such an extent as to render yourself likely to require ongoing medical care and be unlikely ever to engage in Domestic Duties.

In respect of part (i) of the definition the Medical Conditions are:

- (a) Blindness;
- (b) Cardiomyopathy;
- (c) Chronic Lung disease;
- (d) Dementia and Alzheimer's disease;
- (e) Diplegia;
- (f) Hemiplegia;
- (g) Loss of Hearing;
- (h) Loss of Speech;
- (i) Major Head Trauma;
- (j) Motor Neurone disease;
- (k) Multiple Sclerosis;
- (l) Muscular Dystrophy;
- (m) Paraplegia;
- (n) Parkinson's disease;
- (o) Primary Pulmonary Hypertension;
- (p) Quadriplegia;
- (q) Severe Rheumatoid Arthritis;
- (r) Tetraplegia

The definitions for the Medical Conditions that are applicable in relation to a claim are provided in the Member Booklet Supplement relevant to your division. These documents are available from our website and customer service.

Here to help!

Super can be quite complicated and sometimes you just want to know that you're making the right decisions. Because the right decisions about your super can make a real difference to your financial future.

So if you've got any questions, or you just want the comfort of knowing you're on the right track, getting some advice can help.

StatePlus is our financial planning business and is wholly owned by us. The team at StatePlus can answer simple questions about your super over the phone, or if your situation is more complex, prepare a full financial plan for you. It's all up to you, no obligation. Book online at firststatesuper.com.au/advice or call **1800 620 305** (Monday to Friday 8.15 am to 8.15 pm AEST/AEDT) to arrange an appointment.

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