



Total and Permanent Disability (TPD) How to make a claim



Not being able to work is a scary prospect. You will want to clarify your financial position and get a decision about your total and permanent disablement (TPD) claim as quickly as possible.

Everyone involved in reaching that decision, including the Trustee and Insurer, will do their best to make things happen as quickly and smoothly as they can.

However, it is important that you understand there are strict rules about making a claim and it can be a lengthy process, as it is usually necessary to obtain extensive medical reports to validate your claim.

This brochure explains when you can make a TPD claim and what will happen once you submit your claim.

Please refer to the checklist on the back of this form to see what you need to do to make a claim.

What is a TPD Benefit?

A TPD benefit is an insured benefit. If you are insured for TPD you will receive your account balance plus any insured amount for which you may be eligible (depending on your age and level of insurance cover). If you do not have insurance through Sunsuper you may be able to apply for a permanent incapacity benefit. Applying for this benefit is a separate process. See Step 3 (over the page) - If you do not have TPD insurance.

When can I make a TPD claim?

To make a claim for a TPD benefit you must meet the definition of TPD in Sunsuper's (the Fund's) Insurance Policy and have become totally and permanently disabled while you were insured with Sunsuper. There are a number of definitions for TPD that depend on your working status at the time you become disabled. Being totally and permanently disabled usually means you must be suffering from an ongoing and serious injury or illness for over six months.

Please refer to the TPD definitions in the attached claim form or Product Disclosure Statement.

You are also eligible to make a TPD claim if you have suffered the total and irrecoverable loss of use of:

- two limbs (where limb is defined as the whole hand or whole foot); or
- the sight of both eyes; or
- one limb and the sight of one eye

Do I have insurance?

Not every member of Sunsuper is insured for TPD. Generally, you will not be insured if:

- you have previously been paid a TPD benefit; or
- your insurance cover ceased.
- you did not meet eligibility requirements on commencement (refer to Product Disclosure Statement).
- you have previously cancelled Sunsuper's standard insurance cover and you have not applied for cover.

Is there a waiting period?

In most cases, (other than loss of hands and/or feet, or sight as set out above) satisfactory proof must be provided to show that you have been absent from work for six continuous months as a result of your injury or illness.

If you have a terminal illness, please contact us on 13 11 84 to discuss the requirements for lodging a terminal illness claim.

How much will it cost?

To enable our insurer to assess a claim, we must initially be provided with adequate information to allow the claim assessment to begin. The cost of any information required to initiate the claim process will generally be met by the member. This includes getting your Doctor to complete a Medical Attendant's Statement.

If however, the Insurer asks you to have an independent medical examination or writes to your doctor asking for additional medical reports, the cost of these will be paid by the Insurer.

There are a number of steps to take when making a TPD claim and the process may take a long time. For instance, the Insurer may ask for additional medical opinions, which means you may need to attend more than one medical examination.

These steps are involved in assessing and determining a claim.

1. Prepare your Claim

When you advise Sunsuper that you wish to make a TPD claim we will:

- send you the TPD claim forms for completion; and
- advise you of the documents and information you need to provide for the claim to be assessed.

The documents will include:

- a Medical Attendant's statement describing the nature and extent of your disability; and
- certified proof of your age, such as a certified copy of your birth certificate, drivers licence or passport (see the section Certified Copies at the end of this brochure); and
- any existing medical reports and x-rays; and
- any other medical evidence that may support your application.

You are required to meet the cost of providing this evidence.

2. Lodge your Claim

Complete and sign the *Application for Payment of Benefit - Disablement*. Attach all the documents requested in Step 1 and return everything to Sunsuper.

Get it right first go. It saves a lot of time if you provide all the information and fill the forms in correctly the first time. If we have to ask for the information again it will delay your claim.

3. Sunsuper Administration will coordinate your claim

A Claims Officer will check your application and ascertain if you are eligible to claim either an insured TPD benefit (account balance and insured amount) or an uninsured benefit, called a permanent incapacity benefit (account balance only).

For insured claims, your employer will be asked to complete a statement to confirm your period of employment and the reasons you ceased work.

Sunsuper Administration staff do not review medical evidence or make any decision about whether a claim is accepted. They will give all documents and information to the Insurer and act as the liaison between you and the insurer.

If you do not have TPD insurance you may be able to claim your account balance by applying for a permanent incapacity benefit. To do this you must provide two doctor's certificates to show you are totally and permanently disabled.

If your claim for a permanent incapacity benefit is approved, your total account balance will be released, less any applicable fees and taxes.

4. The Insurer will assess your claim

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 a medical examination with an independent specialist/s.

The Insurer will pay for any additional medical reports it requests and any examinations it arranges for you to attend.

Any questions you have during the assessment process should be directed to Sunsuper Administration.

5. The Insurer will decide on your claim

The Insurer assesses your claim, and decides if it will accept, defer or decline the claim.

If your claim is accepted you will receive a letter giving you the choice of taking the payment in cash, leaving it in the Fund or rolling it over to another approved superannuation fund. Your insurance proceeds are initially invested in the SSgA Cash Investment option. This amount will be moved into your current investment choice if you decide to leave your

benefit in Sunsuper. If you choose to take your benefit in cash you will receive a letter with details of the payment. You will also receive a PAYG Payment summary-Benefit Statement.

The Insurer may defer your claim for a period of time to determine the full extent of your disability and whether it is permanent. Your claim will be reviewed at the end of this period and a decision made. It is possible that the claim may be deferred again.

Your claim may be declined, which generally means the Insurer does not regard you as being totally and permanently disabled according to the TPD definitions.

6. If the SCC disagrees

If your claim is declined or deferred by the Insurer and the Sunsuper Claims Committee (SCC) disagrees with the decision, it may ask the Insurer to reconsider the claim or ask for further medical evidence. If the insurer maintains denial and the SCC do not agree with this decision the claim will be referred to the Trustee.

If the Trustee rejects the claim and you disagree with the decision you can lodge a complaint as explained below.

7. Final decision

Your claim may be accepted after this review process or it may be deferred or declined. You will be advised, in writing, of the decision.

If your claim is declined and you disagree with this decision you may lodge a complaint, in writing, with Sunsuper. Your complaint will be investigated and, if the decision to decline your claim is confirmed by the Fund, you may ask the Superannuation Complaints Tribunal (SCT) whether you are eligible to submit a complaint.

There are time limits on when you can make a complaint to the SCT about a TPD claim.

You can ring the SCT on 1300 884 114 for more information about these time limits.

Insurance cover ceases once an insured benefit is paid

If your application for an insured TPD benefit is successful, you will no longer be eligible to receive other insured benefits from the Fund, such as a Death benefit or another TPD benefit. All additional Death insured cover above the TPD insured cover remains available.

When making your TPD claim you will be asked to provide the Fund with certified copies of certain documents. A certified copy is one that is certified as being a true copy of the original by a person in your State or Territory qualified to witness Statutory Declarations.

Depending on your State's requirements this could be: a Justice of the Peace, a solicitor or barrister or a notary public, a police officer, a dentist, a pharmacist, a doctor, or a school principal.

To have a document certified take the original document and a photocopy of it to an appropriate person in your State or Territory. They will stamp, sign and date the photocopy to certify that it is a true copy of the original.

to Please send the certified copy Sunsuper Administration with your Application for Payment of Benefit - Disablement. Do not send the original document.

CHECKLIST

Have you:

- Completed and signed the TPD claim forms. An unsigned application will not be accepted.
- Provided a certified copy of proof of age (birth certificate, passport or drivers licence). Your application will not be accepted unless certified proof is attached.
- Provided a Medical Attendant's Statement showing the nature and extent of your disability. This completed form is required to initiate the claim assessment.
- Provided existing medical reports and x-rays.
- Provided other medical evidence which may support your application.

Contacting Sunsuper is simple:

Call 13 11 84

Visit www.sunsuper.com.au

Write to GPO Box 2924
Brisbane Qld 4001

Sunsuper Pty Ltd
ABN 88 010 720 840
Australian Financial Services
Licence No. 228975

Sunsuper Superannuation Fund
ABN 98 503 137 921
Superannuation Product Identification
No. SSR 0100 AU