The Total & Permanent Disability Insurance Claims guide provides information about making an insurance claim. For information about insurance cover, including eligibility and the terms and conditions that apply, you should refer to the applicable Insurance guide (Sunsuper for life and Sunsuper for life Business) or Plan guide (Sunsuper for life Corporate). For a copy of the applicable guide, call us on 13 11 84.

General advice disclaimer The information in this guide is general information only and doesn’t take into account your personal objectives, financial situation or needs. You should consider the appropriateness of any general information in this guide having regard to your own personal objectives, financial situation and needs. You should consider the Product Disclosure Statement before making a decision. Call 13 11 84 or visit sunsuper.com.au for a copy. You should obtain financial advice tailored to your personal circumstances. Call us if you would like to speak with one of our qualified financial planners.

Our phone based qualified financial planners provide simple advice about your Sunsuper account at no additional cost. For more comprehensive advice we may refer you to an accredited external financial planner. Advice of this nature may incur a fee. Sunsuper employees provide advice as representatives of Sunsuper Financial Services Pty Ltd (ABN 50 087 154 818 AFSL No. 227867) (SFS), wholly owned by the Sunsuper Superannuation Fund.

We are committed to respecting the privacy of personal information you give us. If you would like a copy of Sunsuper’s Privacy Policy visit sunsuper.com.au/privacy or call 13 11 84.

Sunsuper offers two different categories of TPD insurance cover

1 TPD cover
This category of cover may apply for members who:

- had automatic/Standard TPD cover in Sunsuper for life and became disabled prior to 1 July 2016, or
- applied and were accepted for Tailored TPD cover in Sunsuper for life, or
- have Standard or Additional cover in Sunsuper for life Business or Sunsuper for life Corporate.

Please refer to The Standard, Tailored and Additional TPD insurance claim assessment process section in this guide for further information on this cover type.

2 TPD Assist cover
This category of cover may apply for members who have default TPD Assist cover (called Standard TPD cover prior to 1 July 2016) in Sunsuper for life and become disabled on or after 1 July 2016.

Please refer to The TPD Assist insurance claim assessment process section in this guide for further information on this cover type.
What is Total & Permanent Disability (TPD) insurance?

Total & Permanent Disability (TPD) insurance is a type of insurance cover which provides you financial support in the event that you become totally and permanently disabled. The term Total & Permanent Disablement (TPD) is defined in your Insurance guide (Sunsuper for life and Sunsuper for life Business) or your Plan guide (Sunsuper for life Corporate), but generally means that you will be unable to ever work again in any occupation for which you are suited by training, education or experience.

If your TPD claim is approved, you are usually able to withdraw your superannuation account balance and any insured benefit, allowing you and your dependants to pay debts or bills, or fund your special medical needs. The amount of your payout therefore depends on your superannuation balance, what type of TPD cover you have and how much insurance cover you have at the time of injury or illness.

What is considered?

Having insurance cover doesn’t automatically mean that you will receive a payment. The assessment process takes into account the definition of TPD in place at the time you ceased work, your current job or occupation, any education, training and work experience you have, and the impact that your injury or illness will have on your ability to work again. The Insurer will contact your employer and your doctors to obtain information and they may also send you for additional tests and/or examinations to a doctor of their choice. TPD definitions vary between superannuation funds. Sometimes you may be eligible for a benefit from one fund but not from another fund.

If you don’t have insurance with us, you may still be able to claim your super balance as a Permanent Incapacity benefit. Permanent Incapacity is defined in the Superannuation Industry (Supervision) Regulations 1994 (Cth).

Members suffering from Terminal Medical Conditions may also be able to access their super balance. For more information call us on 13 11 84 and select 2 for claim enquiries.

What is the difference between TPD (Standard, Tailored and Additional) and TPD Assist?

From 1 July 2016, Sunsuper introduced TPD Assist insurance, which may be paid in up to six annual support payments over a minimum of five years, for members who continue to meet the TPD Assist definition. In some circumstances you may receive a single lump sum payment.

TPD Assist is designed to help minimise the impacts of a severe illness or injury that prevents you from earning a living. This cover provides several unique features to assist you, including no waiting period for the most common claim types, access to occupational rehabilitation and retraining in appropriate situations.

TPD insurance (Standard, Tailored and Additional) is paid as a lump sum benefit. A waiting period would apply to most claims.

Depending on the cover held at your date of disablement you may be eligible to claim for TPD or TPD Assist. For further information regarding your insurance cover please call us on 13 11 84 and select 2 for claim enquiries.
How to make a TPD claim

If you believe that you may be eligible to apply for a TPD claim, we are here to help you along the way. To submit your claim, you need to complete the three major steps outlined below.

Please read all information we send to you carefully and take the time you need to gather all information required to complete the claims process. Completing the claim form is an important step in this process: the details and evidence you provide will form the basis upon which the Insurer makes their decision in regards to your TPD claim.

We recognise that this may be a daunting task. Our Claims Team is here to help you every step of the way, assisting with your claim and helping to answer any questions you may have.

Sunsuper has introduced an online claims tool that allows claims to be lodged electronically. The eClaims tool lets members lodge and monitor their claims online. It also provides third parties (i.e. employers and doctors) with the capability to complete and submit claim information directly online for the insurer to assess. It’s designed to help simplify the process and reduce the time taken to finalise the claim.

Please call us as soon as you are able to on 13 11 84 and select 2 for claims enquiries, if you would like help making a claim or have any questions.

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1. **Before you call us, you will need to prepare some basic information about your claim**

   This will allow us to start the claims process from the moment we first speak to you.

   The necessary information includes:

   - Your Sunsuper member number.
     - You can find this number in the top right hand corner of your Annual statement as well as most other correspondence from Sunsuper.
     - Alternatively, you can use our online ‘Find your member number tool’ found at sunsuper.com.au/FindMyNumber
   - Details about your injury or illness.
     - The date on which your injury first occurred or your illness first presented itself.
   - Details and date of your diagnosis.
   - Details about your work status.
     - The date you last worked.
     - The amount of hours you worked per week leading up to your injury or illness.

2. **Call Sunsuper on 13 11 84 to start the claims process**

   You’ll be transferred to our Claims Team who will help you with the first steps of the claims process.

   The claims team may:

   - provide you with details of your current account balance and insurance cover,
   - discuss with you any options you may have or refer you to an expert to discuss early assistance,
   - if appropriate, advise you of the documents and information you need to provide for the claim to be assessed, and
   - if applicable, send you the TPD claim forms for completion or if eligible, a link to eClaims to lodge your claim online.

3. **Once all the required information has been received for this initial stage, we can begin the assessment of your claim.**

   We will provide you with the name and contact details of your own dedicated Claims Representative who will assist with your claim and help answer any questions you may have along the way.
What does the TPD ‘claims pack’ contain?

There are a number of forms that may need to be completed when making a claim (detailed below). Please do not hesitate to call us on 13 11 84 and select 2 for claim enquiries if you have any questions. This will help us to ensure that your claim is processed as quickly as possible.

1. Claim application

What is this form for? This form is to be completed by you. It includes your contact information, employment details and basic details about your injury or illness.

It will ask specific details about the work you were performing leading up to your injury or illness, how your injury or illness has affected your ability to work, whether you’ve had a similar condition before and whether you intend to claim other benefits.

Tips: You must provide us with several pieces of information and these tips will help you to find them.

• The ‘Trading name of last employer’ will be detailed on your payslip or your Payment Summary (group certificate) - the trading name of your last employer may not be the name you know your employer as, so please check this carefully.

• ‘Fund of choice’ means the superannuation fund your employer was paying into at the time of your injury or illness.

If you are unsure about the dates and hours you worked, we recommend that you contact the Human Resources department of your (previous) employer or refer back to your payslips.

2. Medical Attendant’s statement

What is this form for? This form is to be completed by the doctor who treated you at the time of your diagnosis. Their statement will describe the nature and extent of your injury or illness and provide evidence for it (such as medical records, test results etc.).

Please note: So that we can make the process of lodging your claim as easy as possible, in some instances our Insurer will contact your treating doctor directly for completion of this form. If this is the case, this form will not be sent to you as it will be sent directly to your doctor.

Tips: We recommend that you contact your doctor and let them know that you are in the process of making a TPD claim. You may be required to make an appointment with your doctor to have them complete this statement. Please note that you will be responsible for the costs of this appointment.

3. Employer statement

What is this form for? This form is to be completed by your (previous) employer with whom you were employed at the time of your injury or illness. They will need to provide information about the types of duties you performed in your role.

Tips: We recommend that you contact the Human Resources department or your direct manager from your (previous) employer, as this form must be completed by an authorised person.
4. Benefit payment instruction
What is this form for? This form asks how you would like to receive your benefit payment should your claim be approved.

Tips: Providing this information to us at the start will ensure that you can receive your payment without delay if your claim is approved. If you are unsure of how you would like your payment made, we can arrange for you to speak with one of our qualified financial planners who can assist you to make the best decision for your individual circumstances, just give us a call on 13 11 84.

5. Centrelink Authority to Release Personal Information
What is this form for? If you receive Centrelink benefits, you will be required to complete this form to give authority to Sunsuper and its Insurer to obtain information about your benefits. This form allows the Insurer to access any information or medical reports held by Centrelink which may help with the assessment of your claim.

Please note: This form is not required in every instance and will only be included where necessary.

6. Authority to release personal Medicare and Pharmaceutical Benefits Scheme (PBS) claims information
What are these forms for? These forms provide authority for release of information from both Medicare and the Pharmaceutical Benefits Scheme (PBS) directly to the Insurer to assist them with the assessment of your claim.

Please note: These forms are not required in every instance and will only be included where necessary.

Remember, if you need assistance call us on 13 11 84 and select 2 for claim enquiries.
What you will need to provide for your TPD claim

Completing your claim application an important step in your claim process. The details and evidence you provide will form the basis upon which the Insurer makes their decision. Providing us with all the information we require and completing your forms correctly will speed up your claims process. If information is missing or incomplete, we will need to contact you to ask for it, which will delay your claim. We understand that completing the claims application may be a daunting task and our Claims Team is here to help you every step of the way. Please call us on 13 11 84 and select 2 for claim enquiries if you need any assistance with completing your claim forms.

Certified proof of your identity

You must provide certified proof of your identity (for example, a certified copy of your driver’s licence or passport).

Why? Your super is your money, so for security purposes, we need to be sure that the super belongs to the person submitting the claim. Understandably, you won’t want to send us your original documents, so we ask that you have a copy certified by an authorised person.

Tips: See the Proof of Identity Requirements section in this guide for information on what forms of ID are suitable and how to have a copy certified.

TPD claims checklist

Before submitting your claim, make sure you have fully and correctly completed the following requirements:

- Certified proof of ID
- Claim Application
- Medical Attendant’s statement
- Employer statement
- Benefit payment instruction
- Centrelink Authority to Release Personal Information (if required)
- Authority to release personal Medicare and Pharmaceutical Benefits Scheme (PBS) claims information (if required)
The Standard, Tailored and Additional TPD insurance claim assessment process

The process outlined below applies if you had Standard TPD cover in Sunsuper for life and became disabled prior to 1 July 2016, or applied and were accepted for Tailored TPD cover in Sunsuper for life, or have Standard or Additional cover in Sunsuper for life Business or Sunsuper for life Corporate.

Claim forms are received → Insurer assesses claim

Claim is accepted by Insurer

Insurer

Sunsuper Trustee reviews Insurers’ acceptance of claim and makes payment

Claim is declined by Insurer

Insurer

Sunsuper Trustee reviews Insurer’s decline of claim

Sunsuper Trustee agrees with decision to decline claim and advises member

Sunsuper Trustee disagrees with decision to decline claim

Please note: The process for Permanent Incapacity claims (where there is no insurance) is similar to the above but does not involve the Insurer.
Once we have received your claim forms, the Claims Team will review your application and ask you for any further information we require. Once we have received all the information we require for this initial stage, we can begin the assessment of your claim. Throughout the life of the claim, the Claims Team will keep you updated on its progress.

The Insurer will use the information you, your employer and your treating doctor provide when making its assessment. The Insurer may also:

- ask for additional reports from your doctor/s,
- ask you to provide more information,
- ask your employer for more information, and/or
- make an appointment for you to have a medical examination with an independent specialist/s.

The Insurer will pay for any additional medical reports they request and examinations they arrange for you to attend.

Once all required information has been collected, the Insurer will assess your claim and decide whether your claim meets the relevant TPD definition, it will ‘accept’, ‘defer’ or ‘decline’ your claim.

If your insurance claim is accepted by the Insurer, the insurance proceeds will be paid to Sunsuper and initially invested in the Cash option. Funds will be held in this relatively stable investment option until the Sunsuper Trustee finalises payment to you.

The Sunsuper Trustee will review the Insurer’s decision. The Claims Team will then contact you to advise that your claim has been approved. We will pay your benefit according to your payment instructions.

You have the choice of taking the payment in cash (paid into your bank account or via cheque), leaving it in your Sunsuper account or rolling it over to another approved superannuation fund.

If you choose to take your benefit in cash, you’ll receive notification and details of the payment. PAYG tax will be withheld from your benefit where applicable.

If you choose to leave your benefit in Sunsuper, any insurance proceeds will be moved into your chosen investment option(s).

Please note that if your claim is successful, you will no longer be eligible to receive other default insurance cover from Sunsuper. To obtain cover in the future you would need to re-apply for cover and provide evidence of your health. Your application would be subject to acceptance by the Insurer.

If you are unsure of how you would like your payment made, we can arrange for you to speak with one of our qualified financial planners who can assist you to make the best decision for your individual circumstances, just give us a call on 13 11 84.
If your insurance claim is declined by the Insurer, it will be referred to the Sunsuper Trustee for review and consideration.

If the Sunsuper Trustee disagrees with the decision of the Insurer and believes that your claim should be reassessed, your claim will be referred back to the Insurer for their reconsideration. The Claims Team will contact you to advise you of the next steps.

The Insurer may defer your claim for a period of time to determine the full extent of your disability and to ascertain whether it’s permanent. Your claim will be reviewed at the end of this period and either a decision will be made or your claim may be deferred again.

If the Sunsuper Trustee agrees with the Insurer’s decision to decline your claim, the Claims Team will contact you to advise you of this outcome.

If you disagree with this decision, you can lodge a written complaint with Sunsuper. Your complaint will be investigated and if you are not satisfied with our response or we haven’t responded within 90 days, you may be entitled to lodge a complaint with the Superannuation Complaints Tribunal (SCT). The SCT is an independent body set up by the Commonwealth Government to assist members (or their beneficiaries) in resolving certain superannuation complaints. Before seeking the SCT’s help, you must first lodge a complaint directly with Sunsuper.

Time limits affect when you can make a complaint to the SCT about a TPD claim. Call the SCT on 1300 884 114 or visit their website www.sct.gov.au for more information.
The TPD Assist insurance claim assessment process

The process outlined below applies for members claiming on TPD Assist cover in *Sunsuper for life*, where disablement occurred on or after 1 July 2016. Where appropriate, occupational rehabilitation and retraining may be available with this type of cover to assist in regaining the capability to earn a living. If you are unable to return to work and your TPD Assist claim is approved, you may receive up to six annual support payments, subject to annual assessment and you continuing to meet the definition of TPD Assist. In some circumstances you may receive a single lump sum payment. The amount of a TPD Assist payment depends on how much insurance cover you have at the time of injury or illness.
If your insurance claim is accepted by the Insurer, the insurance proceeds will be paid to Sunsuper and initially invested in the Cash option. Funds will be held in this relatively stable investment option until the Sunsuper Trustee finalises payment to you.

The Insurer will use the information you, your employer and your treating doctor provide when making its assessment.

**The Insurer may also:**
- ask for additional reports from your doctor/s,
- ask you to provide more information,
- ask your employer for more information, and/or
- make an appointment for you to have a medical examination with an independent specialist/s.

The Insurer will pay for any additional medical reports they request and examinations they arrange for you to attend.

Once all required information has been collected, the Insurer will assess your claim and decide whether your claim meets the relevant TPD definition, it will ‘accept’, ‘defer’ or ‘decline’ your claim.

The Sunsuper Trustee will review your claim. The Claims Team will then contact you to advise that your claim has been approved. We will pay your benefit according to your payment instructions.

You have the choice of taking the payment in cash (paid into your bank account or via cheque), leaving it in your Sunsuper account or rolling it over to another approved superannuation fund.

If you choose to take your benefit in cash, you'll receive notification and details of the payment. PAYG tax will be withheld from your benefit where applicable.

If you choose to leave your benefit in Sunsuper, any insurance proceeds will be moved into your chosen investment option(s).

Please note that if your claim is successful, you will no longer be eligible to receive other default insurance cover from Sunsuper. To obtain cover in the future you would need to re-apply for cover and provide evidence of your health. Your application would be subject to acceptance by the Insurer.

If you are unsure of how you would like your payment made, we can arrange for you to speak with one of our qualified financial planners who can assist you to make the best decision for your individual circumstances, just give us a call on 13 11 84.

Occupational Rehabilitation may be appropriate in helping some members return to work. Sunsuper will work with eligible members, their treating doctors and employers to aid in recovery and assist in returning to work. Participation in Occupational Rehabilitation may be a compulsory part of the claims process.
If your insurance claim is declined by the Insurer, it will be referred to the Sunsuper Trustee for review and consideration.

If the Sunsuper Trustee disagrees with the decision of the Insurer and believes that your claim should be reassessed, your claim will be referred back to the Insurer for their reconsideration. The Claims Team will contact you to advise you of the next steps.

If you agree with the Insurer’s decision to decline your claim, the Claims Team will contact you to advise you of this outcome.

If you disagree with this decision, you can lodge a written complaint with Sunsuper. Your complaint will be investigated and if you are not satisfied with our response or we haven’t responded within 90 days, you may be entitled to lodge a complaint with the Superannuation Complaints Tribunal (SCT). The SCT is an independent body set up by the Commonwealth Government to assist members (or their beneficiaries) in resolving certain superannuation complaints. Before seeking the SCT’s help, you must first lodge a complaint directly with Sunsuper.

Time limits affect when you can make a complaint to the SCT about a TPD claim. Call the SCT on 1300 884 114 or visit their website www.sct.gov.au for more information.
TPD Assist’s Occupational Rehabilitation

At Sunsuper, we understand how meaningful it can be to regain your ability to earn a living. When you are unable to work due to illness or injury, your happiness and quality of life can be greatly affected. That’s why we may create an occupational rehabilitation program to suit your individual needs as part of the TPD Assist process. For eligible members, we will work with you, your treating doctor and your employer to aid your recovery and assist your return to work.

Your Occupational Rehabilitation program may include:

• an initial assessment with your treating doctor to identify your unique support needs,
• engaging an external occupational rehabilitation provider,
• guidance to help your treating doctor create a personalised treatment plan for you,
• coordination of support between your external rehabilitation consultant, treating doctor and employer,
• designing and implementing your own ‘return to work’ plan—which may include re-skilling, retraining and assisting your recovery via regular upgrading of your work hours and duties as you improve,
• work-related counselling and support for secondary conditions (such as those that affect mental health), and/or
• job-seeking advice and career guidance.

To see if occupational rehabilitation is appropriate for you, or to find out more about how TPD Assist can help you return to work, please call us on 13 11 84 and select 2 for claim enquiries.

Frequently asked questions about TPD claims

Do I need a lawyer?

Our claims process has been designed so that in most cases, you or your family should not require the assistance of a lawyer when making a claim. If you are thinking about seeking legal help, we recommend that you first determine the costs involved in doing so and how they will impact your benefit payout. We recommend that you call us on 13 11 84 before seeking help from a lawyer.

When can I make a TPD claim?

If you are claiming for TPD, this means that you have been and are still suffering from an ongoing and serious injury or illness that is permanently preventing you from working or from performing daily activities. To apply for a TPD claim, you must satisfy the definition of ‘Total & Permanent Disablement’ or ‘Total & Permanent Disablement Assist’ and may need to meet the waiting period requirements. For definitions, refer to your Insurance guide (Sunsuper for life and Sunsuper for life Business) or your Plan guide (Sunsuper for life Corporate).
What if I am not sure I have insurance?
- Login to Member Online and check your details at sunsuper.com.au/memberonlinelogin,
- review your most recent statement, or
- call us on 13 11 84.

Why does it take so long?
There are many steps involved in assessing a claim. The process is lengthy and can take a number of months. We and the Insurer need to assess all relevant facts, including information from you, your employer, your doctor and medical specialists to ensure that the correct decision is made.

Is there a waiting period?
A waiting period may apply depending on the insurance policy, as outlined in your Insurance guide (Sunsuper for life and Sunsuper for life Business) or your Plan guide (Sunsuper for life Corporate). The current waiting period for a TPD claim, where one applies, is usually three months. This means that you must have been absent from work as a result of your injury or illness for a period of three months or more before you can lodge a TPD claim.

Waiting periods do not apply to most TPD Assist claims. Please call us on 13 11 84 and select 2 for claim enquiries to obtain further information about the type of claim you may be eligible to lodge.

How long do I have to lodge a claim?
The sooner you contact us regarding your intent to claim, the quicker we can explore how we may assist you. To be eligible to claim on TPD Assist and Tailored TPD insurance cover in Sunsuper for life you must notify Sunsuper within five years of becoming disabled. **Warning:** You may not be eligible to submit a claim if you contact us after this period has ended. Please call us as soon as you are able to on 13 11 84 and select 2 for claim enquiries, if you would like help making a claim or have any questions.

What happens if I have a self-inflicted injury?
In some instances, you will not be eligible to make a TPD claim if your injury or illness is caused by an intentional self-inflicted act. Please call us on 13 11 84 and select 2 for claim enquiries, to check if this applies to you.

How much will it cost?
To enable our Insurer to assess your claim, you’ll need to provide medical evidence to support your application. The cost of any information required to initiate the claim process is to be met by you. This includes having a doctor complete a Medical Attendant’s statement (if applicable). If the Insurer requests additional information or reports from your doctor, or requests an independent medical examination, the cost of these will be paid by the Insurer.

What happens if I am receiving Income Protection payments?
If you are receiving Income Protection payments, these will continue as long as you satisfy the terms of the Income Protection claim policy.

What if I am self-employed?
The process of making a claim remains the same irrespective of whether you work for an organisation or work for yourself.

What if I am unemployed?
The assessment of your TPD claim may be based on a different definition than if you were working. For definitions, refer to your Insurance guide (Sunsuper for life and Sunsuper for life Business) or your Plan guide (Sunsuper for life Corporate).
Proof of identity requirements

Australia’s $2 trillion super pot represents a large and growing temptation for criminals, with identity theft the biggest risk when it comes to safeguarding your money; and no-one is immune. That’s why super funds will ask you to provide certain information and documents about your identity when you request money from your account. We need to be sure that the super belongs to the person making the claim. Getting your identity documents together to access your money may seem like an unnecessary hassle, but we can assure you it’s essential, your protection is our top priority.

When do you need to prove your identity?

All super funds, including Sunsuper, will ask you to provide certified identification before paying any money out.

If you cannot provide us with one of the primary identification documents outlined on this page, then we may accept two of the documents listed in the table on the following page, one document from each column. It’s important to note we cannot accept documents that have expired. We also reserve the right to request additional information to verify your identity before paying your benefit claim.

What is an acceptable identification document?

Any one of the following documents will be accepted as primary identification:

• a driver’s licence or permit issued under a law of a State or Territory, or equivalent authority of a foreign country, that contains your photo, name, residential address and date of birth (please copy and certify both front and back sections if relevant),
• a passport issued by the Commonwealth,
• a card issued under a law of a State or Territory for the purpose of proving the person’s age which contains your photo, name and date of birth (please copy and certify both front and back sections if relevant), or
• a passport or a similar document issued for the purpose of international travel or a national identity card issued for the purpose of identification that:

  a. contains your photo, name and signature,
  b. is issued by a foreign government, the United Nations or an agency of the United Nations, and
  c. if written in a language that is not understood by the person carrying out the verification, is accompanied by an English translation prepared by an accredited translator.

If you don’t have any primary identification, see the table on the next page for acceptable forms of secondary identification.
Note: If any of the approved documents have been issued by a foreign government and are written in a language that is not understood by the person carrying out the verification, the documents must be accompanied by an English translation prepared by an accredited translator.
What if you've recently changed your name?
If you have changed your name and have not yet advised us, you will need to provide what is called a 'linking document'. A linking document is used to prove a relationship exists between two (or more) names.

Examples of acceptable linking documents are:
- Certificate from the Births, Deaths and Marriages Registration Office or relevant government source from the issuing country (i.e. marriage certificate or change of name)
- Deed poll or decree nisi

What do we mean by certified?
We understand you'll want to provide us with copies of your identification documents rather than the originals. That's fine, but you must have them 'certified' as a true copy of the original. This means a person who is authorised to certify documents must sight the original and the copy of the documents to make sure both documents are identical and then 'certify' all copied pages as true copies by writing or stamping 'certified true copy' on them. They must also sign and print their name on the document and record their qualification (e.g. Justice of the Peace) and the date.

Who can certify your identification documents in Australia?
Only certain people are authorised to certify documents in Australia. Approved people include those who are currently authorised to witness a statutory declaration under the Statutory Declarations Regulations 1993 (Commonwealth), Schedule 2, Part 1 and Part 2.

People authorised to certify your documents include:
- Health professional, such as a Chiropractor, Dentist, Medical practitioner, Nurse, Optometrist, Pharmacist, Physiotherapist, Psychologist
- Legal professional, such as a Legal practitioner, Patent attorney, Trade marks attorney
- Teacher (full-time) at a school or tertiary education institution
- Accountant (member of ICA, ASA, IPA or CPA, ATMA, NTAA)
- Veterinary surgeon
- Bank officer, building society officer, credit union officer, finance company officer - employed for five years or more
- Justice of the Peace, Commissioner for Declarations, or Commissioner for Affidavits
- Police officer, sheriff or sheriff's officer
- Notary public
- Those who hold a Court position, such as a Bailiff, Judge, Magistrate, Registrar, or Deputy Registrar, Clerk, Master of a court, CEO of a Commonwealth court
- Government representatives (elected): Federal, State or Territory or Local
- Public servants: Federal, State or Territory or Local - employed for five years or more
- Minister of religion, or marriage celebrant

If you are unable to locate any of the above certifiers, others may be accepted. We recommend you call us on 13 11 84 to confirm who else we will accept as a certifier.
What if you live overseas?
If your claim is submitted from outside Australia, we still require certified identification documents before we can pay out your benefit.

The list of acceptable documents is still the same; however, we can only accept certified identification documents that are signed by one of the following:

- Australian consular officer,
- Australian diplomatic officer,
- Police officer of an overseas force,
- Notary public,
- Judge of a Court or magistrate in an overseas jurisdiction,
- International Justice of the Peace (JP),
- Registrar or deputy registrar of a Court, or
- Commissioner of oaths.

The person who is authorised to certify documents must sight the original and the copy to make sure both documents are identical and then ‘certify’ all copied pages as true copies by writing or stamping ‘certified true copy’ followed by their signature, printed name, qualification (e.g. police officer) and date. We also require evidence of the certifier’s status.

Examples of what is acceptable include:

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Certification required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police officer</td>
<td>Details of their police badge number</td>
</tr>
<tr>
<td>Judge or magistrate</td>
<td>Certificate of their appointment to their position</td>
</tr>
<tr>
<td>Justice of the Peace</td>
<td>Justice of the Peace stamp or number</td>
</tr>
</tbody>
</table>

What does a certified identity document look like?

This is what a certified proof of identity document should look like:

- Copy of the document that identifies you, (i.e. your passport or driver’s license – front and back)
- Authorised person’s stamp and registration number (if applicable)
- Write or stamp “certified true copy” of original document
- Have the authorised person sign the document
- Date of authorisation, and
- Name, qualification, phone number and address of authorised person
The Sunsuper Total & Permanent Disability Insurance Claims guide is prepared and issued by Sunsuper Pty Ltd, the issuer and Trustee of the Sunsuper Superannuation Fund (referred to as ‘the Fund’ or ‘Sunsuper’):

Sunsuper Pty Ltd
ABN 88 010 720 840
AFSL No. 228975

Sunsuper Superannuation Fund
ABN 98 503 137 921
SPIN SSR 0100 AU

MySuper Authorisation 98 503 137 921 996

Unique Super Identifier (USI) 98 503 137 921 001

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