This fact sheet provides information about making a terminal illness claim under the Ambulance Officers’ Insurance policy. It also has information about complaints, proof of identity and certification of document requirements.

**Ambulance Officers’ Insurance claims**

NSW ambulance officers have access to two types of insurance through their Aware Super membership:

1. automatic cover for death (including terminal illness), and total and permanent disablement (TPD) available to all eligible members of the fund, and
2. supplemental death (including terminal illness) cover specifically available to eligible NSW ambulance officers under the Ambulance Officers’ Insurance policy. This death cover is provided under the terms of the NSW Ambulance Income Protection and Death Benefits (State) Award 2017, and it is also subject to the terms and conditions of the life insurance policy issued to the trustee by the insurer, TAL Life Limited.

If you held compulsory Ambulance Officers’ Insurance on or before **19 August 2016** you may be eligible to claim a total and permanent disablement (TPD) insured benefit, subject to the terms and conditions of the policy. Call us if you’d like more information.

Ambulance Officers’ Insurance covers you for death and terminal illness. If a terminal illness benefit is paid, there is no additional cover for death. The level of cover depends on whether you are on duty or off duty at the time of the insured event.

**Eligibility**

Your insurance will start automatically when the Ambulance Service of NSW advises the insurer that you are eligible.

You are eligible if you are an officer aged:

**65 and younger**

and you are not

* a member of the State Superannuation Scheme (SSS), or
* a member of the State Authorities Superannuation Scheme (SASS) who has additional benefit cover.
You the following forms to complete to support your claim:

<table>
<thead>
<tr>
<th>Form name</th>
<th>Who completes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application for payment of a disablement benefit</td>
<td>You</td>
</tr>
<tr>
<td>Terminal illness claim</td>
<td>You</td>
</tr>
<tr>
<td>Attending doctor’s statement (terminal illness)</td>
<td>Your treating medical practitioner</td>
</tr>
<tr>
<td>Attending specialist’s statement (terminal illness)</td>
<td>Your treating specialist</td>
</tr>
<tr>
<td>Two confidential medical reports on terminal illness</td>
<td>One completed by you and your treating specialist. The other completed by you and your general practitioner</td>
</tr>
</tbody>
</table>

We rely on information provided by the Ambulance Service of NSW when advising ambulance officers if they are covered under Ambulance Officers’ Insurance, however the eligibility for cover is reviewed as part of assessing any claim.

**Terminal illness claims**

The Ambulance Officers’ Insurance policy allows for payment of a death benefit prior to death if you are diagnosed with a terminal illness (see definition below).

You can apply for this benefit by calling us on 1300 650 873 and letting us know that you intend to make a claim. We will send you the following forms to complete to support your claim:

If you were ineligible because of one of these two conditions, but you become eligible because you left SSS or ceased to be a member of SASS with additional benefit cover, then your Ambulance Officers’ Insurance cover will start subject to the following:

- if you were at work performing normal duties on the day you left SSS, or ceased to be a member of SASS with additional benefit cover, your cover will start on that date, or
- if you were not at work performing normal duties on the day you left SSS, or ceased to be a member of SASS with additional benefit cover, your cover will only start if you return to work and you are performing normal duties for a continuous period of 30 days, and
- you are aged less than 65.

If your terminal illness claim is accepted and you satisfy the criteria for the early release of the benefit, no tax will be deducted from the payment.

**Definition of terminal illness (from the insurance policy)**

Terminal illness means the insurer is satisfied, on medical or other evidence, that the Insured Member is suffering an illness that two registered Medical Practitioners (at least one of whom is a specialist practicing in an area related to the illness suffered by the Insured Member) have certified, jointly or separately while the Insured Member is covered under the Policy, is likely to result in the Insured Member’s death within a period that ends not more than 12 months after the date of the certification and the 12 month period has not yet expired in relation to the certificates.

**Other information**

What happens if the insurer declines my claim? We review the initial claim decision to ensure it is fair and reasonable. If, after this process, you are advised that the decision has been declined and you disagree with this decision you may lodge a complaint with us.

Our fact sheet Complaints handling outlines the process for lodging a complaint. The fact sheet is available on our website under Important information and from customer service.

**What is a certified copy?**

A certified copy of an original document is one that is signed, witnessed and stamped as being a ‘certified true copy’ by an authorised person in your state or country qualified to witness Statutory Declarations such as a Justice of the Peace, Solicitor, Barrister, Notary Public and pharmacist. We can accept photocopies of original documents that have been certified but we're not able to accept photocopies of certified documents.

A full list of documents that satisfy these requirements, and the people authorised to provide certified true copies, is provided on the claim form.

Our Member Booklet Supplement Insurance (Ambulance Officers’ Super) has information about premiums payable for death and terminal illness cover and how the benefit is calculated.

**Importance**

This is general information only and does not take into account your specific objectives, financial situation or needs. Seek professional financial advice, consider your own circumstances and read our product disclosure statement before making a decision about Aware Super. Call us or visit our website for a copy.

Insurance applications are subject to acceptance. Insurance cover is provided by Aware Super by TAL Life Limited (TAL ABN 70 050 109 450, AFSL 237848).

Issued by Aware Super Pty Ltd ABN 11 118 202 672, AFSL 293340, the trustee of Aware Super ABN 53 226 460 365. Financial planning services are provided by our financial planning business, Aware Financial Services Australia Limited ABN 86 003 742 756 AFSL No. 238430. Aware Financial Services Australia Limited (ABN 86 003 742 756, AFSL 238430) is wholly owned by Aware Super.

**We’re here to help**

**Contact us**

Phone: 1300 650 873
8.30am to 6pm (AEST)
Monday to Friday
Int’l: +61 3 9131 6373
Email: enquiries@aware.com.au

**Get advice**

Phone: 1800 620 305
8.15am to 8.15pm (AEST)
Monday to Friday
Email: clientservicecentre@aware.com.au

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Come and see us at one of our local offices around Australia for help with your super account, including setting up your account online. aware.com.au/locations