

How to claim a permanent disability benefit

This guide is designed to help you understand the claim process when applying to release your super on the grounds of permanent incapacity (disability), and any Total & Permanent Disablement (TPD) cover you may have.

We understand this can be a difficult time and aim to make the claim process as smooth and simple as possible. We're here to help you understand what you need to do, answer your questions and make sure you're informed from beginning to end. Your claim will need supporting documents and the sooner we receive this information, the earlier we can start assessing your claim.

1. Call us

- Call us on **1300 650 873**, Monday to Friday 8.30am to 6pm (AEST/AEDT).
- You'll need your super account details.
- We'll ask some questions so we can send you the correct paperwork.
- You'll be sent a claim pack, with the necessary claim forms and details on what you need to do.



2. Complete the claim pack

- Getting hold of some supporting documents and completing the forms can be tricky. Call us if you need help.
- Make sure your supporting documents are certified so there's no delay assessing your claim.



3. Assessment of your claim

- You'll be assigned a dedicated Aware Super case manager to help you through the process.
- We may need to confirm information provided in your documents and source additional information. This could take some time if we don't receive the information we need.
- We'll assess your claim to determine if a benefit can be paid.



4. Outcome

- We'll let you know the claim assessment decision.
- If your claim is approved, we'll make a payment directly to your bank account in accordance with your payment instructions.



We'll work with you to make this claim as easy as possible.



1 Contact us

- Call or email us with your phone number and let us know what's happened as soon as you can.
- Have your super account information ready so we can make sure we're talking with the right person – for example your member number, account number and date of birth.
- We'll ask some questions to help us send you the correct claim pack and information, such as the date of your illness or injury and the last day you worked.



2 Complete the claim pack

- You'll receive a claim pack which will include some claim forms. These will need to be completed by you, your treating medical practitioner, a second medical practitioner and your most recent employer (if lodging a TPD insurance claim).
- It's important you ask everyone to complete the relevant forms and provide any supporting documents as soon as they can. We can only assess your claim once we have all the necessary paperwork.
- Some of your documents will need to be certified. To check how to certify a document go to [aware.com.au/verify](https://www.aware.com.au/verify) or read *Proof of ID: How to verify your information* provided in your claim pack.



3 Assessment of your claim

When we receive your claim, we'll check if we have all the necessary information and documentation. Where your claim application is incomplete, we'll let you know what's outstanding.

- We'll start assessing your claim once we receive all the necessary completed forms and supporting documents.
 - We'll then write to you to provide the name and phone number of your dedicated Aware Super case manager, and they'll help you through the claim process. We'll also advise your estimated benefit at this time. This will be your super account balance and any applicable insured amount you may be entitled to (subject to assessment by our insurer).
 - We'll submit your claim to the insurer (if applicable) and they will contact you to confirm your insurance case manager and the next steps for the assessment. Your insurance case manager will be your main contact while your insurance benefit is being assessed.
 - Where your benefit is a super account balance only, we'll start assessing your claim.
 - You'll be updated on how your claim is progressing every four weeks or earlier when something happens.
- Your claim assessment may take some time, especially if we need extra information from other parties. The insurer may also request specific medical reports or need you to attend other medical appointments paid for by them. Your insurance case manager will let you know if this is the case.
- Once the insurer has made a decision, we'll review the outcome.



4 Outcome

- Once your claim assessment (including any insurance claims) is complete, we'll let you know the outcome.
- If your claim is approved, we'll let you know the amount to be paid, including any insurance benefits (if applicable). Where you've asked for a cash payment, the money (less any relevant tax) will be paid directly into your bank account within five business days using electronic funds transfer (EFT).



How we work with you

We'll work with you to make this claim as easy as possible – we'll explain each step clearly and will oversee the assessment.

You'll have a dedicated case manager looking after the claim, who'll keep you updated with what's happening.

We can also help you complete the forms over the phone and give you tips on how to get hold of any supporting documents you may need.

Generally, it takes around 3-6 months to fully assess a claim, however where the injury or illness happened several years ago, or where you have returned to work in some capacity since the injury or illness, it may take longer.

If you have questions at any time just give us a call or email us – we're here to help.

Your questions answered

What is a permanent disability benefit?

You can apply for your super to be released early (prior to reaching your preservation age) on the grounds of permanent incapacity (disability), if:

- you have ceased gainful employment, and
- we are reasonably satisfied that you are unlikely, because of physical or mental ill health, to ever 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.

If you meet the permanent incapacity condition of release, you can potentially access:

- your super account balance, and
- any total & permanent disablement (TPD) cover (insured amount) subject to approval by the insurer at the time of your injury or when your illness occurred.

Note, if you have TPD cover on your account, you'll need to meet the insurer's policy terms and conditions, including the applicable TPD definitions.

To find out if you have TPD cover, log in and go to your *Insurance Summary* or call us on **1300 650 873**.

What is the definition of TPD?

As from time to time we change our insurance provider and policies are amended, the insurance policy definition that will apply to any claim will depend on your TPD Incident Date. The Incident Date is the later of:

- the certification date of the Injury or Illness which caused TPD, or
- the date you ceased employment as the result of the Injury or Illness that caused TPD.

The full definition of TPD has several components and you will be assessed under the relevant component depending on your circumstances. There may also be existing individual or policy exclusions on your cover which could affect your claim.

For details on the insurer's policy terms and conditions and the full definition of TPD that applies from 1 July 2014 read the *Member Booklet Supplement: Insurance* applicable to your membership at aware.com.au/pds

If your TPD cover started before 1 July 2014, please contact us for the relevant TPD definition.

When should you lodge your insurance claim?

Depending on the circumstances of your claim, a waiting period may apply from the Incident Date. Read the *Member Booklet Supplement: Insurance* applicable to your membership at aware.com.au/pds

Can TPD and income protection (IP) claims (if applicable) be lodged at the same time?

If your condition is not a temporary disability and you want to lodge a claim for TPD as well as an IP claim (if you have IP cover), you can make both claims at the same time.

How to speed up the claim

The main delay is generally the amount of time it takes for us to receive the necessary claim information. Ultimately, the easiest way to speed up the claim is to provide all the requested supporting documentation with your claim application and to respond to requests as quickly as you can.

How long does the claim take to be assessed and a decision made?

Generally it will take five business days to review a claim – once we receive your completed claim form and supporting documents – and to determine if we need additional information or whether we can go ahead and, if applicable, forward your claim to the insurer for assessment. Where you still have outstanding requirements, the claim will be placed on hold until we receive everything we need to make an assessment. Typically, it takes around 3-6 months to fully assess your claim, however where your injury or illness happened several years ago or where you've returned to work in some capacity since the injury or illness, it may take longer. Your case manager will update you regularly on how your claim is progressing, and you can also contact them at any time for an update.

Will there be costs for medical reports and examinations?

You are responsible for any costs associated with completing and providing the initial claim forms and any associated documents that we reasonably request for assessment of your claim. You may be asked to provide other evidence at your own expense that the insurer reasonably requires to substantiate your claim. The insurer may need you to attend medical examinations by a health professional that they nominate, and/or to undergo tests that they consider necessary to assess or substantiate your claim – these will be at the insurer's expense. Your case manager will let you know if these are needed.

What are everyone's roles and responsibilities?

We, as the trustee will*:

- assign an Aware Super case manager to the claim who will:
 - explain the claim process to you and help guide you through it,
 - answer any queries you might have, and
 - keep you regularly updated on the progress of your claim.
- oversee the claim assessment process to minimise any delays,
- oversee the conduct and timeframes of the insurer (where applicable) and other service providers,
- complete an independent review if the insurer declines your claim, to ensure the decision is fair and reasonable,
- pay you your super account balance and any TPD insured amount (if applicable), less any relevant tax, if you meet the permanent incapacity condition of release.

The insurer will**:

- assign an insurance case manager to your claim who will:

- explain the insurer's assessment process to you and answer any queries you might have,
- be your main claim contact while your insurance is being assessed, and
- keep you updated regularly on the progress of your insurance claim.
- review the documents and request more information if needed,
- assess if a TPD insurance benefit is payable based on the policy terms and conditions,
- if approved, pay the TPD insurance benefit to your Aware Super account,
- notify you if the likely decision is to decline your claim and provide you with the necessary information to review the decision and provide additional information for further assessment.

* in compliance with the Insurance Voluntary Code of Practice

** in compliance with the timeframes outlined in the Financial Services Council's Life Insurance Code of Practice

Investment of insured benefit

Where your TPD insurance claim is approved, the insured amount will be invested in the cash investment option within your super account. You can switch your investment option(s) for your current balance and future contributions at any time, either online or by completing an Investment choice (superannuation) form at aware.com.au/forms

What if there is a different Aware Super insurance provider?

During the assessment of your TPD claim, it may be identified that the liability to assess your claim lies with a different insurance provider, in which case we'll redirect your claim. If this happens there will be minimum interruption to the assessment.

How will your claim be paid?

Where you've met the permanent incapacity condition of release, you'll have three payment options:

Option 1: Take all or part of your benefit as a cash lump sum payment

Option 2: Roll over all or part of your benefit to another complying super fund

Option 3: Transfer all or part of your benefit to a retirement income stream



Financial or tax implications

Your payment may have financial or tax implications. If your claim is approved, we'll provide you with an estimate of the tax payable assuming you wish to cash all your benefit as a lump sum payment. If we don't have your tax file number (TFN), your benefit may be taxed at the highest marginal tax rate.

To apply for an increase to the tax-free portion of your disability benefit, we'll need certification from two doctors confirming that, because of physical or mental ill health, you're unlikely ever to engage in gainful employment for which you are reasonably qualified by education, training or experience. Providing these certifications in the early stages of your claim will allow for faster payment.

Please consider obtaining independent financial advice before you make any decisions about your payment.

For more information about tax on disability benefits read the *Member Booklet Supplement: Tax and super* at aware.com.au/pds



What happens if the insurer declines your TPD claim?

If the insurer declines a TPD claim, we'll independently review their decision. If we disagree, we'll ask for clarification or challenge the decision on your behalf. In some cases, we may need you to provide more information to support your claim. If, after further consideration, the insurer decides to decline the claim and we agree with their decision, we'll write to you with the final decision and an explanation.

Where you're not satisfied with the final decision, you can submit a written dispute to us, with further supporting evidence. We'll then arrange for the insurer to assess your dispute.

If the dispute is not resolved in your favour, you can contact the Australian Financial Complaints Authority (AFCA). AFCA is an independent body set up by the government to help resolve most complaints relating to superannuation, including the payment of disability benefits. We'll provide further details about this process and AFCA's contact details if required.

Do I need legal representation?

We cannot advise you on legal issues that may arise out of your claim. It may become necessary for you to obtain legal advice. This is entirely up to you. However, please be aware that:

- your dedicated claim case manager will help you through each step of the process
- we have a legal obligation to act in the best interests of our members
- all claims are assessed on a fair and reasonable basis
- having legal representation won't influence the claim timeframes and payment amounts
- the costs involved in having your own legal representative will need to be paid for by you.

Setting up a third-party authority on your account

Your claim form allows you to nominate another person to act on your behalf for the purpose of your claim. This person can provide information to the fund and insurer, and be given information about the claim and your super.

Where you want a representative to provide us with instructions on your behalf, you will need to speak to a solicitor or public trustee in your state or territory for information about appointing a *power of attorney*. If you already have someone as your power of attorney to represent you, they must provide certified copies of both their identity and the power of attorney document before we can give them access to your account. For more information about how to certify documents go to aware.com.au/verify or read the *Proof of ID: How to verify your information* flyer provided in your claim pack.

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
Book: aware.com.au/advice
Email: clientservicecentre@aware.com.au

Visit us



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

Important information

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.

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