

# How to claim an income protection benefit

This guide is designed to help you understand the claim process and complete all the paperwork quickly and with the minimum of stress.

We understand this can be a difficult time and aim to make the income protection (IP) 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 (when required), so there's no delay assessing your claim.



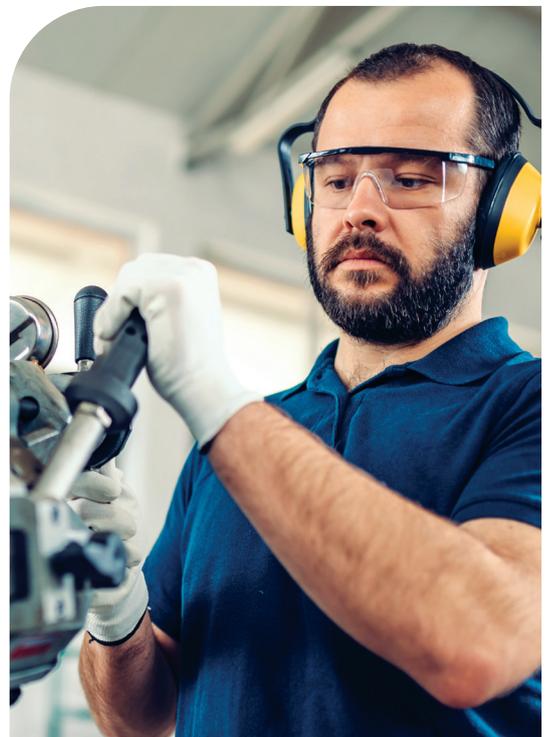
## 3. Assessment of your claim

- 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 to 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, the insurer will pay your benefits directly to your bank account and, if applicable, they'll pay super contributions to your Aware Super account.



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 and your employer.
- It's important you ask everyone to complete the relevant forms and provide all 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 insured benefit, subject to assessment by our insurer.
  - We'll submit your claim to the insurer 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.
  - 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 is complete, we'll let you know the outcome.
- If your claim is approved, we'll let you know how much you'll receive. This amount may be reduced by other payments you receive, such as sick leave, Centrelink, Workcover or payments from other IP policies (referred to as offsets). We'll also let you know what the ongoing assessment process will be.
- 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'll 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 1-2 months to fully assess an IP claim. If your illness or injury isn't recent, or getting hold of your supporting documents is taking time, it may take longer.

If you have questions or concerns, just give us a call or email us – we're here to help.

# Your questions answered

## What is income protection (IP) insurance?

If you are temporarily incapacitated and have IP insurance through your super, you can make a claim and will have access to any insurance benefits paid by the insurer, but won't be allowed to access the main portion of your super, subject to acceptance by the insurer.

IP benefits are paid as a monthly income, if you're unable to work due to illness or injury. Your benefit is based on the amounts you chose when you set up your IP insurance – up to 75% of your pre-disability income and an optional super contributions benefit.

If your claim is approved by the insurer, the benefit is paid monthly in arrears once your waiting period has ended. The waiting period could be 14, 30, 60 or 90 days, and is the continuous period starting from the date your medical practitioner certifies you as being totally disabled.

The benefit period can be 2 years, 5 years or to age 65, and is the maximum amount of time the insurer will pay you a monthly benefit. This will be subject to ongoing assessments while you continue to be unable to work due to illness or injury.

To find out if you have IP insurance and your benefit details, read your Annual Statement or log in and go to your *Insurance* section, or call us on **1300 650 873**.

### Are you eligible to claim?



You will be eligible to receive a monthly IP benefit if you suffer a total disability and:

- you were covered for IP on the date you became totally disabled, and
- you have been totally disabled or partially disabled for the duration of the waiting period (and were totally disabled for at least 7 out of 12 consecutive days during the waiting period), and
- you are totally disabled at the end of the waiting period, and
- your pre-disability income is reduced due to your total disability.

In some circumstances you may be eligible to receive a partial monthly IP benefit, refer to the relevant *Member Booklet Supplement: Insurance* for further details. There may also be existing individual or policy exclusions on your cover which could affect your claim.

## What is the definition of total disability?

In the insurer's opinion, to be totally disabled means that, as a direct 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

## 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 and other service providers,
- complete an independent review if the insurer declines your claim, to ensure the decision is fair and reasonable.

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

- under the regular care of a medical practitioner and you are complying with the advice and treatment given by that medical practitioner.

You'll need to meet the insurer's policy terms and conditions, including the relevant disability definitions. There may also be existing individual or policy exclusions on your cover which could affect your claim.

For more details about your IP benefits, read the *Member Booklet Supplement: Insurance* that applies to your membership at [aware.com.au/pds](http://aware.com.au/pds)

If the date you were medically certified as being totally disabled is before 1 April 2011 different definitions will apply. Please contact us for the relevant IP definition.

## When should you lodge your insurance claim?

If you have the necessary claim documents (including your disability medical certification), you can lodge your IP claim before your waiting period expires. This would mean the insurer could start their initial assessment to avoid any delays assessing your claim once the waiting period expires.

For more information about the waiting period, read the *Member Booklet Supplement: Insurance* that applies to your membership at [aware.com.au/pds](http://aware.com.au/pds)

## Can IP and total & permanent disablement (TPD) 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 IP as well as TPD (if you have TPD 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 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 1-2 months to fully assess your claim, however if your injury or illness happened several years ago 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.

- keep you updated regularly on the progress of your insurance claim.
- review the documents and request more information if needed,
- assess if an IP insurance benefit is payable based on the policy terms and conditions,
- if approved, pay the IP insurance benefit directly into your bank account net of Pay-As-You-Go (PAYG) tax and, if applicable, pay super contribution benefits directly to your Aware Super account,
- continue the ongoing assessment of your IP claim and payments,
- notify you if the likely decision is to decline your claim and provide you with the necessary information to review the decision and to 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

## Will there be costs for medical reports and examinations?

You are responsible for any costs associated with completing and providing the claim forms (including ongoing claim forms) and any associated documents that the insurer reasonably requests for the initial and ongoing 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.

### How will your claim be paid?



Where you've met the condition of release for temporary incapacity, you'll be eligible to receive the IP insured benefit as assessed by the insurer.

IP payments are paid monthly in arrears after your waiting period has been met. The insurer will deduct PAYG tax and then make payments directly into your bank account via EFT, as specified by you in your initial application.

Remember, your monthly benefit may be reduced by other payments you receive during that month, such as sick leave, Centrelink, Workcover or payments from other IP policies.

Where you've chosen to receive a super contribution benefit as part of your IP cover, the insurer will pay the super contribution portion of the benefit directly into your Aware Super account each month.

## Ongoing assessment of your claim

Once your initial claim has been approved and your payments begin, the insurer will regularly review your situation and make sure you're still eligible to receive ongoing payments. Your insurance premiums may be waived while you are on claim. Payments will end when you're no longer totally or partially disabled, your benefit period expires, you reach age 65 or you die – whichever happens first.

## Financial or tax implications

Income protection payments are treated as regular income and are generally taxed at marginal tax rates (PAYG rates). We'll send you a Tax File Number (TFN) declaration form with your initial claim documents and ask you to complete it and let us know

if you'll be claiming the tax-free threshold for any payments you receive from the insurer. The insurer will provide you with a Payment Summary at the end of each financial year which you can use for your tax return. If we don't have your TFN, your benefits may be taxed at the highest marginal tax rate.

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](http://aware.com.au/pds)



## What happens if the insurer declines your claim?

If the insurer declines your 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 can't 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 Aware Super 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.

## 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](mailto:enquiries@aware.com.au)

### Get advice



Phone: 1800 620 305  
8.15am to 8.15pm (AEST)  
Monday to Friday  
Book: [aware.com.au/advice](http://aware.com.au/advice)  
Email: [clientservicecentre@aware.com.au](mailto: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](http://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.

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

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