

How to claim a terminal illness 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 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.



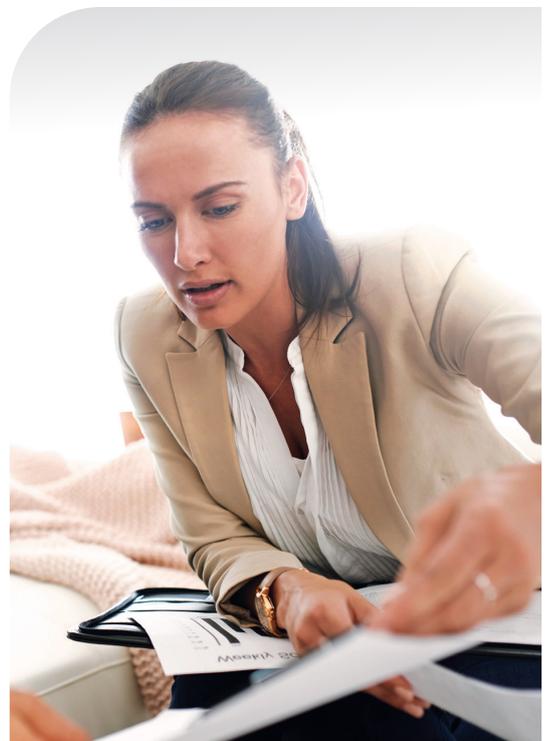
3. Assessment of your claim

- 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 your 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 us 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. We may need to ask for information relating to your diagnosis, including your estimated life expectancy as recently advised by your medical practitioner.



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 and two separate medical practitioners (one will need to be a specialist practicing in the area relating to your illness or injury).
- 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 or read *Proof of ID: How to verify your information* provided in your claim pack.
- Your claim form allows you to nominate a representative who can act on your behalf for the purpose of making this claim, if you decide you'd like help with this process.



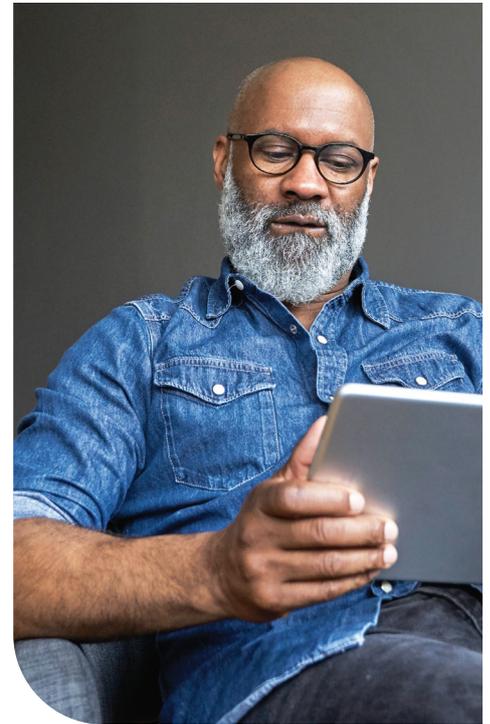
3 Assessment of your claim

- 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. Your 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 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 a claim. Your case manager will update you regularly on how your claim is progressing.

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

Your questions answered

What is a terminal illness benefit?

You can apply for your super to be released early (before you reach your preservation age) on the grounds of a terminal medical condition, if:

- you have been diagnosed with a terminal medical condition by two registered medical practitioners, where one is a specialist practising in the area related to the illness or injury, and
- we are reasonably satisfied that you suffer from an illness, or have incurred an injury, that is likely to result in your death within 24 months.

If you meet the terminal medical condition of release, you can potentially access:

- your super account balance, and
- any death/terminal illness cover (insured amount) subject to approval by the insurer at the time you are certified that your life expectancy is less than 12 months.

If you have death/terminal illness cover on your account, you'll also need to meet the insurer's policy terms and conditions.

To find out if you have death/terminal illness cover, log in and view your *Insurance Summary* or call us on **1300 650 873**.

Are you eligible to claim?



You need two doctors (where one is a specialist practising in the area related to the illness or injury) to certify that your injury or illness is likely to result in your death. If this is within:

- * 12 months, you can apply to access both your super account balance and any insured amount.
- * 24 months, you can only apply to access your super account balance.

To apply for the early release of your super on the grounds of a terminal medical condition, you need two registered medical practitioners to certify, jointly or separately, that you suffer from an illness or have incurred an injury that is likely to result in your death within 24 months from their date of certification. One of these medical practitioners needs to be a specialist practising in the area related to your illness or injury.

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 check the decision is fair and reasonable,
- pay you your super account balance and any terminal illness insured amount (if applicable), less any relevant tax, if you meet the terminal medical 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,

You can apply for the early release of your super account balance within 24 months, but you'll need to wait until your life expectancy is less than 12 months before you can claim your insured amount. To keep your insurance active, make sure your account remains open with a big enough balance to meet your ongoing insurance premiums and any other fund costs.

For more information about terminal illness benefits, read the *Member Booklet Supplement: Insurance* applicable to your membership at aware.com.au/pds

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 1-2 months to fully assess your claim. 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?

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.

Investment of insured benefit

Where your terminal illness 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

- 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 terminal illness insurance benefit is payable based on the policy terms and conditions,
- if approved, pay the terminal illness 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 you need 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

How will your claim be paid?



Where you've met the terminal medical 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: Transfer all or part of your benefit to a retirement income stream.

Option 3*: Rollover all or part of your benefit to another complying fund.

* As terminal illness benefits can only be paid as a lump sum or as an income stream, if you choose option 3, the rollover won't be considered a 'rollover super benefit' under tax law. Instead, it will be treated as having been 'cashed out' as a lump sum benefit from your Aware Super account and will then be re-contributed into your other super fund as a personal member contribution. Contribution cap limits will apply, and tax may be payable.

Financial or tax implications

If your claim is approved, you'll be eligible to receive your account balance and insurance benefit (if applicable) as a tax-free lump sum payment during the period you are certified to be terminally ill (also known as your 'certification period').

You can access any money remaining in your account after your certification period at any time, though it may not be tax-free. You won't be able to withdraw any benefits that accrue after your certification period, such as new contributions and investment earnings, until you meet a condition of release.

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

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



What happens if the insurer declines your terminal illness claim?

If the insurer declines a terminal illness 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 terminal illness 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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