



## FACT SHEET

# How to claim an income protection (IP) benefit

This guide is designed to help you understand what to expect when you make an income protection claim. We understand this can be a difficult time and we aim to make the claim process as smooth and simple as possible.

Generally, it can take up to two months to fully assess an income protection claim. It could take longer if the illness or injury you're claiming for isn't recent, or if there's a delay obtaining the supporting documents we need to assess your claim. The sooner we receive all your forms and supporting information, the earlier we can start finalising your claim.

## Our claims process





### 1. Contact us

- There are two ways you can start your claim:
  -  Access your VicSuper MembersOnline account and select the “make a claim” button on the Insurance Overview page, **or**
  -  Call us on **1300 366 216** to begin making your claim over the phone.
- To lodge a claim, you will need to have some personal information on hand such as your VicSuper FutureSaver member number and information about the injury or illness that you’re claiming for. Your information will help us provide you with the relevant claim forms and information on what you need to do.



### 2. Referring your claim to the Insurer

- We’ll submit your claim to the Insurer once we have all your forms and supporting information.
- We’ll appoint a Fund case manager to help you with the claim process. Your case manager will refer your claim to our Insurer for an initial assessment.
- The Insurer will contact you directly to confirm who your Insurance case manager will be, and the next steps. They will be your main point of contact while your claim is being assessed.
- The Insurance case manager will explain the claim assessment process. This will include any other information you may need to provide, such as completing forms to authorise the Insurer to contact your treating medical practitioners and employer, ongoing information requirements, and other expectations under the insurance policy.



### 3. Insurer’s Assessment

- While your insurance claim is being assessed, your Insurance case manager may contact your treating doctor(s), employer, and other insurers (such as Workcover/TAC, if applicable) for more information.
- The Insurer will pay for any additional reports or medical examinations they request.
- In some cases, you may also be asked directly by the Insurer to provide additional information such as your financial information – tax returns, payslips etc.
- If applicable, the Insurer may refer you for an appointment with a vocational rehabilitation provider under the MetLife Health & Recovery framework. The aim of this assessment is to support you in your return to health and work. It will include ongoing discussions with you and may also include discussions with your treating doctors, employer, and the Insurer.



### 4. The Insurer’s decision and our review

- After considering all the information, the Insurer will accept or decline your claim and let us know their decision.
- We act in the best interests of all our members and will review the Insurer’s decision to make sure it’s fair and reasonable, and has been made within the terms of the policy.
- If we don’t agree with the Insurer’s decision, we’ll refer the claim back to them, ask you for more information (if required) and highlight any areas of concern.



### 5. Claim decision and payment

- Once your claim has been completed the Insurer will let you know their decision. If your claim is approved, the Insurer will start paying the monthly benefit to your nominated bank account. The benefit will be paid monthly in arrears once the waiting period has been satisfied.
- If your claim is declined, we’ll let you know the reasons for the decision in writing.

## Tracking your claim online

If your claim has been referred to our Insurer MetLife, you can track its progress using eTracker. MetLife will give you log in details which you can use to check the progress of your claim online.

## How we work with you

We'll work with you to make the claims process as easy as possible. You'll have a dedicated Fund case manager who can help with any queries you may have, including helping you to complete any forms. The Insurer will also appoint an Insurance case manager to look after your claim and keep you informed on how the claim is progressing.

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

## Your questions answered

### What is IP cover?

Income protection (IP) cover provides you with a replacement income if you're unable to work for a period of time due to illness or injury. If your claim is successful, up to 75% of your salary will be paid to you and up to 10% will be paid into your VicSuper FutureSaver account. The IP benefit is paid monthly in arrears from the end of your waiting period until the end of your benefit period, subject to the terms and conditions of the insurance policy being met.

### What is a waiting period?

The waiting period is the time you must be off work due to illness or injury to become eligible for an income protection benefit payment. In most cases members have a 90-day waiting period (this is the default waiting period), unless they previously applied to change this to a 30- or 60-day waiting period.

During your waiting period, you may return to normal duties at work where your waiting period will not re-start. However, the number of days you return to work will be added to your waiting period. We recommend you inform us as soon as possible if you do not expect to return to work for any duration in excess of your waiting period. This will allow us to begin processing your claim as early as possible. Refer to our *Insurance handbook* available at [vicsuper.com.au/insurancehandbook](https://vicsuper.com.au/insurancehandbook) for details.

### What is a benefit period?

The benefit period is the maximum length of time you can be off work and receive a monthly benefit. Most members have a two-year benefit period (this is the default benefit period), unless they applied to change this to a five year, or age 65 benefit period. Refer to our *Insurance handbook* available at [vicsuper.com.au/insurancehandbook](https://vicsuper.com.au/insurancehandbook) for details.

### Can you claim an IP and Total & Permanent Disablement (TPD) claim at the same time?

Yes, you can make both claims at the same time if your condition is more permanent and you want to lodge a claim for both IP and TPD (if you have TPD cover). You don't have to wait until the conclusion of your IP claim.

### What are everyone's roles and responsibilities?

We all have specific responsibilities in your claim process:

Roles	Responsibility
Your Fund case manager will:	<ul style="list-style-type: none"><li>• explain the application process to you and guide you through your claim.</li><li>• answer any queries you might have.</li></ul>
The Insurer will:	<ul style="list-style-type: none"><li>• appoint an Insurance case manager to manage the assessment of the insured benefit</li><li>• review your documents and see if more information is needed.</li><li>• keep you regularly updated on the progress of your claim.</li><li>• decide if an insurance claim is payable based on the policy definitions.</li><li>• if approved, pay the income protection insurance benefit.</li><li>• continue the ongoing assessment of your claim and payments until the benefit is no longer payable (i.e. you are no longer eligible to receive a benefit under the terms and conditions of the insurance policy, or at the expiry of the benefit period, whichever comes first.)</li><li>• Let you know the claim decision.</li></ul>
The Fund will:	<ul style="list-style-type: none"><li>• oversee the claim assessment.</li><li>• oversee the conduct of the Insurer and other service providers.</li><li>• complete an independent review if the Insurer declines your claim.</li></ul>

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

You are responsible for any costs associated with completing the initial requirements and assessment of your claim. In some cases, the Insurer may need you to see their nominated health professional for medical examinations and/or undergo tests they consider necessary to assess or substantiate your claim – these will be at the Insurer's expense. Your Insurance case manager will let you know if these are needed.

## How is your benefit calculated?

In the event your claim is successful, your payable benefit will be the lesser of:

- your monthly insured benefit and
- 75% of your income at the time of disability (plus 10% superannuation contributions) up to \$30,000 per month

Before your income protection benefit is paid, it may need to be offset against other sources of income you may receive or have received. If you have received, or are entitled to receive, payments from other sources while a disability benefit is payable by us, your benefit may be reduced. Some examples of payments from other sources include workers compensation payments, sick leave payments, any statutory accident compensation, any award or settlement under common law (for loss of earnings or loss of earning capacity) or any payment from another disability, injury, or illness policy.

Premiums for income protection cover will not be charged while you're receiving an income protection benefit. Once your income protection claim period has ended your cover will continue and premiums will start being deducted again from your VicSuper FutureSaver account.

## How will your claim be paid?

If your claim is accepted, the Insurer will notify you and will begin making monthly benefit payments to your nominated bank account. If applicable, superannuation contribution benefits will also be paid directly to your VicSuper FutureSaver account. The benefit is paid monthly in arrears once the waiting period has been satisfied. The Insurer will deduct tax from your monthly benefit to cover your PAYG tax obligations. They will provide a PAYG statement at the end of the financial year for you to complete your personal tax return.

## Is rehabilitation support and/or workplace modification available?

The Insurer may, at its discretion, pay expenses relating to rehabilitation programs or workplace modifications. These are designed to help you return to your pre-disability occupation, or to retrain you in another occupation while you're in receipt of an IP benefit.

If you request payment for any rehabilitation expenses or workplace modifications these must be approved by the Insurer before they are incurred. These payments will be made direct to the provider.

## Do you 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 Fund case manager and Insurance 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 necessarily influence the claim timeframes and payment amounts, and
- you are responsible for the costs involved in having your own legal representative.

## We're here to help

Browse our website  
[vicsuper.com.au](https://vicsuper.com.au)



Give us a call  
**1300 366 216**



Write to us  
**GPO Box 89 Melbourne VIC 3001**

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