



FACT SHEET

How to make a claim for Total and Permanent Disability (TPD)

This guide is designed to help you understand what to expect when making a TPD 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 six months to fully assess your TPD claim. However, it could take longer if the illness or injury you're claiming for happened several years ago. Or if there is a delay obtaining the supporting documents we need to assess your claim. The sooner we receive all your forms and supporting information, the sooner 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 (eligibility conditions apply), **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 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 and any other information you may need to provide. This might include completing forms to authorise the Insurer to contact your treating medical practitioners and employer, ongoing information requirements, about attending independent medical assessments and any 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.



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 is 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, we’ll let you know the outcome. If your claim is approved, and we have your payment instructions and certified proof of identification, payment will be made within five business days. Where a solicitor is acting on your behalf, we’ll send a cheque to your solicitor, payable to you.
- You can also choose to receive your benefits by electronic bank transfer to your nominated bank account, by cheque or as an income stream in certain circumstances. You can make this request to your Fund case manager when you provide your payment instructions.
- If your claim is declined, we will let you know the reasons for the decision in writing. If you’re not satisfied with the final decision, you can ask for your claim to be reviewed and provide more supporting evidence. We will then arrange for a review of your claim.

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 track your claim online once it’s underway. If you need to provide additional supporting documents, you will be able to upload it to your claim via eTracker.

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 TPD insurance cover?

Total and permanent disablement (TPD) insurance cover is designed to help you financially if you become totally and permanently disabled and, due to your medical condition, are unlikely to do a suited occupation ever again.

Your insurance benefit calculation is based on your date of disablement. Your TPD benefit is paid as a lump sum into your VicSuper FutureSaver account. This gives you the flexibility to either fully or partially withdraw this benefit or start an income stream.

Please consider obtaining independent financial advice before you make any decisions about your payment. We can answer simple questions about your super over the phone or, if your situation is more complex, we can prepare a full financial plan for you. It's up to you, there is no obligation. Book online at vicsuper.com.au/advice or call **1300 366 216** to arrange an appointment.

What is the definition of TPD?

The TPD definition that you need to satisfy will depend on your age, employment status and date of disablement. This is because our insurance provider and policies are amended, from time to time.

There are three parts to the TPD definition:

- Part 1 - Unlikely to do a suited occupation ever again
- Part 2 - Specific Loss (loss of limbs and/or sight)
- Part 3 - Future Care (unable to look after yourself ever again)

If you are aged 66 or over and/or not a full-time employee, the 'Part 1 - Unlikely to do a suited occupation ever again' definition is unavailable to you and you must satisfy either 'Part 2 - Specific Loss' **or** 'Part 3 - Future Care' to be eligible to make a claim. Depending on the circumstances of your claim, a waiting period may apply from the date of disablement.

Your Insurance case manager will let you know which TPD definition your claim will be assessed under. They will also confirm any existing individual or policy exclusions on your cover which could affect your claim.

Our *Insurance handbook* provides more details about TPD cover and the applicable terms and conditions of our policy. You can find our *Insurance handbook* at vicsuper.com.au/insurancehandbook

Can you lodge TPD and income protection claims (if applicable) at the same time?

Yes, you can make both claims at the same time if your condition is not a temporary disability and you want to lodge a claim for both TPD and IP together (if you have IP cover). It's important to remember that the policy and eligibility criteria for each type of cover is different.

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">• explain the application process to you and guide you through your claim.• answer any queries you might have. |
| The Insurer will: | <ul style="list-style-type: none">• appoint an Insurance case manager to manage the assessment of the insured benefit.• review your documents and see if more information is needed.• keep you regularly updated on the progress of your claim.• decide if an insurance claim is payable based on the policy definitions. |
| The Fund will: | <ul style="list-style-type: none">• oversee the claim assessment.• oversee the conduct of the Insurer and other service providers.• complete an independent review of the Insurer's decision and inform you of the decision.• make the claim payment to you. |

Please note: All TPD claims where the date of disablement is on or after 1 July 2018, are referred to our current Insurer, MetLife Insurance Limited ABN 75 004 274 882. If the date of disablement is before this date, the claim is referred to our previous Insurer AMP (The National Mutual Life Association of Australasia Limited) ABN 72 004 020 437.

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 to 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 will your claim be paid?

We will notify you when your claim is approved and let you know which payment options are available. You'll have four payment options:

1. withdraw all or part of your benefit as a lump sum payment
2. rollover all or part of your benefit to another complying super fund
3. transfer all or part of your benefit to VicSuper Flexible income or any other complying retirement income stream, or
4. retain all or part of your benefit in your current VicSuper FutureSaver account.

When your TPD claim is approved, the insurance component of your benefit will be allocated to the VicSuper FutureSaver Cash investment option. This option has no allocation to growth assets and has a very low risk of fluctuating returns. Your existing balance remains invested in your existing investment option. To learn more about our investment options please refer to the member guide 'How we invest your money' available at vicsuper.com.au/memberguide

What are the tax implications of TPD payment?

Your TPD payment may have tax implications. If your claim is approved, we'll provide you with an estimate of the tax payable, assuming you wish to withdraw all your benefit as a lump sum. You may need to provide further documentation to increase the tax-free portion of your disability benefit. If we don't have your tax file number (TFN), your benefit may be taxed at the highest marginal tax rate. Please consider obtaining independent financial advice before you make any decisions about your payment.

Do you need legal representation?

We cannot advise you on legal issues that may arise from your claim. It may become necessary for you to obtain legal advice. This is entirely up to you. Please be aware that:

- your dedicated 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 influence the claim timeframes and payment amounts
- you are responsible for the costs involved in having your own legal representative.

We're here to help

Browse our website
vicsuper.com.au



Give us a call
1300 366 216



Write to us
GPO Box 89 Melbourne VIC 3001

This guide has been prepared without taking into account your objectives, financial situation or needs. You should therefore consider the appropriateness of the advice in light of your individual circumstances before acting on the advice. You should also obtain and consider a copy of the relevant Product Disclosure Statement available at vicsuper.com.au/pds before making any decisions.

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