



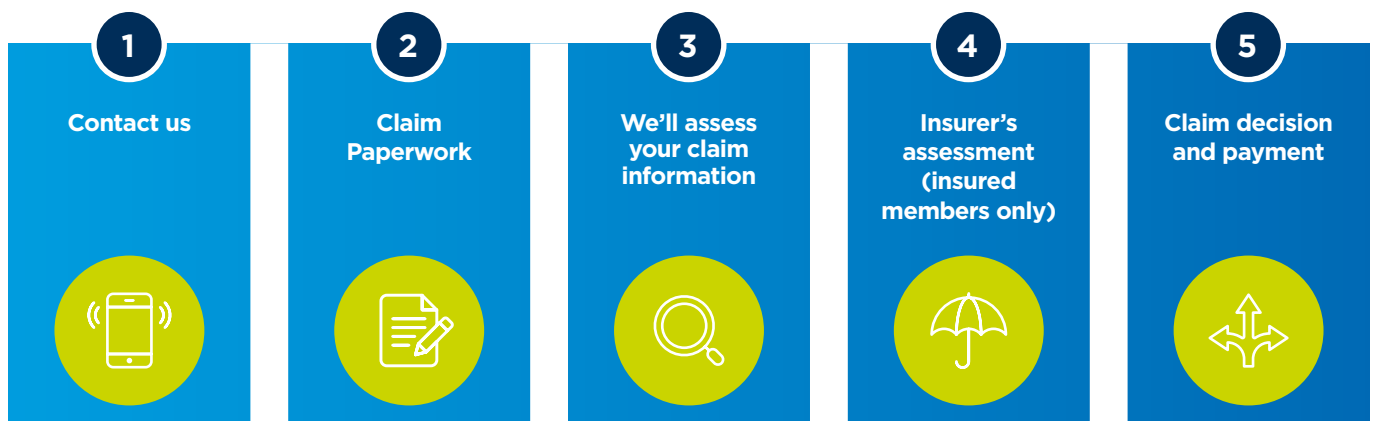
FACT SHEET

How to make a terminal illness claim

This guide is designed to help you understand how our claim process works so you know what to expect when making a terminal illness 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 takes around one to two months to fully assess your claim. You will need to provide supporting documents – the sooner we receive this information, the earlier we will be able to finalise your claim. Your Fund case manager will update you regularly on how your claim is progressing, and you can also contact them at any time for an update.

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. Once you select a Terminal Illness claim from the menu, the forms will be available to download. You will need to complete these forms and send them to us, **or**
 -  Call us on **1300 366 216** to begin making your claim over the phone.
- If you call us, we’ll need to ask you some questions to verify your account and insurance cover. We’ll also ask for information relating to your diagnosis, so we can start your claim and send you the necessary claim forms and information on what you need to do.



2. Claim Paperwork

- Your claim pack will include:
 - an *Initial Information form for a Terminal Illness claim* and *Medical Statements*. These will need to be completed by two separate medical practitioners (one must be a specialist practising in the area related to your illness or injury)
 - the name and contact details for your dedicated Fund case manager
 - information about any insurance benefits you may be able to claim – payments are subject to the Insurer’s assessment.
- It is important you provide us with your completed forms and all your supporting paperwork as soon as possible. We can only assess your claim once we have all your paperwork.
- Some of your documents will need to be certified – we won’t be able to accept them without certification. We’ll let you know which documents need to be certified and how to do this.
- If you wish to nominate a representative who can act on your behalf for the purpose of making your claim, you will need to provide written consent/authority.



3. We’ll assess your claim information

- Once we receive your paperwork, we’ll check we have everything we need to start assessing your claim. If anything is missing, we’ll let you know what’s outstanding.
- If you have insurance, we’ll submit your claim to the Insurer. Where your benefit only includes your superannuation account balance we’ll start assessing your claim, and let you know how your claim is progressing.



4. Insurer’s assessment (for Insured members only)

- The Insurer will contact you directly to confirm who your Insurance case manager will be, and the next steps. They will be your main contact while your claim is being assessed.
- While your insurance claim is being assessed, your Insurance case manager may contact your treating doctor(s) for more information.
- The Insurer will pay for any additional reports they request.
- After considering all the information provided, the Insurer will make their decision to 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, payable to you, to your solicitor.
- You can also choose to receive your benefits via electronic transfer to your nominated bank account, by cheque or as an income stream in certain circumstances. You can let your Insurance case manager know your preference 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 your claim to be reviewed.

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 you with any queries you may have, including helping you to complete any forms. If you're able to claim on insurance the Insurer will also appoint a case manager to manage the assessment of your claim. The Fund case manager will keep you updated on how your claim is progressing.

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

Your questions answered

When can you apply for a terminal illness benefit?

If you have been diagnosed with a terminal medical condition, you can apply for your superannuation account balance, and any applicable insurance benefit, to be released early (before you reach your preservation age).

You will need two registered medical practitioners to certify that your injury or illness is likely to result in your death. One of the medical practitioners must be a specialist practising in the area related to the illness or injury.

If your life expectancy is:

- 12 months or less, you can apply to access both your superannuation account balance and any insured amount.
- 24 month or less you can only apply to access your superannuation account balance.

Any insurance benefits you receive will be calculated using the latest of the dates on the certificates provided by the medical practitioners.

Are terminal illness benefits taxed?

If your claim is approved, you'll be eligible to receive your superannuation account balance and insurance benefit (if applicable) as a tax-free lump sum if you decide to withdraw your benefit from the fund.

Any balance remaining in your account 24 months after the date of your terminal illness certification can be accessed at any time, though it may not be tax free on the date of withdrawal.

You may want to talk with a financial adviser before you make any decisions about your payment.

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.• keep you regularly updated on the progress of your claim.
The Insurer will:	<ul style="list-style-type: none">• appoint an Insurance case manager to manage the assessment of any insured benefit.• will review your documents and see if more information is needed.• 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.• complete an independent review of the Insurer's decision.• make the claim payment to you.

Will there be costs for medical reports and examinations?

You are responsible for any costs associated with completing the initial paperwork 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.

Can you nominate someone to act on your behalf?

To appoint a representative who can provide us with instructions on your behalf, you will need to provide written consent. You may also contact a solicitor or public trustee in your state or territory for information about appointing a power of attorney.

If you already have someone to represent you as your power of attorney, they must provide certified copies of both their identity and the power of attorney document before they can act on your behalf.

What happens if the Insurer declines your terminal illness claim?

If your claim is declined by the Insurer, we'll do an independent review of the Insurer's decision. If we disagree with their decision 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 as to why your claim has been declined.

What happens if you're not happy with our final decision?

If you're not happy with the final decision, you can submit a written complaint to us, and provide additional supporting evidence. We'll arrange for your case to be reassessed. If the dispute isn't resolved to your satisfaction, you can contact the Australian Financial Complaints Authority (AFCA), an independent body set up by the government to help resolve most complaints relating to superannuation. We'll provide more details about this process and AFCA's contact details if needed.

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

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