

Making a Total and Permanent Disablement (TPD) claim



Stopping work due to illness or injury can be a stressful and challenging time. This guide explains what TPD cover is, who may be eligible, and how the claim process works. We'll guide you with care and support every step of the way.

What is TPD cover?

TPD cover is an insurance benefit available to eligible members. It is provided through our insurer and pays a lump sum into your account if illness or injury means you become totally and permanently disabled and are unable to work.

This cover is designed to provide financial support if a medical condition prevents you from ever returning to a job that's suitable for you, in line with the insurance policy terms.



How do you know if you have TPD cover?

For most eligible members, TPD cover is added automatically to their super account.

Whether you're eligible depends on things like your age, your account balance, employer contributions, when your super account was opened or the type of work that you do.

To check your insurance cover:

- Log in to **Member Online** and go to 'Insurance', then 'Your Cover'
- Or, call us on **1800 005 166** and we can talk you through it



If you don't have TPD cover, you may still be able to access your superannuation account balance under the permanent incapacity rules. For more information read our *Early access to your super* fact sheet. If you still need help please give us a call.

Is your condition covered?

TPD cover usually includes most illnesses and injuries. However, cover may not apply if:

- the policy specifically excludes them
- your cover was limited when you joined
- the rules for limited cover apply

You may still be able to make a TPD claim even if you're no longer a member, as long as you had TPD cover in place at the time you became sick or injured.

The date of disablement is determined under the terms of your policy and may depend on when your injury or illness occurred, when you stopped working, and (in some cases) whether you participated in a rehabilitation program.

When assessing your claim, here's what will be checked:

- If you increased or changed your cover during your membership, the insurer will review your past applications to confirm eligibility was correctly applied. This includes checking your medical history, past employment, and the information you provided at the time.
- Whether your condition meets the policy's Total and Permanent Disability (TPD) definition and criteria.
- That you meet Permanent incapacity early release conditions under superannuation law. In most cases, this can be assessed using the same medical evidence provided to the insurer. If more information is needed, we'll let you know and explain why.



Some situations may not be covered, and your Case Manager can explain how exclusions or limited cover apply to your circumstances.

How you'll be supported along the way

When you make an insurance claim, we're here to guide you through the process and keep things clear and straightforward.

You'll have a dedicated CareSuper Case Manager who stays with you from start to finish. They're your main point of contact and can answer questions, explain what's happening, and help coordinate your claim with the insurer.

We work with the insurer to make sure requests for information are clear and reasonable, and we keep an eye on your claim as it progresses. We'll update you along the way so you know what's happening and what to expect next.

Once a decision is made, we'll explain the outcome in plain language. If your claim isn't approved, we'll review the decision and talk you through your options, including any next steps that may be available.

Our aim is to make sure you feel informed, supported and treated fairly throughout your claim.



Steps to make a TPD claim

1. Get in touch

To start your TPD claim:


- call us on **1800 005 166**
- email us on info@caresuper.com.au to request a claim pack
- submit your claim online via **Member Online** ('Make an insurance claim')
- call us to arrange for a claims assessor from the insurer to contact you and discuss your claim

2. Complete your claim pack

We'll send you a claim pack that includes:

- An **Initial Information form** (to be completed by you)
- A **Medical Statement** (to be completed by your doctor)
- A **Request for Proof of Identity**

Once you've completed the forms, return the claim pack to us to start your claim. A CareSuper Case Manager will be assigned to you as soon as we receive your forms. They will confirm you held cover at the time of your illness or injury and are able to claim. If we identify you are unable to claim we'll let you know why.

-  Providing accurate and complete information helps the insurer assess your claim as smoothly as possible and can prevent delays.

3. Claim assessment

The insurer will review your claim and may request more information from you, your doctors, or other parties (for example, your employer or WorkCover). They may also ask for additional documents, such as:

- Medical or financial records
- Income documents (payslips, tax returns)
- Additional or independent medical assessments (paid for by the insurer)

To access your super, you must also meet the Permanent Incapacity early release conditions. This requires:

- Two medical opinions confirming your permanent incapacity and that you have stopped all work. Certificates are valid for 12 months, so updated certificates may be needed if your claim takes longer.



4. Claim decision

The insurer will decide whether they approve or decline your claim based on the information provided and whether your condition meets the policy definitions and eligibility requirements.

Approved claims

CareSuper will review the insurer's decision to ensure it was reached fairly and reasonably and we'll add the paid insured benefit to your super balance. We'll notify you of the outcome and seek your instructions on how you would like to access your benefit.

Any TPD cover you have will cease once you claim is approved. If you hold Death cover that is greater than your TPD cover, your Death cover will be reduced by the amount of TPD cover you have been paid. To keep your Death cover in place you will need to keep your account open and ensure there are sufficient funds to meet the ongoing insurance fees. To keep this cover active, you must not withdraw your full account balance and your balance must maintain sufficient funds to meet the ongoing insurance fees.

Declined claims

If the insurer believes the information provided does not support your claim, they will write to you before making a final decision. You will be given the chance to provide any additional information that you believe may support your claim. This is called procedural fairness, and you will have 28 days to respond to the insurer.

If you don't provide more information, or if the new information doesn't support your claim, the insurer will write to us explaining why your claim has been declined. The CareSuper Trustee will review the insurer's decision to ensure it was fair and reasonable, and we will let you know the outcome.

What if you disagree with the decision?

- If you disagree with the insurer or Trustee decision and want it reviewed, please provide us your reasons for asking for a review and any further information not previously considered. If further evidence is required, this may need to be provided in writing.
- If you remain dissatisfied you can lodge a complaint with the Australian Financial Complaints Authority (AFCA).

5. Claim payment

Approved TPD benefits are paid into your super account according to your nominated investment allocation.

You can withdraw your balance gradually through partial payments over time - to cover cost such as rehabilitation, debt, or ongoing living expenses; or you can withdraw your full benefit as a single lump sum.

If you are maintaining a portion of death cover, (if you had higher Death cover than TPD cover, you will retain the difference), you must maintain sufficient funds in your balance to meet the ongoing insurance fees.

A full withdrawal of your account balance will cease your membership with the fund and any cover you may be entitled to. For example, if your TPD claim is declined because your condition does not meet the insurance policy terms, but you are eligible to access your full account balance due to permanent incapacity - early release of super conditions.

TAX Consider seeking independent advice, as TPD payments may have financial or tax implications.

How long will my claim take?

Every claim is different, so the timeframe can vary. On average:

- We aim to resolve TPD insurance claims within 9 months of receiving your initial medical statement and claim form
- If you meet the early release conditions, a claim for your super balance alone is usually processed within 7 working days after we receive a completed application and two medical opinions.

Delays may occur if:

- The injury or illness occurred several years ago and obtaining medical information is now difficult
- The reasons you stopped working are not clear or not supported by medical evidence
- information is not forthcoming or is contradictory with other information available

Frequently asked questions

? Who's involved in my claim and what they do?

There are 4 main parties to your claim.

CareSuper Claims Manager

We're here to support you and keep things moving. We will:

- Keep you informed about how your claim is progressing and answer any questions
- Work with the insurer to make sure your claim stays on track and is handled in a timely way
- Let you know the outcome once a decision is made, and explain any next steps
- Assess whether you meet the requirements to access your super and any insured benefit
- Help arrange payment from your account if your claim is approved

The insurer

The insurer manages the insurance assessment. They will:

- Assign a claims assessor as your main point of contact
- Explain the insurance claim process and guide you through it
- Answer questions about your claim and provide updates

- Request any additional information needed
- Decide whether your claim meets the insurance policy terms

CareSuper (Trustee)

As Trustee, CareSuper provides oversight to ensure fairness. We will:

- Oversee the overall claim process
- Monitor the insurer's conduct
- Independently review the claim if the insurer decides not to approve payment

You

And finally, there are a few things you can do to help your claim progress smoothly:

- Provide any information requested by the claims assessor
- Let the claims assessor know if your circumstances change
- Tell your doctors you're making a TPD claim so they can return reports promptly.

? How often will my Case Assessor contact me?

Your insurer Claims Assessor will provide you with updates at least every 20 business days. You can contact them at any time for assistance.



We're here to support you

If you need help understanding the process, completing forms or gathering documents, your Case Manager is here to support you with care and compassion.

Call us on **1800 005 166** at any stage for support.

Here to help

1800 005 166 (+61 3 7042 2723 if overseas)
caresuper.com.au

 info@caresuper.com.au  GPO Box 1547 Hobart TAS 7001



This document contains general information only and doesn't take into account your objectives, financial situation or needs. Before making a decision about CareSuper, you should consider if this information is right for you. You may also wish to consult a licensed financial adviser. Consider the PDS and TMD at caresuper.com.au/pds. Any advice provided in this document is provided by CareSuper Advice Pty Ltd ABN 78 102 167 877, AFSL 284443. A copy of the *Financial services guide* for CareSuper is available at caresuper.com.au/fsq.

All information, rates and/or fees are current at the time of production and are subject to change. Changes to government legislation and super rules made after this time may affect the accuracy of the information provided. You may wish to obtain professional advice before acting on any of the information contained in this document.

Issuer is CareSuper Pty Ltd ABN 14 008 650 628, AFSL 238718, the trustee of CareSuper ABN 74 559 365 913.

FSTPD001 03/2026