

Making an income protection claim

We understand that the claims process may be a difficult time for you. The following information is intended to assist you and help you understand what to expect throughout the process.

WHAT IS INCOME PROTECTION COVER?

Income protection cover provides eligible insured members with a temporary monthly benefit of up to 85% of gross monthly salary if you are unable to work due to illness or injury.

Each unit of income protection cover provides a benefit of \$425. Of this, \$375 is payable to you as a taxable cash benefit and \$50 as a super contribution into your CareSuper account. Benefits will not commence before your waiting period expires and, if you remain eligible, will continue for the duration of your benefit period, or age 65 if earlier.

You were able to choose the waiting period and benefit period at the time you applied for income protection cover and you would have been advised of the details applicable to you in your insurance acceptance letter. You can check MemberOnline to confirm your cover details at caresuper.com.au/login.

After the waiting period, benefits will begin to accrue and will be payable monthly in arrears if you have met the requirements.

Please note that no benefits are payable during the waiting period.

HOW DO I QUALIFY FOR AN INCOME PROTECTION BENEFIT?

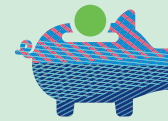
You may qualify for an income protection benefit if you meet the definition of total disability as determined by our insurer in accordance with the policy and government regulations. You may also be eligible for a partial benefit if you have been totally disabled but are able to return to work in a limited capacity.

The income protection definition used to assess your claim will be the insurance policy definition in place at the time of your disablement.

Medical exclusions may apply to your cover (see your Insurance acceptance letter or call us on **1300 090 925** for details).

HOW LONG DOES IT TAKE TO PROCESS A CLAIM?

There are many rules governing claims and releasing your super, and collecting and reviewing comprehensive information (such as medical evidence) can make it a lengthy process. Along with the insurer we will strive to make the process as straightforward and fast as possible. All cases are unique, but our insurer will make every effort to resolve the claim promptly and this is generally within 2 months from the end of your waiting period.



THE RIGHT ADVICE PUTS YOU IN CHARGE.

By continuing to make contributions to your super while you are unable to work, you can ensure you stay on track to meet your retirement goals. As a member, you can access phone and digital advice about super at no extra cost. And if you need hands-on help beyond super, we're ready to tackle that too. Explore your financial advice choices at caresuper.com.au/advice or by calling **1300 360 149**.

The best way to ensure your claim is processed in a timely manner is to provide all of the required information and forms at the beginning of the process. If you have any questions or aren't sure how to complete any of the documentation, contact the dedicated case manager named in your initial letter.

It's important that you keep us informed of any changes to your situation throughout the claims process.

IF YOU NEED ASSISTANCE...

You always have a right to seek advice about an insurance claim, and in some circumstances an adviser or a lawyer may provide useful assistance. Keep in mind, sometimes claims can be quite straightforward and may not require the extra cost and complications. After all, we want you to receive the full insurance benefit.

WE'RE HERE TO HELP

Our dedicated insurance specialists are experienced in helping members through the claims process and are available to give you professional and patient assistance. So remember that we're always here to help you with any questions you might have.



HOW DO I MAKE A CLAIM?

The information below outlines the steps involved in submitting and assessing your claim.

1 CONTACT US TO NOTIFY US OF YOUR CLAIM

Please call us on **1300 090 925** to speak to a member of our insurance team who will organise for the relevant initial documents to be sent to you, including:

- A claimant's statement (to be completed by you)
- A medical attendant's statement (to be completed by your treating doctor)
- An employer's statement (to be completed by your most recent employer)

- An EFT details form
- A tax file number declaration
- Privacy consent forms.

You will need to meet any costs incurred in the completion or provision of the documents listed above.

2 SUBMIT THE CLAIM

Once you have completed the claim forms and collected all of the initial requirements, send to CareSuper along with:

- Proof of identification: a certified copy of your passport or driver licence
- Medical reports: copies from your treating doctors relating to your condition
- Medicare records for the previous 3 years. You can download these for free at my.gov.au
- Payslips for the 12 months immediately prior to your date of disability and date last worked, as well as any payslips you received after this, and any relevant PAYG certificates
- If you are self-employed: a full tax return and notice of assessment for the relevant period, including the tax period immediately prior to your date of disability and date last worked, and also your business tax return
- Any other documents that you think might assist with your claim such as insurance or compensation reports.

All documentation should be mailed to:
CareSuper
Locked Bag 20019
Melbourne VIC 3001

3 CARESUPER CHECK

Our claims team will review the information and check your eligibility to lodge a claim. This involves ensuring that you had insurance cover at the relevant time and that your insurance premiums have been paid up to that period.

You will be contacted if there is any missing information. Once this initial information has been received, we will submit your claim to our insurer for assessment.

4 OUR INSURER WILL ASSESS YOUR CLAIM

Our insurer will assess your claim, and your eligibility to claim, in line with the insurance policy terms and conditions. The insurer may also request additional information to assist with the assessment of your claim such as copies of payslips, medical reports, workers' compensation and/or Centrelink records or details of leave records from your employer.

5 WE WILL NOTIFY YOU OF THE DECISION

If your claim is accepted you will receive the lesser of the following amounts:

- The value of the number of units you have, or
- 85% of your income.

For income definitions please refer to your relevant **Insurance Guide**.

In most cases our insurer will pay you directly by depositing the benefit into your nominated bank account. The super benefit component will be paid directly to CareSuper and will be allocated to your account.

In order to allow for direct payment, the insurer will require your bank account details and also your tax file number to ensure that your benefit is taxed at the correct rate.

In the event that you disagree with the insurer or Trustee's decision you will have an opportunity to lodge a complaint in writing. Further information on how to do this will be provided in your claim decision letter.

6 ONGOING CLAIMS MANAGEMENT

The insurer will need regular updates while you are receiving income protection benefits to determine whether you still meet the definition of disability and are therefore still entitled to receive benefits. Ongoing progress reports are required to be completed by you and your treating doctor. The frequency of these reports will be determined by our insurer and you will be provided with the relevant forms for completion. You will also be responsible for the ongoing costs of having your doctor complete the forms as required.

It is important to note that where a progress report is requested by the insurer, any further benefit payments will not be processed until the progress report has been received and reviewed by the insurer.

IMPORTANT INFORMATION

Any benefit payable to you will be reduced by income tax and will also be reduced by other disability income earned in the period for which the benefit is being calculated. This means that your benefit may be reduced if you are receiving any of the following:

- Sick leave payments
- Any amounts payable under legislation such as workers compensation benefits or motor accident benefits
- Any amounts received from other income protection policies
- Any super contributions received from your employer while you are disabled
- Any income in the insurer's opinion that you could reasonably be expected to earn while disabled. If you are fit to return to work in a reduced capacity but there is no work available with the existing employer, the insurer will not offset any income you should be able to earn from this employer.
- The insurer will issue a group certificate to you at the end of each financial year in which you receive benefits to use for your tax return.



1300 090 925 8am to 8pm Monday to Friday (AET)



CareSuper, Locked Bag 20019, Melbourne VIC 3001



caresuper.com.au/getintouch



caresuper.com.au



This information is a summary only. Further information can be found in your relevant **Member Guide PDS and Insurance Guide**.

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