CareSuper

Making a TPD 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 TPD COVER?

Total & permanent disablement (TPD) cover provides eligible insured members a lump sum payment (benefit) where the Trustee and the insurer determine that you're unlikely to ever be able to work again in any occupation for which you are reasonably suited by education, training, or experience. If you have been continuously unemployed for 12 months before the disability, the insurer will also assess your inability to perform at least two daily living activities as described in the insurance policy. If eligible for the insurance benefit, you will also receive the account balance from your CareSuper account (there may be extra steps required for members invested in the Direct Investment option). You may elect to receive all or part of your TPD benefit as an income stream rather than as a lump sum payment.

HOW DO I QUALIFY FOR A TPD BENEFIT?

You may qualify for a TPD benefit if you suffer (while insured) an illness or injury that meets the definition of total & permanent disablement as determined by our insurer in accordance with the policy.

The TPD 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 for details).

HOW LONG DOES IT TAKE TO PROCESS A CLAIM?

There are many rules governing claims and the release of 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 generally our insurer strives to resolve TPD claims as quickly as possible.

DID YOU KNOW?

If you are permanently incapacitated but do not have TPD insurance, you may be able to receive the balance of your CareSuper account through a different process. Call us on **1300 090 925** for more information.

The best way to ensure your claim is processed smoothly 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 your dedicated case manager at MetLife named in your initial letter.

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

Information on how to make a claim can be found over the page.

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 and your family or beneficiaries 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 NOTIFY US OF YOUR CLAIM

Call us on **1300 090 925** to speak to a member of our insurance team.

2 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 for that period.

3 SUBMIT THE CLAIM

Our insurer will contact you to discuss your claim and send you the relevant claim forms. Once you and your treating doctor have completed the claim forms you will also need to provide other relevant information, such as:

- Proof of identification: a certified copy of your passport or driver licence
- Medical reports from your treating doctors relating to your condition
- Any other documents that you think might assist with your claim such as insurance or compensation reports.

All documents should be mailed to our insurer at:

MetLife Insurance Ltd
GPO Box 3319, Sydney
NSW 2001

Please note: Your claim could be delayed if the claim form is not completed fully and correctly, or if you do not send all of the requested information with the claim form.

ABOUT OUR INSURER

Insurance cover for CareSuper members is provided by our insurer, MetLife. MetLife is committed to delivering exceptional service and providing a member-friendly claims experience.

MetLife is one of the largest group insurers in Australia and currently helps protect 2.6 million Australians through a range of innovative insurance solutions.

MetLife

4 OUR INSURER WILL ASSESS YOUR CLAIM

Our insurer will appoint a case manager to manage and assess your claim, including your eligibility to claim, in line with the insurance policy terms and conditions. Each claim is assessed on an individual basis. For the insurer to fully assess a claim additional information may be required including the following:

- Tax return and assessment notices
- Specialist medical reports
- Additional medical reports/documentation
- Independent medical examination
- Clinical records
- Workers' compensation records
- Centrelink records
- Pharmaceutical Benefits Scheme (PBS)/Medicare records
- Employer information e.g. payroll records, duties performed.

Your case manager will keep you informed of the status of your claim as your claim progresses.

There may be some cases where you're not eligible for benefits under the current insurance policy and the claim may therefore be referred to a previous insurer. Where this occurs, you will be advised at the time of assessment.

5 WE WILL NOTIFY YOU OF THE DECISION

If your claim is accepted we will request instruction from you on how you would like the benefit paid. If your claim is declined, we will independently review the insurer's decision and notify you accordingly.

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.

Please note that this information is a summary only. Further information can be found in your relevant **Member Guide PDS** and **Insurance Guide**.

WE'RE HERE TO HELP

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

CareSuper, Locked Bag 20019, Melbourne VIC 3001

caresuper.com.au/getintouch

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