

Making an income protection claim

We understand that the claims process may be a difficult time for you. The following information is intended to 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 income if you are unable to work due to illness or injury.

Benefits will not commence before your waiting period expires. After the waiting period, benefits will begin to accrue and will be payable monthly in arrears for the duration of your benefit period, or to age 65 if earlier, as long as you continue to meet the eligibility criteria.

When you applied for income protection cover, you were able to choose the waiting period and benefit period and your insurance acceptance letter would have outlined the details applicable to you. You can check your cover details through MemberOnline at caresuper.com.au/login.

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).

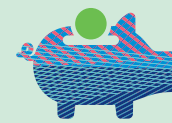
HOW LONG DOES IT TAKE TO PROCESS A CLAIM?

There are many rules governing claims and releasing your super, and the collecting and reviewing of 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 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.

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



THE RIGHT ADVICE PUTS YOU IN CHARGE.

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**.

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.



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

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

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 up to that period.

3 SUBMIT THE CLAIM

Our insurer will contact you to discuss your claim, and send you the claim form and tax file number declaration for you to complete.

Once you have completed these forms you will also need to provide other relevant information, including:

- 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 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.

4 OUR INSURER WILL ASSESS YOUR CLAIM

Our insurer (MetLife) will appoint a case manager to manage and assess your claim, and your eligibility to claim, in line with the insurance policy terms and conditions. Each claim is assessed on an individual basis. The insurer may also request additional information to assist with the assessment of your claim such as 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 sum insured, or
- Up to 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. Your benefit will include a superannuation component and this will be paid directly to your super 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.

If 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.

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

6 ONGOING CLAIMS MANAGEMENT

The insurer will need regular updates from you during your claim to determine whether you still meet the definition of disability and are therefore still entitled to receive benefits.

If needed, the insurer can also support you to return to work with their rehabilitation team. This may involve helping you with discussions with your employer and doctors around a return to work plan, or in some cases job-seeking support. The insurer will pay for this support service as they deem appropriate to your situation.

It is important to note that where our insurer requests a progress report, any further benefit payments will not be processed until the 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 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

Disclaimer: The advice in this document is of a general nature. We have not taken into account your particular financial needs, circumstances and objectives. We recommend you read the product disclosure statement, assess your own financial situation and seek professional advice from a licensed financial adviser before making any decisions related to your super. While every care has been taken as to the accuracy of this information, CareSuper takes no liability for the correctness of this information. CareSuper is not responsible for any loss, direct or indirect, resulting from reliance of the information contained in this document.

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